SENIOR AGENDA 2007-2008 *Factbook*

A Profile of Well-Being of Older Rhode Islanders

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Overview

Senior Agenda 2007-2008 Factbook:

A Profile of Well-Being of Older Rhode Islanders

How well does Rhode Island care for its elderly? Do older Rhode Islanders lead happy and healthy lives? Where do they live? How accessible are resources? Ultimately, what do statistics show concerning the needs of older Rhode Islanders?

These questions and others are answered in the **Senior Agenda 2007-2008 Factbook:** *A Profile of Well-Being of Older Rhode Islanders*. This second edition provides the public with important information about the health and welfare of a large number of older Rhode Islanders.

In order to understand the status of the elderly, it is important to have an accurate description of the elderly population.

The Senior Agenda 2007-2008 Factbook provides a statistical portrait of the status of Rhode Island's seniors. Released in January 2006, our initial Factbook garnered a lot of interest and support. The updated Factbook provides an even more comprehensive picture, with new information on Health Status, Veteran Status, and Older People with Disabilities.

The growing elder population is expected to increase even further as the baby boomer generation ages. The **Senior Agenda 2007-2008 Factbook** reveals the gaps that currently exist for elders, highlighting the need for effective strategies that will meet the needs of Rhode Island elders.

The **Senior Agenda 2007-2008 Factbook** provides information about how the elderly in Rhode Island gain access to long-term care, how they protect their oral health, and whether they use available health insurance and prescription drugs. Containing our examination of long term care quality and available transportation, the **Senior Agenda 2007-2008 Factbook** also supplies information and statistics regarding diversity in culture; health status; veteran status; disability; education; income; marital status; home ownership; and elderly activity within the larger community.

The **Senior Agenda Factbook** presents an integrated, holistic picture of the lives of Rhode Island's elderly population with relevant and updated information, thus establishing a baseline for our planned future studies of the elderly. The **Senior Agenda Factbook: A Profile of Well Being of Older Rhode Islanders** will be produced biannually.

Elderly Population

Elderly Population refers to the number of persons aged 65 and older who live in Rhode Island as their primary residence.

Why is this important?

The 2006 U.S. Census estimated 13.9% of Rhode Islanders are age 65 and over and 2.4% age 85 and over.[1] The 2005 American Community survey, which does not count persons living in group quarters such as nursing homes, reported 13.6% of Rhode Islanders were age 65 and over and 1.7% age 85 and over.[2] The 2006 estimated number of Rhode Islanders age 65 and over is a 2% drop from the 1990 Census.[3] However, the number of persons age 85 and over – the "old-old" — increased 57% since 1990.[4]

Based on the percentage of persons age 65 and over, Rhode Island went from 4th highest in the nation in 1990; to 6th in 2000 to 7th in 2005.[5] The state ranked 4th highest (along with eight other states) for the percent of population age 85 and over in 2005.[6]

As the population ages there is a major shift in the male to female ratio. In 2006, the state's estimated sex ratio (balance between male and females with a number less than 100 indicating more females) was 93.6 for all ages.[7] For persons age 65 and over the ratio was 67.4 and for those 85 and older, the ratio was 41.8 [8] meaning there are about 2.4 women age 85 and over for every man in this age group. The gender difference among the elderly needs special attention as older women have less income and fewer resources to assist with care needs.

Rhode Island's five counties vary considerably by population age. Over half (58%) of the elderly live in Providence County, yet it ranks next to last in percent of persons age 65 and over. Bristol County has the highest percent of persons age 65 and over and the largest percent of persons age 85 and over live in Newport County.[9]

The state's median age in 2006 was estimated at 38.2 years, higher than the U.S. median age of 36.4 years[10] and 1.5 years higher than the state's 2000 median age of 36.7 years.[11]

In 2005, Rhode Island had an old-age dependency ratio of 21.6, roughly indicating about 1 older person for every 5 working-age people, as compared to the U.S. ratio of 19.3. The state ranked 10th on this measure.[12]

Looking to the future, the Rhode Island Statewide Planning agency projects that as the state's baby boomers (people born between 1946 and 1964) age, its elder population will increase 59% to 233,749 persons by 2030.[13] Persons age 65 to 69 will make up the largest portion (40%) of the increase. A big increase in persons age 85 and over — "the frail elders" — will take place by 2015 followed by a projected decrease until 2025. The 80 to 84 year old group is projected to decline until 2025 followed by a steep rise in 2030. Changes for the non-white elder population show a somewhat

RI ELDER POPULATION PROJECTIONS: 2005-2030

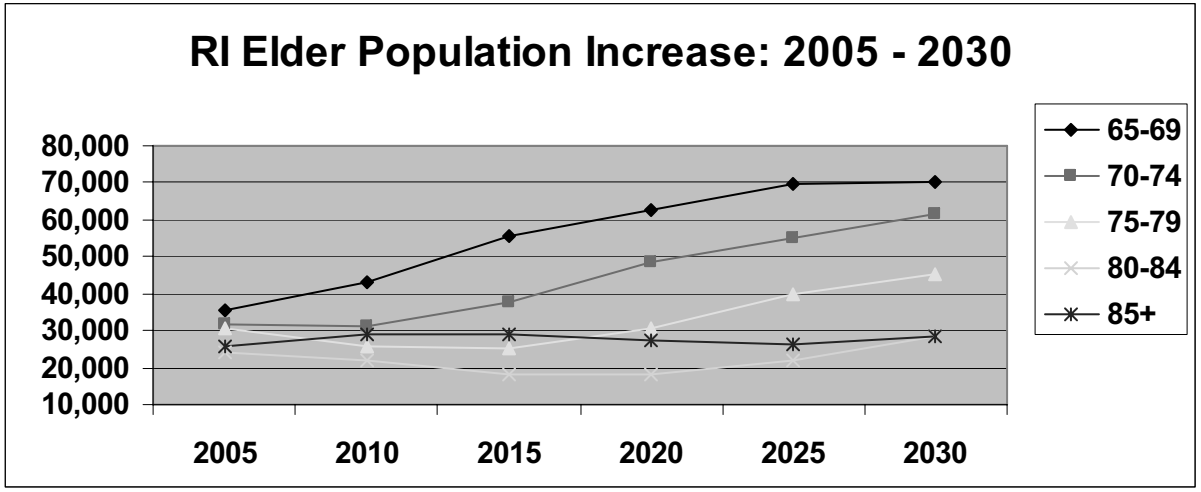
	65-69	70-74	75-79	80-84	85+	TOTAL
2005	35367	31458	30670	24025	25773	147293
2010	42870	30943	25708	21710	28774	150005
2015	55435	37526	25358	18277	29229	165825
2020	62647	48577	30753	18093	27567	187637
2025	69642	55077	39867	21938	26540	213064
2030	70307	61350	45417	28494	28181	233749
# Change	34940	29892	14747	4469	2408	86456
% Change	99%	95%	48%	19%	9%	59%

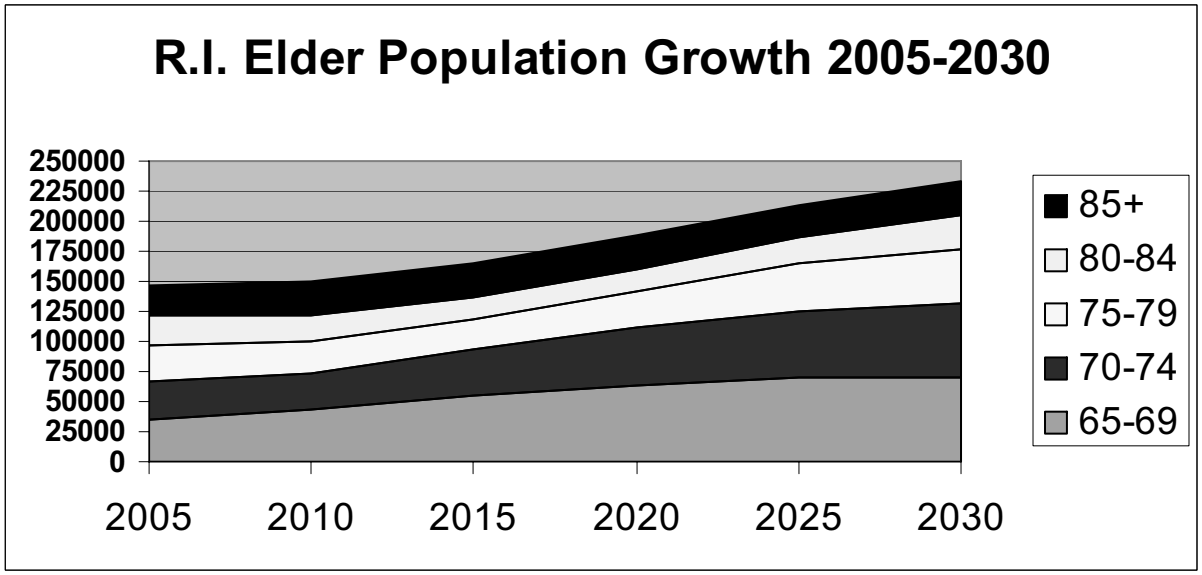
Source: Rhode Island Department of Administration. RHODE ISLAND STATEWIDE PLANNING PROGRAM. TECHNICAL PAPER. "RHODE ISLAND POPULATION PROJECTIONS: STATE, COUNTY, AND MUNICIPAL 2000-2030" Number: 154. 2004. 12 July 2007. <http://www.planning.state.ri.us/census/tp154.pdf>.

Elderly Population

different picture. From 2005 to 2030, the total non-white elder population will see a 228% increase from 9,884 to 32,390 persons with about 30% of the growth in the 65-69 year old cohort. The projected growth rate for non-white men is higher than for non-white women across all the elder age subgroups. By 2030, the state's old-age dependency ratio will increase to 38.2, slightly below U.S. projected ratio of 36.2.[14] Using statewide planning projections, the sex ratio in 2030 for those age 65 and over is projected at 70.1, slightly higher than the 2006 ratio.[15]

The social, health and economic needs of the older age cohorts vary considerably. The needs of those in their mid-sixties and seventies tend to vary considerably from those in their eighties. The distinctions in growth among these cohorts must be kept in mind by both the public and private sectors as they plan programs and services in response to the demographic changes in the state's elder population.





Source: Rhode Island Department of Administration. STATEWIDE PLANNING PROGRAM TECHNICAL PAPER. RHODE ISLAND POPULATION PROJECTIONS: STATE, COUNTY, AND MUNICIPAL 2000-2030 STATEWIDE PLANNING PROGRAM. Number: 154 Date: August 2004.

Elderly Population

POPULATION AGE 65 AND OVER BY SEX, U.S. AND R.I. 1990 - 2006

	2006 Estimates		2000 Estimates		1990 Estimates	
	US	RI	US	RI	US	RI
Total Population	299,398,484	1,067,610	281,421,906	1,048,319	248,709,873	1,003,464
Total Population 65+	37,260,352	147,966	34,991,753	152,402	31,241,831	150,547
% Total Population 65+	12.4%	13.9%	12.4%	14.5%	12.6%	15%
Total Population 85+	5,296,817	25,123	4,239,587	20,897	3,080,165	16,016
%Total Population 85+	1.8%	2.4%	1.5%	2.0%	1.2%	1.6%
% By 65+ Age Category						
% of total pop 65-74	6.3%	6.3%	6.6%	7.1%	7.3%	8.5%
% of total pop 75-84	4.4%	5.2%	4.4%	5.6%	4.0%	4.9%
% of total pop 85+	1.8%	2.4%	1.5%	2.0%	1.2%	1.6%
% 65 Yrs+ and 85 Yrs+ By Sex						
% pop 65+ female	58.0%	59.8%	58.9%	60.4%	59.8%	62%
% pop 65+ male	42.0%	40.2%	41.1%	39.6%	40.2%	38%
%pop 85+ female	68.1%	70.5%	71.1%	74.1%	72.0%	74.7%
% pop 85+ male	31.9%	29.5%	28.9%	25.9%	28.0%	25.3%
Median Age - All ages	36.4	38.2	35.3	36.7	32.9	33.9

RI ELDERLY POPULATION BY COUNTY: 2005 Estimates

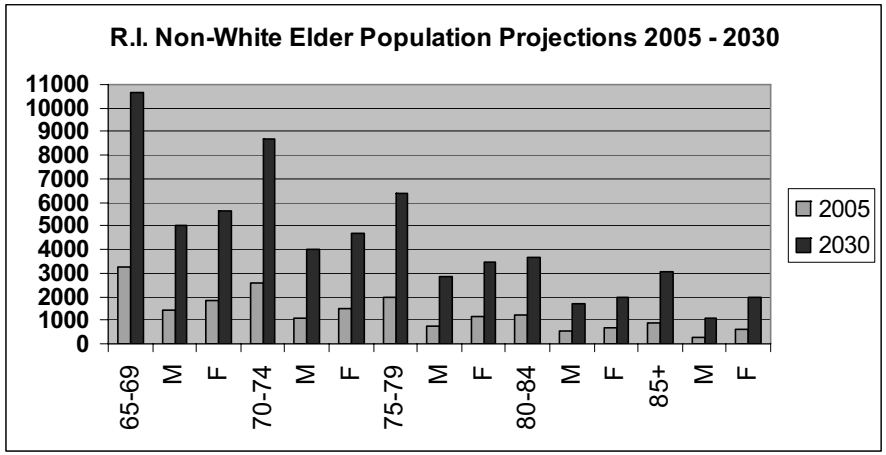
State Total	**1,076,189**	**27,554**	**2.6%**	**86,855**	**8.1%**	**149,775**	**13.9%**
County Name	**All Ages**	**85+**	**% 85+**	**75+**	**% 75+**	**65+**	**% 65+**
Bristol County	52,743	1,421	2.7%	4,810	9.1%	8,330	15.8%
Kent County	171,590	4,005	2.3%	14,200	8.3%	24,875	14.5%
Newport County	83,740	2,391	2.9%	7,072	8.4%	12,743	15.2%
Providence County	639,653	16,809	2.6%	51,482	8.0%	86,684	13.6%
Washington County	128,463	2,928	2.3%	9,291	7.2%	17,143	13.3%

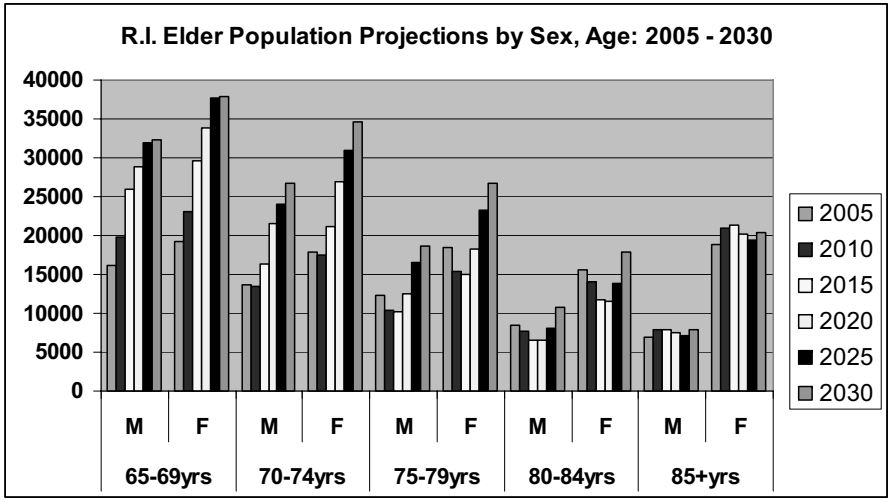
Source: Department of Health and Human Services, Administration on Aging http://www.aoa.gov/prof/Statistics/statistics.asp>. Path: Go to 2005 County-State Population Estimates, http://www.aoa.gov/prof/Statistics/statistics.asp

Elderly Population

Special Points of Interest:

- *The 2006 U.S. Census estimated 13.9% of Rhode Islanders are age 65 and over and 2.4% age 85 and over.*[1]
- *The state's baby boomers (people born between 1946 and 1964) population will increase 59% to 233,749 persons by 2030.*[13]
- *The 2006 estimated number of Rhode Islanders age 65 and over is a 2% drop from the 1990 Census.*[3]
- *The number of persons age 85 and over – the "old-old" — increased 57% since 1990.*[4]
- *Based on the percentage of persons age 65 and over, Rhode Island went from 4th highest in the nation in 1990; to 6th in 2000 to 7th in 2005.*[5]





Sources: Table 1: Annual Estimates of the Population by Five-Year Age Groups and Sex for the United States: April 1, 2000 to July 1, 2006 (NC-EST2006-01)
Table 2: Annual Estimates of the Population by Age and Sex for Rhode Island: April 1, 2000 to July 1, 2006 (SC-EST2006-02-44) Source: Population Division, U.S. Census Bureau, Release Date: May 17, 2007. Census 2000 Summary Files 1 and 3; 1990 Census of Population, General Population Characteristics, United States; 1990 Summary Tape File 1 (STF 1) QT-P1A. Age and Sex for the Total Population: 1990

Diversity

Diversity refers to the racial and ethnic makeup of elderly Rhode Islanders. The term may also reflect sexual orientation or gender identity.

Why is this important?

The 2005 American Community Survey found Rhode Island less racially and ethnically diverse than the United States overall. Since the 2000 Census, however, the state population has grown more diverse. The "white alone" population dropped from 85% in 2000 to 82.9% in 2005 while the U.S. average for "white alone" persons went from 75.1% to 74.7%.[1] Blacks or "African Americans alone" comprised 5% of the state population in 2005, less than half of the 12.1% U.S. average.[2] In 2005, 10.9 % of Rhode Islanders reported being Hispanic or Latino compared with 14.5% for the U.S. population.[3]

While the state's elderly population is less diverse than the general population, the number of minority elders increased slightly since 2000. The 65 and over "white alone" population dropped from 93.9% in 2000 to 93% in 2005; black and "African American alone" elderly increased from 1.8% in 2000 to 2.3% in 2005; and Hispanic and Latino elderly increased from 1.9% to 2.9%.[4] The majority of the state's 2,990 black and African American elderly (56%) lived in Providence in 2000, as did 60% of the state's 2,940 Hispanic or Latino elderly.[5] The concentration of minority elders in the state capital is an important issue for aging service providers.

In 2005, 20.4% of Rhode Island elderly spoke a language other than English (sometimes or always) while at home and 10.4% spoke English "less than very well".[6] The rate for speaking a language other than English was higher than that of the general elder U.S. population as was the rate for speaking English "less than very well."[7] The most frequent non-English languages spoken in Rhode Island by persons age five and over were Spanish, other Indo-European languages (with Portuguese or Portuguese Creole the largest percent in this category) and Asian languages (primarily Mon-Khmer-Cambodian, Laotian, Chinese and Korean).[8] Of those who spoke Spanish in 2005, 4% were elderly.[9]

In 2005, 5.2% of the state's 406,089 households were linguistically isolated, as compared to 4.8% nationally; and slightly more than half of linguistically isolated households (56%) were Spanish speaking households.[10] Linguistically isolated households are defined as households where none of the householders aged 14 and over speak English at all or very well. Elders who are linguistically isolated often cannot access needed services. Policymakers need to design special outreach programs in order to serve these households effectively.

The U.S. Census does not include survey questions on sexual orientation or gender identity.

Languages Spoken and Ability to Speak English by Age: 2005

	Persons 65 years and over		Persons 5yrs and over	
	U.S.	RI.	U.S.	R.I.
	34,760,527	139,961	268,110,961	968,612
Speak English only	86.2%	79.6%	80.6%	79.7%
Speak Language other than English	13.8%	20.4%	19.4%	20.3%
Speak English Less Than "very well"	7.9%	10.4%	8.6%	8.9%

Source: U.S. Census American Community Survey 2005. Table: S0103 Population 65 Years and Over in the United States and Rhode Island

Diversity

Studies on the total number of gay and lesbian people in the United States show a range from 2% to 10% of the total population.[11] The National Gay Rights Task Force estimates that currently there are 3 million lesbian, gay, bisexual and transgender (LGBT) elders and by 2030 that number will nearly double.[12] Using data from the 2000 U.S. Census on the numbers of households where the occupants described themselves as two people of the same sex whose relationship was defined as being "unmarried partners," a study done by the Human Rights Campaign estimated the number of gay and lesbian households in Rhode Island at 1.12% of coupled households, slightly higher than the US average of .99%.[13] In Rhode Island in 2005, there were a reported 2,376 households (family and non-family) with same-sex unmarried partners.[14]

People who identify themselves as LGBT may have special concerns and challenges as they age including those related to health, housing, legal and financial issues and partner rights. A 2005 Senior Action in a Gay Environment -RI (SAGE-RI) report detailed results of a survey of 148 LGBT older adults (age 50 years and over) in Rhode Island and nearby Massachusetts (10% of respondents). Asked to choose the five most important issues facing the older LGBT community, 67.4 % of respondents (85.7% of those over 70) identified increased support services specifically for LGBT elders as the most important issue, followed by housing for older LGBT adults (62.7%).

Issues specific to the LGBT population included a lack of spiritual support from religious organizations, a lack of sensitivity and awareness of LGBT needs by health care providers and need for LGBT friendly housing, assisted living, and nursing homes.[15] Providers and policymakers need to be educated and sensitive to the special issues faced by LGBT elders.

RACIAL- ETHNIC COMPOSITION OF RI ELDERLY POPULATION 2005

White (non-Hispanic)	93%
Black/African Am (alone)	2.3%
Asian	1.1%
Amer. Ind/Alas Nat	0.3%
Multi Racial	0.4%
Other	0.1%
Hispanic/Latino (any race)	2.9%

Source: Census 2005 Estimates, http://www.census.gov/popest/datasets.html. Table compiled by Administration on Aging, File: stterr2005.xls:65+%xRace-HO. Part B: Housing and Household Characteristics, Tables P004 and P007. http://www.aoa.gov/prof/Statistics/Tab/aoacensus2000.html

Special Points of Interest:

- *The 2005 American Community Survey found Rhode Island less racially and ethnically diverse than the United States overall. Since the 2000 Census, however, the state population has grown more diverse.*
- *Black and "African American alone" elderly increased from 1.8% in 2000 to 2.3% in 2005.*[4]
- *Hispanic and Latino elderly increased from 1.9% to 2.9%.*[4]
- *The majority of the state's 2,990 black and African American elderly (56%) lived in Providence in 2000, as did 60% of the state's 2,940 Hispanic or Latino elderly.*[5]
- *In 2005, 20.4% of Rhode Island elderly spoke a language other than English (sometimes or always) while at home and 10.4% spoke English "less than very well".*[6]

Income, Poverty & Economic Security

Income & Poverty refers to Rhode Island elders with incomes at, below and above the Federal Poverty Level (FPL). In 2007, the FPL was $10,210/year for a single person and $13,690 for a couple.[1] Economic security refers to the ability of elders to be self-sufficient in meeting their basic living needs.[2]

Why is this important?

Older Rhode Islanders economic well-being and ability to be self-sufficient is directly related to their income and wealth. The 2007 Current Population Survey (CPS) showed the percent of the total state population falling below the FPL was lower than that of the U.S.[3] The percent of Rhode Islanders age 65 and over with income below the FPL in 2006 was similar to that of the U.S. and only slightly lower than that for the state population for all ages.[4] The percent of Rhode Islanders (all ages) below 125% of FPL was lower than the U.S. percent. The state's elders had a higher percent of persons below 125% FPL than the overall state population.[5]

2006 Poverty Levels – U.S. and Rhode Island

Below Poverty	**U.S.**	**Rhode Island**
All Ages	12.3%	10.5%
Persons 65 years and over	9.4%	9.7%
Below 125% Poverty		
All Ages	16.8%	13.8%
Persons 65 years and over	15.6%	16.5%

Source: U.S. Bureau of Census. Current Population Survey (CPS), ***—2007 Annual Social and Economic Supplement (ASEC).*** Table POV46: Poverty Status by State 2005 All Ages, POV46: Poverty Status by State 2006 – People 65 Years and Over. The CPS is the official annual estimate of poverty for the nation and states.

The 2006 American Community Survey (ACS), which uses a different method than the CPS, reported 8.9% of Rhode Island elders below FPL in the past twelve months compared to 9.9% for U.S. elderly and 11.1% for Rhode Islanders of all ages. While the percent of state elders falling below FPL in the 2006 ACS increased from 8% in the 2005 ACS, it may not be significant due to the margin of error.[6] In 2006 Rhode Island ranked 27th nationally for percent of elders below FPL, a drop from its 40th place in 2005 (#1 represents the highest poverty rate).[7]

Income and poverty rates differ by age, sex and minority/ethnic status. Among Rhode Island race/ethnic groups median income in 2006 for white (one-race) households (all ages) was $55,133; Asian household median income was $50,226; black households had median income of $35,183 and the median income for Hispanic households was $30,499 .[8]

A greater number of Rhode Island females age 65 and over live below the FPL than males. Of the estimated 12,210 Rhode Islanders age 65 and over with income below FPL in 2006, 69% were female.[9] For elders age 75 and over living below poverty, 80% were female.[10]

Elderly living at or near the poverty rate are considered at risk. Any number of things, including increasing rents, health care costs, housing expenses, the loss of a spouse (and the spouse's income) can potentially be disastrous for these at risk seniors.[11]

Programs to address elders living at or near poverty include income supports such as Supplemental Security Income (SSI), affordable housing (including utilities), food assistance and subsidized transportation. Also, as the elderly use more health and long term care, assistance with paying for health care, including prescription drug costs and long term care, is important, especially for those with low incomes. Policy makers must address these critical issues in budget and program planning. Over the long term, strategies that

promote higher education attainment at earlier ages and investments in economic development efforts — bringing higher wages during one's working years — will help reduce future elderly poverty.

Employment, Retirement Income and Net Worth

An estimated 14% of Rhode Islanders age 65 and over were in the labor force and employed in 2005. Mean earnings for households with householders age 65 years and over (65+ Householders) were $38,792 as compared to $68,556 for all state households with earnings.[12] Almost 95% of 65+ Householders in Rhode Island had Social Security Income while 5.4% had Social Security Supplemental Income, a similar percentage to all households. Fewer 65+ Householders received cash public assistance, but those that did had higher incomes from this source. About half of the state's 65+ Householders had retirement income.

The average retirement income for 65+ Householders was $16,443. Notably, about 46% of 65+ Householders in Rhode Island had incomes of less than $24,999 which is about 255% of FPL for a single person.[13] Nationally, the number of persons with defined pensions has dropped over the past two decades as employers move to defined-contribution plans such as 401(k) accounts. Studies show this has led to a trend away from early retirement.[14] A survey by the Employee Benefits Research Institute found only 21% of elderly had pension income in 2003.[15]

The net worth of elder households varies tremendously, even more so than income. The U.S. Census Bureau reported the median net worth (value of all assets minus all liabilities) in 2000 for households in which the householder was 65 years and over was $23,369, excluding home equity and $108,885 if home equity was included. For persons 75 years and over, median net worth excluding home equity dropped to $19,025.[16] A Government

Rhode Island Household Income 2005

	All households	65 Years and Over Households
Number	**406,089**	**87,497**
With Earnings	**78.4%**	**29.5%**
Mean Earnings	$68,556	$38,792
With Social Security Income	**27.9%**	**94.5%**
Mean Social Security Income	$13,499	$14,479
With Supplemental Security Income	**5.6%**	**5.4%**
Mean Supplemental Security Income	$7,069	$6,352
With Cash Public Assistance Income	**2.7%**	**0.8%**
Mean Cash Public Assistance Income	$4,296	$5,153
With Retirement Income	**17.7%**	**50.4%**
Mean Retirement Income	$19,052	$16,443

Source: U.S. Census Bureau. American Community Survey 2005: S0103 Population 65 Years and Over in the United States. American Community Survey 2005 Subject Definitions defines retirement income as income from pensions and survivor benefits, workers' compensation or disability income from employer/union; periodic receipts from annuities or insurance; regular income from IRA and Keogh plans; but excluding social security income.

Income, Poverty & Economic Security

Accounting Office analysis of the 2002 Health and Retirement Study found about half of all elderly households had non-housing resources of $50,000 or less. For all elderly households, total median resources were $150,000, with the primary residence having a net median net value of $70,000. Disabled elderly households had lower levels of assets than non-disabled elderly households and as disability levels increased, the amount of assets decreased. Severely disabled elderly households had significantly lower median income ($13,200) and median non-housing resources ($3,200) compared with all elderly households.[17]

A Look at Rhode Island Cities and Towns

Taking a closer look at geographic areas within Rhode Island can help policymakers identify where they may need to focus efforts to reach the most vulnerable elders. In 2000, the percentage of the population age 65 and over exceeded 17% in Bristol, Cranston, East Providence, Newport East, North Providence, Warwick, and Westerly. Two of these communities, Bristol and East Providence, had higher rates of elders below poverty than the state and national average.[18]

In 2000, the largest number of elders lived in Providence (18,350 persons)[19] and slightly more than half (52%) of Rhode Island elders lived in seven communities: Providence (12%), Warwick (10%), Cranston (9%), Pawtucket (7%), East Providence (6%), North Providence (4%) and Woonsocket (4%).[20]
project, a measure of income that older adults require to maintain their independence in the community and meet their daily costs of living, including affordable and appropriate housing and health care.[22]

"The information developed through the Elder Standard helps us understand that many older adults who are not poor, as defined by the official poverty level, still do not have enough income to meet their basic needs." [23]

The project looked at county-specific basic living expenses and variations based on factors such as health status, housing and community-based long term care needs. For example, in Bristol County. basic costs for a single person needing a low level of home and community-based long term care were $23,450 to $28,519. Using 2006 poverty levels and average Social Security benefits, researchers found Massachusetts elders at the poverty level or with average Social Security payments cannot make ends meet without subsidies for housing and health care.

There has been no similar work done to develop a Rhode Island specific *Elder Standard*. The Massachusetts work could serve as a model to develop a similar standard in this state.

Special Points of Interest:

- *Slightly more than 1 out of 5 Rhode Island elders have income below 150% of poverty* [24]
- *Close to half of Rhode Island's Elder Households have incomes less than $24,999* [25]
- *Only about one-half of Rhode Island Elder Households have retirement income* [26]
- *The cities and towns with high numbers of elderly below poverty level, such as Central Falls, Pawtucket, Providence and Woonsocket, warrant special attention.* [27]

Income, Poverty & Economic Security

Total % of Population 65 +		Poverty Status 65+
	Total 65+	% Below Poverty
United States	12.43%	9.86%
Rhode Island	14.57%	10.55%
Barrington	14.69%	7.16%
Bristol	17.84%	10.80%
Central Falls	11.34%	29.26%
Cranston	17.43%	8.47%
East Providence	18.82%	10.95%
Newport	12.93%	8.35%
Newport East	17.76%	4.94%
North Providence	19.93%	8.69%
Pawtucket	14.80%	15.17%
Providence	10.57%	18.97%
Warwick	17.01%	4.67%
Westerly	17.64%	7.82%
West Warwick	14.13%	10.99%
Woonsocket	15.61%	14.69%
Other RI	14.94%	9.47%

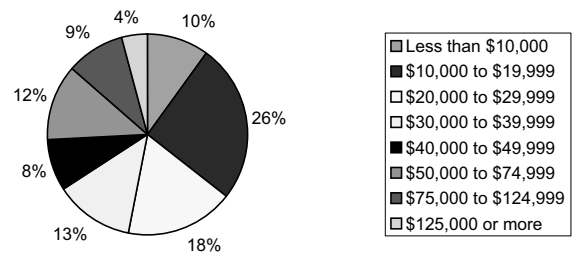
Source: U.S. Census Bureau 2000 Summary File 3 (SF3) Table P87

2006 Median Household Income
U.S. and Rhode Island

	US	Rhode Island
Total Households	$48,451	$51,814
65+ Households	$30,200	$27,974

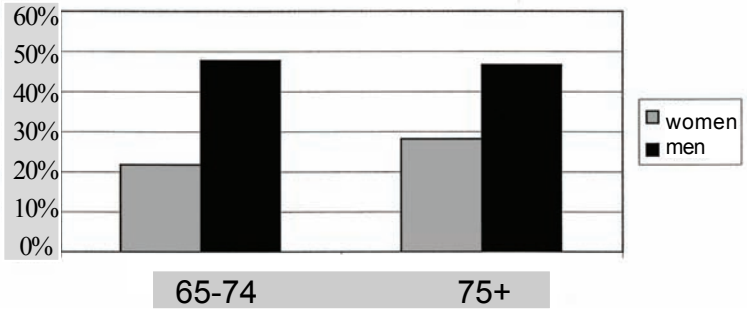
Source: U.S. Census Bureau. 2006 American Community Survey: Table B19049. Median Household Income in the Past 12 Months by Age of Householder

RI 65 PLUS HOUSEHOLDERS BY INCOME CATEGORY



Source: U.S. Bureau of Census, American Community Survey, 2005. Table B19037 Age of Householder by Household Income in the Past 12 months (in inflation-adjusted dollars) Custom Table B19037_54-69. 29 May 2007. < http://factfinder.census.gov/servlet/CTTable>.

Percent of Rhode Islanders Receiving Non-Social Security Retirement Income



Source: US Census, Census of Population, 2000

Rhode Island Householder 65 years and over:

Total	87,497				87,497		
	Less than $10,000	8,719	10.0%		Less than $10,000	8,719	10%
	$10,000 to $14,999	13,988	16.0%		$10,000 to $19,999	22,325	25.5%
	$15,000 to $19,999	8,337	9.5%		$20,000 to $29,999	15,427	17.6%
	$20,000 to $24,999	8,943	10.2%	45.7%	$30,000 to $39,999	11,194	12.8%
	$25,000 to $29,999	6,484	7.4%	53.1%	$40,000 to $49,999	7,321	8.4%
	$30,000 to $34,999	5,331	6.1%		$50,000 to $74,999	10,615	12.1%
	$35,000 to $39,999	5,863	6.7%		$75,000 to $124,999	8,302	9.5%
	$40,000 to $44,999	4,146	4.7%		$125,000 or more	3,594	4.1%
	$45,000 to $49,999	3,175	3.6%				
	$50,000 to $59,999	5,507	6.3%				
	$60,000 to $74,999	5,108	5.8%				
	$75,000 to $99,999	5,507	6.3%				
	$100,000 to $124,999		2,795	3.2%			
	$125,000 to $149,999		1,470	1.7%			
	$150,000 to $199,999		1,423	1.6%			100%
	$200,000 or more	701	0.8%				
			100.0%				

Source: 2005 American Community Survey: Table B19037 Age of Householder by Household Income in the Past 12 monts (in inflation-adjusted dollars, Custom Table B19037_54-69

Marital Status & Living Arrangements

Marital Status refers to elder Rhode Islanders in heterosexual legal marriages. *Living Arrangement* refers to household type and relationships.

Why is this important?

Marital status can strongly affect one's emotional and economic well-being. Marriage influences living arrangements, social supports, availability of caregivers as well as income for older adults.[1]

In 2005, more of the state's elderly were widowed and more had never married as compared to the U.S. elder population, and fewer were married and divorced.[2]

A lower proportion of elder Rhode Island men were married in 2005 than in the U.S. overall. Rhode Island males age 65 years and over were more likely never to have married and more are likely to be widowed than in the general U.S. population.[3]

The percentage of elder Rhode Island women who were married was fairly close to the U.S. rate in 2005. However, a greater percentage of Rhode Island elder females had never married than in the U.S overall and divorce rates for elder Rhode Island women were lower than the U.S. [4]

In 2005, about 25% (100,426) of the state's 406,089 households included one or more persons age 65 years and over.[5] Of the state's total households, 21.5% (87,497) were headed by a householder age 65 years or over.[6] Of these elder households, 39.8% are married-couple families and 49.5% are non-family households with the householder living alone.[7] This compares to the U.S. rates of 43.2% for married-couple households and 44.7% for elder householders living alone.[8] For those Rhode Island elder households with the householder living alone, 12,143 were households with a male living alone and 33,603 were households with a female living alone.[9]

US and Rhode Island Population Age 65 Years and Over by Sex and Marital Status- 2005

	US	US Males	US Females		RI	RI Males	RI Females
Married	56.1%	73.9%	42.8%		52.8%	69.8%	41.1%
Widowed	30.1%	13.2%	42.6%		33.9%	17.9%	45.1%
Divorced	8.8%	7.9%	9.5%		6.4%	5.6%	6.9%
Separated	1.1%	1.3%	1.9%		1.2%	1.5%	1.0%
Never Married	3.9%	3.8%	4.0%		5.7%	5.2%	6.0%

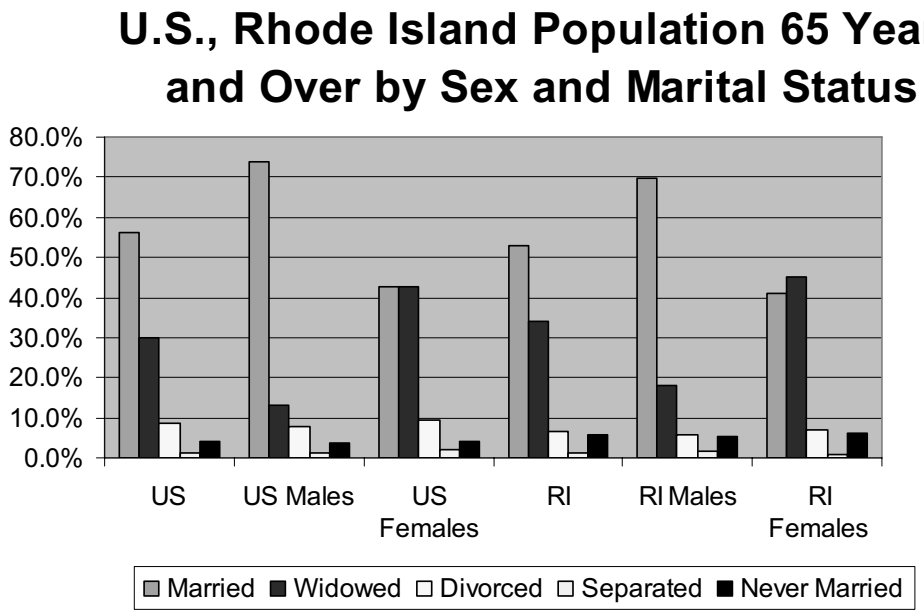
Source: U.S. Bureau of Census, 2005 American Community Survey, 2005. Table S1201. Marital Status, United States and Rhode Island.

Marital Status & Living Arrangements

A greater percentage of the state's elders are living without a spouse than the general U.S. population. Rhode Island elders also have higher rates of householders living alone. In addition, there are distinct differences between the sexes in regards to marital status and living arrangements. Far greater percentages of elder Rhode Island women are widowed and living alone than elder Rhode Island men. Absence of a spouse and living alone may cause elders of either sex to have fewer social supports and informal ways of getting needed assistance in later years. These factors must be recognized by policymakers in developing social and health policy.

Special Points of Interest:

- *Close to half of elderly Rhode Island women (45%) are widows as compared to 18% of men*[10]
- *Four out of ten (41%) of Rhode Island elderly women live alone*[11, 12]
- *About half of the state's elder households are households in which the householder lives alone*[13, 14]



Source: U.S. Bureau of Census, 2005 American Community Survey, 2005. Table S1201. Marital Status, U. S. and Rhode Island.

	Male	Female
# RI Elderly Householders Living Alone	**12,143**	**33,603**

Source: U.S. Census. 2005 American Community Survey. Custom Tables: Rhode Island B09017_13_ESTand B09017_16_EST

Educational Attainment

Educational Attainment refers to the high school, college, and postgraduate attainment levels of Rhode Island elderly.

Why is this important?

Higher education levels increase earnings and decrease the risk of poverty for all persons.[1] Poverty rates for persons age 25 years and over based on educational level show the relationship between educational attainment and poverty. Generally, there are also distinct gender-based differences. In Rhode Island in 2005, females age 25 years and over who had not graduated from high school had poverty rates that were 60% greater than men in the same age group. Also, the median earnings of the women were only about half that of the men: $13,547 vs. $25,815. This significant female/male earnings gap existed for those with bachelor's degrees as well. Males age 25 years and over with a bachelor's degree had median earnings of $54,299 vs. $36,470 for females.[2] Males in Rhode Island had higher median earnings than the U.S. average at all educational levels while females with less than high school and with bachelor's degrees had comparable earnings to the U.S. However, females age 25 years and over in the state had median earnings that were $2,763 greater than the U.S. overall. [3]

In 2005, considerably more Rhode Island elderly did not graduate high school than elderly in the U.S overall (33% -R.I., 27.5% - U.S.).[4] Although both sexes lagged behind the U.S. general elder population in educational levels, the state's elder females had an even larger gap. In the U.S., 71.8% of females age 65 and over had completed high school or high school plus some higher education as compared to 64.9% of Rhode Island females age 65 and over.[5] At the bachelor's degree or higher level, rates of attainment for females were the same for the state and nation but fewer Rhode Island males had bachelor's degree or higher attainment. According to this measure of well-being, Rhode Island elderly — and in particular the state's elder females — are at a greater risk for poverty than elders in the overall U.S. population.

When we look at educational achievement for those under age 65 years, we find females catching up with or exceeding males in terms of high school or higher educational attainment in both the U.S. and the state. For example, in 2005 in the 45 to 64 year old group in Rhode Island, 90% of females had attained high school graduation or higher as opposed to 85.3% for males. [6] Men still outperformed women in this age group in terms of obtaining a bachelor's degree or higher. However, the situation reverses for the 35 to 44 year old age group in which 35.7% of women in the state had a bachelor's degree or higher compared to 28.6% of the men in this age group. Rhode Island women also substantially exceeded the U.S. rate of 30.1% for females with bachelor's degrees or higher.[7] This notable increase in women's educational attainment may have some impact on the gender-based wage gap of future elders.

Special Points of Interest:

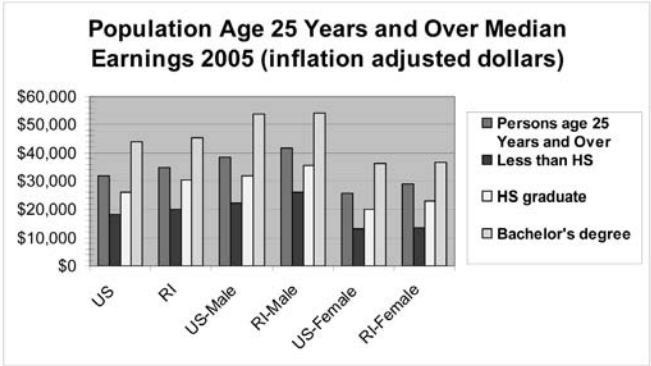
- *A greater percent of Rhode Island elderly lack a high school education than elderly nationwide*
- *One out of three elder Rhode Island men and slightly more than one-third of elder Rhode Island women have not completed high school*

Educational Attainment

EDUCATIONAL ATTAINMENT
PERSONS AGE 65 YEARS AND OVER: U.S. AND R.I. 2005

	US	RI
65 Yrs and Over		
Less Than HS		
Both Sexes	27.5%	33%
Male	26.7%	30.1%
Female	28.2%	35.1%
HS or higher		
Both Sexes	72.5%	67.0%
Male	73.3%	69.9%
Female	71.8%	64.9%
Bachelor's or higher		
Both Sexes	18.4%	18.1%
Male	24.3%	22.9%
Female	14.0%	14.0%

Source: 2005 Amercian Community Survey. Table S0103 Population Age 65 Years and Over



Source: American Community Survey. Table United States S1501 Educational Attainment, Rhode Island S1501

Educational Attainment Age 25 and over

	US	RI
Persons age 25 Years+	31,788	34,906
Less than HS	18,435	20,219
HS graduate	25,829	30,198
Bachelor's degree	43,954	45186

	US-Male	RI-Male	US-Female	RI-Female
Persons age 25 Years+	38,514	41,753	25,736	28,938
Less than HS	22,138	25,815	13,076	13,547
HS graduate	31,683	35,600	20,179	22,942
Bachelor's degree	53,693	54,299	36,250	36,470

Source: American Community Survey. Table United States S1501 Educational Attainment, Rhode Island S1501

POVERTY RATE FOR POPULATION 25 YRS AND OVER BY EDUCATIONAL ATTAINMENT LEVEL
(For persons whom poverty status is determined)

	US	RI
Less than HS		
Both sexes	23.6%	20.9%
Male	19.0%	15.8%
Female	28.0%	25.3%
HS graduate		
Both sexes	11.2%	9.7%
Male	8.9%	6.5%
Female	13.3%	12.6%
Bachelor's degree		
Both sexes	3.9%	2.9%
Male	3.5%	2.0%
Female	4.3%	3.8%
Graduate/Prof degree		
Both sexes	2.90%	2.30%
Male	2.6%	1.9%
Female	3.1	2.7

Source: American Community Survey, 2005. able S1501. United States Educational Attainment, Rhode Island S1501

Political & Civic Engagement

Political Engagement refers to the participation levels of the elderly in the political decision making process including voting, holding office, activism, and advocacy. *Civic engagement* refers to participation in community activities, service organizations, volunteer programs and similar efforts.

Why is this Important?

With a growing elderly population and a host of political issues directly affecting their lives, senior citizen political involvement is critical. The allocation of societal goods and resources is one of the most important roles of government. Since Social Security and Medicare make up such a large portion of the federal budget (about 40%[1]) these programs are often the subjects of intense political debate. Seniors tend to closely follow these discussions because the stakes are so high for them. State legislation and policy can also have a major impact on elders. Proposed changes in aging programs and long term care services must be carefully monitored to ensure elders' interests are safeguarded. Older persons continue to be the highest voting block in the U.S. In the 2004 presidential election, 71% of persons age 65 years and over voted and persons age 55 and over comprised 35% of those who voted.[2] Of the persons age 65 and over who did not vote, 45% reported this was due to illness or disability.[3] In the 2006 general election Rhode Island seniors had a significantly higher voter turnout than that for all registered voters. Based on 2005 Census estimates, 89% of the state's seniors were registered voters and 69.4% voted in 2006.[4]

While Rhode Island seniors follow the national trend in high voter rates, their further participation in influencing state policy is generally more limited. In a Senior Agenda 2005 Survey, only 15% of men and 19% of women (age 60 years and over) reported having contact with their state representative or senator.[5] This is consistent with results of a national AARP survey (*Beyond 50.05*) in which only 8% of persons age 65 and over reported being involved in political activities related to the political parties, candidates, or election campaigns; 3% in working on public issues or problems at the state or national level; and 7% working on local issues and neighborhood problems. [6]

In Rhode Island in 2007, 6% (7 members) of the 113-member state legislature are age 65 and over and 18.6% (21 members) are age 60 and over.[7] The oldest Senate member is 85 years old; the oldest House member is 75.

Rhode Island has a number of organizations that specifically lobby on behalf of the elderly. These organizations include the Rhode Island Alliance for Retired Americans, Rhode Island AARP, Gray Panthers of Rhode Island, the Silver Haired Legislature and the Alliance for Better Long Term Care. There are also coalitions such as the Senior Agenda Coalition and the Rhode Island

Percentage of seniors 60+ who have contacted U.S. Congressperson or Senator:	
60-69 years old	25%
70-79 years old	25%
80+ years old	11%

Percentage of seniors 60+ who have contacted their Rhode Island State Representative or Senator:	
60-69 years old	19%
70-79 years old	21%
80+ years old	10%

Source: Senior Agenda 2005 Rhode Island Survey of Needs

Political & Civic Engagement

Forum on Aging that work to educate seniors on policy issues and to empower them to effect change.

Older people who live in states marked by dense social networks or local organizations (church groups, grassroots political parties, social clubs, and town governance) are more likely to participate in community politics.

However, socio-economic issues such as educational attainment and yearly income affect political engagement as evidenced by voting patterns.[8]
Volunteerism is an aspect of civic engagement that can provide older persons with a sense of fulfillment and connection to the community. Volunteering may also be good for a person's health. A study of community-dwelling persons age 70 years and over found those who volunteered frequently had significantly reduced mortality as compared to non-volunteers.[10] Older Americans are generous with their time when it comes to volunteering. The AARP survey found almost 2/3rd's (64%) of persons age 65 over doing volunteer work. About a quarter reported volunteering between 10 and 24 hours per month with an average of 9.7 hours monthly.[11] Rhode Island seniors are engaged in a wide variety of volunteer activities including several targeted toward older persons such as the Retired Senior Volunteer Programs (RSVP) and the Seniors Corps of Retired Executives (SCORE).

Quality of attention to the issues that seniors feel the elected official provided them:

	none	some	a lot
60-69 years old	25%	50%	25%
70-79 years old	50%	43%	5%
80+ years old	60%	36%	4%

Source: Senior Agenda 2005 Rhode Island Survey of Needs

Influence seniors 60+ feel they have in improving their own life as a senior:

	none	some	a lot	no answer
60-69 years old	14%	49%	23%	15%
70-79 years old	24%	39%	22%	15%
80+ years old	25%	46%	15%	14%

Source: Senior Agenda 2005 Rhode Island Survey of Needs

Rhode Island 2006 General Election Voting Rates

	Number of Voters	% Voted
All Ages	392,882	57.6%
Voters 65 +	133,724	69.4%

Source: RI Secretary of State staff email dated May, 20, 2007

U.S. Registration and Voting Rates by Age – 2004

Age	% Registered	% Voted	% Registered & Voting
18-24	57.6%	46.7%	81.2%
25-34	66%	55.7%	84.3%
35-44	72.1%	64.0%	88.7%
45-54	75.5%	68.7%	91.1%
55+	79.1%	71.8%	90.8%
65+	79%	71%	90%

Source: U.S. Census Bureau, Current Population Survey, November 2004, Table B. Reported Rates of Voting and Registration by Selected Characteristics:

Health Status

Health Status refers to the general health and well-being of older Rhode Islanders aged 65 and above.

Why is this important?

Persons age 65 and over are more likely than the younger population to face significant health challenges and to need regular medical care. As the state's population ages, enhancing the quality of life and health of Rhode Island's seniors should be a primary goal of public policy.

Nearly three-quarters of Rhode Island seniors perceived their health as good. The Rhode Island Department of Health estimates that a person aged 65 can expect to live an additional 17.8 years, 12.7 of those years in good health.

Almost all Rhode Island seniors have health insurance. They are very likely to be immunized against influenza and pneumonia, to have had a mammogram in the last two years (females) and to have had a sigmoidoscopy or colonoscopy. These important preventive measures that can promote health and a healthy life expectancy.

In 2004, the Center for Disease Control compiled a state-by-state report card on healthy aging. Rhode Island ranks among the top ten states on a number of preventive health measures, with more seniors receiving mammograms, cholesterol screening, flu and pneumonia vaccinations, and general preventive services for aging women than in most other states. Rhode Island seniors are also less likely to be disabled and more likely to eat recommended servings of fruits and vegetables than their counterparts in the rest of the nation. Nevertheless, improvement could be achieved in a number of areas. The Ocean State ranks 39th in the percentage of seniors reporting frequent mental distress, 34th in those reporting no regular physical activity and 24th in obesity rates.

A Rhode Island Department of Health study of elderly women echoed these results, finding that 56% of women aged 65 and older were overweight or obese and only 28% of women met recommended guidelines for physical activity.

The 2006 American Community Survey reported 39.4% of older Rhode Islanders having a disability. Female seniors report significantly higher rates of physical and go-outside-the-home disabilities than males.[1] A Rhode Island Department of Health study of women's health in 2003 found that more than half (56%) of women aged over 65 are overweight and 4 in 10 elderly women engage in no regular physical activity.

General Health Status of Rhode Island Seniors, 2000-2004

Age Range	% In Perceived Good Health	Life Expectancy	Healthy Life Expectancy
65-69	74	17.8	12.7
70-74	72	14.2	10.0
75-79	70	11.0	7.6
80-84	67	8.0	5.5
85 +	70	5.3	3.7

Source: Rhode Island Department of Health, Health by Numbers, Vol. 7, No. 8

Health Status

Among the three leading causes of death in Rhode Island (heart disease, cancer and stroke), for persons age 35 and over the state's death rates from heart disease and stroke are lower than the national rates. The incidence and death rates from cancer in persons age 65 and over is higher in the state than the U.S. Deaths from cancer increase dramatically with age and cancer incidence is disproportionately higher among males than females.

In the two-year period from 2003 to 2000, more than half (57.9%) of the state's elders self reported they had hypertension and 17.3% reported having diabetes. It is critical for elders to have access to primary care practitioners as without careful monitoring and proper treatment, chronic conditions such as these, may lead to severe health problems.[3]

Health Care Status of Rhode Island Seniors, 1996 -2002

Age	Influenza Vaccination (2002)	Pneumococcal Vaccination (2002)	Mammogram (2002) (past 2 years for females)	Sigmoidoscopy or Colonoscopy (2002)	Medical Insurance (2006)
65+	73.6%	67.6%	85.8%	62.3%	99.4%

Source: Rhode Island Department of Health, various publications; U.S. Census Annual Social and Economic (ASEC) Supplement Table HI05. Health Insurance Coverage Status and Type of Coverage by State and Age for All People: 2006

Cancer mortality rates age 65 and over by sex for all Cancers Combined: RI and US, 1996-2000

	65-69	70-74	75-79	80-84	85+
Males					
RI	876.5	1328	1718.8	2220.3	3170.5
US	863.5	1232.9	1601.3	2069.3	2716.5
Females					
RI	608.8	794.8	1022.4	1205.8	1593.3
US	572.5	773.8	956.6	1163.9	1423.9

Source: R.I. Department of Health. Cancer Control Program. *Cancer in Rhode Island, 2003.*

Rhode Island Report Card on Healthy Aging	Data	RI Rank among 50 states (#1 is best)
Physically unhealthy days in past month, 2001 (number of days)	5.5	24
Frequent mental distress, 2000-2001 (%)	7.4	39
Oral health: complete tooth loss, 2002 (%)	22.2	25
Disability, 2002 (%)	26.8	6
No physical activity, 2002 (%)	35.6	34
Eating 5 or more fruits and vegetables daily, 2001 (%)	37.1	5
Obesity, 2002 (%)	19.3	24
Current smoking, 2002 (%)	8.6	10
Flu Vaccine in past year, 2002 (%)	73.7	7
Ever had pneumonia shot, 2002 (%)	67.6	7
Mammogram in past 2 years, 2002 (%)	85.8	1
Ever had sigmoidoscopy or colonoscopy, 2002 (%)	62.3	12
Up-to-date on preventive services, men, 2002 (%)	40.7	15
Up-to-date on preventive services, women, 2002 (%)	39.5	7
Cholesterol check in past 5 years, 2001 (%)	91.5	3

Source: Center for Disease Control and Merck Institute of Aging and Health, The State of Aging and Health in America, 2004. The disability percent was based on the Center for Disease Control Behavior Risk Factor Surveillance Survey.

Health Status

Falls are the leading cause of injury deaths in the elderly and the most common cause of trauma-related hospitalizations. While the fall-related fatality rate is higher for older men, the rate of injury from falls and hospital admissions is higher for older women. Rhode Island's age-adjusted death rate from falls is higher than the U.S.

Fractures are the most prevalent type of fall injury and osteoporosis increases the risks of fall injury. It is estimated that more than half of Rhode Islanders over age 50 (172,600 persons) have osteoporosis or low bone mass making them more at risk for a fall-related fracture.[4]

Unintentional Fall Death Rates Among Persons 65 and Over: Age Adjusted, 2004 (per 100,000)

RI	56.3
US	39.2

Source: Center for Disease Control and Merck Institute of Aging and Health, The State of Aging and Health in America, 2004.

Special Points of Interest:

- *Nearly three-quarters of Rhode Island seniors perceived their health as good.*
- *A person aged 65 can expect to live an additional 17.8 years, 12.7 of those years in good health.*
- *Rhode Island seniors are very likely to be immunized against influenza and pneumonia, to take medication for hypertension, to visit a doctor regularly and to have medical coverage.*
- *The Ocean State ranks 39th in the percentage of seniors reporting frequent mental distress.*
- *RI is 24th in obesity rates for the elderly.*
- *56% of women aged 65 and older were overweight or obese.*
- *From 2003 to 2000, more than half (57.9%) of the state's elders self reported they had hypertension.*
- *17.3% of RI Elders are reported as having diabetes.*
- *More than half of Rhode Islanders over age 50 (172,600 persons) have osteoporosis or low bone mass.*

Health Insurance Access

Health Insurance Access refers to the ability of Rhode Island's elders to have doctor's visits, hospital stays and other needed health services and therapies, including prescription medications, covered by health insurance.

Why is this important?

Attention to health care needs is important to maintaining a good quality of life for all ages. It is particularly critical for elders as they tend to have higher rates of chronic illnesses that need medical management. About 64% of elder Medicare enrollees have two or more chronic illnesses; about a quarter have a cognitive or mental impairment.[1] As life expectancy increases and medical advances continue, it is important for elders to receive treatment for health conditions without causing personal bankruptcy.

In Rhode Island, 99.3% of the state's elders had health insurance coverage in 2005.[2] The Centers for Medicare and Medicaid (CMS) reported 141,269 Rhode Islanders age 65 and over enrolled in either Medicare Part A or Part B or both in July 2005; 91% were enrolled in both Part A and Part B.[3] While these numbers are impressive, it is important to have a fuller understanding of Medicare coverage to grasp its strengths and limitations. Medicare has very limited long-term care benefits; requires 50% cost-sharing for outpatient mental health services; does not cover eyeglasses, hearing aids, or dental care and, until recently, did not pay for outpatient prescription drugs.[4] Due to its high cost-sharing requirements, Medicare covered less than half (45%) of beneficiaries total costs in 2002.[5]

In 2006, Medicare started providing some coverage for outpatient prescription medications under the new Medicare Part D for the first time. However, Part D does not cover all medication costs and it has significant coverage gaps. With almost one out of five Rhode Island Medicare beneficiaries (19%) living below 100% of the poverty level and about half below 200% of poverty,[6] Medicare's continued gaps and cost-sharing requirements leave many Rhode Island elders medically and financially vulnerable.

Dual Eligibles and Medicare Premium Assistance Programs

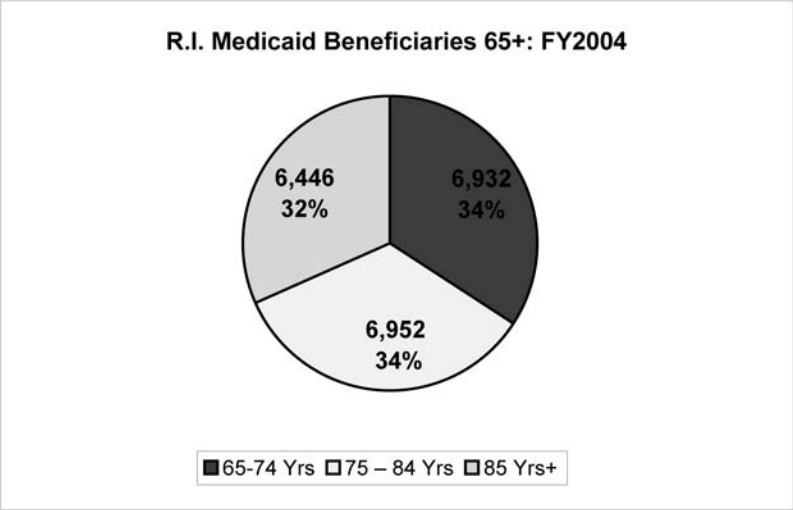
Some low income persons are eligible for both Medicare and Medicaid. This is referred to as being "dual eligible." These persons receive help from Medicaid in paying for Medicare Part B premiums and are entitled to services covered by the state Medicaid program including dental care, eyeglasses, hearing aids, and some types of long term care including nursing home care. Of the 34,000 Rhode Islanders who were dual eligible (full or partial) in 2003, 92% are age 65 and over.[7] Federal CMS reports show 20,330 Rhode Islanders age 65 and over were Medicaid beneficiaries during fiscal year 2004.[8] The Rhode Island Department of Human Services Annual Medicaid report for state fiscal year 2005 noted 19,784 elders on Medicaid.[9]

For some low-income Medicare enrollees not eligible to receive Medicaid, there are a number of Medicare Premium Payment Programs that help elderly and disabled adults pay all or some of the costs of Medicare's Part A and Part B premiums, deductibles and co-payments. Persons eligible for these programs may not be aware of them or find the application process difficult. A Medicare Rights Center 2000 survey of 245 New York seniors found 88% were not aware of these programs and 42% had contacted Medicaid offices for assistance but had not been informed of the programs.[10]

Due to the significant cost-sharing provisions of regular Medicare,

Health Insurance Access

most elders (88%) have some type of supplemental insurance coverage with employer-sponsored coverage the most common source (35%) followed by individually purchased Medigap policies (21%).[11] However, employer-sponsored retiree health benefits are eroding and the share of large employers offering employer-sponsored health benefits fell by 45% from 1988 to 2004.[12] Employers are either reducing benefits, asking retirees to shoulder more of the cost of monthly premiums, or eliminating these benefits altogether.



Source: Centers for Medicare and Medicaid. Fiscal Year 2004 National MSIS Tables. Source:FY2004 Medicaid Statistical Information System State Summary Created: 06/22/2007

CHARACTERISTICS OF HEALTH COVERAGE FOR PERSONS AGE 65 YEARS AND OVER: US, RI

Characteristic	US	RI
Some Health Insurance: 2005 estimate	98.7%	99.3%
Employer-sponsored insurance: 2005 estimate	36.5%	39.7%
Medicare: 2005 estimate	95%	95.5%
Medicaid: 2005 estimate (*see note below*)	9.6%	13.2%
Total Medicare Enrollment as Percent of Population 2005 (all ages)	14%	16%
% Medicare Enrollees Age 65 and over: 2004	84.6%	83.7%
% Medicare Enrollees Disabled: 2004	15.3%	16.3%
Percent Medicare Enrollees (all ages) with Income Below 200% FPL (2004-2005)	47%	51%
Medicare/Medicaid Dual Eligible as Percent of Medicare Enrollees 2003	19%	20%
"Aged" Dual Eligible as Percent of Dual Eligible: 2003	91%	92%
Percent Medicare Enrollees with Medicare Advantage (MA) Plans 2007	18.5%	33.5%
Average CMS monthly payment rate to Medicare Advantage Plans 2005	$736	$654

Sources: Numbers 1 to 4 (except for RI Medicaid figure) from U.S Census Bureau. *Current Population Survey, 2006 Annual Social and Economic Supplement*. Table HI05. Health Insurance Coverage Status and Type of Coverage by State and Age for All People. 2 June 2007, http://pubdb3.census.gov/macro/032006/health/h05_000.htm. Note: RI Medicaid estimate computed from number of Medicaid beneficiaries age 65 and over (19,784) reported in R.I. Department of Human Services Rhode Island Medicaid Program Annual Report Fiscal Year 2005 and Census 2005 Estimates of R.I. population age 65 and over. Numbers 5- 12, from Kaiser Family Foundation. *statehealthfacts.org*. Medicare.

R.I. Elder Medicaid Beneficiaries by Age: FY2004

Age	65-74 Yrs	75 – 84 Yrs	85 Yrs+
No.	6,932	6,952	6,446
% of Elders on Medicaid	34%	34%	32%

Source: Centers for Medicare and Medicaid. FY2004 National MSIS Tables. Source: Medicaid Statistical Information System State Summary FY2004 Created: 06/22/2007

Health Insurance Access

Medigap

Medigap plans are a type of private insurance that help pay for some of the costs not covered by Medicare. Medigap plans are standardized into plans classified as "A" through "L". In 2007, premiums for Medigap plans in Rhode Island range from $67/month to $228/month depending on the insurer and the age and health of the enrollee.[13] In most of these plans, the Medicare Part A deductible for hospital inpatient care is covered and many co-payments are covered or limited.

Medicare Advantage Plans

As an alternative to regular Medicare with a Medigap supplemental plan, elders may choose to enroll in one of the newer Medicare Advantage plans. Generally, these plans offer extra benefits and lower premiums than original Medicare. , enrollees may be restricted to seeing only doctors that belong to the plan or going to certain hospitals to get services (referred to as in-network). To enroll in a Medicare Advantage Plan, a person must have Medicare Parts A and B and they will still have to pay the monthly Medicare Part B premium. Some Medicare Advantage Plans also charge monthly premiums to pay for the extra benefits that they offer.[14]

In 2007, 22 Medicare Advantage (MA) Plans were available in Rhode Island. Many of the MA Plans require cost sharing for a wide variety of services including co-payments for initial hospital and skilled nursing home days. The enrollee's total annual out-of-pocket costs may be capped at a set level such as $3,000 to $3,500. [15]

Seniors who choose Medicare Advantage Plans can be faced with significant costs and must take great care in deciding between original Medicare with a Medigap supplemental plan or one of the several available Medicare Advantage Plans. A 2005 study showed a wide variation in Medicare Advantage plan benefits. Annual out-of-pocket costs averaged $1,917 a year for enrollees in a basic Medicare Advantage plan. For those in good or fair health, annual out-of-pocket costs were lower in the Medicare Advantage plans than with original Medicare and a Medigap plan. However, out-of-pocket costs were higher for those in poor health and exceeded $6,000 annually for some plans in several cities including Providence.[16]

Rhode Island seniors enroll in Medicare Advantage Plans at a much higher rate than the U.S. average. I n 2007, 33.5% of the state's Medicare beneficiaries were enrolled in a Medicare Advantage plan compared to 18.5% for the U.S.[17] The state had the fourth highest enrollment rate in Medicare Advantage Plans the country.[18]

Special Points of Interest:

- *99.3% of Rhode Island elders had health insurance coverage (primarily Medicare) in 2005; however national studies show Medicare covered less than half of enrollee* health costs in 2002.[19, 20]
- *Employer-sponsored retiree health benefits are eroding and the share of large employers offering employer-sponsored health benefits fell by 45% from 1988 to 2004.*[21]
- *About one out of four Rhode Island elders age 85 and over were on state Medicaid in 2004 .* [22, 23]
- *33.5% of Rhode Island Medicare enrollees are in Medicare Advantage Plans compared to 18.5% nationally.*[24]
- *In 2005, persons on Medicare Advantage Plans had average out-of-pocket costs of $1917.*[25]

Health Insurance Access

MEDICARE AT A GLANCE

Part A, the Hospital Insurance program, covers inpatient hospital services, short-term care in skilled nursing facilities (SNFs), post-acute home health care, and hospice care. About 99% of Medicare beneficiaries are not subject to a monthly premium for Part A, but typically have to pay: a deductible for hospital inpatient care ($992 per spell of illness in 2007, a $40 increase from 2006); an additional $248 per hospital day for days 61 through 90 in 2007; $496 per day for hospital stays beyond the 90th day for lifetime reserve days and $124 per day for nursing home stays between days 21 and 100.

Part B, the Supplementary Medical Insurance program, covers physician services, outpatient hospital services, preventive services, laboratory and x-rays, and other ambulatory services. Medicare beneficiaries generally pay a monthly premium for Part B services ($93.50/month in 2007) in addition to an annual deductible ($131 in 2007) and other cost-sharing requirements. In addition, in 2007 Medicare Part B premiums were income-adjusted for the first time. Approximately 4% of Medicare Part B enrollees including 5,528 Rhode Islanders with higher incomes (exceeding $80,000 for a single person or $160,000 for a married couple) are paying higher premiums depending on the extent their income exceeds these levels.

Part C refers to the Medicare Advantage program, through which beneficiaries can enroll in a private managed care plan, such as an HMO, PPO, or private fee-for-service (PFFS) plan. These plans offer combined coverage of Part A, Part B, and in most cases, Part D (prescription drug) benefits. Part C accounted for 14% of benefit spending in 2006. Persons must continue to pay Part B premiums.

Part D is the new outpatient prescription drug benefit, delivered through private plans that contract with Medicare. The benefit includes additional assistance with plan premiums and cost-sharing amounts for low-income beneficiaries. Part D, which is funded by general revenues, beneficiary premiums, and state payments, accounts for 8% of benefit spending in 2006. Enrollees in Medicare drug plans paid a monthly premium that averaged $25 across plans in 2006.

Sources: For Part A and Part B, CMS Press Release**,** *Details for: MEDICARE PREMIUMS AND DEDUCTIBLES FOR 2007*, September 2006. Part C and Part D from Kaiser Family Foundation, (February 2007) *Medicare at a Glance Fact Sheet***.** 29 May 2007.

Medicare Premium Payment Programs

***Qualified Medicare Beneficiary (QMB)*:** Income below 100% Federal Poverty Level (FPL) ; Resources less than $4,000 ($6000-couple); Covers Part A and Part B premium, deductibles and co-payments.

Specified Low-income Medicare Beneficiary Program (SLMB): Income between 100% and 120% of (FPL); Resources less than $ 4,000 ($6000-couple) ; Covers Medicare Part B premium only.

Qualified Individual (Q1): Income between 120% and 135% of the (FPL); Resources less than $ 4,000; Pays the Medicare Part B premium.

Qualified Individual (Q2) Income between 135% and 175% of the FPL; Resources less than $4,000 ($6000-couple); Pays a small amount monthly to offset the cost of Medicare premiums.

Source: Rhode Island Department of Human Services Medicare Premium Payment Program. 28 May 2007. <www.dhs.state.ri.us/dhs/adults/dmedpay.htm.>.

Prescription Drug Access

Prescription Drug Access refers to the ability of the elderly to access prescription drugs and/or programs to assist them in purchasing needed medications.

Why is this important?

Prescription drugs remain one of fastest growing components of health care and drug therapies offer new options for treating many illnesses. Between 2000 and 2005, average out-of-pocket spending on prescription drugs by Medicare beneficiaries increased by 86 percent, from $613 to $1,139.[1] This dramatic rise was due to increases in the number of users, prescriptions per user and drug costs many times higher than general inflation.[2]

Surveys show the vast majority (88%) of elders use prescription medications and 58% use three or more prescription drugs.[3] In 2005, the average Medicare beneficiary's out-of-pocket spending on prescription drugs was estimated at $1,139 and those with poor health status spent $1,932.[4] For elders with limited incomes, inadequate prescription drug coverage can have dire health consequences if they go without needed medications and can ruin them financially if subsidies are unavailable.

Prior to Medicare Part D's start up in January of 2006, low-income Rhode Island elders on Medicaid could access a broad range of prescription drugs without any co-payment. Other low- and middle-income elders could get some assistance with drug costs through the Rhode Island Pharmaceutical Assistance to the Elderly program (RIPAE). The RIPAE program is limited to certain drugs and income-based consumer co-payments range from 40% to 85% for covered drugs. Persons looking to save on medication costs also have the option to purchase medications from Canada.

Medicare Part D is a voluntary program offered through stand-alone prescription drug plans (PDP) that supplement regular Medicare and Medicare Advantage prescription drug plans (MA-PD). Part D plans offer a defined standard benefit or an alternative benefit package of equal value. In 2006, only 12% of PDPs nationally offered the standard benefit. Most plans charged no deductible and 86% had tiered systems of co-payments with larger co-pay amounts for brand name drugs. Many also had prior authorization and/or step-therapy requirements for certain brand name drugs.[5]

Medicare enrollees without prescription coverage considered equal to Medicare Part D who fail to enroll in Part D within a required timeframe are penalized by a 1% per month increase in their premium if they enroll at a later date. Persons on both Medicare and Medicaid (referred to as "dual eligible") are automatically enrolled in a Medicare Part D plan but can opt into another plan. Community-living elders on Medicare and Medicaid are subject to co-payments for prescription drugs but those living in nursing homes have no co-payments.

Medicare Part D is a complex program with major coverage gaps. The most noted is the "doughnut hole" during which the enrollee pays the entire costs of drugs (unless the selected plan includes some coverage during this gap period) and continues paying any required premium. In 2007, the coverage gap begins once total drug spending for covered drugs reaches $2,400. At this juncture, the enrollee pays 100% of the costs of drugs until total drug spending for covered drugs reaches $5,451 after which the enrollee has a 5% co-payment.

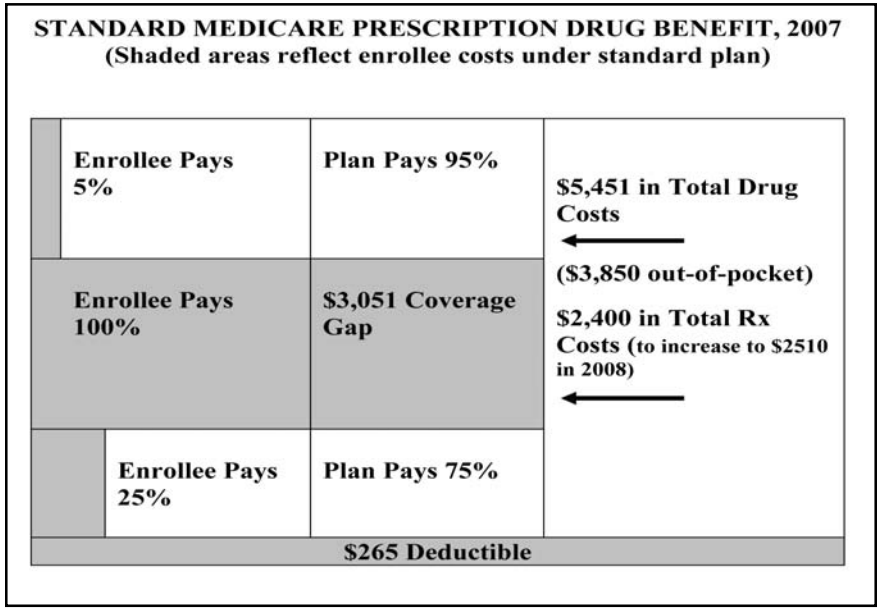
Low-income Medicare enrollees (below 150% of the federal poverty level) and limited resources ($11,710/individual; $23,410/couple) can get additional

Prescription Drug Access

help in paying for Part D through the Low Income Subsidy Program (LIS).[6] Persons on Medicaid and Medicare (dual eligibles) and Qualified Medicare Beneficiaries (QMBs) and Specified Low-income Medicare Beneficiaries (SLMBs) automatically qualify for the LIS. Others must apply and meet both the income and resource test.

Only about one-third (8,622) of Rhode Island Medicare enrollees who applied for LIS on their own were determined eligible.[7] A national study found about one-fourth of persons were denied the LIS due to assets only $10,000 or less above the cut-off amounts.[8]

Even with Medicare Part D, affordability remains a significant issue for numerous elders and many states have adopted programs to help low-income elders with Medicare Part D costs.[10] Rhode Island state law was amended in 2005 to require persons with income below 150% of the poverty level and resource limits within Medicare Part D's Low Income Subsidy criteria to enroll in Medicare Part D in order to receive RIPAE. Legislation was also passed to allow RIPAE to be used during any deductible period and during the coverage gap (doughnut hole). However, as a number of important drugs are not covered by RIPAE, affordability remains an issue for many of the state's elders and legislation to fill these gaps has been filed but failed to pass.[11]



R.I. Medicare Beneficiaries with Drug Coverage by Type and Enrollee Characteristics: Jan. 2007		
Total Medicare Beneficiaries (includes 24,400 below age 65 years)	**176,960**	
Medicare beneficiaries below 150% Federal Poverty Level	**54,384**	**31%**
Beneficiaries with Creditable Drug Coverage	**138,560**	**78%**
Beneficiaries in Stand-Alone Prescription Drug Plans (PDPs)	**31,522**	**18%**
Beneficiaries in Medicare Advantage Drug Plans (MA-PDs)	**53,907**	**30%**
Dual Eligibles (Auto-Enrolled into PDPs)	**27,456**	**16%**
Number of Beneficiaries in Low Income Subsidy (excluding dual eligibles)	**13,204**	**7.5%**
Beneficiaries in Employer Plans Taking Retiree Drug Subsidies	**12,655**	**7%**
Federal Retirees (Tricare, FEHB)	**13,020**	**7%**
Estimated Number with Unknown Creditable Drug Coverage Status	**38,400**	**22%**

Sources: 1. Kaiser Family Foundation. Statehealthfacts.org. *Medicare*, Rhode Island, 2. Kaiser Family Foundation Medicare Prescription Drug Fact Sheet, *Medicare Part D Plan characteristics, 2007*.

Prescription Drug Access

Special Points of Interest:

- *The Medicare Prescription Drug, Improvement, and Modernization Act of 2003, specifically prohibits the federal government from negotiating drug prices with the drug companies. The majority of seniors oppose this restriction. A study by the Institute for America's Future estimated removing the prohibition and negotiating lower prices could save American taxpayers as much as $560 Billion and Rhode Island seniors and taxpayers $2.3 Billion over the next eight years.*[12]

- *A Families USA study found for each of the top 20 drugs prescribed to seniors, the lowest price charged by any of the top Part D insurers is higher than the lowest price secured by the Veterans Administration and among those top 20 drugs, the median difference between the lowest Part D plan price and the lowest VA price is 58%.*[13]

- *As of 31 May 2007, RIPAE, the state assistance program for low- and moderate- income elders and persons with disabilities age 55 and over had 18,013 enrollees. Funding for the current fiscal year is $2.8 Million, a $7.9 Million reduction from fiscal year 2005 before the start of Medicare Part D.* [14, 15]

- *The federal government estimates only about one out of four (24%) of Medicare enrollees eligible to get Extra Help to pay for Medicare Part D expenses (called the Low Income Subsidy, LIS) are receiving it.*[16]

- *The vast majority (88%) of elders use prescription medications and 58% use three or more prescription drugs.*[3]

- *RI legislation was passed to allow RIPAE to be used during any deductible period and during the coverage gap (doughnut hole).* [11]

- *Between 2000 and 2005, average out-of-pocket spending on prescription drugs by Medicare beneficiaries increased by 86 percent, from $613 to $1,139.*[1]

Prescription Drug Access

Number of prescription drugs seniors 60+ take daily:	0	1-5	6-10	Over 10
60-69 years old	8%	53%	28%	11%
70-79 years old	8%	51%	30%	11%
80+ years old	5%	55%	25%	15%

Source: Senior Agenda 2005 Rhode Island Survey of Needs

MEDICARE PART D IN RHODE ISLAND: 2007	
# Medicare Prescription Drug Plans (PDPs)	51
# PDPs covering brand and generic drugs in "doughnut hole"	0
# PDPs covering generic only in "doughnut hole"	15
Monthly Premium cost	$13.40 - $87.40
# Medicare Advantage Plans (MA-PD)	7

Source: Kaiser Family Foundation Medicare Medicare Part D Plan characteristics, 2007 [9]

Annual Income Levels for RIPAE members 65 and older: (as of July 1, 2007)

Level	**Single Person**	*Married Couple*	*State Pays*	*Member Pays*
One	$0 to $19,341	$0 to $24,179	60%	40%
Two	$19,342 to $24,280	$24,180 to $30,352	30%	70%
Three	$24,281 to $42,493	$30,353 to $48,563	15%	85%

Annual Income Levels for RIPAE disabled RIPAE member age 55 to 64:

Level	Single Person	Married Couple	State Pays
Four	*$0 to $42,493*	*$0 to $48,563*	**15%**

Source: Rhode Island Department of Elderly Affairs. FACT SHEET-2007 RHODE ISLAND PHARMACEUTICAL ASSISTANCE TO THE ELDERLY (RIPAE)

Oral Healthcare Access

Oral Healthcare Access refers to the ability of elderly Rhode Islanders to access necessary dental and oral health care services.

Why is this important?

Experts agree that oral health and general health are inseparable. For a variety of reasons, oral and dental diseases are more common in the elderly. Years of exposure of the teeth to wear and tear, and chronic disorders all impact oral health. Further, the multiple medications that many older individuals require may reduce salivation, affecting chewing and leading to problems with teeth and their supporting structures.[1] Dental diseases and oral health problems can lead to extreme pain, affect eating and speaking, limit social interaction and interfere with overall quality of life.[2]

Evidence suggests that poor oral health is a risk factor for many systemic diseases including cardiovascular and cerebrovascular disease, diabetes and respiratory disorders.[3] Individuals who are disabled, medically compromised, homebound or institutionalized are at increased risk of developing serious dental problems. Many have difficulty maintaining good oral hygiene due to functional limits According to the American Dental Association, establishing comprehensive dental benefits for low-income elders could lead to overall cost savings to the health care system since dentistry emphasizes prevention and early intervention.[4]

In the 1950's fewer than 50% of older adults retained their natural teeth. Today, more than 70% of the nation's elderly keep their teeth.[5] What is not generally known is that close to 20% of older adults have untreated dental cavities and about 25% have advanced periodontal disease that can lead to tooth loss.[6]

In its 2003 report on the oral health of older Americans, ***Oral Health America*** graded Rhode Island "D" for overall access to dental services for its seniors based on findings that 71% to 80% of the state's seniors did not have private dental health coverage. This was the same as the U.S. ranking. For its Medicaid reimbursement rate, the state scored "F", a grade received by many of the states.[7]

One of the ***Healthy People 2010*** national objectives is to reduce to 20 percent or below the proportion of adults age 65 and older who are toothless. Rhode Island has achieved this goal. In 2004, 18.4% of the state's elders had complete tooth loss.[8]

Despite the fact that the elderly are in great need of dental care, regular Medicare does not cover routine dental care and federal Medicaid law does not mandate states to provide dental coverage. Rhode Island Medicaid does provide some dental care as an optional service, however low state reimbursement to dentists has led to a dental crisis for low-income seniors, including about 8,600 elder nursing home residents who rely on Medicaid.[9]

Although Medicaid pays a somewhat higher rate for dental care provided at a nursing home, there is a shortage of dentists willing to provide on-location services, a need for better direct-care staff training in oral health hygiene and inadequacy of treatment space and equipment in facilities.[10]

To address the dental crisis in nursing homes, private and state grant funds have been awarded to develop a mobile dental/oral health program modeled after successful programs in other states in which providers will bring equipment on-site to nursing homes and the state will offer an enhanced reimbursement rate.[11] The first phase of the mobile program is scheduled to begin in the fall of 2007. Also, in 2006, legislation was passed to allow dental hygienists to do initial exams on

Oral Healthcare Access

nursing home residents without first having the resident examined by a dentist.[12] Many homebound clients also face challenges in accessing dental care. In some instances, home care providers report clients using expensive hospital-based emergency room care to treat urgent oral health care needs when community dental care was not available.

Of the twenty Medicare Advantage Plans available in the Providence Zip Code 02903, six offered dental coverage. The Blue Cross Medicare Plus and Preferred Plans with monthly premiums of $89 and $172 respectively in 2007 included preventive dental services with no co-payment. AARP Medicare Complete offered a Deluxe Rider offering comprehensive dental services including (2) cleanings and oral exams per year, and hearing and vision benefits for a $38/ month premium (2007). Both Advantra Freedom 2 ($0 premium) and Advantra Freedom 1 ($98/month premium) included preventive dental services with 50% coverage as part of the benefit package.[13] Elders who are members of the Automobile Association of Southern New England may also purchase dental coverage from Delta Dental for a monthly premium.[14]

Older Rhode Islanders may access some preventive dental services through the Community College of Rhode Island Dental Hygiene Clinic from September to May each year for a $10/visit fee. The Rhode Island Donated Dental program provides some free or reduced costs dental care for income-eligible seniors and several Community Health Centers provide dental/oral health services.[15]

Special Points of Interest:

- *About four out of every five Americans age 75 and over lack private dental insurance.*[16]
- *Twenty-three percent of individuals aged 65-74 have severe periodontal disease and low-income elders have more severe periodontal disease.*[17]
- *Five percent of older Americans (about 1.65 million people) live in long-term care facilities, where they receive inadequate dental care.* [18]
- *18.4% of Rhode Island elders have complete tooth loss.* [19]

How seniors 60+ pay for oral health care (outside of a nursing home setting):

	Private plan	Medicaid	Cash	Cannot afford care
60-69 years old	13%	13%	28%	28%
70-79 years old	22%	6%	44%	16%
80+ years old	14%	9%	48%	16%

Percentage of seniors 60+ who cannot afford dental coverage by income:

	Ages 60 and older
$0 - $11,999	27%
$12,000 - $25,000	25%

Source: Senior Agenda 2005 Rhode Island Survey of Needs

Older People with Disabilities

Older People with Disabilities refers to elders with limitations in carrying out routine daily activities or in the ability to learn, remember or concentrate; and those needing to use special equipment or the help of another person to get around due to a long-lasting physical, mental or sensory impairment or health condition.

Why is this important?

As people age, there is a greater likelihood of having a disability.[1] In 2000, 57,788 of Rhode Island non-institutionalized elderly (40%) reported having some type of disability.[2] Of these elders with a disability, physical disability was the most common type of disability (64%), followed by a go-outside-home disability (48%) and sensory disability (33%). The 2005 American Community Survey found disability rates in Rhode Island were slightly lower than in 2000 and also slightly lower than the U.S. average for all reported types of disabilities: 39.2% for Rhode Island elders as compared to the U.S. rate of 40.5%.[3] Mississippi had the highest rate of disability for persons age 65 years and over (54.3%) and Connecticut the lowest (35.1%). The data discussed above does not include the approximate 9,000 elders living in nursing homes or other residential group arrangements.[4]

Disability rates for Rhode Island elders differ by sex with women having higher disability rates in general. Notably, women have slightly more than twice the percent of "go-outside the home" disability as men (9.4% men vs. 18.2% women).

A Rhode Island Department of Health analysis of disability in the State — using 1998 data — found Rhode Islanders age 65 and over was 3 1/2 times more likely to have a severe disability as those between 18 and 64 years.[5] Persons age 75 and over were six times more likely to have a severe disability. Although those with moderate disabilities were divided equally between the sexes, women made up two-thirds of those with severe disabilities. Causes of disability varied widely with physical impairments the most frequent. Two of the most common problems for adults with disabilities were pain and depression. Persons with severe disabilities were 20 times more likely to have pain than those with no disability.

A study by the Government Accounting Office (GAO) found 20.4% of all elderly households nationally were "disabled elderly households" in which one elderly householder had at least one limitation in activities of daily living (ADL).[6] The GAO study showed disabled elderly households had a greater risk of needing long term care and also had lower levels of income and assets than non-disabled elderly households. In general, as the level of disability in both activities of daily living (ADLs) and instrumental activities of daily living increased (IADLs),[7] the level of income and assets decreased.

Households with severely disabled elderly made up about 6 percent of total elderly households. These households had substantially lower median income ($13,200) and median non-housing resources ($3,200) as compared to all elderly households ($24,200 and $51,500).[9] Nationally, 63% of persons needing long term care are age 65 and over and the risk of needing long term care increases greatly with age.[10]

Increased disability rates among the elderly population lead to higher needs for assistance with routine daily activities and tasks from either informal sources such as family and friends or more formal sources of paid long term care services. Community-living elders with disabilities and the need for assistance with daily

Older People with Disabilities

activities and tasks tend to have limited total resources. This indicates a continued demand for public programs and subsidies to support community-based long term care services that help elders with disabilities to remain living in community settings.

Experts generally agree that severe disability rates in the older population have decreased in the last two decades, slowing the trend from past decades. However, at the same time, studies show disability in the working age population is on the increase with increased obesity a factor in some of the increase. Whether the decline in elder disability will persist and how the aging of working age persons with disabilities will impact disability trends in the future elder population are questions in need of continued study.[11]

NEED FOR LONG TERM CARE, U.S.

All Ages	*65 Yrs +*	*85 Yrs +*
1.4%	14%	50%

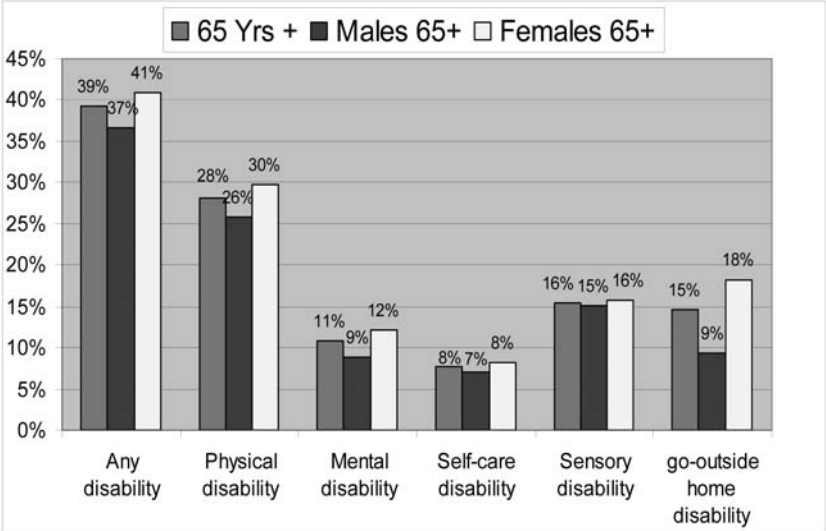
Source: Georgetown University, Long Term Care Financing Project, Fact Sheet, (May 2003)

TOP FIVE CAUSES OF DISABILITY IN R.I. ADULTS

Neck/Back Problems
Arthritis/rheumatism
Lung/breathing problems
Heart problems
Fractures, bone/joint injury

Source: Rhode Island Department of Health.RHODE ISLAND DISABILITY CHARTBOOK (June 2000).

Percent Disability by Type and Sex, RI Persons



Source: U.S. Census Bureau, American Community Survey 2005. Table S1801. Disability Characteristics. R.I.

Long Term Care Services

Long Term Care refers to any type of help that someone receives over a long period of time to allow him or her to eat, walk, bathe, get dressed, move about in the home, or perform other necessary daily tasks such as preparing meals.[1] Long-term care also includes therapies that help improve or maintain a person's functioning including the use of special equipment (such as walkers, wheelchairs, and grab bars).[2] Long term care is needed because of physical or mental conditions or disability and may be needed for a period of months, or for a lifetime.

Why is this important?

Persons may need long term care at any age. However, because functional limitations and disabilities increase with age, the majority (63%) of long term care users nationally are age 65 and over.[3] Younger adults use a greater percent of home and community-based services than the elderly and the majority of all types of long term care users are women.[4] Elders who need long-term care tend to have insufficient coverage and costs can be extremely high. For those who go without needed long term care, functional limitations and health status may worsen. Also, when unpaid family caregivers do not get needed additional help, they may suffer from excessive stress and burn-out.

Nationally, about 10 million persons need long term care.[5] About 4/5ths (83% in 2000) of those who need long term care live in the community. Of these persons, an estimated 78% receive their care exclusively from unpaid family members and friends.[6] Despite the high use of informal care, spending for formal paid long term care services is substantial.

Contrary to what many believe, Medicare provides only limited long-term care coverage through its skilled nursing facility and home health benefits. Medicaid pays for nursing home care and certain home and community-based services for persons who qualify due to low income and assets. Some states, including Rhode Island, help low-income elders ineligible for Medicaid pay for home and community care with state general funds; private insurance pays for a small portion of long term care. Long term care insurance policy sales have increased in the last five years, but only 15% of persons age 65 and over with income over $20,000 are estimated to have such policies. Market penetration of long term care insurance in the state is less than 5%.[7]

Nationally, $207 billion was spent on long-term care in 2005 with most of it (63%) going toward nursing home care.[8] About half of this is paid for by Medicaid and 20% by Medicare.[9]

Rhode Island Long Term Care Costs: 2007

Type of Care	Average Rate	Average Annual Rate
Nursing Home–semi-private room	Average Daily rate-$219	$79,935
Assisted Living Residence	Average Monthly rate-$2,815/$3143	$33,784-$37,716
Home Health Aide Services (certified and non-certified)	Average Hourly rate – $22.27	$14,196–$23,161 (12 -20 hrs/week)
Homemaker services	Average Hourly rate – $22.27	$14,196–$23,161 (12 -20 hrs/week)
Adult Day Services	Daily rate - $67	$17,420 (5 days/wk)

Source: Genworth Financial. "2007 Cost of Care Summary" (March 2007) used for rates for Home Care Providers, Assisted Living Facilities (low average of range) and Nursing Homes. High average in range for assisted living from data for Rhode Island from "The MetLife Market Survey of Assisted Living Costs" (October 2006). Adult day services rate from email to President of R.I. Association of Adult Day Services.

Long Term Care Services

With the number of persons age 85 and over projected to peak in 2015, Rhode Island's capacity to meet its residents' long term care needs requires careful watching. With twelve fewer nursing homes operating since 2000 and a high occupancy rate (94.54% in 2006), persons may not always find a nursing home bed available at the nursing home of their choice. Additionally, the continued shortage of nurses and direct-care staff and availability of geriatric specialists to work in long term care settings needs attention as adequacy and competency of staff has a major impact on access and quality.

Rhode Island has one long term care hospital, the state-operated Eleanor Slater Hospital which provides long term care for persons with complex medical and/or psychiatric conditions. The hospital actively works to relocate patients whose care needs can be met in nursing homes or alternative settings and the hospital's census has declined in recent years.

Nursing Homes

Nursing home use has declined over the last decade. In Rhode Island there was a 13% decrease in the number of licensed nursing home beds from 2000 to 2007.[10] From 2004 to 2006 (state fiscal years) the Medicaid nursing home census dropped 11% from 9,679 to 8,623. From 1998 to 2007 Medicaid-paid nursing home days fell 23%, an average of 2.3% annually.[11] Despite the recent decline, Rhode Island's use of nursing homes for elders is comparatively high. In 2005, 3.5% of persons age 65 and over in the

Rhode Island Licensed Long Term Care Providers: 2000 – 2007

	2000	2002	2004	2007
# Nursing Facilities (87 Medicare certified)	107	103	100	95
# NF beds (includes 260 beds @ R.I. Veterans Home)	10,712	10,262	9,776	9,286
R.I. NF beds/1,000 persons 65+				63
U.S. NF beds/1,000 persons 65+, 2005				60
# Assisted Living Residences	66	70	71	63
# ALR beds	3,018	3,372	3,637	3,578
R.I. ALR beds/1,000 persons 65+				24
U.S. ALR beds/1,000 persons 65+, 2005				27
# Adult Day Service Centers (includes one PACE program)	19	19	18	19
# ADS slots (approximate)		707	765	816 (approx)
#R.I. ADS centers/100,000 persons 65+				13
U.S. #ADS centers/100,000 persons 65+ (2001-2002)				10
# Home Nursing Care Providers (22 Medicare certified)	51	50	50	50
# Home Care Providers	27	15	11	13
Eleanor Slater Hospital Total Census (operated by state Department of Mental Health, Retardation and Hospitals)	-	-	496	453 (2006 census)

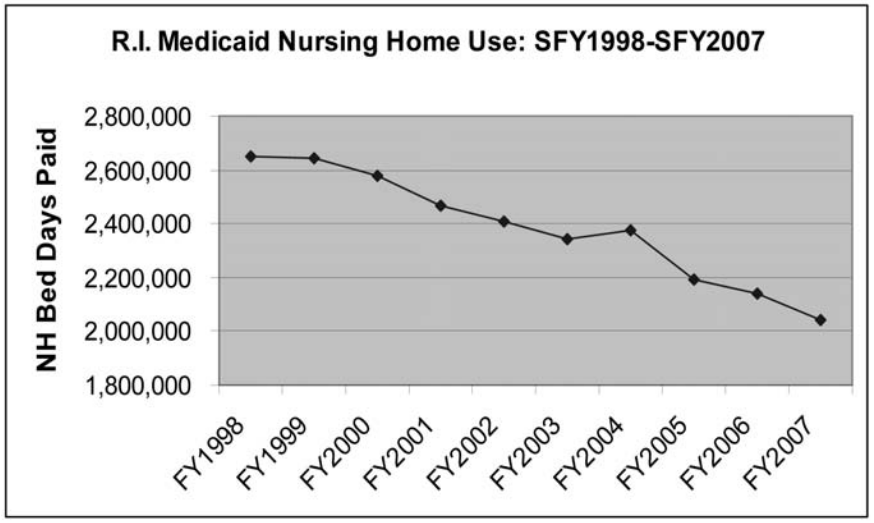
Sources: Data on state licensed facilities provided in email from RI HEALTH staff. Data for U.S. from "ACROSS THE STATES PROFILES OF LONG-TERM CARE AND INDEPENDENT LIVING". AARP Public Policy Institute. 7th edition (2006). Data on Eleanor Slater Hospital from Department of Human Services Memo, "Long Term Care Analysis".

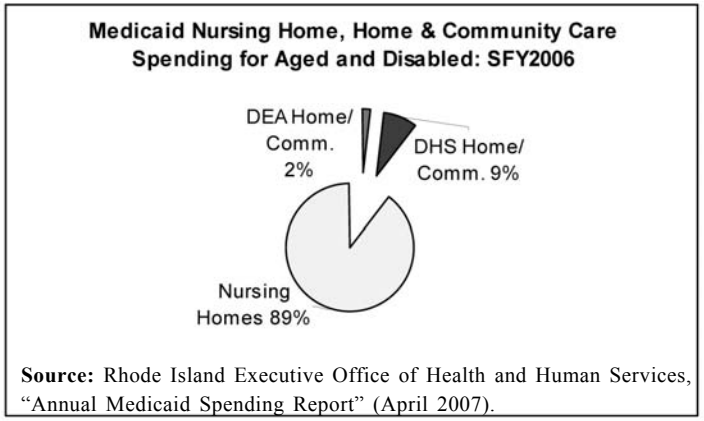
Long Term Care Services

U.S. were nursing home residents as compared to 5.6% in Rhode Island. The state ranked 7th highest on this measure.[12] In the United States most nursing home costs are paid for by the Medicaid program (65%).[13] In 2005, Medicaid was the primary payer for 67% of nursing home stays in Rhode Island; Medicare paid nine percent.[14] In state fiscal year 2006, Rhode Island spent a total of $298.5 million in Medicaid funds on nursing home care.[15] An estimated 93% of nursing home residents funded by state Medicaid are age 65 and over.[16]

Home and Community-based Services

Home and community-based services comprise a wide variety of services provided in a person's home, a day center or a residential setting less restrictive than a nursing home or long term care hospital (in Rhode Island these residences are licensed as either group homes, which are primarily for persons with developmental disabilities and mental illnesses, or assisted living residences. Other states may call them by different names).





Source: Rhode Island Executive Office of Health and Human Services, "Annual Medicaid Spending Report" (April 2007).

Historically, government funding for long term care for elders has been weighted toward nursing home care. More recently, elder advocates have pushed for more choices and home and community-based care is growing. A number of states have adopted policy changes to increase access to home and community-based services often through the use of Medicaid waivers. In 2006, three states – Alaska, Oregon and Washington – spent more on home and community-based waiver services than on nursing home care.[17] In Rhode Island, a Long Term Care Coordinating Council report on long term care spending across four state departments for state fiscal year 2005 (excluding funding for the developmentally disabled) found 88% of total funding went to institutional level of long term care (Eleanor Slater Hospital, Veterans' Home and nursing homes), 10% to home and community-based services, and 2% for regulation and selected administrative functions.[18]

In state fiscal year 2006, Rhode Island Medicaid home and community-based spending for the

Source: Data for FY1998 to FY2005 from worksheets provided by Department of Human Servicesstaff to Long Term Care Coordinating Council to prepare Long Term Care Budget Reports. Data for FY2006 and FY2007 provided in email from Department of Human Services staff.

aged and disabled totaled $36.5 million ($30.4 million from Human Services and $6.06 million from Elderly Affairs).[19] Another $236 million was spent on community waiver services for the mentally retarded/developmentally disabled.[20] Combined, Medicaid spending on nursing homes and waiver services for the aging and disabled (excluding the MR/DD waiver) totaled $335 million with 11% spent on home and community-based services for the aging and disabled.[21]

Based on the state's 2005 Medicaid census, there were 3.4 persons in nursing homes for every one person in a Home and Community Waiver for the aging and disabled.[22] A 2005 study (federal fiscal year) of institutional care versus home and community-based long term care spending found Rhode Island spent 11% of its Medicaid long term care funds on home and community-based services for the elderly and disabled. Rhode Island ranked 48th (with #1 being the highest) among the states. When spending for the MR/DD population was included in the home and community-based funds, the state ranking was 18th.[23]

In Rhode Island, waiver services for the aged and disabled include: personal care, homemaker services, case management, home-delivered meals, emergency response systems, minor assistive devices and some durable medical equipment.[24] Two of the state's five waiver programs pay for assisted living.[25] One, developed in collaboration with Rhode Island Housing, is limited to 200 units, 151 of which are allocated to assisted living residences financed with the assistance of Rhode Island Housing. This waiver program requires private units (unless the resident chooses to share a unit) and had a waiting list of 50 persons in August 2007.[26]

A waiver program operated by the Department of Elderly Affairs for persons age 65 and over also includes assisted living services. Of the 63 licensed assisted living residences, 22 participate in the Medicaid waiver program. However, the number of waiver units per residence may be limited.[27] Help in paying for assisted living is also available to persons not needing nursing home level care through a special state supplement to the Supplemental Security Income (SSI) program. In 2007, the state supplemented an individual's total income (from personal, federal and state sources) to $1,198/month which allows them to purchase assisted living services.[28] About 600 persons a month are using the SSI assisted living program.[29] In Rhode Island adult day services are covered as part of the State Medicaid Plan and also included in the Medicaid waiver programs.

In addition to Medicaid-funded home and community-based services, a state-funded "co-pay" program – in which the consumer pays a small share and the state pays the remainder – assists low-income elders not eligible for Medicaid to pay for home care and adult day services. The state FY2008 budget includes $4 million for co-pay services: $2.3 million for home care , $1.7 million for adult day care.[30] Because the co-pay program is not an entitlement program, at times the state has put a freeze on adding persons or service units to the program, forcing some elders to enter nursing homes and quickly spend down to Medicaid eligibility.

R.I. Home and Community Waiver Programs by Type, Participants and Cost: SFY2006

Type Waiver	DHS Aging/ Disabled	DEA Aging	DEA/DHS Assisted Living	DHS Personal Choice	DHS Habilitation	TOTAL Aging and Disabled	MHRH MR/DD
# Participants	1,823	742	246	99	25	2,935	3,211
Waiver Cost (monthly)	$561	$536	$840	$2,195	$3,737		$6,846

Source: R.I. Executive Office of Health and Human Services. "Rhode Island Annual Medicaid Expenditure Report" (April 2007). Monthly costs only include waiver services and not other Medicaid costs.

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A number of other subsidized programs administered by the Department of Elderly Affairs with state and/or federal funds support elders in home and community settings, including caregiver support and respite services; home-delivered meals; senior companions; case management and paratransit services.

In 2005, state elder advocates were successful in securing legislation to enhance home and community-based services by authorizing allocation of an amount of funds that would represent "total system savings attributable to the value of the reduction in nursing home days including hospice care paid for by Medicaid" to promote and strengthen community-based care. [31] In the state fiscal year, the legislature appropriated $1.4 Million (federal and state) for this purpose. [32]

Special Points of Interest

- *From 1998 to 2007 Medicaid-paid nursing home days in Rhode Island fell 23%, an average of 2.3% annually.*[32]
- *In 2005, Medicaid was the primary payer for 67% of nursing home stays in Rhode Island and Medicare nine percent.*[33]
- *Medicaid spending on long term care for the aging and disabled (excluding the MR/DD waiver) totaled $335 million in state fiscal year 2006 with 89% spent on nursing homes and 11% spent on home and community-based services.*[34]
- *R.I. ranked #48 nationally (# 1 state spent highest percent on home and community care) for percent of Medicaid funds spent on home and community care for the aging and disabled (excluding MHRH/DD waiver clients) in 2005.* [35]
- *Close to 3,000 aging and disabled persons (excluding MHRH/DD waiver clients) were served in home and community Medicaid waivers in state fiscal year 2006 with average monthly costs ranging from $536 (DEA aging waiver) to $3,737 (DHS Habilitation waiver).* [36]

Department of Elderly Affairs Home and Community Service Programs

	Co-pay Program		Respite	Home-delivered Meals
	Adult Day	Home Care		
FY 2006				
Spent	$1,125,596	$2,142,643	$1,037,260	n/a
# Clients	361	944		
FY 2007				
Spent	$1,169,683	$2,647,093	$959,278	$1,605,547
# Clients	362	969	422	n/a

Source: Department of Elderly Affairs email. Co-pay spending is state only; Respite and Home-delivered meals are total of state and federal funds. In addition to programs noted in Table, $1,081,528 (state and federal) was spent on case management in FY2006 and $1,091,650 in FY2007. Co-pay client numbers are unduplicated.

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R.I. Home and Community Service Programs for the Elderly*				
Program	**Benefit**	**Eligibility**	**Income Limits**	**Resource Limits**
Home/Community co-pay program	Home care and Adult Day Services – client pays a share	65 years and over, need assistance or supervision with personal care, unable to leave home without considerable assistance	$19,341 (single) $24,179 (couple)	Not counted
DHS Medicaid aging & disabled waiver	Services at home including adult day services in lieu of nursing home care	Disabled persons, persons age 65 and over, Medicaid Categorical eligible	$1,869 monthly	$2,000 (single) $3,000 (married)
DEA Medicaid aging waiver	Home and community services including adult day services and assisted living	65 years and over; at risk for nursing home (for assisted living, person may not own home)	Spend down to Medicaid Medically Needy level	$4,000 (single) $6,000 (couple)
Assisted Living Waiver (referred to as RI Housing waiver)	Assisted Living services (single units)	65 years and over and disabled persons, at risk for nursing home, may not own home, Medicaid Categorical eligible	$1,869 monthly	$2,000 (single) $3,000 (married)
SSI Assisted Living Enhancement	Cash assistance to pay for assisted living	18 years and over, Need assisted living services	$1,218 monthly	$2,000 (single) $3,000 (married)
Respite services	In-home or respite in adult day services, overnight in assisted living. Homemaker services at reduced rate.	55 years and over, persons with disabilities of any age	Cost-sharing based on income	Not counted

Source: Department of Elderly Affairs, The Point, R.I. Department of Human Services Policy Manual.
*These are only guidelines. In some instances portion of income may be reduced by certain disregards. Persons should contact state agency staff for more detail regarding eligibility.

Long Term Care Quality

Long Term Care Quality refers to the degree of excellence of any type of help (particularly the systems and institutions that provide the help) that someone receives over a long period of time to allow him or her to eat, walk, bathe, get dressed, move about in the home, or perform other necessary daily tasks such as preparing meals.

Why is this important?

Quality in long term care is an ongoing major concern. The outcomes of poor quality care – malnutrition, bed sores, dehydration, infections and death – have led to federal and state government action to improve quality. Passage of the 1987 Federal Nursing Home Reform Act and the Rhode Island 2005 Long Term Care Reform Act which followed revelations of poor quality care and fiscal mismanagement at a Providence nursing home are examples of such action.

The Rhode Island Department of Health (HEALTH) licenses and regulates nursing homes, assisted living residences, home nursing care providers and home care providers. Legislation enacted in 2007 transfers licensing of adult day services from the Department of Elderly Affairs to HEALTH effective in January 2008.[1] Group homes for the developmentally disabled and mentally ill are licensed by the Department of Mental Health Retardation and Hospitals.

Federal law requires nursing home inspections once every 9 to 15 months and, by state law, nursing homes, assisted living residences and home nursing care and home care providers must be inspected annually.[2] Nursing homes with serious deficiencies must be inspected more frequently. The Health Department is complying with the annual inspection requirement for nursing homes and, for the most part, assisted living residences. However, in 2006 it did not complete annual inspections for home nursing care and home care providers.

Most of the focus on quality has been on nursing homes which must meet dozens of federal and state regulatory quality standards.[3] If an inspection (also referred to as a survey) finds a standard is not met, the nursing home is found to be deficient. Depending on the deficiency's severity and how widespread it is, HEALTH may impose sanctions and/or penalties against the nursing home. Federal law requires that survey results and the nursing home's nurse staffing levels be posted publicly in each nursing home.

Rhode Island nursing homes have lower numbers of deficiencies than the national average. In 2005, the state ranked next to last for deficiencies cited for actual harm or jeopardy of residents.

State to state comparisons related to deficiencies need to be viewed with caution, however, as studies by the Government Accounting

Comparison of R.I. and U.S. Nursing Home Deficiencies

Average # Deficiencies	**3**	**8**
Range of Deficiencies	**0 – 14**	**n/a**
Deficiency Free Nursing Homes	**19**	**n/a**
Actual Harm/Jeopardy Deficiencies	**4%**	**17%**

Source: For Average number and range: Medicare Compare website. 9 August 2007. <http://www.medicare.gov> Path: Go to Nursing Home Compare, Rhode Island. The data is based on 87 Medicare certified nursing homes. Data on actual harm/jeopardy from: AARP Public Policy Institute. "*Across the States: PROFILES OF LONG-TERM CARE AND INDEPENDENT LIVING RHODE ISLAND*" P 6. Data on R.I. deficiency-free surveys from R.I. Department of Health email for period of July 1, 2006 to June 30, 2007.

Long Term Care Quality

Office have shown variation in surveyor assessment of "actual harm" and the need for greater standardization of the survey process across states.[4]

Public reporting on quality is done at the federal and state levels for nursing homes and home health providers. For nursing homes, 14 clinical measures are reported for long stay residents and five measures for short stay residents.[5] For the last quarter of 2006, for long stay residents, R.I. ranked the same as or better than the U.S. average on all except: low risk residents with pressure ulcers, mobility and urinary tract infections. For short stay residents, the state scored poorer for pressure ulcer rates: 21% of R.I. nursing home residents had pressure ulcers compared to 17% nationally. Reducing pressure ulcers demands the continued attention of providers and advocates.

Rhode Island published its first state report on nursing home resident and family satisfaction in 2006. The state uses a "diamond" rating system based on whether for each clinical measure or resident/family satisfaction area, a nursing home falls in the top 25% (♦♦♦), middle 50% (♦♦), or lower 25% (♦). HEALTH posts nursing home scores at: http://www.health.state.ri.us/chic/performance/nursinghomes/measures/2006_Q4_report.pdf.

HEALTH also publishes a "performance survey tool" rating nursing homes on aggregate score based on five areas: Nursing, Administration, Environment, Resident Rights and Food. The maximum score a nursing home can receive is 88. Scores posted in August 2007 ranged from 70 to 88 in. Results are located at: http://www.health.ri.gov/hsr/facilities/nursinghomes/survey.php.

Ten clinical quality measures for Medicare certified home health agencies are reported publicly. The measures relate to improvement in getting around, meeting patient's activities of daily living, status after home health care ends, and measures related to patient medical emergencies. In 2006, for all the measures, R.I. agencies were very close to national averages and exceeded several. The state uses the "diamond" rating system to compare the home health agencies. Scores are found at: http://www.health.ri.gov/chic/performance/homehealth/measures.pdf.

Adequate nursing staff is one of the most important keys to quality care. A federal study on staffing in nursing facilities found that 4.08 hours of nursing care per long term resident per day is necessary to "improve outcomes and avoid selected problems."[6] Medicare reported the average nurse staff levels in Rhode Island was (3.5) hours per day. This level is based on the average daily work (in hours) given by the entire group of nurses and nursing assistants divided by the total number of residents. It is self reported by the nursing home as part of the annual survey and does not represent an annual average staffing pattern. The state requires 24-hour RN staffing in nursing homes and staff sufficient to meet resident needs. Neither federal or state law mandates nursing home staffing levels.

Assisted living residences are required to have nurse reviews of each resident every 30 days (every 90 days if the residence has at least one full-time nurse on-site).[7] There are no mandated direct care staff levels. However, assisted living residences with "Dementia Care" licenses are required to have a registered nurse on staff and available for consultation at all times and a dementia-trained staff member on-duty at all times in dementia care units.[8] Adult day centers must have a licensed nurse (RN or LPN) on-site for at least six hours/day. If the census is 20 or more, a nurse must be available to ensure full-day coverage. State regulations mandate direct care staff/participant ratios for adult day centers.[9]

Long Term Care Quality

No public reporting system is in place for assisted living residences, home care providers or adult day services. However, the licensing regulations for each of these provider types require that they have quality improvement programs in place.[10] Persons can request copies of surveys for these providers from HEALTH or Elderly Affairs. In 2005, the license of one assisted living residence was suspended by HEALTH due to serious violations discovered when one resident with a history of violent crime, was allegedly murdered by another resident.[11] Following the closure, the state issued a report with 23 recommendations for reform.[12] Many of the recommendations have yet to be implemented. However, state legislation was passed to require notification and risk assessments when individuals released on parole for a violent crime were to reside in long term care settings and housing for the elderly.[13]

The state long term care ombudsman plays a vital role in promoting quality acting both as an advocate and investigator of complaints of violations of law and resident rights. In Rhode Island, long term care ombudsman activities are conducted by the Alliance for Better Long Term Care and state law authorizes the ombudsman to act in nursing homes (including the state Veterans' Home), assisted living residences, home care settings and the long term care units of the state Eleanor Slater hospital.[14] In 2006, the Rhode Island ombudsman was involved in 3,456 official cases.[15]

The state Quality Improvement Organization (Quality Partners of Rhode Island) also plays an important role in quality improvement for Medicare enrollees. It serves as the national nursing home support center for all Quality Improvement Organizations and is working collaboratively with nursing homes on several projects to improve nursing home quality.[16]

Nursing Staff Hours per Resident Day: Nursing Homes

	R.I.	U.S.
RN	42 minutes	30 minutes
LPN	24 minutes	45 minutes
CNA	2 hrs., 24 minutes	2 hrs., 18 minutes
TOTAL	**3.5 hours**	**3.55 hours**

Source: Medicare.gov website updated March 2007

Special Points of Interests:

- *Federal law requires nursing home inspections once every 9 to 15 months and, by state law, nursing homes, assisted living residences and home nursing care and home care providers must be inspected annually.*[2]
- *No public reporting system is in place for assisted living residences, home care providers or adult day services.*

- *In 2006, the Rhode Island ombudsman was involved in 3,456 official cases.*[15]

Long Term Care Quality

R.I. Long Term Care Provider Survey,
Complaint and Incident Data: SFY 2007

Nursing Facilities

Number of licensed Nursing Facilities (NF)	96
Number of NF Annual surveys (federal and state)	95
Number of NF follow-up surveys	83
NF Allegations of Complaint received:	339
NF Allegations of Complaint investigated:	358
NF Allegations of Complaint administratively closed	17
NF Allegations of Complaint substantiated	45
NF Incidents received:	1189
NF Incidents investigated:	1251
NF Incidents administratively closed	57
NF Incidents substantiated	N/A

Assisted Living Residences

Number of licensed Assisted Living Residences (ALR)	66
Number of ALR Initial surveys or Initial Premises surveys (state)	1
Number of ALR Annual surveys (state)	52
Number of ALR Follow-up surveys	23
Number of ALR other visits	11
ALR Allegations of Complaint received:	26
ALR Allegations of Complaint investigated:	20
ALR Allegations of Complaint administratively closed	6
ALR Allegations of Complaint substantiated	5
ALR Incidents received:	818
ALR Incidents investigated:	5
ALR Incidents administratively closed	811
ALR Incidents substantiated	N/A

Home Care

Number of licensed Home Nursing Care Providers	50
Number of HNCP Initial surveys	0
Number of HNCP Annual surveys or Follow up surveys	1
Number of licensed Home Care Providers (HCP)	13
Number of HCP Initial surveys	0
Number of HCP Annual or Follow-up surveys	0

Definitions

Complaints - A complaint is a report made to the State Survey Agency (HEALTH) or CMS Regional Office by anyone other than the administrator or authorized official for a provider or supplier that alleges noncompliance with Federal and State requirements. Complaints are made against licensed facility/agency by an individual who voluntarily reports allegations of
noncompliance. Examples of complaints include but are not limited to cold food, accidents, environment, inadequate staffing, quality of care, dental services, pharmacy services and etc.

Incidents - An incident is an official notification to the State Survey Agency or CMS Regional Office from a self-reporting provider or supplier (i.e. the administrator or authorized official for the provider). Incidents are made by representatives from licensed facility/agency and are mandated to report by State and Federal regulation or law. Examples include but are
not limited to alleged violations of abuse, injuries of unknown origin, deaths resulting from restraint or seclusion, LTC accidents resulting in death and M.E. Reports. **Note**: State hospital incidents, as noted above, is not to be confused with the "Reporting of Hospital Events & Incidents" as defined in State Hospital Regulations (R23-17-HOSP). State hospital Events & Incidents are not included in this report.

Administratively Closed-Intakes (mostly facility reported incidents) that have been closed after supervisor review determined no investigation or other action is required.

Investigated - Intakes that were investigated via on-site survey or off-site review during the reporting time frame.

Substantiated - A complaint is substantiated if at least one allegation of the complaint did occur and is verified by evidence during the reporting time frame.

Source: Email from R.I. Department of Health staff.

Transportation Access

Transportation Access refers to the availability of transportation for persons age 60 and older to get to goods and services and to social and other events.

Why is this important?

Access to safe transportation in older age is closely tied to quality of life. Having transportation options to get to desired places and to remain connected to one's community is central to maintaining an older person's independence and well-being.[1]

As people age, the number of trips made and the number of individuals who drive decrease significantly. Of those older adults who do not drive, 54% stay home on any given day compared to 17% of older adults who drive.[2] The strongest predictor of premature death among the elderly is isolation [3] and lack of transportation contributes to elders' increased isolation.

Nationally, one out of five persons 65 years and older does not drive. An AARP survey of persons age 50 and over found the elderly, low-income individuals, African Americans, Hispanics, and urban dwellers were all less likely to drive. [4] The AARP survey found that among non-drivers age 75 and over, 70% relied on rides from others, 9% used public transit and the rest walked or used other modes.[5] Also, non-drivers over age 50 were four times more likely to use public transportation than drivers and six times more likely to miss doing something because they did not have a way to get there. [6]

In the U.S., 83% of elder households had at least one available vehicle in 2000 compared to 79% of the state's elder households.[7] In Rhode Island, 15.7% of licensed drivers are age 65 and over.[8] Persons age 70 years and over must renew their Rhode Island driver's license every two years as opposed to every five years for those under age 70.[9] By age 75, about one-third of Rhode Islanders do not have drivers' licenses.

As people age, their senses tend to weaken, but our transportation systems were not designed with the older person in mind. Many elderly who still drive limit themselves to daytime driving and short trips to familiar places. A 2002 study estimated that, on average, people who are driving at age 70 will stop driving with males spending six more years dependent on others for transportation and females another 10 years as transportation dependent.[10] For elders who do not drive, public transportation and assistance from friends and family networks are crucial sources of mobility.

In Rhode Island, the RIde Paratransit Program provides persons age 60 and over with no-cost "door-to-door" weekday transportation for trips for medical appointments, adult day centers and senior meal sites. [11] However, medical trips must be scheduled two to three weeks in advance and non-medical trips to senior centers and adult day centers are limited. In state fiscal year 2006, 4,775 persons age 60 years and over used the Department of Elderly Affairs RIde program.[12] For state fiscal year 2008, $8.3 Million is budgeted in the Department of Elderly Affairs from all sources for costs related to the contracts providing transportation services to elderly and disabled individuals.[13]

Elders with disabilities may apply for the RIde Americans with Disabilities Act (ADA) program if they can not use regular public buses and access "curb-to-curb" services if they live along existing RIPTA service routes.[14] Charges are twice the regular fare per trip and usually can be booked a day in advance. As fixed service routes in the state's rural areas are limited, this is not an option for those not living close to a regular

Transportation Access

service route. Elders on Medicaid may also receive help with transportation to covered health services from the state Department of Human Services.[15]

Rhode Island low-income elders may also take advantage of no-fare or half-fare bus passes on the fixed-route public transportation (RIPTA) system.[16] In FY 2006, about 3.4 million no-fare or half-fare rides were given to low-income seniors and persons with disabilities.[17] All of RIPTA's buses are equipped with wheelchair lifts and drivers are required to make stop announcements. Physical and sensory limitations, however, can make it difficult for some elders to walk to a bus stop, wait for extended periods, stand in the cold or climb stairs on the bus. Riding the bus may also be a new experience for elders who relied on cars and they may feel anxiety or feel unsafe while waiting.

In addition to program's funded by the state, 17 of Rhode Island's 39 cities and towns offer some additional transportation to elder residents.[18] Several non-profit agencies also offer transportation using volunteer drivers. As the number of elders in the state over age 70 increases in the next decade, access to alternate transportation services will be more important than ever in promoting independence.

Department of Elderly Affairs RIde Ridership by Age: FY2006

	60 – 64 Yrs	*65 – 84 Yrs*	*85 Yrs +*
No.	305	3009	1441
%	6%	63%	30%

Source: Rhode Island Public Transit Authority (RIPTA)

R.I. Licensed Drivers by Age: 2007

		Est.% of Age group with Drivers License
# R.I. licensed drivers	743,793	
Est. population age 65 and over	149,775	
# Licensed drivers age 65 and over	116,658	78%
Est. population age 75 and over	80,468	
# Licensed drivers age 75 and over	53,797	67%

Source: RI Registry of Motor Vehicles, 2005 U.S. Census Bureau Population Estimates

Special Points of Interest:

- *Isolation is the strongest predictor of premature death and lack of transportation contributes to elders' increased isolation.*[19]
- *Rhode Islanders age 65 and over may get RIPTA bus passes for $5 valid for five years which allow them to pay half fare on off-peak hours. Bus pass holders on Medicaid or whose income is within the guidelines for the state Pharmaceutical Assistance Program (RIPAE) may apply for the No Fare program and ride free during all hours.*[20]
- *An estimated 78% of Rhode Islanders age 65 years and over have R.I. drivers licenses.* [21, 23]
- *Rhode Island drivers age 70 and over must renew their driver's license every two years as opposed to every five years for persons under age 70.* [22]

Transportation Access

Individuals Using the DEA's RIde Program Services by Age Group and City of Residence FY2006

City of Residence	*All Individuals Using RIde*	*DEA-Eligible Individuals Age 60-64*	*Age 65-84*	*Age 85+*	*DEA as % of All Individuals*
Barrington	49	1	10	5	32.7%
Block Island	2	2			100%
Bristol	130	7	25	14	35.4%
Burrillville	51	2	11	5	35.3%
Central Falls	272	2	43	18	23.2%
Charlestown	25		8	2	40.0%
Coventry	224	5	77	46	57.1%
Cranston	760	21	288	157	61.3%
Cumberland	161	6	76	32	70.8%
East Greenwich	57	3	17	5	43.9%
East Providence	483	14	171	73	53.4%
Exeter	11		4	2	54.5%
Foster	15		6	2	53.3%
Glocester	15	1	5	1	46.7%
Hopkinton	31	0	8	8	51.6%
Jamestown	16		4	5	56.3%
Johnston	369	8	138	71	58.8%
Lincoln	128	4	27	22	41.4%
Little Compton	6	1	3	2	100.0%
Middletown	145		30	17	32.4%
Narragansett	70		18	16	48.6%
Newport	281	10	85	37	47.0%
North Kingstown	168	7	44	22	43.5%
North Providence	456	13	170	93	60.5%
North Smithfield	28		13	4	60.7%
Pawtucket	965	26	320	142	50.6%
Portsmouth	96	2	29	27	60.4%
Providence	2,390	92	660	242	41.6%
Richmond	19		3		15.8%
Scituate	27	2	8	2	44.4%
Smithfield	84	2	27	21	59.5%
South Kingstown	157	5	63	32	63.7%
Tiverton	62	1	23	15	62.9%
Warren	63	1	12	4	27.0%
Warwick	896	29	312	172	57.3%
West Greenwich	12		3	2	41.7%
West Warwick	319	13	95	41	46.7%
Westerly	219	5	56	40	46.1%
Woonsocket	569	20	117	42	31.5%
Grand Total	**9,831**	**305**	**3,009**	**1,441**	**48.4%**

RIPTA Fixed Route FY06 Ridership

Senior/Disabled No Fare ID	3,382,053
Senior/Disabled Half-Fare	25,849

St. Francis Chapel

Housing Access & Affordability

Housing Access and Affordability refers to elders' ability to have housing in which the rent or mortgage, including housing-related energy and utility expenses, require 30% or less of their gross income.

Why is this important?

One measure of how income contributes to well-being is the percentage of income spent on basic living expenses such as rent or homeowner costs. Selected homeowner costs, as defined by the Census Bureau, include mortgage payments, real estate taxes, property insurance, utilities and condominium or mobile home fees. Gross rent includes rent payments and utility costs if not included in the rent.

Generally, affordable housing refers to the availability of housing requiring 30% or less of gross income to be spent on rent or mortgage. Households that pay more than 30% of gross (pretax) income for housing are considered housing cost burdened.[1] A severe housing burden exists when a household pays over 50% of pretax income on housing costs.[2] The Rhode Island housing market is one of the more expensive ones in the country and the supply of affordable housing is limited. In 2007, 32.7% of Rhode Island homeowners and 47.7% of renters have a housing cost burden; and 23.9% of renters have a severe housing burden.[3] In the fourth quarter of 2006, the median price of a single home in the Providence, New Bedford, Fall River Metropolitan area was $291,300.[4] The median value of homes in twenty-seven of the state's thirty-nine communities exceeded this value at 2006 year's end.[5]

The median value of an owner-occupied home for elderly Rhode Island householders was $258,200 in 2005.[6] While slightly lower than the statewide median of $281,300, it was almost double the $143,500 U.S. median for elderly householders.[7]

In 2005, Rhode Island had 100,426 households that included a person or persons aged 65 years and over and 87,497 households in which the householder was 65 years or over.[8] Of these elder households, 31% lived in rental units, much higher than the U.S rate of 21.1%, and 69% lived in owner-occupied units.[9] Nine percent of elderly households had income below the poverty level.[10] Of the elderly households in renter-occupied housing units, close to half (48%) were housing cost-burdened. Of those in owner-occupied housing, 36% were housing cost-burdened. [11]

While median household income for Rhode Island is slightly higher than the national median, Rhode Island householders age 65 and over had a median income of $27, 408, well below the state average of $51,458 for all households.[12] Renters comprise a higher percentage of elder households in Rhode Island than in the general U.S. population and a greater percent of elders who rent are housing cost-burdened than those living in their own homes.[13] For the state's elder homeowners, monthly housing costs are higher than the U.S. average both for those with and without mortgages.[14] The number of elderly households paying more than 30% of their gross income for housing is cause for concern. As rents, utility costs and property taxes continue to rise faster than many elders' income, Rhode Island elders become more at risk for poverty.

As of December 31, 2006, there were 19,163 units of affordable housing reserved for low and moderate income elderly and disabled residents.[15] Persons aged 62 and over who meet the income guidelines pay 30% of their monthly income for rent.[16] Although it appears there are a substantial number of subsidized

elderly housing units in the state, the location of the units by community does not always meet community need and elders' preference about where to live. While in some communities elders can access subsidized housing almost immediately, others have long waiting lists.[17]

A lack of available land, density of population and limited new housing production all contribute to the state's dearth of affordable housing.[18] Since 2002, several Rhode Island agencies have received Section 202 funding to create over 200 units of supportive housing for the elderly. In recognition of the state's projected growth in the numbers of frail elders, the *Rhode Island Strategic Housing Plan: 2006-2010* identifies development of additional assisted or supported elderly housing as a high priority to help elders remain independent and living in the community.[19]

Utility and Energy Costs

High utility and energy costs are a major concern for Rhode Islanders. The state has some of the highest energy costs in the country and in recent years energy costs have risen dramatically. From 2000 to 2005, electricity costs increased 116%, home heating oil costs by 139% and natural gas by 81%.[20] A 2007 *Home Energy Affordability Gap* report ranked Rhode Island #44 (with #1 being the most favorable) for "average affordability gap" for energy costs with an average household energy gap of $1,690.[21,22] The report set affordability for total home energy bills at 6% of household income. For many of the state's elders living on fixed incomes, skyrocketing energy costs are difficult to absorb, necessitating decisions regarding which other expenses will suffer, often health care expenses or even food.

Rhode Island has programs to help low-income seniors who have difficulty paying utility bills. Most of the funds for these programs come from the federal Low Income Home Energy Assistance Program (LIHEAP). Also, state law bans the shut-off of utilities for persons age 62 years and over during the winter heating season (November 1st to April 15th) and when the National Weather Services issues a heat advisory or excessive heat warning.[23] In 2007, 9,883 low-income elderly households received energy assistance grants to help pay home heating bills, a slight decrease from the 10,087 elderly households that received assistance in 2006.[24] Grants, which are tied to income and energy needs, ranged from $400 (for heating oil and gas) to $700 (for electrical heat) in 2007.[25] However, the *Home Energy Affordability* report found that state need for energy assistance exceeded LIHEAP allocations by $171 Million in 2006.[26] As the number of elders' increases, policymakers and advocates will need to stay alert to the adequacy of this program.

Percentage of seniors 60+ who have had their utilities shut off because they couldn't afford their bill:	
60-69 years old	7%
70-79 years old	5%
80+ years old	2%

Source: Senior Agenda 2005 Rhode Island Survey of Needs

Housing Access & Affordability

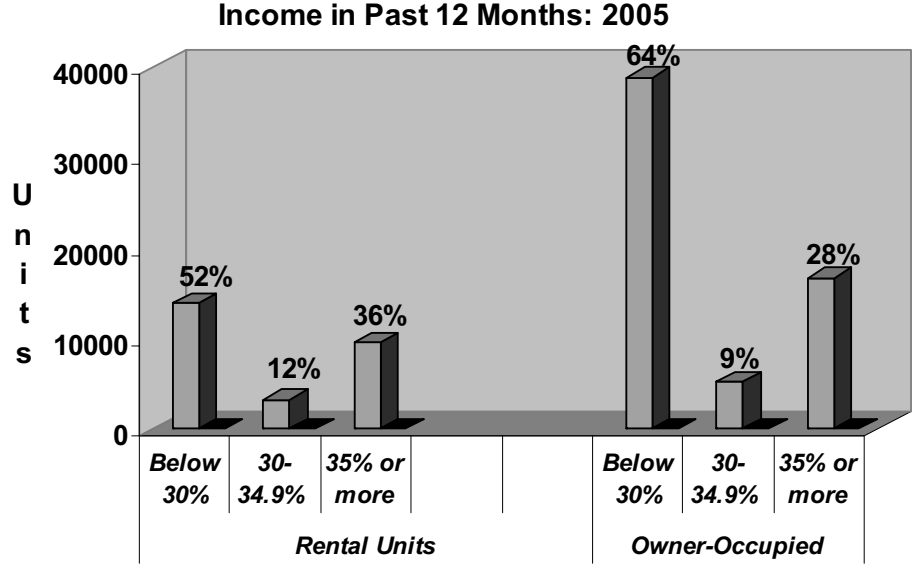
Percentage of seniors 60+ by town who feel their residence is affordable:	
Coventry	76%
Newport	68%
Providence	57%
Pawtucket	55%
North Providence	55%
Warren	50%

Source: Senior Agenda 2005 Rhode Island Survey of Needs

Percentage of seniors 60+ who feel their residence is affordable:	
60-69 years old	71%
70-79 years old	63%
80+ years old	56%

Source: Senior Agenda 2005 Rhode Island Survey of Needs

Sources: U.S. Census 2005 American Community Survey. Tables B1107: Households by Presence of People 65 Years and Over, Household Size and Household Type; B25072: Age of Householder by Gross Rent as a Percentage of Household Income in the Past Twelve Months; B25093: Age of Householder by Selected Monthly Owner Costs as a Percentage of Household Income in Past Twelve Months



Housing Access & Affordability

Special Points of Interest:

- *Slightly more than one-third of Rhode Island elder householders live in rental units and close to half (48%) of these renters are housing cost-burdened.*[27]
- *Fewer Rhode Island elder householders own their own homes than the national average and more than one-third of Rhode Island elder homeowners (36%) are housing cost burdened.*[28]
- *The median value of an owner occupied home for elder Rhode Island households is $258,200, almost double the U.S. median for older householders.*[29]

Selected Housing Characteristics Householders All Ages and 65 Years and Over: 2005

	US	RI
# Occupied Housing Units	111,090,617	406,089
#Occupied Housing Units Householder 65 Yrs +	22,506,518	87,497
%Owner-occupied Housing Units	66.9%	62.7%
% Owner-occupied Units Householder 65 Yrs +	78.9%	69.4%
% Owner-occupied Units Cost-burdened	28.3%	33.4%
% Owner-occupied Units Householder 65Yrs+ Cost-burdened	27.2%	36.1%
% Renter-occupied Units	33.1%	37.3%
% Renter-occupied Units Householder 65Yrs +	21.1%	30.6%
% Renter-occupied Cost-burdened Units	45.7%	45.3%
% Renter-occupied Householder 65Yrs+ Cost-burdened	53.4%	47.9%
Median Gross Rent	$728	$775
Median Gross Rent Householder 65Yrs+	$580	$480
Median Selected Monthly owner costs (with mortgage)	$1,297	$1,585
Hholder 65Yrs + Median Selected Monthly owner costs (with mortgage)	$1,017	$1,197
Median Selected Monthly owner costs (no mortgage)	$369	$519
Hholder 65Yrs + Median Selected Monthly owner costs (no mortgage)	$363	$506
Median Net Value Owner Occupied Unit	$167,500	$281,300
Median Net Value Owner Occupied Unit Householder 65 Yrs+	$143,500	$258,200

Source: U.S. Census American Community Survey 2005. Table S0103 United States and Rhode Island

Special Points of Interest:

- *Home utility and energy costs in Rhode Island are some of the highest in the country and increased from 80% (natural gas) to over 100% (home heating fuel and electricity) from 2000 to 2005.*[30]
- *About 11% of elder Rhode Island households received LIHEAP energy grants in 2007, however, available federal funds fall far short of the state's need for energy assistance.*[31, 32]

Veteran Status

Veteran status refers to elder Rhode Islanders who are veterans. Generally, this means they once served on active duty in the United States Army, Navy, Air Force, Marine Corps, or Coast Guard, or served in the Merchant Marine during World War II. It also includes Reserve Force and National Guard called to federal active duty; those disabled while on active duty training and uniformed Public Health Service; and uniformed National Oceanic and Atmospheric Administration. [1]

R.I. Veterans All ages: Selected Characteristics

	Veterans	Non-Veterans
Median Income	$33,839	$24,582
Poverty rates	4.9%	10.5%
Disability %	24.7	17

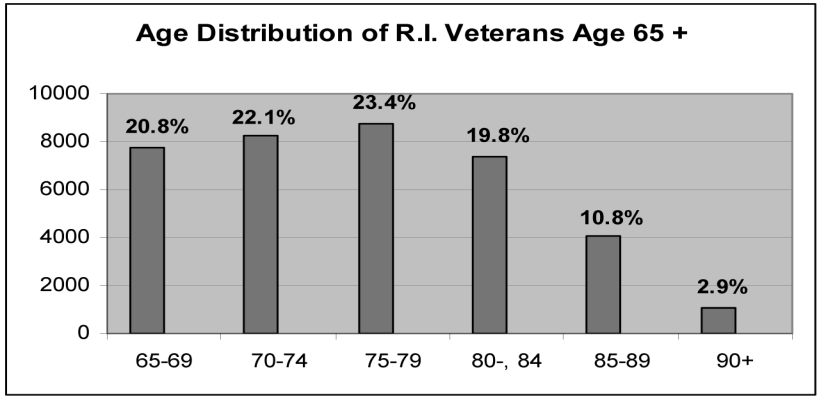
Source: U.S. Census American Community Survey Rhode Island Table S2101. Veteran Status

Why is this important?

One fourth of Rhode Island elderly are veterans and about 44% of the state's veterans are elderly.[2] It is important to recognize the veteran status of the state's elder population to ensure that they are informed of all the benefits and services to which they may be entitled and to provide appropriate honor and recognition of their service to the country.

The 2006 American Community Survey (ACS) reported 82,129 Rhode Islanders were veterans. This was a substantial drop from the 93,792 reported in the 2004 ACS. [3] Of the state's elder veterans, one-third are age 80 and over and four percent are women. [4] Slightly more than three-quarters served in time of war, with the highest percentage serving in World War II and the lowest percentage during the Vietnam era. Of those serving during World War II, 82% are age 80 and above. As more elder veterans who served during the Korean Conflict enter their late 70's and 80's, the demand on veteran's services — especially health and long term care — will continue to be strong.

A number of benefits and services are available to Rhode Island veterans, which are critical for them in their older years. The U.S. Department of Veterans Affairs (VA) offers a wide variety of programs and services ranging from health services to disability pensions and transition housing for homeless veterans.[5] In 2004, 12,716 veterans and survivors received disability compensation or pension payments from the VA in Rhode Island.



Source: U.S. Department of Veterans Affairs. Veteran Data and Information. "VetPop2004 Version 1.0 State and National Tables" Table 1L. Data as of 9-30-04.

The VA operates a major medical center in Providence and a community-based outpatient clinic in Middletown, R.I. In fiscal year 2004, more than 26,629 Rhode Island residents 65 years old and older were treated by VA facilities in the state.

The VA has a home-based primary care program and geriatric evaluation clinic, serving 93 Rhode Islanders in 2004. It provides long term care through contracts with a range of providers. In 2004, an average of 50 veterans per day were provided with nursing home care, 23 with home and community care services, and 514 with skilled home nursing visits.

Veteran Status

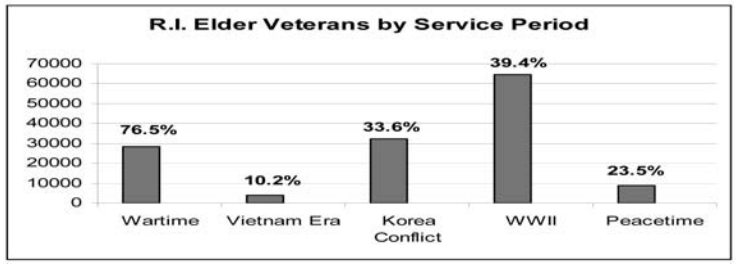
R.I. Division of Veterans Affairs FY 2008 Budget: $25,010,872	
State General Funds	$17,109,472
Federal Funds	$6,384,850
Restricted Receipts (primarily Veterans Home collections)	$1,516,550

Nationally, the VA reports nearly 23% of the homeless in the country are veterans and many more veterans who live in poverty are at risk of becoming homeless. The Providence VA Medical Center operates a 22-bed transitional, residential unit for the homeless at the state Veteran's Home in Bristol. It also operates a community-based outreach program that links homeless veterans to the VA medical center, housing services, legal aid and social services.

The R.I. Department of Human Services Division of Veterans' Affairs operates three programs that serve eligible Rhode Island Veterans, their surviving spouses, and dependents: the Rhode Island Veterans' Home, the Rhode Island Veterans' Memorial Cemetery, and the Rhode Island Veterans' Affairs Office. [6]

Located in Bristol, the Rhode Island Veterans' Home provides nursing and domiciliary care to veterans. It has an operational bed capacity of 339 beds (260 nursing and 79 domiciliary/sheltered care beds) including a 36-bed unit for veterans who suffer from dementia-type illnesses. In fiscal year 2006, it had a $23 million operating budget (about half state funds). An average of 221 nursing care beds and 33 domiciliary care beds were utilized. The Veterans' Home admits war service veterans who have been honorably discharged and have resided in the State at least two years prior to admission and/or were inducted into the military service from the State. [7]

The Veterans' Transitional Supportive Program (VTSP), operated in concert with the federal Veterans Administration, offers a multitude of psychological/ social counseling, substance abuse treatment, and contract work therapy opportunities provided on a short-term basis to assist homeless veterans with reintegration into their communities. In state fiscal year 2006, 186 veterans received services, including 29 enrolled in its residential program. [8]



Source: U.S. Department of Veterans Affairs. Veteran Data and Information."VetPop2004 Version 1.0 State and National Tables" Table 2L. Data as of 9-30-04.

The Division of Veterans Affairs maintains a military cemetery on 265 acres in Exeter, Rhode Island. Approximately 22,601 internments sites have been used at the cemetery with about 1,100 per year recently.[9]

The R.I. House of Representatives has a Committee on Veterans Affairs which has takes an active role in veteran-related issues. In the 2007 legislature, a bill was introduced and passed (H5134 Substitute B) to create a Department of Veterans Affairs in the Office of Health and Human Services. The new department would assume the duties of the Division of Veterans Affairs. It also required that the director and administrator of the Veterans Home and the Veterans' Cemetery be honorably discharged veterans. The bill was vetoed by the Governor.[10]

Special Points of Interest:

- *One out of four Rhode Islanders age 65 and over is a veteran* [11]
- *There are about 12,000 R.I. WWII veterans who are age 80 and above*[12]
- *4% of elder R.I. veterans are women*[13]
- *26,629 Rhode Island residents 65 years old and older were treated by VA facilities in the state in 2004* [14]

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Methodology

The Senior Agenda 2007-2008 Factbook: A Profile of Well-Being of Older Rhode Islanders examines 16 indicators that affect the lives of older Rhode Islanders. Unless noted, the terms seniors/elderly/older refers to people 65 and older claiming primary residence in Rhode Island. Data for people age 60-65 is also included where possible.

Title definition: An explanation of the indicator title as was interpreted by the researcher.

Why is this important?: In this section, the indicator is discussed in detail, referencing data noted in footnotes and applicable charts and tables.

Charts and Tables: All charts were created and/or re-created by the researchers using data sources noted directly under the chart or table.

Special Points of Interest: Facts are highlighted in this section.

Senior Agenda 2005 Rhode Island Survey of Needs:
This statewide survey conducted by the Senior Agenda Coalition took place between January 1 and June 30, 2005. 402 completed surveys gathering data on 25 questions were collected and tabulated by the Providence Plan. 52% of survey participants earned less than $25,000 per year. 8% earned above $25,000 per year. 40% did not answer; income unknown. For a full report on all questions and methodology contact the Senior Agenda Coalition.

Most recent and available data: In all cases the researchers sought to report on the most current available data from a diversity of sources. Due to the summer release of the 2006 American Community Survey researchers were able to give more up to date information than that which could be gathered from the U.S. Census 2000.

Limitations of the Data: Researchers may have experience restraints such as access to and awareness of the most current data. The Senior Agenda Coalition will continue to update and refine this publication bi-annually. If information reported in this publication becomes irrelevant or is incorrect, the Senior Agenda Coalition will publicize major changes in the news media.

Senior Agenda Coalition Mission Statement

The Senior Agenda Coalition is a diverse coalition of activists and groups that advocate for elder issues, organized to develop a common agenda to improve the quality of life of older Rhode Islanders.

The Senior Agenda Coalition empowers people and organizations to discuss issues, promote legislation, and influence policies of both public and private institutions to support the needs of older people and further the common agenda.

Guiding Values

- Our social service, housing and health care systems should be biased toward helping older people access a high quality of life.
- Seniors should have the information that they need to truly make informed choices about their future.
- Older RI'ers should have the opportunity to participate in a vibrant community life.
- There should be a continuum of living choices for all people as they age.
- There should be sufficient community supports to meet medical needs and still ensure that seniors can access care in their homes and communities.

Senior Agenda Coalition

Alzheimer's Association
Blackstone Health, Inc.
CareLink RI
Coalition for Consumer Justice
Gray Panthers of RI
Home Front Healthcare
Hope Alzheimer's Center
Meals on Wheels
Neighborhood Health Plan (Affiliate)
NRI Community Services
Providence Teachers Retirees Chapter
Rhodes to Independence
RI Adult Day Center's Association
RI Alliance for Retired Americans
RI Assisted Living Association
RI Federal Retirees
RI Forum on Aging
RI Health Center Association (Affiliate)
RI Housing (Affiliate)
RI Partnership for Home Care
RI Senior Center Directors' Association (Affiliate)
RI State Nurses Association
Senior Action in a Gay Environment
Silver Haired Legislature, RI
Westerly Adult Day Services

Membership Information

About the Senior Agenda Coalition

The Senior Agenda Coalition (SAC) is a diverse coalition of senior activists and groups that advocate for the elderly. We address the gap between the actual political power of elders and advocates and their potential power. The Senior Agenda offers organizations a well thought-out and powerful way to participate in the policies that affect their organizations and the seniors in which they serve. During the last five years the Senior Agenda Coalition has proved itself to be a true statewide leader on fighting for issues of concern to the elderly.

Now is the time to join us in our efforts. Numerous problems have arisen and continue to surface in regards to the crisis in long term care, the Medicare Prescription Drug Act, and the rising cost of living. Seniors and advocates must take a more active role in affecting the decisions that shape their lives. The needs of the senior population in Rhode Island are at their highest. The problems that older Rhode Islanders face each day, with the cost of medical treatment, prescriptions, housing, transportation, and long term care make it even more apparent that energy must be focused on the issues of the elderly.

History:

Founded in 2002, the Senior Agenda Coalition has been a leading advocacy organization for seniors in Rhode Island. The Coalition prioritizes issues that help older Rhode Islanders maintain the choice and dignity that they deserve. This includes the protection and promotion of public and private programs that protect quality of life.

Through research, education, and involvement in the political process the Coalition has won major victories for seniors, including more funding for home and community care programs, support for senior centers, a wrap around prescription drug program to help seniors on Medicare D, and improvements for transportation.

Our Efforts:

One of the Coalition's greatest strengths is our ability to engage our coalition members in our mission and work collaboratively with other organizations. Our intent and core purpose is to create and sustain this collaborative effort.

Our campaigns include advocacy at the State House by seniors and advocates, attending all hearings on top priority bills, attending meetings with legislators at the State House and in their districts, petitions, phone calls, and press events. We also focus our efforts on monitoring the implementation of laws and working with the State Departments on regulation of programs.

Membership Information

In addition to the valuable research of our Best Practices Reports and Senior Agenda Factbook, we offer Elder Policy Advocate trainings which help the Senior Agenda develop a base of trained advocates focused on working on our issues. These trainings educate seniors and advocates (including students, family members, and elder professionals) on how policy works, why it is important, and how to share their stories.

The Senior Agenda Coalition also holds Senior Issues Candidates' Forums during election years. Our coalition has had great success sponsoring these highly attended events in the past. These forums help our coalition build our relationships with the candidates once they are in office, generate a lot of press, and help to educate and motivate seniors and advocates to push for legislation that benefits the elderly.

The Senior Agenda Coalition invites you to become a member of our important coalition.

The Senior Agenda Coalition is a diverse coalition of activists and groups that advocate for the elderly, organized to develop a common agenda to improve the quality of life of older Rhode Islanders. The coalition empowers people and organizations to discuss issues, promote legislation, and influence policies of both public and private institutions to further the common agenda.

Please fill out our membership form and return it with your donation of $100. This will allow you to vote on or participate in the election for our next slate of executive committee members and on all future decisions made by the Senior Agenda Coalition.

- Membership is open to all organizations and activists that support the mission of the Senior Agenda Coalition.
- The Senior Agenda has the right to deny membership to any organization for failure to support the mission.
- Renewal is at the beginning of each year.
- Membership enrollment is on-going.
- Members will be classified into two groups: Voting and Affiliated (to be renewed once a year).

*Individuals can also join and make a donation to the coalition. Individuals will be classified as affiliated members. A Business Networking membership is a special affiliate membership that offers businesses a chance to connect and recieve policy updates.

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United Way of Rhode Island

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To order copies of the Senior Agenda 2007-2008 Factbook please contact the Senior Agenda Coalition or visit our website for a pdf download.

Factbooks are $15 each, $10 for seniors.