Senior Community Engagement Needs Assessment

2020 | Senior Community Profile

Valley Care Endowment Corporation
Ensuring Aging with Comfort and Dignity

SUBMITTED BY

HOLLERAN
COMMUNITY ENGAGEMENT RESEARCH & CONSULTING

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TABLE OF CONTENTS

Executive Summary	1
Study Background	1
Key Findings	2
Older Adult Health Report Card	5
Community and Household Demographics	7
Economy and Education	22
Older Adult Health Indicators & Health Statistics	27
Chronic Conditions	36
Mortality	41
Medicare Fee-For-Service Beneficiaries	44
Key Informant Conclusions	48
COVID-19	53
Appendix A – Reading the Results	55
Appendix B – Secondary Data Profile References	56
Appendix C – Key Informant Participants	57
Appendix D – Key Informant Survey Tool	59

EXECUTIVE SUMMARY

Study Background

Valley Care Endowment is spearheading a comprehensive assessment of the health needs of older adults living in Allegheny and Beaver Counties, Pennsylvania. The aim of the assessment is to reinforce Valley Care Endowment's commitment to the health of older adult residents and to align its efforts with the community's greatest needs. The Senior Community Profile, conducted from March to July 2020, assesses key indicators of health and well-being, including socioeconomic status, morbidity and mortality, the physical environment, and social determinants of health.

The Senior Community Profile offers a broad, but rich overview of the current status of older adults, and is a compilation of secondary data and key informant testimony. Secondary data are comprised of data obtained from existing reputable resources, including the U.S. Census Bureau and Centers for Disease Control and Prevention (CDC). For all demographic and health indicator statistics, data from Allegheny and Beaver Counties were incorporated. Sources for secondary data are included in a full reference in Appendix A. In addition, definitions for statistical terms used in the report are included in Appendix B. Secondary data represent a point in time study using the most recent data possible. When available, state and national comparisons are provided as benchmarks.

Key informant feedback was gathered from 60 individuals living in and/or working in Allegheny County and Beaver County. Their responses will be found under "Key Informant Perspective" within the report. The following table is a detailed summary of the community sectors represented by key informants. It is important to note that key informant testimony reflects the perceptions of some community leaders, but may not necessarily represent all community leaders within the service area. "Other" responses included several key informants that serve towns and communities surrounding Allegheny and Beaver Counties.

Table 1. Key Informant Community Affiliation

	Count	Percent
Senior/Aging Services	13	21.7%
Health Care/Public Health Organization	9	15.0%
Non-Profit/Social Services	8	13.3%
Faith-Based/Cultural Organization	8	13.3%
Community Member	7	11.7%
Business Sector	5	8.3%
Other	5	8.3%
Education	2	3.3%
Government/Housing/ Transportation Sector	2	3.3%
Mental/Behavioral Health Organization	1	1.7%
Childcare/youth services	0	0.0%

Table 2. Key Informant Organization's Primary Service Areas*

	Count	Percent
Allegheny County	42	71.2%
Beaver County	25	42.4%
Other	8	13.6%

**Respondents could select more than one option, therefore the percentages may sum to more than 100.0%.*

The completion of the Senior Community Profile enables VCE to take an in-depth look at the issues facing older adults. The findings from the profile will be used to both inform and engage the greater community in a collective initiative to improve the quality of life of older adults.

Valley Care Endowment Corporation's Mission Statement:
Ensuring Aging with Comfort and Dignity

Key Findings

The following section provides key takeaways derived from data highlights found throughout the Community Profile as noted by the Holleran consulting team. While many opportunities exist throughout the report to improve the lives of older adults in the community, or more specifically in Allegheny and Beaver Counties, three key themes have risen to the forefront. Another point of reference in reviewing the key findings can be found in the Older Adult Report Card immediately following the Key Findings.

Health Care Navigation & Chronic Disease Management

Challenges related to navigating the health care system is a consistent topic in the national dialogue on health care. A survey conducted by the Harris Poll in 2019, which was commissioned by the National Association of Area Agencies on Aging, found that 59% of older adults still find at least one thing difficult when navigating the healthcare system, such as understanding their benefits, their diagnoses and how to treat them, communicating effectively with healthcare providers, or managing a chronic condition. Such challenges in health care navigation are reflected in the responses given by key informants of Allegheny and Beaver Counties. In fact, chronic disease management and navigating/accessing health care and social services were selected by informants as the top two most pressing issues facing older adults. In addition, the most significant barrier facing older adults was their inability to navigate the healthcare system.

The 65 and older population in Beaver County makes up 20% of the total county's population, higher than the national average of 14.9%. In Beaver County, the higher ratio of mental health providers to residents is unfavorable compared to the National Benchmark, as is the physician to resident ratio. This is not the case in Allegheny County where the ratios are much more in line with the state and national averages. Because Beaver County has fewer options, when it comes to healthcare access, it may be more difficult for those older adults to manage their chronic diseases.

Another major challenge of aging is the unexpected burden placed on the residents and their families. It is not only older adults who must learn to navigate the health care system but also their family members. For instance, 56.9% of key informants have experience providing care to an aging parent. Moreover, 85% of key informants said that navigating the key health system was the number one barrier preventing older adults from accessing health care.

Nearly 100,000 older adults in Allegheny and Beaver Counties live with four or more chronic conditions.

Alzheimer's Disease

Alzheimer's Disease is noted by key informants as the third most pressing issue facing older adults in the community. It is also effects 13.9% of Medicare beneficiaries in Allegheny County and 11.5% in Beaver County. In addition, it is the fourth and fifth leading cause of death in Beaver County and Allegheny County, respectively. The death rate in Beaver County due to Alzheimer's Disease is higher than the state and the nation.

A key informant discussed Alzheimer's disease and how it often goes untreated:

> "Alzheimer's disease/dementia/memory loss are often all linked together as part of 'losing their mind'. Some seniors do not want this medical label in their profile and often work hard to camouflage their memory loss from physicians and others resulting in no treatment/help."

Social Isolation

Social isolation is seen as a pressing issue by 55.9% of key informants, which was the 4th highest selection. As older adults stay in their homes longer, a new set of challenges emerge before moving to a retirement facility or other living situation. In order for people to stay in their homes longer, home-based services need to be accessible and available to older adults. However, according to over 50% of key informants, respite care and caregiver support services are missing or lacking. In addition, according to the U.S. Census Bureau, over half of older adults in Allegheny County and 47% of older adults in Beaver County are living alone. These figures are higher than the state and national averages. Around 14% of older adults in Allegheny and Beaver Counties have an independent care disability, which contributes further to being isolated in their home.

A key informant reflected on caregivers and the barriers to obtaining home-based services:

> "Caregiver burnout is a big issue dealing with the day to day care needs of the individual. Home aids are expensive and there is a lot of 'down time' when brief periods of regular daily support would be invaluable. Structuring the caregiver's time would mean brief interaction with multiple clients to make it easier on the live-in home providers of care. The increased emphasis on telehealth is new and exciting. Barriers include technology gaps in the senior population and acceptance by medical insurance and providers."

It is important to view other components and figures surrounding this issue. For instance, 64% of informants are attempting to downsize their homes and another 57% are providing care to an aging parent. These transitions are coming at a time when mobility is an issue for older adults. The global pandemic is hindering these options and is expected to do so for the immediate future. Almost all key informants feel that the COVID-19 crisis will increase social isolation in older adults and two-thirds feel it will lead to more depression and anxiety in the older adult population.

Transportation issues can also contribute to social isolation. If members of the community can drive themselves, they should be able to get themselves to appointments and activities. However, over three-quarters of key informants state that a lack of transportation is a barrier to healthcare. In addition, half of key informants feel there are not enough pedestrian-friendly walkways that are easily accessible to older

people. Unfortunately, the majority of key informants feel there is not a strong public transportation system in plan that is available for older people.

One key informant provided a viable solution for older adults in the community facing these issues:

> "In this COVID-era, healthcare has catapulted into telehealth realm. It is a very good tool; however, many older people and also many less affluent people cannot access - not needed technology etc., or need assistance learning tool and are somewhat embarrassed to ask for this help. If we could figure out how to democratize this tool (as it can help educate and even create communities that are a valuable adjunct to in-person communities and can reach otherwise isolated people), that would be great."

Other needs of note:

Smoking
One major area that affects all disease management is smoking. Fourteen percent (14%) of older adults in Allegheny County are current smokers. While this is a very difficult demographic to target for smoking cessation, it is imperative to note how this behavior elevates other risk factors. For instance, smoking coupled with air pollution could lead to serious respiratory diseases. Fine particulate matter is a form of air pollution and is a measure of the overall outdoor air quality. The particulate matter in Allegheny County is two times worse than the national benchmark.

Overweight/Obesity
As is the case nationally, older adults in Allegheny and Beaver Counties struggle to maintain a healthy weight. In fact, around two-thirds of older adults in the community are overweight or obese. While these numbers are consistent with state and national trends, a portion of the population continues to struggle to maintain a healthy weight.

The food environment indices in Allegheny and Beaver Counties are worse than the Pennsylvania and the National Benchmarks. This indicates a limited access to a reliable source of food and also healthy food. Fresh foods and vegetables are a key to weight management.

Free/Low Cost Dental and Vision Care
A lack of free or low cost dental and vision care for older adults was noted by key informants. The number of dentists in Beaver County is lower than in Allegheny County, the state, and the nation. About 5% of older adults in the Allegheny and Beaver County have a vision disability.

2020 Older Adult Health Report Card

Allegheny County and Beaver County, Pennsylvania

DOMAIN	INDICATOR	MEASURE	ALLEGHENY COUNTY	BEAVER COUNTY	PA	U.S.
Socio-Economic Factors	Language	Older adults who speak English less than very well	2.2%	0.9%	3.7%	8.7%
	Income	Older adults living below 100% the poverty level	8.3%	7.2%	8.1%	9.3%
		Older adult households relying on food stamp/SNAP benefits	9.7%	8.8%	9.8%	8.9%
		% of unemployed older adults (55-64 years)	4.1%	3.7%	3.7%	3.9%
	Education	Older adults with a bachelor's degree or higher	26.9%	16.3%	22.7%	26.7%
	Affordable Housing	Older adult renters spending more than 30% of their income on housing	53.4%	39.1%	51.9%	54.4%
		Older adult home owners spending more than 30% of their income on housing	24.8%	22.9%	26.5%	26.3%
	Social Support	Older adults living alone	51.6%	47.0%	45.3%	42.8%
		Most prevalent transition needs cited by key informants: *Providing caregiving services to aging parents* *Seeking home and community-based services to support aging in place*	56.9% of key informants 55.2% of key informants		--	--
		Most needed resources resource in the community cited by key informants: *Home Care Services* *Respite Care* *Caregiver Support Services*	59.3% of key informants 57.6% of key informants 52.5% of key informants		--	--
	Health Care Access	% of older adults without health insurance coverage	0.5%	0.9%	0.4%	0.6%
		Older adults unable to receive care due to cost	3.0%	1.0%[e]	4.0%	4.4%
		Older adults receiving a routine checkup within the past 2 years	97.0%	95.0%[e]	95.0%	93.1%
		Population to physician ratio	920:1	2,340:1	1,240:1	1,030:1*
		Population to mental health providers ratio	310:1	1,000:1	480:1	290:1*
		Population to dentist ratio	1,040:1	1,870:1	1,450:1	1,240:1*
		Most prevalent barrier to accessing care cited by key informants: *Inability to navigate the health care system*[b]	85.0% of key informants		--	--
		Most needed health resource in the community cited by key informants: *Free/low cost dental care*[c]	62.7% of key informants		--	--
	Built Environment	Key informants that agree the local community is an age-friendly community[d]	30.0% of key informants		--	--
		Food access and insecurity (Ranking from 1 (worst) to 10 (best))	7.7	7.5	8.2	8.6*
		No exercise in past month	33.0%	29.0%[e]	33.0%	31.3%

= Areas of Strength = Areas of Greatest Need

2020 Older Adult Health Report Card
Allegheny County and Beaver County, Pennsylvania (Cont'd.)

DOMAIN	INDICATOR	MEASURE	ALLEGHENY COUNTY	BEAVER COUNTY	PA	U.S.
Health Behaviors	Physical and Mental Health	Older adults reporting fair or poor health	17.0%	22.0%[e]	24.0%	23.2%
		Older adults told they have a Depressive Disorder	15.0%	13.0%[e]	13.0%	16.0%
		Older adults with a disability	33.4%	33.5%	34.1%	35.0%
		Overweight or obese older adults	65.0%	67.0%[e]	70.0%	66.8%
	Tobacco Use	Older adults who currently smoke	14.0%	7.0%[e]	10.0%	8.2%
	Preventative Screenings	Older adults who received a flu vaccine in the past year	71.0%	68.0%[e]	63.0%	59.9%
		Older adult women who had a mammogram in the past year	70.0%	64.0%[f]	58.0%	58.6%
		Older adult women who had a Pap test in the past 3 years	52.0%	53.0%[f]	48.0%	43.3%
		Older adult men who have ever had a PSA test	79.0%	73.0%[f]	80.0%	75.4%
		Older adults who had a sigmoid/colonoscopy in the past 10 years	77.0%	72.0%[f]	73.0%	89.6%
Health Outcomes	Chronic Conditions	Older adults with arthritis	57.0%	65.0%[e]	55.0%	50.4%
		Total cancer incidence rate per 100,000 older adults	2,162.5	2,130.3	2,128.2	1,983.5
		Older adults with diabetes	17.0%	22.0%[e]	22.0%	22.8%
		Older adults with coronary heart disease	12.0%	14.0%[e]	13.0%	10.8%
		Older adults diagnosed ever with asthma	6.0%	6.0%[e]	11.0%	12.1%
		Older adults with COPD	11.0%	12.0%[e]	11.0%	12.4%
	Premature Death	Years of potential life lost (death before age 75) per 100,000 people	8,000	8,900	7,600	5,500*
	Death Rates	Total cancer mortality rates per 100,000 older adults	1,004.2	988.7	973.4	919.1
		Alzheimer's death rate per 100,000 adults age 65 years and over	178.0	290.9	172.8	230.1

= Areas of Strength = Areas of Greatest Need

* Represents the 90th percentile across the nation

[a] Only 20% of key informants felt information on available services to support a life transition (e.g., retiring older adults) is easily accessible.

[b] Additional barriers included the inability to pay out-of-pocket expenses (co-pays, prescriptions, etc.) and lack of transportation.

[c] Additional missing resources or services included free/low cost vision care and prescription assistance.

[d] Services or resources cited as missing included, affordable housing, affordable services to age in place, transportation, safe and well-maintained green spaces and walkways, and an effective communication system.

[e] The Pennsylvania sample is stratified by health districts to ensure additional estimates, but is restricted at the local level due to a small sample size. Due to this, Beaver County is included with Butler County and is a three-year aggregation (2016-2018).

[f] The Pennsylvania sample is stratified by health districts to ensure additional estimates, but is restricted at the local level due to a small sample size. Due to this, Beaver County is included within the Southwest District.

COMMUNITY AND HOUSEHOLD DEMOGRAPHICS

In this section:

- Overall Population
- Population Estimates
- Veteran and Disability Status
- Housing Tenure and Value
- Household Status
- Key Informant Perspective

Overall Population

Allegheny County and Beaver County are located in the western Pennsylvania. These counties comprise 2 of the 67 counties within the state. With an estimated population of 1,225,561, Allegheny County is the second most populated county in the state as of 2019, and Beaver County is the 21st with a population of 166,896.

Pittsburgh is located in the center of Allegheny County. The county seat of Allegheny, Pittsburgh is home to more than 300,000 residents making it the 66th most populated city in the United States and 2nd most populated in Pennsylvania.

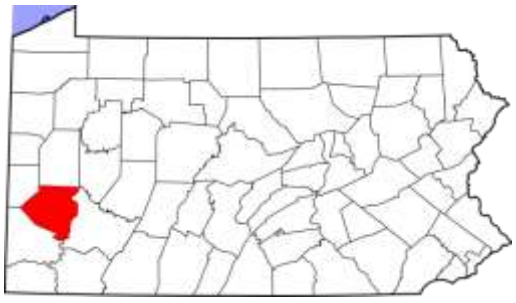


Figure 1. Map of Allegheny County

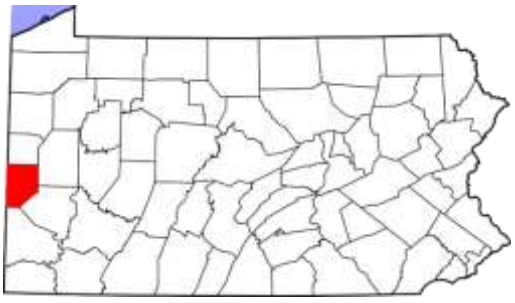


Figure 2. Map of Beaver County

Older Adult Population Estimates

In 2019, the estimated older adult population (aged 65 years and over) in Allegheny County was 221,970 and accounted for 17.7% of the total population and Beaver County had 34,142 older adults and accounted for 20.0%.

Table 3. Population 50 to 64 Years (2014 - 2018)

	Population (2014-2018)	% of Population	Male Population	Female Population
United States	62,877,067	19.6%	48.5%	51.5%
Pennsylvania	2,708,258	21.2%	48.8%	51.2%
Allegheny County	264,186	21.5%	47.8%	52.2%
Beaver County	39,602	23.6%	48.5%	51.5%
Aleppo Township	318	17.8%	50.6%	49.4%
Leet Township	373	23.5%	49.1%	50.9%
Moon Township	5,400	21.2%	53.8%	46.2%
Ambridge Borough	1,571	22.9%	40.2%	59.8%
Bell Acres Borough	376	27.6%	46.5%	53.5%
Coraopolis Borough	1,509	26.9%	47.2%	52.8%
Edgeworth Borough	407	22.3%	42.3%	57.7%
Glen Osborne Borough	142	23.0%	50.7%	49.3%
Glenfield Borough	34	14.2%	55.9%	44.1%
Haysville Borough	20	24.1%	45.0%	55.0%
Leetsdale Borough	256	20.4%	44.9%	55.1%
Sewickley Borough	733	19.0%	45.2%	54.8%
Sewickley Heights Borough	230	31.1%	50.9%	49.1%
Sewickley Hills Borough	198	28.0%	48.0%	52.0%

Source: U.S. Census Bureau

Table 4. Population 65 Years and Over (2014 - 2018)

	Population (2014-2018)	% of Population	Male Population	Female Population
United States	49,238,581	14.9%	44.2%	55.9%
Pennsylvania	2,229,861	17.1%	43.4%	56.6%
Allegheny County	221,970	17.7%	41.8%	58.2%
Beaver County	34,142	20.0%	42.8%	57.2%
Aleppo Township	927	51.9%	36.2%	63.8%
Leet Township	273	17.2%	37.7%	62.3%
Moon Township	3,489	13.7%	46.0%	54.0%
Ambridge Borough	989	14.4%	43.2%	56.8%
Bell Acres Borough	237	17.4%	45.1%	54.9%
Coraopolis Borough	1,149	20.5%	44.6%	55.4%
Edgeworth Borough	423	23.2%	53.7%	46.3%
Glen Osborne Borough	101	16.3%	45.5%	54.5%
Glenfield Borough	24	10.0%	50.0%	50.0%
Haysville Borough	18	21.7%	61.1%	38.9%
Leetsdale Borough	258	20.5%	39.5%	60.5%
Sewickley Borough	660	17.1%	41.8%	58.2%
Sewickley Heights Borough	146	19.7%	50.0%	50.0%
Sewickley Hills Borough	113	16.0%	56.6%	43.4%

Source: U.S. Census Bureau

Racial Composition among Older Adult Population

The older adult population aged 65 years and over in Allegheny and Beaver Counties are predominantly White (88.7% and 95.2%, respectively). As noted in Table 5, all racial demographics, except White, comprise less than 10% of the population in Allegheny County and less than 5% in Beaver County. Allegheny County's racial breakdown is similar to Pennsylvania; however, Beaver County is more racially homogeneous.

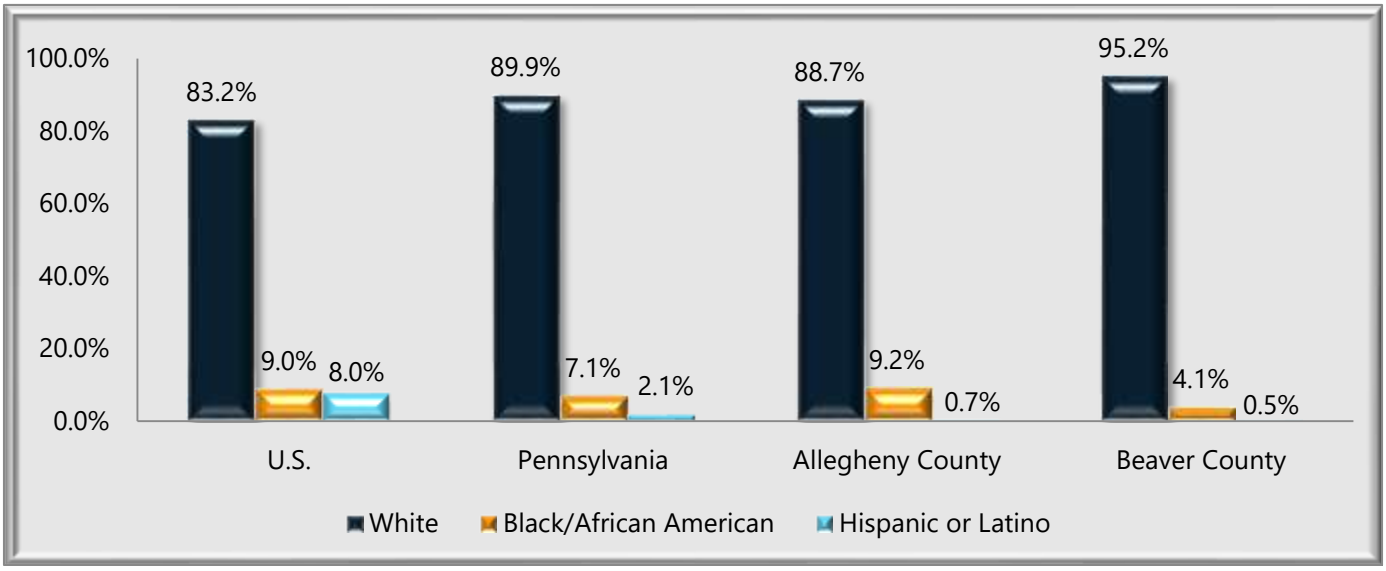
Table 5. Race Alone, Population 65 Years and Over (2014 - 2018)

	U.S.	Pennsylvania	Allegheny County	Beaver County
White	83.2%	89.9%	88.7%	95.2%
Black/African American	9.0%	7.1%	9.2%	4.1%
American Indian/Alaska Native	0.5%	0.1%	0.1%	0.1%
Asian or Pacific Islander	4.3%	1.8%	1.4%	0.2%
Native Hawaiian and Pacific Islander	0.1%	0.0%	0.0%	0.0%
Some Other Race	1.8%	0.5%	0.1%	0.1%
Hispanic or Latino *(of any race)*[a]	8.0%	2.1%	0.7%	0.5%

Source: U.S. Census Bureau

[a] Hispanic/Latino residents can be of any race, for example, White Hispanic or Black/African American Hispanic

Figure 3. Racial breakdown of the three major races, Population 65 Years and Over, 2014 - 2018



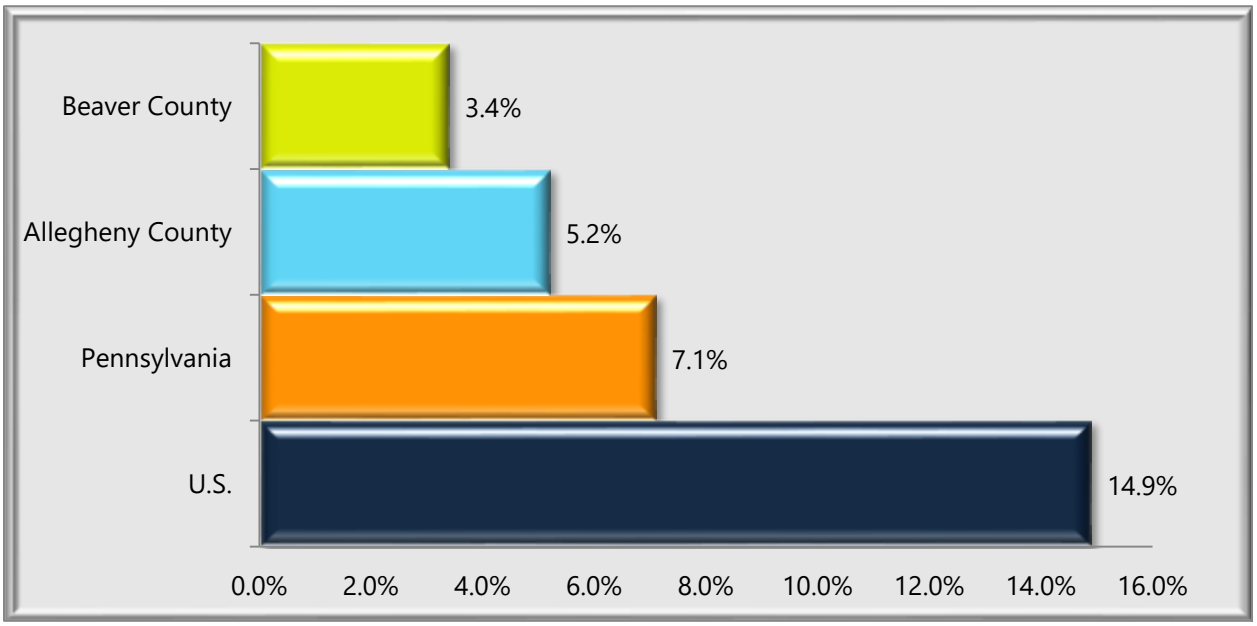
Additionally, in both Allegheny and Beaver Counties, there tends to be a lower percentage of the population that speaks a language other than English, compared to the state and nation.

Table 6. Language Other than English Spoken at Home, Population 65 Years and Over (2014 - 2018)

	U.S.	Pennsylvania	Allegheny County	Beaver County
Spoken language other than English	14.9%	7.1%	5.2%	3.4%
Speak English less than "very well"	8.7%	3.7%	2.2%	0.9%

Source: U.S. Census Bureau

Figure 4. Percentage of older adults speaking language other than English (2014 - 2018)



Veteran and Disability Status

Beaver County tends to have a higher percentage of veterans across age categories than Allegheny County, the state, and nation. Nearly a quarter of older adults, aged 75 years and over, in Allegheny and Beaver Counties are veterans, higher than the state and nation. Those in the service area have a slightly lower chance of being disabled, compared to the state and nation. However, the nation has the highest population of disabled older adults, when compared to the service area and state. Allegheny County has the lowest percentage of disabled older adults in (33.4%). ***The disabilities that affect older adults the most in the service area are ambulatory disabilities, hearing disabilities, and independent care disabilities.***

Table 7. Veteran Population, Population 55 Years and Over (2014 - 2018)

	Veteran Population 55 to 64 Years	Veteran Population 65 Years and Over	Veteran Population 65 to 74 Years	Veteran Population 75 Years and Over
United States	8.1%	18.7%	17.1%	20.9%
Pennsylvania	7.2%	19.8%	18.0%	22.1%
Allegheny County	6.5%	20.2%	17.5%	23.3%
Beaver County	8.5%	21.8%	20.6%	23.3%
Aleppo Township	12.7%	22.6%	22.7%	22.6%
Leet Township	2.8%	19.0%	16.8%	21.8%
Moon Township	6.1%	23.4%	16.8%	31.8%
Ambridge Borough	9.8%	22.9%	25.0%	19.8%
Bell Acres Borough	9.2%	21.4%	18.3%	24.8%
Coraopolis Borough	10.5%	23.6%	21.7%	25.9%
Edgeworth Borough	16.9%	25.0%	17.1%	34.6%
Glen Osborne Borough	3.3%	17.0%	14.0%	20.9%
Glenfield Borough	11.1%	31.0%	28.6%	37.5%
Haysville Borough	21.1%	25.0%	14.3%	100.0%
Leetsdale Borough	5.8%	14.4%	10.9%	19.1%
Sewickley Borough	1.9%	12.2%	7.4%	16.9%
Sewickley Heights Borough	0.0%	26.4%	25.0%	27.8%
Sewickley Hills Borough	6.1%	32.5%	30.2%	38.7%

Source: U.S. Census Bureau

Table 8. Disability Status, Population 65 Years and Over (2014 - 2018)

	Any Disability	Hearing Disability	Vision Disability	Cognitive Disability
United States	**35.0%**	14.6%	6.4%	8.8%
Pennsylvania	**34.1%**	14.1%	5.7%	8.0%
Allegheny County	**33.4%**	13.2%	5.3%	7.5%
Beaver County	**33.5%**	15.7%	4.7%	7.1%
Aleppo Township	**36.8%**	16.4%	4.1%	2.3%
Leet Township	**34.7%**	14.2%	1.5%	7.3%
Moon Township	**25.5%**	12.9%	3.1%	5.4%
Ambridge Borough	**33.0%**	17.2%	9.7%	4.7%
Bell Acres Borough	**21.8%**	10.5%	0.8%	5.2%
Coraopolis Borough	**41.3%**	20.0%	7.0%	8.2%
Edgeworth Borough	**16.3%**	4.5%	2.8%	1.4%
Glen Osborne Borough	**20.0%**	9.0%	5.0%	4.0%
Glenfield Borough	**20.7%**	0.0%	6.9%	0.0%
Haysville Borough	**18.8%**	6.3%	0.0%	0.0%
Leetsdale Borough	**28.8%**	13.6%	3.5%	6.6%
Sewickley Borough	**30.8%**	12.5%	2.2%	7.1%
Sewickley Heights Borough	**15.3%**	3.7%	1.2%	1.8%
Sewickley Hills Borough	**17.9%**	9.4%	1.7%	6.0%

Source: U.S. Census Bureau

Table 9. Disability Status, Population 65 Years and Over (2014 - 2018)

	Any Disability	Ambulatory Disability	Self-Care Disability	Independent Care Disability
United States	**35.0%**	22.2%	8.0%	14.5%
Pennsylvania	**34.1%**	21.2%	7.3%	14.2%
Allegheny County	**33.4%**	20.8%	7.2%	14.6%
Beaver County	**33.5%**	20.2%	6.2%	13.6%
Aleppo Township	**36.8%**	22.0%	3.0%	7.9%
Leet Township	**34.7%**	21.5%	13.5%	16.1%
Moon Township	**25.5%**	15.2%	4.7%	11.2%
Ambridge Borough	**33.0%**	27.0%	8.1%	21.1%
Bell Acres Borough	**21.8%**	16.1%	6.9%	10.9%
Coraopolis Borough	**41.3%**	19.7%	11.0%	19.3%
Edgeworth Borough	**16.3%**	11.1%	1.7%	3.8%
Glen Osborne Borough	**20.0%**	9.0%	2.0%	10.0%
Glenfield Borough	**20.7%**	13.8%	6.9%	6.9%
Haysville Borough	**18.8%**	12.5%	12.5%	12.5%
Leetsdale Borough	**28.8%**	17.9%	2.7%	10.9%
Sewickley Borough	**30.8%**	23.3%	3.9%	4.1%
Sewickley Heights Borough	**15.3%**	9.8%	9.2%	11.0%
Sewickley Hills Borough	**17.9%**	8.5%	4.3%	6.8%

Source: U.S. Census Bureau

Housing Tenure and Value

The majority of older adults in the service area own their home. However, the percentage of those older adults that own their residence in Beaver County (77.8%) is higher than Allegheny (74.5%), but both are on par with the state and national figures. Owner costs with and without a mortgage are similar in both Allegheny and Beaver Counties. However, each is lower than the state and the nation. In addition, ***the percentage of older adult homeowners spending more than 30% of their income on their mortgage/owner costs is higher in Allegheny County (24.8%) than in Beaver County (22.9%), although both are lower than the state and nation.*** Thirty percent (30%) of a household's total income is considered the cut off for housing-cost burden and avoiding financial hardship.

The median rent in Allegheny County is $724, which is 22.7% higher than to Beaver County ($590). Both are lower than the state ($780) and the nation ($844). This disparity is most likely due to the higher cost of living and working in a major metropolitan area, such as Pittsburgh. **Over half of older adult renters in Allegheny County *spend 30% or more of their income on rent (53.4%).*** This is similar to the national statistic (54.4%) and only slightly higher than the state (51.9%). ***Beaver County has a much lower incidence (39.1%) of older adults spending 30% or more of their income on rent.***

Table 10. Housing Tenure, Population 65 Years and Over (2014 - 2018)

	United States	Pennsylvania	Allegheny County	Beaver County
Older Adults Who Own Their Residence	78.3%	77.5%	74.5%	77.8%
Older Adults Who Rent Their Residence	21.7%	22.5%	25.5%	22.2%

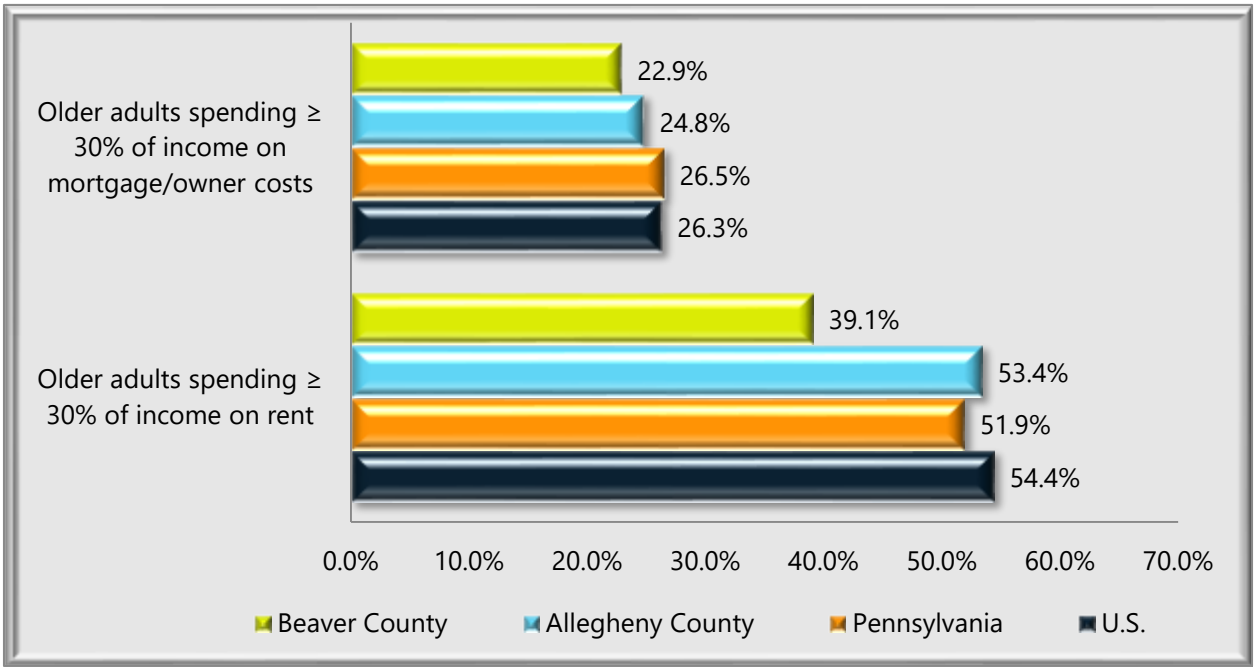
Source: U.S. Census Bureau

Table 11. Housing Value and Costs, Population 65 Years and Over (2014 - 2018)

	United States	Pennsylvania	Allegheny County	Beaver County
Median Home Value	$192,700	$165,200	$133,900	$125,900
Median Monthly Owner Costs With a Mortgage	$1,369	$1,284	$1,153	$1,132
Median Monthly Owner Costs Without a Mortgage	$483	$526	$529	$490
Median Rent	$844	$780	$724	$590
Older adults spending more than 30% of income on mortgage/owner costs	26.3%	26.5%	24.8%	22.9%
Older adults spending more than 30% of income on rent	54.4%	51.9%	53.4%	39.1%

Source: U.S. Census Bureau

Figure 5. Older Adult Housing costs greater than or equal to 30% of income, 2014 - 2018



Household Status

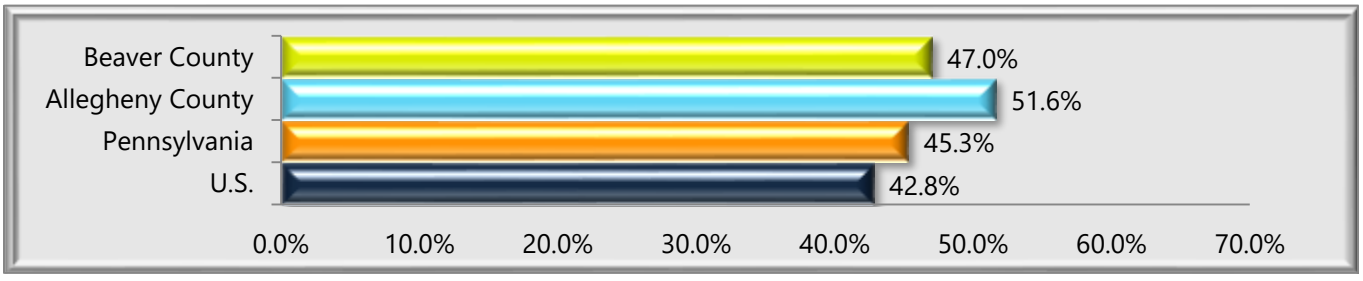
Households are identified as either family households or non-family households. In Allegheny County, 46.1% of older adults live in family households. This percentage is lower when compared to older adults in Beaver County (51.1%), Pennsylvania (52.3%), and the nation's figure of 54.4%. ***Furthermore, 51.6% of Allegheny County older adults living in non-family households live alone. In Beaver County, 47.0% of older adults live in single-person households.*** Both of these service area figures are notably higher when compared to the percentage of older adults who live alone in the state and across the nation. Living alone generally results in a higher risk for social isolation.

Table 12. Households by Type, Population 65 Years and Over (2014 - 2018)

	United States	Pennsylvania	Allegheny County	Beaver County
Family Households	54.4%	52.3%	46.1%	51.1%
Non-family Households	45.6%	47.7%	53.9%	48.9%
Householder Living Alone	42.8%	45.3%	51.6%	47.0%

Source: U.S. Census Bureau

Figure 6. Percentage of older adults living alone, 2014 - 2018



In regard to marital status, around 50% of older adults in Allegheny and Beaver Counties are currently married, both of which are higher than older adults in the state (54.4%) and nation (55.3%). However, over a quarter of older adults in Allegheny and Beaver Counties are widowed. These figures are higher than the state and the nation. Notably, Allegheny County has a lower percentage of older adults who were never married compared to Beaver County.

Table 13. Marital Status, Population 65 Years and Over (2014 - 2018)

	United States	Pennsylvania	Allegheny County	Beaver County
Now Married, except separated	55.3%	54.4%	49.6%	54.5%
Widowed	24.3%	26.0%	27.7%	27.2%
Divorced	13.7%	11.7%	12.5%	12.0%
Separated	1.2%	1.2%	1.3%	1.1%
Never Married	5.5%	6.6%	8.9%	5.2%

Source: U.S. Census Bureau

Approximately 3% of older adults in Allegheny and Beaver Counties live with 1 or more grandchildren under 18 years. However, less than 1% of these older adults are solely responsible for grandchildren. These figures are similar across the nation.

Table 14. Population 65 Years and Over Responsible for Grandchildren Under 18 Years (2014 - 2018)

	United States	Pennsylvania	Allegheny County	Beaver County
Living with Grandchild(ren)	5.1%	3.6%	2.8%	2.9%
Responsible for Grandchild(ren)	1.2%	0.9%	0.8%	0.9%

Source: U.S. Census Bureau

Key Informant Perspective

Key informants were asked to comment on individuals facing life transitions, such as retirement or moving to a personal care home, and the services available to assist with transitions. The following table represents the types of transition decisions that individuals in the community face, according to key informants. The most common transition decisions in the community are downsizing to smaller home with less home/yard maintenance, providing caregiving services to aging parents, retiring, and seeking home and community-based services to support aging in place.

Table 15. Life Transition Decisions According to Key Informants*

	Count	Percent
Downsizing to smaller home with less home/yard maintenance	37	63.8%
Providing caregiving services to aging parents	33	56.9%
Retiring	32	55.2%
Seeking home and community-based services to support aging in place	32	55.2%
Moving to Independent Living community or Continuing Care Retirement Community (CCRC)	26	44.8%
Changes in available income	25	43.1%
Changes in employment status	23	39.7%
Moving to a Personal Care Home, Assisted Living Facility, or Nursing Home	20	34.5%
Receiving Hospice or Palliative Care	16	27.6%
Elderly parents moving into their adult child's home	15	25.9%
Attending an Adult Daycare	9	15.5%
No/Not Applicable	3	5.2%

*****Respondents could select more than one option, therefore the percentages may sum to more than 100.0%.*

Only 12 key informants, or 20.0%, felt older adults are able to easily find information on available services and options related to life transitions. A number of key informants noted that the services and options related to older adults are widely available in the community, but they believe the awareness and knowledge of available services is seriously lacking. Several key informants noted there is no central location for services and programs available to senior citizens and a lot of times, older adults are at the mercy of recommendations from friends and families. In addition, many felt that information about these services is not easily accessible without a computer, which is something this demographic tends to not use regularly. Along these lines, one key informant stated, "There is no central source to turn to when faced with these issues. It becomes a piece meal process of calling individual organizations that may address one issue, but then a person is passed on or referred to another organization for another need. There is usually more than one issue or concern to be addressed."

Other Select Comments Related to Life Transitions:

- *"A lot of the information the elderly need to help make decisions or to be educated about are now found via computer yet this generation - especially the low income clients- are not computer literate or have computers."*
- *"I am able to learn about services because I know the system to a certain degree. If I were an elder person with no knowledge of what is 'out there' so to speak, it would be very difficult to access services."*
- *"The walk through Medicare and eligibility or the transition from being disabled and income eligibility and changes is very difficult to make informed decisions about. Many of your members who retire find their hard work and dedication over the years ends up finding themselves just above income for most essential services."*
- *"While doing a google search for elder care options is easy, it isn't enough. People need help understanding how to navigate the systems. And regardless of how much advertising the services do (including the Area Agencies on Aging), usually people will not seek help until the crisis hits. And they need an insider to the system to walk them through the process of finding what they need for their individual situations."*

Creating environments that are truly age-friendly requires action in many sectors including housing, transportation, health and social services. Most older adults want to age in place. Doing so is possible if homes are appropriately designed or modified and if a community includes affordable housing options for varying life stages. On the other hand, frequent, reliable and specialized transportation options need to be in place to support older adults to manage their day-to-day lives and enhance their quality of life as they age. With this in mind, key informants were asked to rate the age-friendliness of different aspects of the community.

Housing and Transportation

Key informants first rated statements related to age-friendly housing and transportation. Housing and transportation statements addressed the availability of affordable housing options, affordable support services to age in place, public transportation, community transport services, and specialized transportation services for people with disabilities. Around half of key informants either "disagreed" or "strongly disagreed" that these services are available in the community. However, key informants were split on whether there was sufficient public transportation and specialized transportation for older adults with disabilities. ***Specifically, 53.4% felt public transportation is not available for older people to reach key destinations such as hospitals, health centers, grocery stores, shopping centers, banks, senior centers, and parks.*** Also, 65.0% of key informants stated there are not a variety of appropriate, affordable housing options available in the area for older people. This factor had the highest rate of "disagree" or "strongly disagree" among all the Age-Friendly related statements.

Table 16. Age-Friendly Community Statements According to Key Informants

Statement	Strongly Disagree	Disagree	Neutral	Agree	Strongly Agree	Don't Know
There are a variety of appropriate, affordable housing options available in the area for older people	5.0%	60.0%	11.7%	20.0%	1.7%	1.7%
Affordable support services are available to enable older people to remain at home, to "age in place "	8.5%	40.7%	32.2%	10.2%	5.1%	3.4%
Public transportation is available for older people to reach key destinations such as hospitals, health centers, grocery stores, shopping centers, banks, senior centers, and parks	16.7%	36.7%	20.0%	23.3%	3.3%	0.0%
In areas where public transportation is limited, community transport services, including volunteer drivers and shuttle services, are available to older people	10.0%	28.3%	23.3%	28.3%	5.0%	5.0%
Sufficient specialized transportation services are available for people with disabilities	0.0%	31.7%	23.3%	35.0%	1.7%	8.3%

Social and Civic Participation

Key informants rated statements related to age-friendly social and civic participation opportunities. Social and civic participation statements addressed the availability of suitable community activities, well-maintained green spaces and pedestrian-friendly walkways, volunteer opportunities, employment opportunities, and opportunities for inter-generational activities. Volunteering was positively rated by nearly half of key informants (42.3%) as being readily available within the community to older adults.

Over 50% of key informants either "disagreed" or "strongly disagreed" that there are a wide variety of community activities available to appeal to a diverse population of older people.

Accessibility of safe and well-maintained green spaces and pedestrian-friendly walkways to seniors particularly garnered the lowest rating as nearly 57% of key informants indicated they "disagreed" or "strongly disagreed" with the statement.

Table 17. Age-Friendly Community Statements According to Key Informants (cont'd.)

Statement	Strongly Disagree	Disagree	Neutral	Agree	Strongly Agree	Don't Know
A wide variety of community activities is available to appeal to a diverse population of older people	3.3%	51.7%	20.0%	18.3%	3.3%	3.3%
Safe and well-maintained green spaces and pedestrian-friendly walkways are easily accessible to older people	8.3%	48.3%	21.7%	13.3%	3.3%	5.0%
There are flexible volunteer opportunities for older people available in the community	3.4%	18.6%	27.1%	39.0%	3.4%	8.5%
There are flexible employment opportunities for older people available in the community	5.0%	36.7%	28.3%	18.3%	3.3%	8.3%
Older people are provided opportunities to share their knowledge, history and expertise with other generations	3.3%	41.7%	25.0%	18.3%	3.3%	8.3%

Community and Health Services

Key informants rated statements related to the availability of age-friendly community and health services. Community and health services statements addressed the availability of support services to promote and maintain health, home care services, community emergency planning, and an effective communication system. A majority of key informants "agreed" or "strongly agreed" that health and community support services, as well as home care services, are available in the community. ***However, almost 50% said that there is not an effective communication system that reaches residents of all ages in the community.***

One area of uncertainty was community emergency planning. It seems key informants are split on whether this takes into account the vulnerabilities and capacities of older people. A third of key informants "agreed" or "strongly agreed" but a quarter "disagreed" or "strongly dis agreed" that community emergency planning considers the needs of older adults. In addition, almost 22% did not feel strongly either way. This reservation represents a sizable portion of the key informants in the community.

Lastly, key informants rated the overall age-friendliness of the community. ***Only approximately 30% of key informants "agreed" that the local community is an age-friendly community overall.*** There were no key informants who strongly agreed with this statement.

Table 18. Age-Friendly Community Statements According to Key Informants (cont'd.)

Statement	Strongly Disagree	Disagree	Neutral	Agree	Strongly Agree	Don't Know
A range of health and community support services is offered for promoting and maintaining health	0.0%	16.7%	21.7%	53.3%	5.0%	3.3%
Home care services are offered that include health services, personal care, and housekeeping	1.7%	22.0%	15.3%	54.2%	1.7%	5.1%
Community emergency planning takes into account the vulnerabilities and capacities of older people	5.0%	21.7%	16.7%	31.7%	3.3%	21.7%
The community has an effective communication system that reaches residents of all ages	8.6%	39.7%	15.5%	22.4%	1.7%	12.1%
Overall, I believe the local community is an age-friendly community	1.7%	35.0%	33.3%	30.0%	0.0%	0.0%

Key informants provided several comments related to what is needed in the community to make it a better place for older adults. The key themes among the comments echoed the sentiment of the Age-Friendly Community Statements. There were multiple comments made surrounding the walkability of the community and senior-specific transportation. Additionally, key informants felt that many of the established programs do not benefit all older adults. For instance, some may only benefit low-income while others only assist those who are disabled. The inability of someone to meet basic qualifications of a program will prevent them from receiving a service or care that they need. Select comments are provided on the next page.

Select Comments Related to Improving the Community for Older Adults:

- *"Intergenerational programs, identifying volunteer opportunities for individuals and actively recruiting. Providing assistance in navigating the health care/social service system to help individuals receive the services for which they qualify. Community outreach and education regarding services, activities, and programs. Creating programs and services to reduce social isolation."*
- *"Many of the services listed are only available to the low income. There remains a discrepancy with those who fall into categorical incomes that are above those in lowest income category. Baby boomers who haven't had the retiring pensions that were associated with high paying jobs are struggling to keep up and purchase needed meds."*
- *"More transportation offered for people living in rural areas of the county. More sidewalks and curb cuts in communities. More ways to connect communities with sidewalks from one community to the next so people can walk, use wheelchair or bike. There needs to be more affordable, safe, well-maintained housing for people who do not want to live in a housing Authority type apartment. People need options to purchase more affordable patio-type homes. Parks need more sidewalks or paved areas so older adults with mobility issues can safely get into a park shelter or use an outdoor restroom. Walking on grass or gravel is not always safe for an older adult."*
- *"Sewickley is a walkable village with a vibrant library, YMCA and numerous religious organizations which provide programs and activities for seniors. Other areas in the Quaker Valley have fewer options for seniors, i.e., limited public transportation, no senior center, and limited or dangerous sidewalks."*
- *"While I listed many areas of 'disagree' I am not sure that many communities meet the bar above. Thus, I consider that our community is as good as many, and for those with money - there are many services that appear available was well as senior communities locally. Average income older residents; however, cannot access these. I think there are no resources for 'what next' reassessment - i.e. how to decide what to do with one's skills and experiences and use them in a meaningful way (however that is defined for an individual) at each transition in one's life. Having discussions personally with family about 'maybe retirement,' I found that the guided discussions were very enlightening for my HS niece assessing her skills, and interested for college focus), and for my mid-20's son - trying to find a better, more engaging job fit. This led me to consider that a senior friendly community leverages the knowledge and provides transportation and service options for older people but the same things are needed by many people across life stage. Getting momentum for support, when the need is broader than one age can provide an opportunity to be build broader base of support by designing things that support our interconnected community."*

Economy and Education

In this section:

- Income and Earnings
- Poverty Status
- Employment
- Education

Income and Earnings

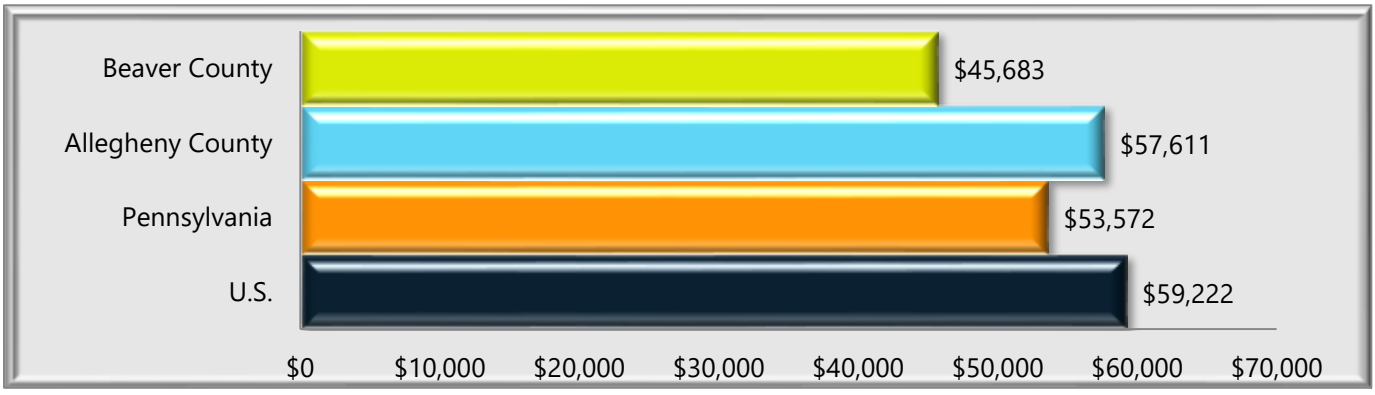
The following table depicts the percentage of older adult households earning an income and/or collecting from secondary sources, like Social Security or retirement savings. Older adults in ***Allegheny and Beaver County are slightly less likely to earn an income when compared to older adults in the state and the nation. However, the mean earnings are much lower among older adults in Beaver County ($45,683) compared to Pennsylvania ($53,572) and the nation ($59,222).*** The percentage of older adult households in both Allegheny County and Beaver County with a secondary source of income is generally consistent with the state and the nation, with only minor variations between categories.

Table 19. Household Earnings, Population 65 Years and Over (2014 - 2018)

	United States	Pennsylvania	Allegheny County	Beaver County
Households with Earnings	37.2%	35.6%	34.5%	34.5%
Mean Earnings	$59,222	$53,572	$57,611	$45,683
Households with Social Security Income	89.8%	91.8%	91.6%	92.5%
Mean Income	$21,083	$21,483	$20,954	$21,608
Households with Supplemental Security Income	6.5%	5.5%	5.2%	5.6%
Mean Income	$9,690	$9,960	$9,832	$10,061
Households with Cash Public Assistance Income	1.8%	2.3%	2.2%	2.4%
Mean Income	$2,955	$2,056	$1,909	$1,527
Households with Retirement Income	48.7%	52.1%	50.9%	53.9%
Mean Income	$27,399	$22,587	$22,288	$18,575
Households with Food Stamp/SNAP Benefits	8.9%	9.8%	9.7%	8.8%

Source: U.S. Census Bureau

Figure 7. Population 65 years and over mean household earnings, 2014 – 2018



Poverty Status

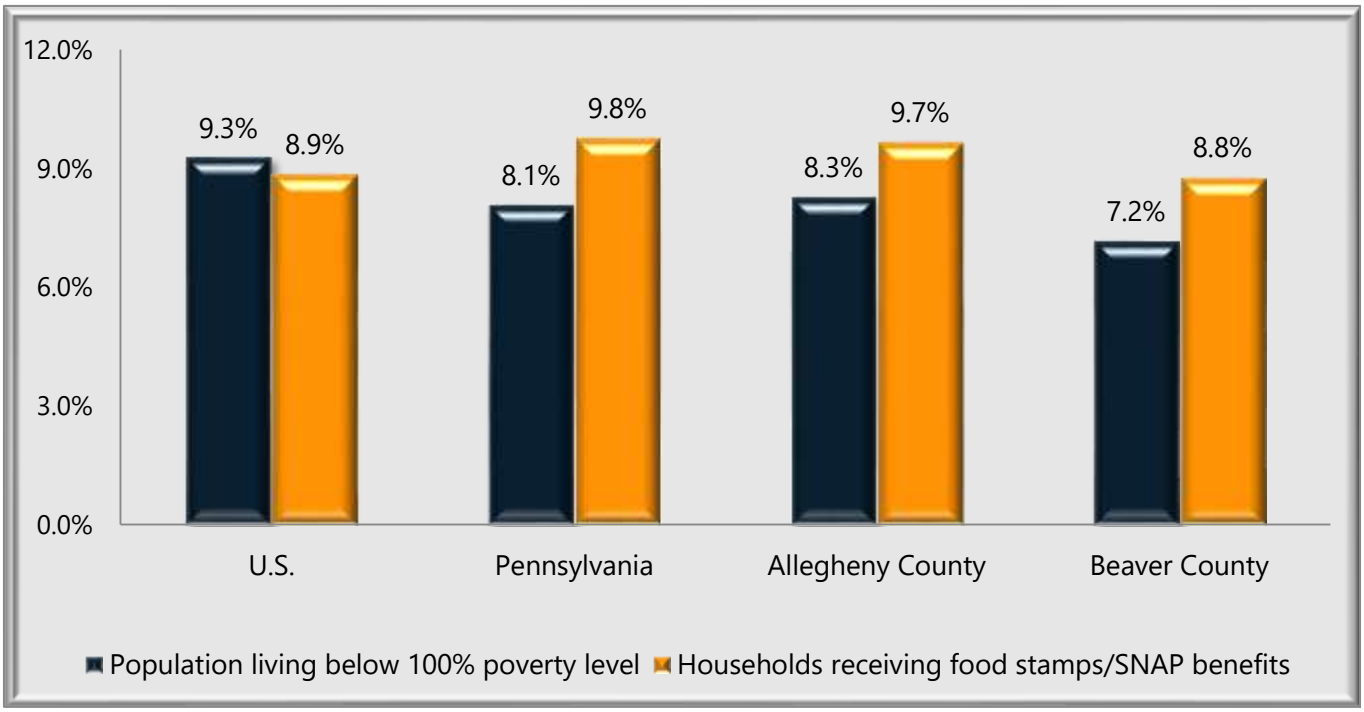
In general, older adults in Allegheny and Beaver Counties are less likely to live in poverty when compared to older adults across the nation. The federal poverty level represents the dollar amount below which a household has insufficient income to meet minimal basic needs. The federal poverty level may also be reported as a percentage. Households that are below 100% of the poverty level have an income less than the amount deemed necessary to sustain basic needs ($12,760/year). Households at 100% to 149% of the poverty level have an income 1.0 to 1.49 times the necessary amount. ***In Allegheny County, approximately 8% of older adults have an income below 100% of the federal poverty level and another 10.3% have an income 1.0 to 1.49 times the federal poverty level. For Beaver County, 7.2% of older adults have an income below 100% of the federal poverty level and another 10.1% have an income 1.0 to 1.49 times the federal poverty level.*** Older adults (aged 65 years or older) living in poverty equates to nearly 18,424 in Allegheny County and 2,458 in Beaver County.

Table 20. Poverty Status in the Past 12 Months, Population 65 Years and Over (2014 - 2018)

	United States	Pennsylvania	Allegheny County	Beaver County
Population Below 100% of the Poverty Level	9.3%	8.1%	8.3%	7.2%
Population At 100% to 149% of the Poverty Level	9.7%	9.9%	10.3%	10.1%
Population At or Above 150% of the Poverty Level	81.0%	82.0%	81.4%	82.7%

Source: U.S. Census Bureau

Figure 8. Older adult population receiving food stamp/SNAP benefits by poverty status, 2014 – 2018



Employment

The following tables depict the employment status of older adults in Allegheny County and Beaver County, as well as individual townships and boroughs for comparison. ***Among older adults who are actively seeking employment, Allegheny County has a higher unemployment rate for all older adults age brackets compared to the Beaver County. Notably, Allegheny County also has a higher unemployment rate than the state and nation in the 45 to 54 and 55 to 64 age brackets.***

Table 21. Employment Status, Population 45 to 64 Years (2014 - 2018)

	Age 45 to 54 Years in Labor Force	Unemployed Civilian Labor Force	Age 55 to 64 Years in Labor Force	Unemployed Civilian Labor Force
United States	80.5%	4.3%	64.7%	3.9%
Pennsylvania	81.5%	4.1%	66.9%	3.7%
Allegheny County	83.8%	4.4%	69.2%	4.1%
Beaver County	82.6%	3.5%	69.0%	3.7%
Aleppo Township	93.8%	3.7%	65.3%	0.0%
Leet Township	88.8%	2.5%	80.5%	3.8%
Moon Township	89.5%	3.3%	77.1%	2.1%
Ambridge Borough	69.1%	3.7%	61.9%	2.7%
Bell Acres Borough	82.1%	0.0%	72.3%	4.4%
Coraopolis Borough	90.9%	6.2%	75.5%	9.1%
Edgeworth Borough	70.4%	0.0%	73.3%	4.0%
Glen Osborne Borough	82.6%	0.0%	75.0%	0.0%
Glenfield Borough	93.1%	3.7%	63.0%	0.0%
Haysville Borough	50.0%	0.0%	68.4%	0.0%
Leetsdale Borough	87.0%	2.8%	77.9%	10.1%
Sewickley Borough	82.5%	5.4%	73.6%	2.4%
Sewickley Heights Borough	78.3%	0.0%	79.9%	3.6%
Sewickley Hills Borough	87.4%	3.6%	77.3%	2.7%

Source: U.S. Census Bureau

Table 22. Employment Status, Population 65 Years and Over (2014 - 2018)

	Age 65 to 74 Years in Labor Force	Unemployed Civilian Labor Force	Age 75 and over Years in Labor Force	Unemployed Civilian Labor Force
United States	25.7%	3.5%	6.6%	3.5%
Pennsylvania	26.4%	3.6%	6.7%	3.3%
Allegheny County	27.9%	3.0%	6.8%	3.2%
Beaver County	28.3%	2.7%	6.0%	1.3%
Aleppo Township	23.1%	0.0%	3.3%	0.0%
Leet Township	39.4%	6.6%	10.9%	0.0%
Moon Township	36.9%	1.9%	7.7%	0.0%
Ambridge Borough	27.9%	0.0%	10.9%	0.0%
Bell Acres Borough	29.8%	0.0%	12.0%	0.0%
Coraopolis Borough	23.6%	6.7%	6.7%	0.0%
Edgeworth Borough	40.5%	6.3%	12.3%	0.0%
Glen Osborne Borough	49.1%	0.0%	4.7%	0.0%
Glenfield Borough	42.9%	0.0%	25.0%	100.0%
Haysville Borough	0.0%	--	0.0%	--
Leetsdale Borough	17.7%	0.0%	5.5%	0.0%
Sewickley Borough	43.8%	0.0%	10.3%	0.0%
Sewickley Heights Borough	47.6%	5.0%	19.0%	0.0%
Sewickley Hills Borough	32.6%	0.0%	16.1%	0.0%

Source: U.S. Census Bureau

(--) Data unavailable due to suppressions constraints.

Education

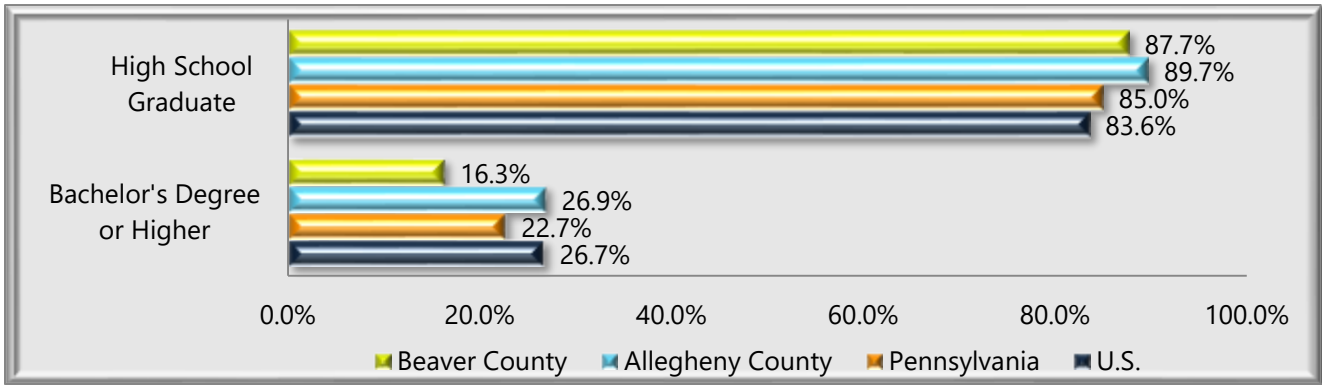
The percentage of Beaver County older adults with a bachelor's degree diploma is notably lower when compared to older adults from Allegheny County, Pennsylvania, and the nation. However, the percentage of older adults with a high school diploma's degree or higher is similar in Allegheny County and Beaver County. Both percentages are higher than the state and the nation. Specifically, over 89% of older adults (aged 65 and over) residing in Allegheny County and 87% in Beaver County have at least a high school degree. A quarter of older adults in Allegheny County and only 16% in Beaver County have a bachelor's degree.

Table 23. Educational Attainment, Population 65 Years and Over (2014 - 2018)

	Population 45 to 64 w/ High School Degree	Population 45 to 64 w/ Bachelor's Degree	Population 65 and over w/ High School Degree	Population 65 and over w/ Bachelor's Degree
United States	88.3%	30.5%	83.6%	26.7%
Pennsylvania	91.7%	29.2%	85.0%	22.7%
Allegheny County	95.3%	37.5%	89.7%	26.9%
Beaver County	95.5%	21.7%	87.7%	16.3%
Aleppo Township	100.0%	53.5%	94.2%	41.6%
Leet Township	99.4%	54.8%	93.4%	40.9%
Moon Township	97.3%	51.3%	91.8%	28.0%
Ambridge Borough	88.6%	13.1%	83.3%	17.1%
Bell Acres Borough	99.4%	57.0%	92.3%	37.5%
Coraopolis Borough	95.1%	24.6%	80.6%	16.7%
Edgeworth Borough	96.5%	80.4%	97.9%	69.4%
Glen Osborne Borough	99.4%	77.5%	100.0%	57.0%
Glenfield Borough	98.2%	28.6%	82.8%	6.9%
Haysville Borough	91.3%	26.1%	87.5%	6.3%
Leetsdale Borough	88.8%	32.3%	79.8%	19.5%
Sewickley Borough	97.9%	63.2%	96.5%	60.8%
Sewickley Heights Borough	100.0%	81.0%	100.0%	76.5%
Sewickley Hills Borough	100.0%	70.2%	88.9%	47.9%

Source: U.S. Census Bureau

Figure 9. Educational attainment, Population 65 years and Over, 2014 – 2018



Older Adult Health Indicators & Health Statistics

In this section:

- General Health Status: Physical & Mental
- Body Mass Index
- Nutrition
- Smoking
- Substance Abuse
- Vaccinations
- Key Informant Perspective

General Health Status

General self-rated health status provides a strong predictive measure for overall health outcomes. ***Allegheny County older adults are less likely to report fair or poor health when compared to older adults in Beaver County, Pennsylvania, and the nation.***

Table 24. Population 45 Years and Over Reporting Fair or Poor Overall Health (2017); (2016-2018)

	United States	Pennsylvania	Allegheny County	Beaver County*
45 to 64 Years	23.1%	22.0%	14.0%	15.0%
65 Years and over	23.2%	24.0%	17.0%	22.0%

Source: BRFSS

*The Pennsylvania sample is stratified by health districts to ensure additional estimates, but is restricted at the local level due to a small sample size. Due to this, Beaver County is included with Butler County and is a three-year aggregation (2016-2018).

Poor physical or mental health are defined as having reported 1 or more days for which their mental or physical health was "not good" within the past 30 days. Similar to the self-rated general health status finding noted in the previous section, ***a third of older adults (65 years and older) in Allegheny County report experiencing 1 or more days of poor physical health and 19% experienced 1 or more days of poor mental health in the previous month.*** Both of these rates are lower when compared to the rates for the state and the nation. Older adults in Beaver County report similar days of poor mental and physical health as those in Allegheny County.

Table 25. Population 45 Years and Over with 1 or More Days of Poor Physical Health and Mental Health in the Past Month (2017); (2016-2018)

		United States	Pennsylvania	Allegheny County	Beaver County*
45 to 64 Years	Physical Health	38.9%	43.0%	39.0%	40.0%
	Mental Health	33.5%	36.0%	35.0%	34.0%
65 Years and Over	Physical Health	37.0%	41.0%	33.0%	34.0%
	Mental Health	21.4%	24.0%	19.0%	22.0%

Source: BRFSS

*The Pennsylvania sample is stratified by health districts to ensure additional estimates, but is restricted at the local level due to a small sample size. Due to this, Beaver County is included with Butler County and is a three-year aggregation (2016-2018).

Figure 10. Older Adult Population with 1 or More Days of Poor Physical Health in the Past Month (2017)

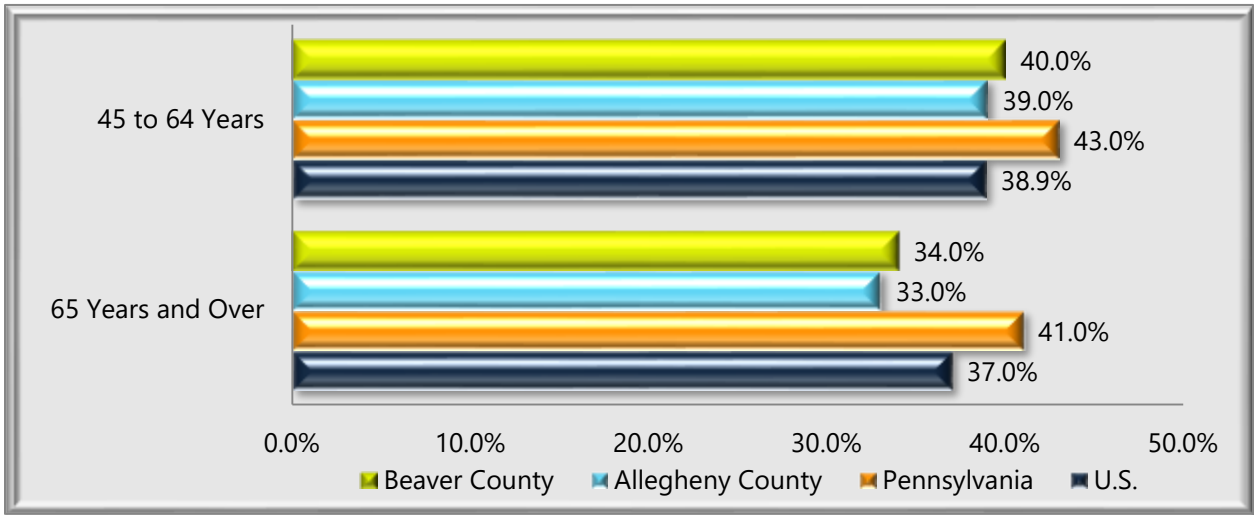
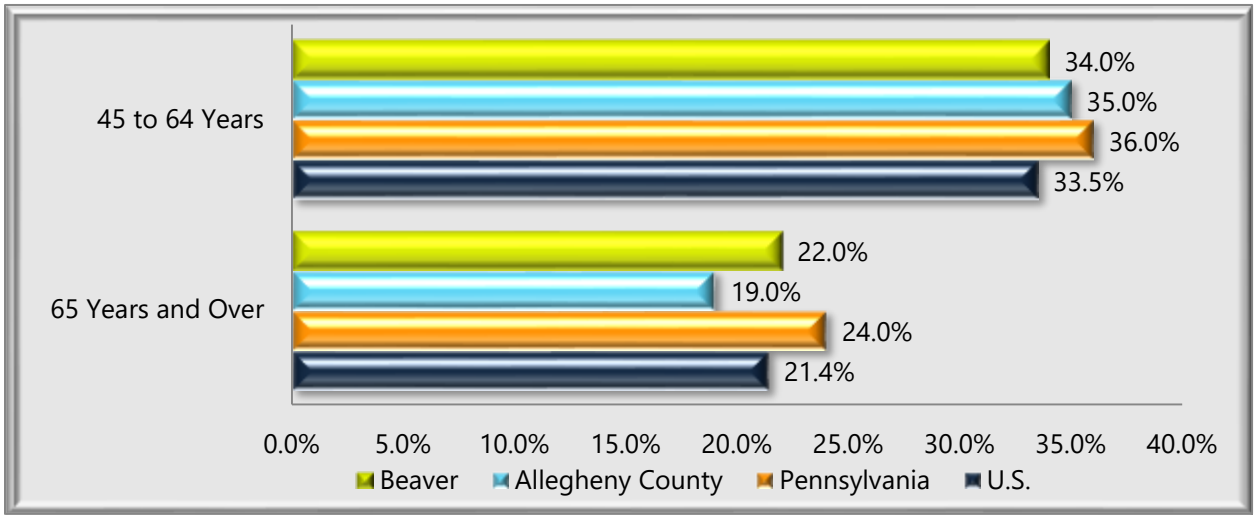


Figure 11. Older Adult Population with 1 or More Days of Poor Mental Health in the Past Month (2017)



The likelihood of being diagnosed with a depressive disorder increases as one experiences more physical or mental health days. **Exactly *15% of adults, aged 65 years or older, in Allegheny County and 13% in Beaver County have been diagnosed with a depressive disorder.*** This figure is identical to the state but lower when compared to the national statistic.

Table 26. Mental Health Status of Population 45 Years and Over (2017); (2016-2018)

		United States	Pennsylvania	Allegheny County	Beaver County*
Population told they have a Depressive Disorder	45 to 64 Years	22.8%	22.0%	21.0%	21.0%
	65 Years and Over	16.0%	13.0%	15.0%	13.0%

Source: BRFSS

*The Pennsylvania sample is stratified by health districts to ensure additional estimates, but is restricted at the local level due to a small sample size. Due to this, Beaver County is included with Butler County and is a three-year aggregation (2016-2018).

Table 27. Health Insurance Coverage by Disability Status, Population 65 Years and Over (2014 - 2018)

	United States	Pennsylvania	Allegheny County	Beaver County
Population 65 Years and Over With a Disability	35.0%	34.3%	27.2%	34.2%
With Health Insurance	99.4%	99.6%	99.5%	99.1%
Without Health Insurance	0.6%	0.4%	0.5%	0.9%

Source: U.S. Census Bureau

Health Care Provider Access

Health care provider density or the provider to population ratio is a measure of overall health care access. ***In Allegheny County, the ratio of primary care providers, dentists, and mental health providers to residents is substantially better than Beaver County, the state, and the National Benchmark (sans mental health providers).*** Beaver County's ratio of providers to residents is considerably worse when compared to the state and nation. In fact, Beaver County's ratio of mental health providers to residents is 3 times higher than the National Benchmark, while the physician to resident ratio is over 2 times higher. The National Benchmark represents the 90th percentile (i.e., only 10% of states are better).

Table 28. Health Care Provider Density (2020)

	National Benchmark (90th Percentile)	Pennsylvania	Allegheny County	Beaver County
Population to Physician Ratio	1,030:1	1,240:1	920:1	2,340:1
Population to Dentist Ratio	1,240:1	1,450:1	1,040:1	1,870:1
Population to Mental Health Providers Ratio	290:1	480:1	310:1	1,000:1

Source: County Health Rankings

Table 29. Population 45 Years and Over Unable to See a Doctor Due to Cost (2017); (2016-2018)

	United States	Pennsylvania	Allegheny County	Beaver County*
45 to 64 Years	12.7%	11.0%	9.0%	13.0%
65 Years and Over	4.4%	4.0%	3.0%	1.0%

Source: BRFSS

*The Pennsylvania sample is stratified by health districts to ensure additional estimates, but is restricted at the local level due to a small sample size. Due to this, Beaver County is included with Butler County and is a three-year aggregation (2016-2018).

Table 30. Population 45 Years and Over Receiving a Routine Checkup in the Past 2 Years (2017); (2016-2018)

		United States	Pennsylvania	Allegheny County	Beaver County*
Within the past year (anytime less than 24 months ago)	45 to 64 Years	85.3%	87.0%	89.0%	86.0%
	65 Years and Over	93.1%	95.0%	97.0%	95.0%

Source: BRFSS

*The Pennsylvania sample is stratified by health districts to ensure additional estimates, but is restricted at the local level due to a small sample size. Due to this, Beaver County is included with Butler County and is a three-year aggregation (2016-2018).

Food Environment

The ability to maintain a healthy weight through diet and physical activity is influenced by both behavioral and environmental indicators. Environmental indicators include, but are not limited to, access to healthy foods and access to exercise opportunities.

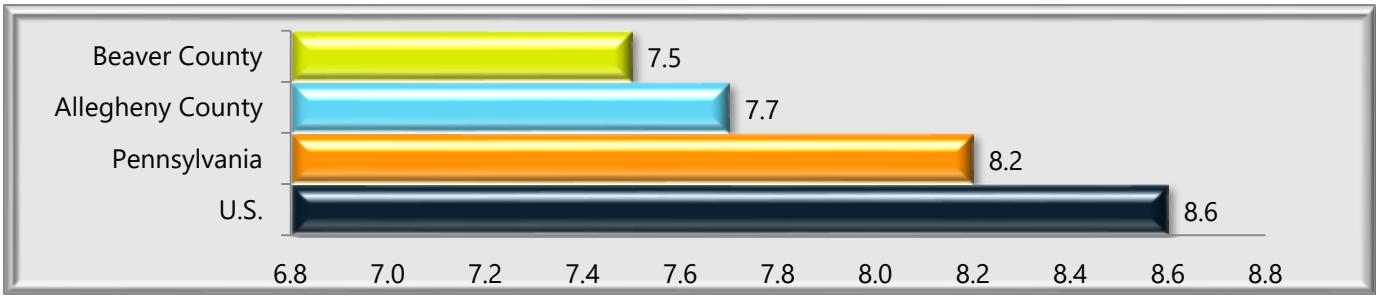
The food environment index measures overall food access based on 2 indicators, limited access to healthy foods and food insecurity. The index is based on a score of 0 (worst) to 10 (best). The first factor, limited access to healthy foods, measures the proportion of the population that is low income and does not live close to a grocery store. The second factor, food insecurity, measures the percentage of the population that did not have access to a reliable source of food during the past year. ***The food environment index in Beaver County (7.5) is worse when compared to the index in Allegheny County (7.7), Pennsylvania (8.2), and the National Benchmark of 8.6.***

Table 31. Food Environment Index (2020)

National Benchmark (90th Percentile)	Pennsylvania	Allegheny County	Beaver County
8.6	8.2	7.7	7.5

Source: County Health Rankings

Figure 12. Food Environment Index, 2020



Body Mass Index

Body Mass Index (BMI) is a factor of diet and physical activity and is correlated with chronic health conditions. It is calculated based on the height and weight of an individual. The following table depicts the percentage of older adults who are overweight or obese***. Older adults, aged 45 to 64, in Allegheny County are more likely to be overweight but less likely to be obese than their counterparts in the***

state and nation. Those aged 65 or older in Allegheny County are as likely to be overweight or obese as those in the state and the nation. Older adults in Beaver County are less likely to be overweight, but more likely to be obese.

Table 32. Overweight or Obese, Population 45 Years and Over (2017); (2016-2018)

		United States	Pennsylvania	Allegheny County	Beaver County*
45 to 64 Years	Overweight (25 ≤ BMI ≤ 30)	36.4%	38.0%	40.0%	35.0%
	Obese (BMI ≥ 30)	35.9%	37.0%	31.0%	40.0%
65 Years and Over	Overweight (25 ≤ BMI ≤ 30)	38.5%	38.0%	38.0%	36.0%
	Obese (BMI ≥ 30)	28.3%	32.0%	27.0%	31.0%

Source: BRFSS

*The Pennsylvania sample is stratified by health districts to ensure additional estimates, but is restricted at the local level due to a small sample size. Due to this, Beaver County is included with Butler County and is a three-year aggregation (2016-2018).

Figure 13. Overweight older adult population, 2017

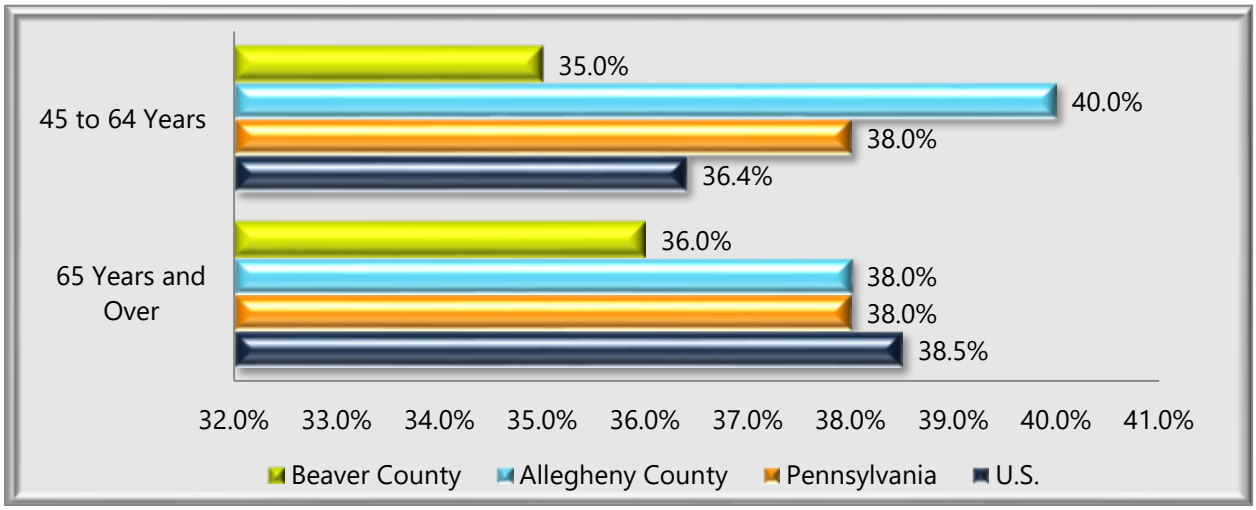


Figure 14. Obese older adult population, 2017

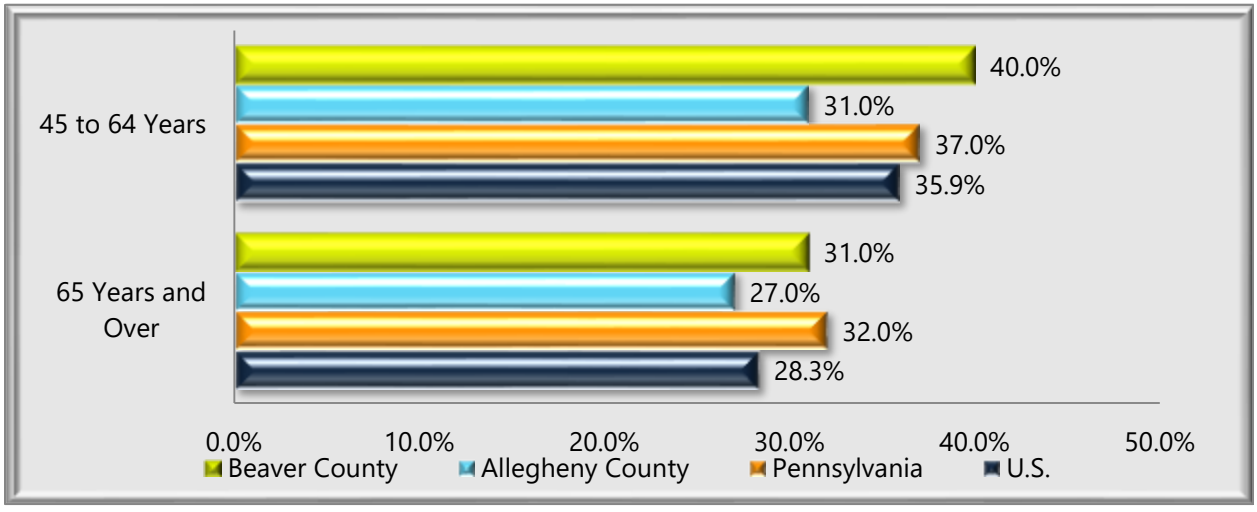


Table 33. Population 45 Years and Over that have not Exercised in the Past Month (2017); (2016-2018)

	United States	Pennsylvania	Allegheny County	Beaver County*
45 to 64 Years	28.1%	25.0%	22.0%	26.0%
65 and over Years	31.3%	33.0%	33.0%	29.0%

Source: BRFSS

*The Pennsylvania sample is stratified by health districts to ensure additional estimates, but is restricted at the local level due to a small sample size. Due to this, Beaver County is included with Butler County and is a three-year aggregation (2016-2018).

Smoking

Smoking is detrimental to nearly every organ in the body and is often correlated with poorer health outcomes and chronic health conditions such as lung cancer, stroke and heart disease. ***Those aged 65 or older in Allegheny County are more likely to currently smoke when compared to older adults in Beaver County, the state, and the nation. However, there are more current smokers in the younger age bracket (45 to 64).***

Table 34. Smoking Status, Population 45 Years and Over (2017); (2016-2018)

		United States	Pennsylvania	Allegheny County	Beaver County*
45 to 64 Years	Current Smoker**	19.3%	22.0%	17.0%	18.0%
	Former Smoker	25.3%	28.0%	27.0%	29.0%
65 Years and over	Current Smoker**	8.2%	10.0%	14.0%	7.0%
	Former Smoker	38.1%	43.0%	34.0%	43.0%

Source: BRFSS

*The Pennsylvania sample is stratified by health districts to ensure additional estimates, but is restricted at the local level due to a small sample size. Due to this, Beaver County is included with Butler County and is a three-year aggregation (2016-2018).

**Every day or some days a week.

Substance Abuse

Binge drinking is defined as males having 5 or more alcoholic drinks and females having 4 or more drinks on 1 occasion. Heavy drinking is defined as males having more than 2 alcoholic drinks and females having more than 1 drink per day. ***On average, there are more binge and heavy drinkers in Allegheny County compared Beaver County, Pennsylvania, and the nation.***

Table 35. Binge or Heavy Alcohol Consumption, Population 45 Years and Over (2017); (2016-2018)

		United States	Pennsylvania	Allegheny County	Beaver County*
45 to 64 Years	Binge Drinkers†	12.5%	15.0%	17.0%	17.0%
	Heavy Drinkers††	6.0%	6.0%	5.0%	4.0%
65 Years and over	Binge Drinkers†	4.4%	5.0%	7.0%	6.0%
	Heavy Drinkers††	4.1%	4.0%	7.0%	4.0%

Source: BRFSS

*The Pennsylvania sample is stratified by health districts to ensure additional estimates, but is restricted at the local level due to a small sample size. Due to this, Beaver County is included with Butler County and is a three-year aggregation (2016-2018).

† Males having 5 or more and females having 4 or more drinks per occasion.

†† Males having 2 or more and females having 1 or more drinks per day.

Vaccinations

The flu vaccine is recommended as an annual prevention measure, particularly for older adults. ***Older adults in Allegheny County are more likely to receive a flu vaccine when compared to their counterparts in Beaver County, the state, and the nation.*** In Beaver County, younger adults are less likely to receive and annual flu vaccine compared to their older counterparts (65 years and older).

The pneumonia vaccine is typically recommended for older adults as a means to prevent more serious illness. ***Older adults (65 years and older) in Allegheny and Beaver Counties are more likely to receive a pneumonia vaccine in their lifetime when compared to older adults across the state and the nation.***

Table 36. Population 50 Years and Over Receiving a Seasonal Flu Vaccine in the Past Year (2017); (2016-2018)

	United States	Pennsylvania	Allegheny County	Beaver County*
50 to 64 Years	41.2%	46.0%	51.0%	47.0%
65 Years and over	59.9%	63.0%	71.0%	68.0%

Source: BRFSS

*The Pennsylvania sample is stratified by health districts to ensure additional estimates, but is restricted at the local level due to a small sample size. Due to this, Beaver County is included with Butler County and is a three-year aggregation (2016-2018).

Table 37. Population 65 Years and Over that Has Ever Had a Pneumonia Vaccine (2017); (2016-2018)

United States	Pennsylvania	Allegheny County	Beaver County*
66.0%	75.0%	79.0%	78.0%

Source: BRFSS

*The Pennsylvania sample is stratified by health districts to ensure additional estimates, but is restricted at the local level due to a small sample size. Due to this, Beaver County is included with Butler County and is a three-year aggregation (2016-2018).

Key Informant Perspective

Key informants were asked to identify the most significant barriers that keep seniors/elderly in the community from accessing health care when they need it. ***The inability to navigate the health care system was identified as the top barrier to seniors/elderly accessing health care.*** Additional barriers include a lack of transportation, inability to pay out of pocket expenses (i.e., co-pays, prescriptions, etc.) These three barriers were each selected by over 70% of key informants. The majority of key informants felt free low/cost dental and vision care as well as prescription assistance were the top health care services missing or lacking in the community.

Table 38. Most Significant Barriers Accessing Health Care According to Key Informants*

	Count	Percent
Inability to Navigate Health Care System	51	85.0%
Lack of Transportation	47	78.3%
Inability to Pay Out of Pocket Expenses (i.e., Co-pays, Prescriptions, etc.)	43	71.7%
Lack of Trust	16	26.7%
Availability of Providers/Appointments	14	23.3%
Time Limitations (i.e., Long Wait Times, Limited Office Hours, Time off Work)	11	18.3%
Lack of Health Insurance Coverage	8	13.3%
Other	7	11.7%
Basic Needs Not Met (Food/Shelter)	6	10.0%
Lack of Providers accepting Medicare/Medicaid	4	6.7%
Language/Cultural Barriers	3	5.0%
None/No Barriers	0	0.0%

**Respondents could select more than one option, therefore the percentages may sum to more than 100.0%.*

Table 39. Missing or Lacking Resources/Services Related to Health According to Key Informants*

	Count	Percent
Free/Low Cost Dental Care	37	62.7%
Free/Low Cost Vision Care	35	59.3%
Prescription Assistance	31	52.5%
Free/Low Cost Medical Care	29	49.2%
Geriatricians/Gerontologists	26	44.1%
Mental Health/Behavioral Health/Substance Abuse Services	24	40.7%
Memory Care Specialists	22	37.3%
Health Education/Information/Outreach	19	32.2%
Health Screenings	10	16.9%
Primary Care Providers	10	16.9%
Other	5	8.5%
Medical Specialists (Cardiologist, Dermatologist, Neurologist)	3	5.1%
Immunization/ Vaccination Programs	1	1.7%
None	1	1.7%

**Respondents could select more than one option, therefore the percentages may sum to more than 100.0%.*

Key informants provided several comments related to the barriers and resources needed in the community. The key themes among the comments echoed the data findings, such as the lack of free and low-cost dental and vision care. Additionally, some comments by key informants expanded on the need for a better public transportation system and transportation options, specifically for seniors.

Select Comments Related to Barriers and Resources for Accessing Health Care:

- *"Because our community is perceived as affluent, some services don't focus on this area. There are a lot of organizations that do charitable work, and support social programs and health. The perception is not accurate, we have a wide range of incomes and status in the 14-town community area served by the local hospital."*
- *"Often overlooked is a senior's ability to communicate due to hearing loss and auditory processing speed. Often accessing care is an automated system and if you cannot hear or respond fast enough you miss the prompts and the continent of the message. Technology usage while efficient often leaves our seniors in the lurch. They end up frustrated or misunderstanding and can lead to avoiding necessary care or obtaining accurate information/instruction."*
- *"There are good services in the county but lack of transportation is a barrier. Lack of transportation for free or low cost dental service. Abuse still carries a lot of fear and as a result is not reported."*
- *"Older adults need help with eyeglasses coverage. Not all insurance covers this though it is important for people to see well so they do not fall. Older adults need help with dentures, dental care, etc. If they cannot chew well, it leads to nutrition problems, loss of weight. Older adults need help with funding of hearing aids. If they cannot hear well, who knows what answers they are giving their medical professionals. If appear confused when they are not. They often can even fall by not hearing the surface they are walking on. Need more doctors who focus on older adults not to just accept that the older adult says everything is okay when the family lets the doctor know it is not the case."*

Chronic Conditions

In this section:

- Arthritis
- Cancer
- Diabetes
- Heart Disease
- Respiratory Disease
- Asthma

Arthritis

Arthritis is defined as inflammation of the joints. In Allegheny County, 57% of older adults (aged 65 and older) have been diagnosed with arthritis. ***The percentage of arthritis patients is higher in Beaver County than in Allegheny County, the state, and nation (65%).***

Table 40. Population 45 Years and Over Diagnosed with Arthritis [a] (2017); (2016-2018)

	United States	Pennsylvania	Allegheny County	Beaver County*
45 to 64 Years	33.9%	36.0%	36.0%	33.0%
65 Years and Over	50.4%	55.0%	57.0%	65.0%

Source: BRFSS

*The Pennsylvania sample is stratified by health districts to ensure additional estimates, but is restricted at the local level due to a small sample size. Due to this, Beaver County is included with Butler County and is a three-year aggregation (2016-2018).

[a] Arthritis diagnoses includes: rheumatism, polymyalgia rheumatica; osteoarthritis (not osteoporosis); tendonitis, bursitis, bunion, tennis elbow; carpal tunnel syndrome, tarsal tunnel syndrome; joint infection, etc.

Cancer

The overall cancer incidence rate in Allegheny and Beaver Counties are higher when compared to Pennsylvania and the nation. However, the services areas are burdened by different cancer types. For example, ***Allegheny County has a higher cancer incidence rate for breast, (female) and pancreas. In Beaver County, the incidence rates for bladder, colon and rectum, and lung and bronchus are higher when compared to Allegheny County, Pennsylvania, and the nation.***

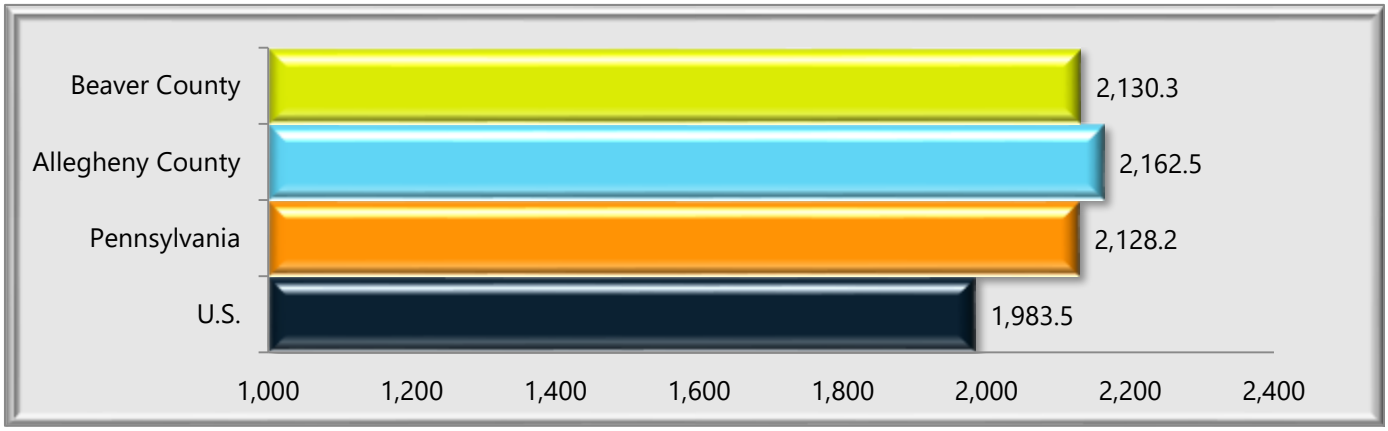
Table 41. Older Adults Ages 65+ Cancer Incidence Rates per Age-Adjusted 100,000 by Site (2012 - 2016)

	United States	Pennsylvania	Allegheny County	Beaver County
Breast, Female	424.0	448.8	**472.7**	458.3
Bladder	122.2	144.1	147.3	**153.4**
Colon and Rectum	178.9	199.8	193.5	**202.1**
Lung and Bronchus	338.6	360.0	397.6	**417.6**
Melanoma of the Skin	86.2	**89.7**	74.7	73.1
Pancreas	69.7	76.6	**86.1**	85.9
Prostate	**527.1**	515.6	499.9	411.4
Uterus	90.8	**115.1**	102.1	105.8
Total Cancer Incidence	**1,983.5**	**2,128.2**	**2,162.5**	**2,130.3**

Source: National Cancer Institute

Note: **Bold font** indicates the rate is higher when compared to the peer counties/city, state, and nation.

Figure 15. Total cancer incidence rate among older adults ages 65 and over, 2012 - 2016



Cancer screenings are important for the early detection and treatment of cancer. For women, clinical breast exams, mammograms, and Pap smears are recommended***. In general, older adult women in Allegheny and Beaver Counties are as likely to have ever received breast cancer and cervical cancer screenings when compared to older adult women in the state and the nation.***

Table 42. Breast Cancer Screening among Population 45 Years and Over (2016)

	Mammogram	United States	Pennsylvania	Allegheny County	Southwest District*
45 to 64 Years	Ever	94.0%	94.0%	92.0%	95.0%
	In the Past Year	62.1%	57.0%	56.0%	55.0%
65 Years and Over	Ever	96.3%	96.0%	99.0%	97.0%
	In the Past Year	58.6%	58.0%	70.0%	64.0%

Source: BRFSS

*The Pennsylvania sample is stratified by health districts to ensure additional estimates, but is restricted at the local level due to a small sample size. Due to this, Beaver County is included within the Southwest District.

Table 43. Cervical Cancer Screening among Population 45 Years and Over (2016)

	Pap Test	United States	Pennsylvania	Allegheny County	Southwest District*
45 to 64 Years	Ever	96.9%	98.0%	99.0%	99.0%
	In the Past 3 Years	72.9%	71.0%	74.0%	71.0%
65 Years and Over	Ever	93.0%	94.0%	98.0%	91.0%
	In the Past 3 Years	43.3%	48.0%	52.0%	53.0%

Source: BRFSS

*The Pennsylvania sample is stratified by health districts to ensure additional estimates, but is restricted at the local level due to a small sample size. Due to this, Beaver County is included within the Southwest District.

Prostate-Specific Antigen (PSA) tests are recommended for men to detect prostate cancer. ***Older adult men in Allegheny County are as likely as older adult men across Pennsylvania and the nation to ever receive PSA tests.*** Nearly 80% of men aged 65 years or older in Allegheny County had a PSA test in their lifetime compared to 73% in the Southwest District, 80% in Pennsylvania, and 75% in the nation.

Table 44. Prostate Cancer Screening among Population 50 Years and Over (2016)

	PSA Test	United States	Pennsylvania*	Allegheny County	Southwest District*
50 to 64 Years	Ever	54.9%	53.0%	56.0%	58.0%
65 Years and over	Ever	75.4%	80.0%	79.0%	73.0%

Source: BRFSS

*The Pennsylvania sample is stratified by health districts to ensure additional estimates, but is restricted at the local level due to a small sample size. Due to this, Beaver County is included within the Southwest District.

Sigmoidoscopies/Colonoscopies are used to detect the presence of colorectal cancer. Allegheny County older adults, aged 45-64, are less likely than older adults in Pennsylvania and the nation to receive a sigmoidoscopy or colonoscopy screening in their lifetime or in the last 10 years. Conversely, adults aged 65 years or older are more likely.

Table 45. Colorectal Cancer Screening among Population 50 Years and Over (2016)

	Sigmoidoscopy/ Colonoscopy	United States	Pennsylvania*	Allegheny County	Southwest District*
50 to 64 Years	Ever	66.3%	66.0%	56.0%	66.0%
	In the Past 10 Years	93.1%	62.0%	54.0%	62.0%
65 Years and Over	Ever	79.1%	79.0%	83.0%	77.0%
	In the Past 10 Years	89.6%	73.0%	77.0%	72.0%

Source: BRFSS

*The Pennsylvania sample is stratified by health districts to ensure additional estimates, but is restricted at the local level due to a small sample size. Due to this, Beaver County is included within the Southwest District.

Diabetes

Diabetes is caused either by the body's inability to produce insulin or effectively use the insulin that is produced. ***Older adults in Allegheny and Beaver Counties are slightly less likely to be diagnosed with diabetes when compared to older adults in Pennsylvania and the nation.***

Table 46. Older Adults Diagnosed with Diabetes, Excluding Gestational Diabetes (2017); (2016-2018)

	United States	Pennsylvania	Allegheny County	Beaver County*
45 to 64 Years	14.2%	13.0%	11.0%	10.0%
65 Years and Over	22.8%	22.0%	17.0%	19.0%

Source: BRFSS

*The Pennsylvania sample is stratified by health districts to ensure additional estimates, but is restricted at the local level due to a small sample size. Due to this, Beaver County is included with Butler County and is a three-year aggregation (2016-2018).

Heart Disease

In general, older adults in Allegheny County are less likely and older adults in Beaver County are more likely to have had a heart attack, have heart disease or experience a stroke when compared to older adults in the state and the nation.

Table 47. Population 45 Years and Over Diagnosed with Heart Disease (2017); (2016-2018)

		United States	Pennsylvania	Allegheny County	Beaver County*
45 to 64 Years	Heart Attack	4.9%	6.0%	3.0%	5.0%
	Angina or Coronary Heart Disease	4.5%	5.0%	3.0%	5.0%
	Stroke	3.8%	4.0%	1.0%	3.0%
65 Years and Over	Heart Attack	10.7%	11.0%	8.0%	11.0%
	Angina or Coronary Heart Disease	10.8%	13.0%	12.0%	14.0%
	Stroke	7.3%	8.0%	8.0%	6.0%

Source: BRFSS

*The Pennsylvania sample is stratified by health districts to ensure additional estimates, but is restricted at the local level due to a small sample size. Due to this, Beaver County is included with Butler County and is a three-year aggregation (2016-2018).

Figure 16. Heart Disease among older adults ages 45 to 64 Years, 2017; (2016-2018)

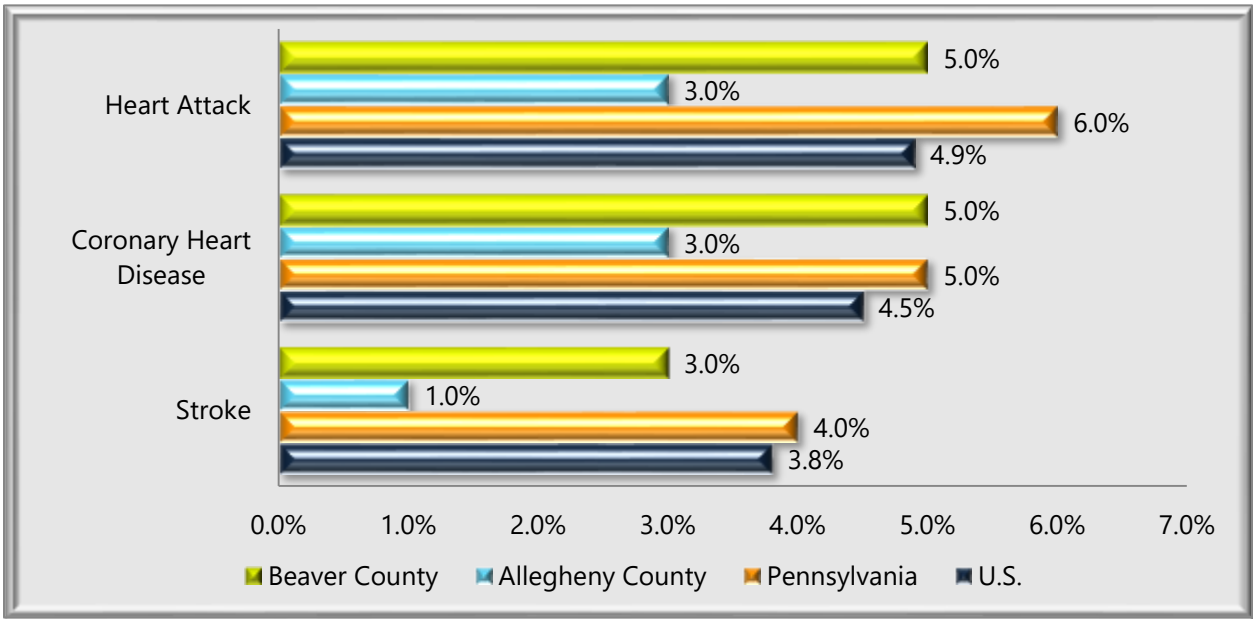
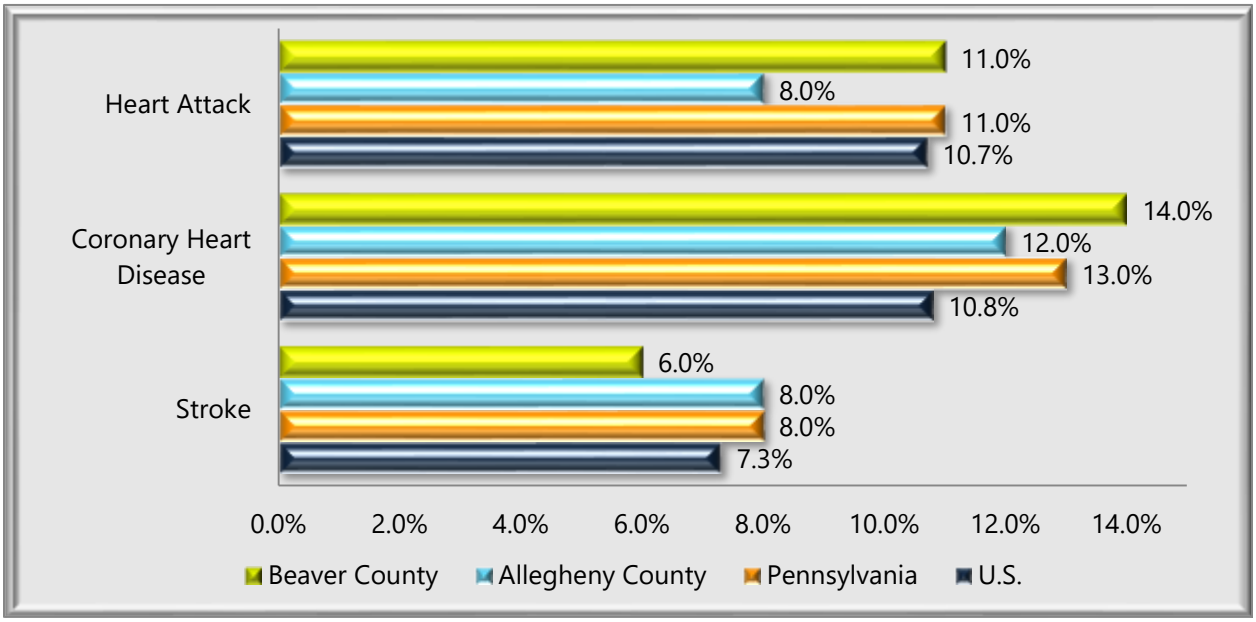


Figure 17. Heart Disease among older adults ages 65 years and over, 2017; (2016-2018)



Respiratory Disease

Air pollution is often associated with higher rates of respiratory diseases like asthma and COPD. Fine particulate matter is a form of air pollution and is a measure of the overall outdoor air quality. It is measured as an average daily amount in micrograms per cubic meter. The National Benchmark for daily fine particulate matter is 6.1. **The particulate matter is double the national benchmark in Allegheny County**. Beaver County and Pennsylvania also show elevated levels.

Table 48. Daily Fine Particulate Matter (2020)

National Benchmark (90th Percentile)	Pennsylvania	Allegheny County	Beaver County
6.1	10.6	13.3	11.0

Source: County Health Rankings

Asthma

Asthma is reported as the percentage of individuals who have ever had asthma (lifetime diagnosis) and the percentage of individuals who currently have asthma. ***Allegheny County older adults from the younger age bracket (45 to 64) are equally as likely to ever be diagnosed with asthma compared to Pennsylvania and the nation. However, those in the older age group (65 and older) are less likely to have asthma.*** This is a surprising finding given the high rate of smokers aged 65 and older in Allegheny County. Thirteen percent (13%) of those aged 45 to 65 and 6% of those aged 65 or older been diagnosed with asthma. Older adults in Beaver County are less likely to have asthma, compared to the state and the nation.

In Allegheny County, about 8% of those aged 45 to 65 and 11% of those aged 65 or older been diagnosed with COPD. Both of these figures fall below or under the state and national statistics.

Table 49. Population 45 Years and Over Diagnosed with Asthma (2017)

	United States	Pennsylvania	Allegheny County	Beaver County*
45 to 64 Years	14.0%	13.0%	13.0%	9.0%
65 Years and over	12.1%	11.0%	6.0%	6.0%

Source: BRFSS

*The Pennsylvania sample is stratified by health districts to ensure additional estimates, but is restricted at the local level due to a small sample size. Due to this, Beaver County is included with Butler County and is a three-year aggregation (2016-2018).

Table 50. Population 45 Years and Over Diagnosed with COPD (2017)

	United States	Pennsylvania	Allegheny County	Beaver County*
45 to 64 Years	8.8%	9.0%	8.0%	5.0%
65 Years and over	12.4%	11.0%	11.0%	12.0%

Source: BRFSS

*The Pennsylvania sample is stratified by health districts to ensure additional estimates, but is restricted at the local level due to a small sample size. Due to this, Beaver County is included with Butler County and is a three-year aggregation (2016-2018).

Mortality

In this section:

- Overall Mortality and Premature Death
- Leading Causes of Mortality
- Cancer Mortality

Overall Mortality and Premature Death

The following table depicts the overall mortality rate for older adults***. Allegheny County and Beaver County both have higher death rate in both the 45 to 64 and 65 and older age brackets.*** The data corresponds to the higher number of premature deaths that is reported in Allegheny and Beaver Counties when compared to the state and the National Benchmark.

Table 51. Multiple Cause of Death Rate per 100,000, Population 50 Years and Over (2018)

	United States	Pennsylvania	Allegheny County	Beaver County
Population Age 50 – 64 Years	751.8	752.5	800.9	882.8
Population Age 65 Years and Over	4,003.8	4,438.6	4,664.5	4,885.3

Source: CDC WONDER

Figure 18. Mortality rate among population 50 years and over, 2017

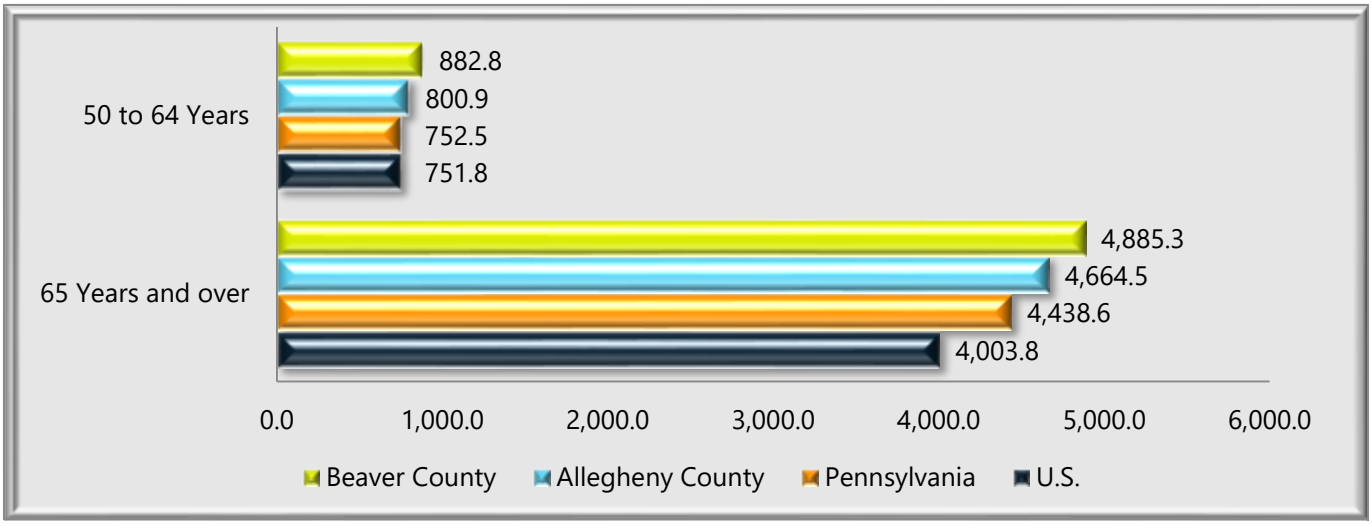


Table 52. Premature Mortality: Years of Potential Life Lost Before Age 75 per 100,000 (2020)

National Benchmark (90th Percentile)	Pennsylvania	Allegheny County	Beaver County
5,500	7,600	8,000	8,900

Source: County Health Rankings

Leading Causes of Mortality

The following table depicts age-adjusted mortality rates for the 9 leading causes of death in the nation. In the younger age grouping (50 to 64 years), Allegheny County has a higher mortality rate for cancer, accidents, influenza and pneumonia, and suicide. ***In the older age group (65 years or older), Allegheny County has a higher mortality rate in when looking at heart disease and cancer. Beaver County has a higher mortality rate in when looking at Chronic Lower Respiratory Disease (CLRD), stroke, Alzheimer's Disease, and influenza and pneumonia.***

Table 53. Population 50 to 64 Years Mortality Rate per 100,000 by Leading Cause of Death (2018)

	United States	Pennsylvania	Allegheny County	Beaver County
Heart Disease	160.6	163.8	200.1	225.4
Cancer	219.0	225.9	232.4	212.1
Chronic Lower Respiratory Disease (CLRD)	34.2	28.0	33.8	53.0
Stroke	25.3	21.0	18.3	--
Liver Disease and Cirrhosis	30.1	22.0	29.4	--
Diabetes	30.0	26.0	19.9	--
Accidents	56.4	64.1	74.8	58.3
Influenza and Pneumonia	11.5	11.0	14.3	--
Suicide	20.4	22.4	27.5	--

Source: CDC WONDER

(--) Data unavailable due to suppressions constraints.

Table 54. Population 65 and Over Mortality Rate per 100,000 by Leading Cause of Death (2018)

	United States	Pennsylvania	Allegheny County	Beaver County
Heart Disease	1,004.2	1,173.7	1,307.9	1262.3
Cancer	822.2	894.4	927.6	895.2
Chronic Lower Respiratory Disease (CLRD)	258.5	240.3	258.7	302.2
Stroke	242.7	252.1	236.1	285.2
Alzheimer's Disease	230.1	172.8	178.0	290.9
Diabetes	114.8	116.1	95.5	81.9
Accidents	109.1	120.3	138.9	124.3
Influenza and Pneumonia	93.2	107.2	114.9	138.4

Source: CDC WONDER

Cancer Mortality

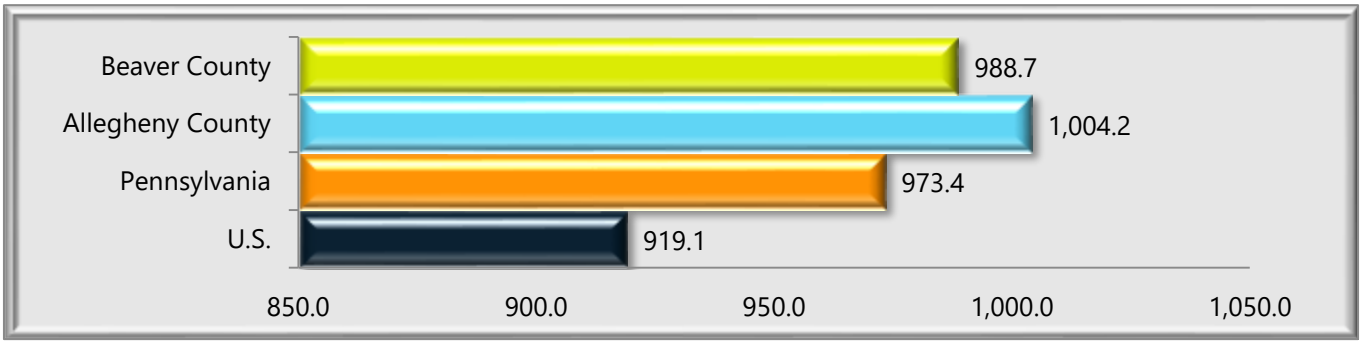
The 5 deadliest types of cancer among older adults, nationally, in ranking order, are lung and bronchial cancer, prostate cancer, breast cancer, colon and rectal cancer, and pancreatic cancer. The following table depicts mortality rates for each of these types for older adults ages 65 and over in the service areas, state, and nation. ***The overall cancer mortality rate in the service areas is higher than both the state and nation.*** Allegheny County has the highest mortality rate for breast, bladder, and pancreas cancers. Beaver County has the highest mortality rate of colon and rectum, lung and bronchus, and prostate cancers.

Table 55. Older Adults Ages 65+ Cancer Mortality Rates per Age-Adjusted 100,000 by Site (2012 - 2016)

	United States	Pennsylvania	Allegheny County	Beaver County
Breast, Female	93.5	100.9	103.4	96.4
Bladder	30.0	32.9	36.7	33.4
Colon and Rectum	78.5	87.5	85.3	89.8
Lung and Bronchus	251.6	262.2	279.6	283.6
Melanoma of the Skin	12.8	13.1	9.3	10.5
Pancreas	64.8	70.0	78.7	75.5
Prostate	140.7	138.2	138.8	167.9
Uterus	25.3	30.4	29.9	20.6
Total Cancer Mortality	**919.1**	**973.4**	**1,004.2**	**988.7**

Source: National Cancer Institute

Figure 19. Cancer mortality rate among population 65 years and over, 2012 - 2016



Medicare Fee-For-Service Beneficiaries

In this section:

- Common Chronic Conditions
- Presence of Multiple Chronic Conditions
- Hospital Readmissions
- Emergency Department Visits and Per Capita Costs
- Preventable Hospitalizations

Common Chronic Conditions

The following table depicts the percentage of Medicare beneficiaries aged 65 years and over affected by chronic conditions. The percentage of Medicare beneficiaries in Allegheny and Beaver Counties with a given chronic condition is generally consistent with what is being reported across the state and nation. ***However, Allegheny County has a notably higher incidence rate of Alzheimer's Disease/Dementia, Arthritis, depression, and stroke compared to Beaver County, Pennsylvania, and the nation.*** Notably, Beaver County does not have any conditions that are falling significantly higher than the other statistics.

Table 56. Chronic Conditions among Medicare Beneficiaries 65 Years and Over (2017)

	United States	Pennsylvania	Allegheny County	Beaver County
Alzheimer's Disease/Dementia	12.1%	12.2%	**13.9%**	11.5%
Arthritis	34.2%	36.1%	**38.0%**	34.0%
Asthma	4.6%	**4.9%**	4.8%	4.3%
Atrial Fibrillation	9.5%	**10.8%**	10.6%	10.5%
COPD	11.6%	11.2%	**11.9%**	11.6%
Cancer	9.2%	**10.1%**	**10.1%**	8.8%
Chronic Kidney Disease	24.4%	**24.8%**	22.7%	23.1%
Depression	15.4%	16.1%	**17.2%**	16.0%
Diabetes	**27.4%**	26.6%	23.5%	25.3%
Heart Failure	14.5%	14.4%	**14.7%**	13.5%
Hyperlipidemia	43.0%	**47.6%**	38.7%	42.7%
Hypertension	59.9%	**62.3%**	57.1%	58.4%
Ischemic Heart Disease	28.8%	**29.9%**	27.9%	25.9%
Osteoporosis	7.1%	8.0%	**8.3%**	7.1%
Schizophrenia/Other Psychotic Disorders	1.7%	1.9%	**2.2%**	2.1%
Stroke	4.0%	4.6%	**5.1%**	3.5%

Source: Centers for Medicare & Medicaid Services (CMS)

Note: **Bold font** indicates the percentage is higher when compared to the county, state, and nation.

Presence of Multiple Chronic Conditions

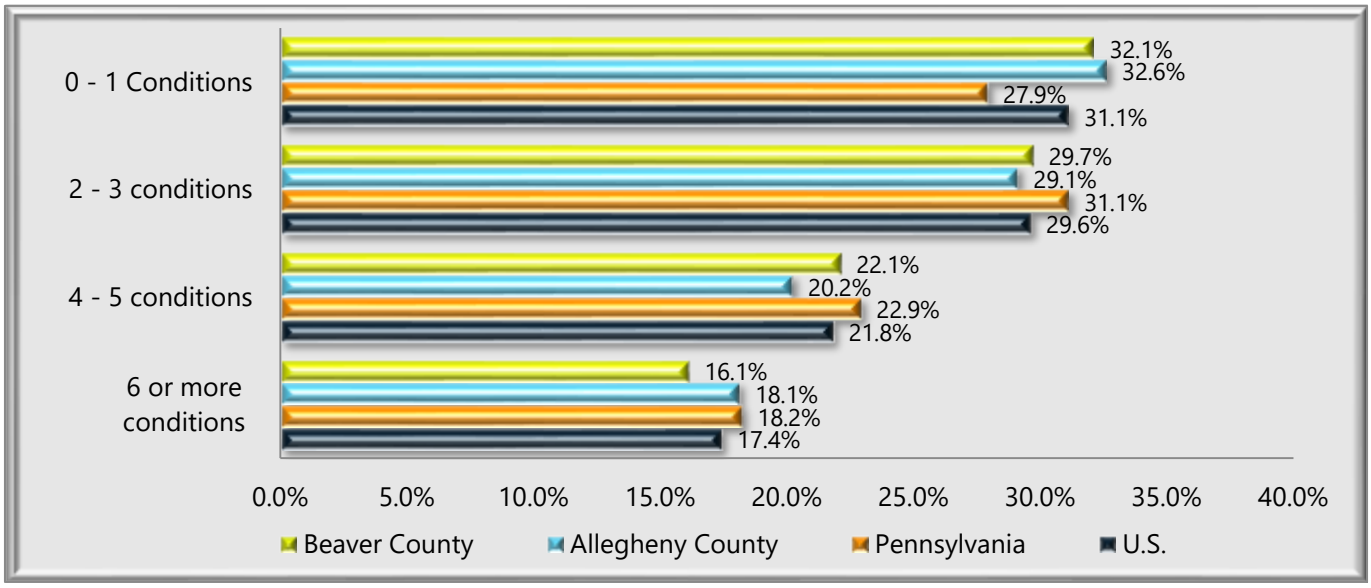
In general, there are no notable differences in chronic condition prevalence among Medicare beneficiaries aged 65 years and over when comparing Allegheny and Beaver Counties, the state, and the nation.

Table 57. Chronic Conditions per 100,000 Medicare Beneficiaries 65 Years and Over (2017)

	United States	Pennsylvania	Allegheny County	Beaver County
0 – 1 Chronic Condition	31.1%	27.9%	32.6%	32.1%
2 – 3 Chronic Conditions	29.6%	31.1%	29.1%	29.7%
4 – 5 Chronic Conditions	21.8%	22.9%	20.2%	22.1%
6 or More Chronic Conditions	17.4%	18.2%	18.1%	16.1%

Source: Centers for Medicare & Medicaid Services (CMS)

Figure 20. Chronic conditions among Medicare beneficiary population, 2017



Hospital Readmissions

Similar to the Presence of Multiple Chronic Conditions section mentioned previously, there are only slight differences in hospital readmissions for chronic conditions. However, in the 6 or more chronic conditions Allegheny County and Beaver County are notably higher than the state and nation. In the 2-3 chronic conditions grouping, the percentage of hospital readmissions in Beaver County are notably higher than counterparts in the services areas, state, and nation.

Table 58. Hospital Readmissions for Chronic Conditions 65 Years and Over (2017)

	United States	Pennsylvania	Allegheny County	Beaver County
0 – 1 Chronic Condition	4.4%	4.5%	--	0.0%
2 – 3 Chronic Conditions	6.1%	6.1%	6.1%	7.7%
4 – 5 Chronic Conditions	9.5%	9.6%	10.9%	9.5%
6 or More Chronic Conditions	21.4%	21.5%	24.9%	22.5%

Source: Centers for Medicare & Medicaid Services (CMS)
* Data suppressed because there are fewer than 11 Medicare beneficiaries in the cell.

Emergency Department Visits and Per Capita Cost

The rate of Emergency Department visits for Medicare beneficiaries in Beaver County for 0 – 5 chronic conditions are notably higher compared to Allegheny County, Pennsylvania, and the nation. The rates in Allegheny County are higher than the rates across Pennsylvania and the nation. ***As expected, the highest per capita cost in each service area is among those with 6 or more chronic conditions.*** In addition, the per capita cost in each service area is generally higher than the state and nation.

Table 59. Emergency Department Visits for Chronic Conditions per 1,000 Beneficiaries 65 Years and Over (2017)

	United States	Pennsylvania	Allegheny County	Beaver County
0 – 1 Chronic Condition	127.4	122.7	121.2	138.0
2 – 3 Chronic Conditions	332.0	300.9	344.0	400.1
4 – 5 Chronic Conditions	652.2	607.1	686.2	709.5
6 or More Chronic Conditions	1,774.5	1,721.5	1,860.9	1,860.2

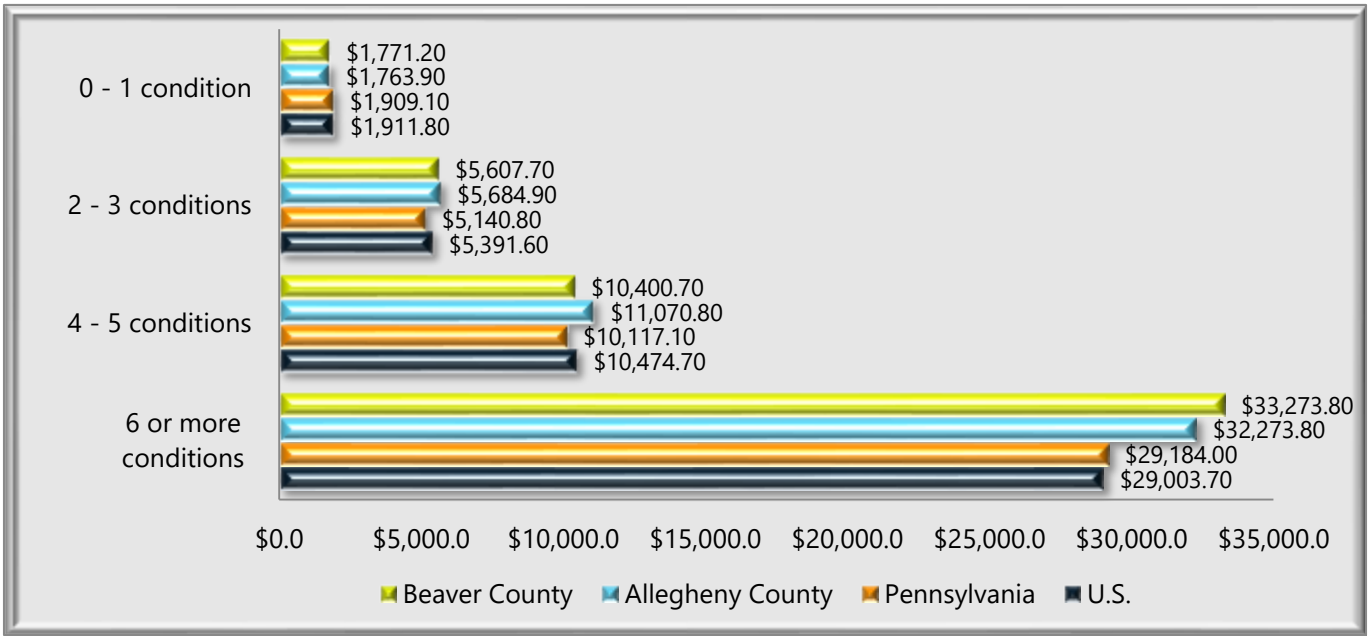
Source: Centers for Medicare & Medicaid Services (CMS)

Table 60. Per Capita Cost for Chronic Conditions 65 Years and Over (Standardized) (2017)

	United States	Pennsylvania	Allegheny County	Beaver County
0 – 1 Chronic Condition	$1,911.80	$1,909.10	$1,763.90	$1,771.20
2 – 3 Chronic Conditions	$5,391.60	$5,140.80	$5,684.90	$5,607.70
4 – 5 Chronic Conditions	$10,474.70	$10,117.10	$11,070.80	$10,400.70
6 or More Chronic Conditions	$29,003.70	$29,184.00	$32,273.80	$33,273.80

Source: Centers for Medicare & Medicaid Services (CMS)

Figure 21. Per capita costs for 65 years and older beneficiaries, 2017



KEY INFORMANT CONCLUSIONS

In this section:

- Most Pressing Issues & Challenges
- Anxiety about Aging and Ageism
- Challenges
- Missing or Lacking Resources/Services
- Open-Ended Feedback

Most Pressing Issues

Key informants were asked to identify the five most pressing issues facing older people in the community. ***The most pressing issues identified were chronic disease management, navigating/accessing health care and social services, Alzheimer's disease/dementia/memory loss, social isolation, and transportation. Each of these issues were selected by over 50% of the key informants.***

Table 61. Most Pressing Issues According to Key Informants*

	Selected the issue in top five*	
	Count	Percent
Chronic Disease Management	41	69.5%
Navigating/Accessing Health Care and Social Services	37	62.7%
Alzheimer's disease/dementia/memory loss	35	59.3%
Social Isolation	33	55.9%
Transportation	31	52.5%
Mental/Behavioral Health Issues	22	37.3%
Injuries/Falls	20	33.9%
Poverty/Financial Insecurity	17	28.8%
Affordable Housing/Homelessness	16	27.1%
Financial Scams/Fraud	15	25.4%
Hunger/Food Insecurity	10	16.9%
Elder Abuse/Neglect	6	10.2%
Overweight/Obesity	5	8.5%
Other	3	5.1%

**Respondents could select more than one option, therefore the percentages may sum to more than 100.0%.*

One key informant described a scenario about how difficult it is for older adults to get the services they need, "Navigating/Accessing Health Care and Social Services is a significant challenge for the elderly if there is no one to assist them. They are left on their own to complete applications for services, which usually require documentation that an elderly person has but may not be able to pull everything together that is needed to complete the application. Thus an elderly individual may not be able to receive services, for which they are eligible, because the application process can be overwhelming."

Another key informant explained how a sudden accident can force an older adult into a difficult situation of moving into an assisted living facility and navigating a health care system without proper financial

guidance. "Falls and injuries continue to be the #1 reason why older adults involuntarily go into institutional care. Many never leave that environment. Older adult abuse, including financial abuse, is on the rise and is nearly epidemic in proportion. Affordable (and appropriate) housing is needed…Pittsburgh has an abundance of affordable housing, but much of it is useless to an older adult with mobility and ambulation issues. Psychological needs, including social isolation, magnifies emotional and behavioral health issues."

Key informants were also asked to provide additional information regarding issues facing seniors in their community and their reasons for ranking the aforementioned issues the way they did. Many comments focused on social isolation and how that affects older adults in the community in a variety of ways. The following textbox summarizes several select comments.

Select Comments Regarding the Most Pressing Issues Facing Seniors/Elderly:

- *"Aging in place, increased acuity levels of care causing increased need for social supports. There is inability for social services to meet the demand and lack of medical community's ability to access social supports effectively and quickly."*
- *"Social Isolation often occurs as a defense mechanism. I believe that people isolate in order to keep others from knowing their limitations out of fear that they may lose their independence. Transportation - By relying on others for transportation, they lose some independence. County shared ride services often have up to a half hour wait for a pick up or return trip such that a 20 minute appointment can take several hours a day. Public transportation isn't always convenient and requires traveling long distances to get to a bus stop, i.e., walking on uneven pavement using canes/walkers/power mobility devices which heightens risk of injury. Taxi services are often said to be too expensive to consider when seniors take into account the fare can be more expensive than the copay for the doctor appointment. People sometimes skip medical appointments due to transportation needs. Chronic Disease Management is often difficult for seniors due to terminology used by health professionals. Health professionals often assume that their patients know the meaning of common terms i.e., saying the word 'carb' to a diabetic may mean nothing until the doctor lists the foods that are carbohydrates. Seniors often say they will do what a doctor says because they were taught not to question a physician but because of lack of understanding do not follow physician orders. Alzheimer's disease/dementia/memory loss are often all linked together as part of 'losing their mind'. Some seniors do not want this medical label in their profile and often work hard to camouflage their memory loss from physician and others resulting in no treatment/help."*
- *"Staying in the community for a senior is most at risk when their safety is at risk…. once an individual falls, the risk of additional falls increases. As they become more socially isolated it affects their cognition and the ability to problem solve at home, know when to ask for help and their overall safety awareness. Transportation and the ability to get to doctors, shopping, church and social activities contributes to these factors."*

Key informants were also asked to identify health-related resources or services that are missing or lacking in the community related to older adults. ***The top resources or services identified as missing or lacking in the community were home care services, respite care, and caregiver support services – all selected by over 50% of key informants.***

Table 62. Missing or Lacking Resources/Services Related to Older Adults According to Key Informants*

	Count	Percent
Home Care Services	35	59.3%
Respite Care	34	57.6%
Caregiver Support Services	31	52.5%
Home Modification/Repair Services	27	45.8%
Housekeeping Services	25	42.4%
Adult Day Programs/Adult Daycare Centers	24	40.7%
Social/Recreational Programs	24	40.7%
Home Health Care Services (Assistance with Medical Needs)	23	39.0%
Elder Fraud Prevention	23	39.0%
Yard Maintenance Services	22	37.3%
Intergenerational Programs (Interactive Activities for Seniors and Children)	19	32.2%
Meal Preparation/Meal Delivery Services	18	30.5%
Fitness and Wellness Programs	16	27.1%
Lifelong Learning Opportunities	12	20.3%
Financial Management/ Counseling Services	11	18.6%
Legal Services	8	13.6%
Hospice/Palliative Care/Grief Counseling	8	13.6%
Other (Please specify):	6	10.2%
None	1	1.7%

***Respondents could select more than one option, therefore the percentages may sum to more than 100.0%.*

Key informants provided several comments related to the need and accessibility to resources or services for older people the community. In general, the comments focused on the need for more affordable services. Numerous comments mentioned that there are services in place already in the community, but a lack of transportation is a barrier. Select comments are provided below and on the next page.

Select Comments Related to Need and Accessibility to Resources for Older Adults:

- *"Ability to access would be a problem for certain older persons due to lack of transportation, mobility special needs etc. issues."*
- *"Affordability of services is challenging for many seniors and the effort it takes to coordinate putting them in place."*
- *"Costs associated with routine services are not available to low income folks that allow them to maintain their independence. Services provided by county programs are limited and often difficult to access. Very difficult for consumers and caregivers to understand services covered by insurers, county funding and private pay."*

- *"I feel that there may be many services, but a general understanding of what's available and guidance through the aging process regarding these programs is lacking."*
- *"In support of Aging In Place, Allegheny County has programs that serve the elderly. However, the biggest issue for our community is location. Most of the county resources serve seniors who live within an 8 mile radius of Pittsburgh city center. But our community is 12 miles from the city. This results in a lack of resources to services our community. Also some of the provided services require the seniors to leave their home and get on a shuttle bus to take advantage of them."*

Open-Ended Feedback

Key informants were asked to provide open-ended feedback on what is being done well in the community in terms of quality of life. Several comments referenced the high quality of care and transportation that older adults can receive, once they can access it. Many key informants feel that there has been a recent, positive shift to the focus on the needs of older adults and noted specific organizations doing that work. Select comments that were provided by key informants are listed on the following below.

In your opinion, what is being done well in the community in terms of quality of life? (Community Assets/Strengths/Successes)

- *"Good medical care is available for those that need it and can access it although there are some limits in specialists for some of the disciplines. Home Care, Home Health, Senior Centers, adult day, LIFE programs and residential facilities are available for those that qualify. Transportation available for some."*
- *"Good quality primary and hospital care within the community has existed for a long time. This is worth preserving. Outreach to support senior activities in less affluent neighborhoods in our surrounding communities. Local financial support of families with seniors in the home would be appreciated."*
- *"There is a robust senior center network that does much more than serve meals and offer bingo. They look out for the attendees and help connect older adults to services when they have a change. The quality of community-based services available to older adults is excellent in the region across the board. Volunteer-based programs exist to help with things like transportation, reassurance calls and food access."*
- *"The Union Aid Society provides housing to low income seniors in its 22 apartment facility. The Sewickley Public Library and YMCA also offer numerous programs for seniors along with other local non-profits."*
- *"Sewickley YMCA programs for the elderly Sewickley YMCA transportation program Valley care Association Ambulatory Daycare."*
- *"The Beaver County Office on Aging is a good source of information on programs and services for older adults. The agency provides great Medicare insurance counseling. It has good senior centers and provides a lot of great in-home services."*

VCE and its partners will use the information gathered through this survey in guiding their community improvement activities Is there any additional information that you would like to provide regarding the needs of older people or other populations in your community?

- *"Establish 'ideal model' for services and support necessary for aging at home. Create a consortium of elderly service providers and community entities to aggregate and coordinate services to meet the ideal model and its specific requirements for an individual person or couple. Build an evaluation tool which identifies the specific needs that address the social determinants of health and wellness. Identify and implement various digital tools which are user friendly and support aging at home -- safety, food security, social isolation."*
- *"I think engaging people earlier in their older years (peri retirement) would likely gain better traction and then as people age you have a more engaged group. Currently, the work 'for elders' is considered nice but not relevant until one is actually at the stage of supporting an older relative (for people not in healthcare/elder services). Thus, as mentioned before, getting more awareness to the transition across spectrum of aging (versus a 'before/after' mind set of the community - 'engaged in the issues' or 'not my issues yet') might help gain traction and support."*
- *"I think VCE represents decades of caring individuals who have tried to add quality healthcare and resources to those in need. It is time to organize and create a new entity that harnesses all areas of support for the good of the community, especially the aging."*
- *"I think VCE would do well to examine the programs offered by some of the original VCA partners in 1977, YMCA, Sewickley Hospital (Heritage Valley), Union Aid, as well as Allegheny and Beaver County United Way, Highmark, Sewickley Library, The Community Center and churches, and see if there are programs that could be supported by funds from VCE. We may not have to begin something new, we could enhance and improve something existing, like the volunteer ride share program, or Meals on Wheels. Perhaps volunteers or employees could visit the elderly for needs assessments and connect them with the resources they need."*

COVID-19

To conclude the survey, key informants were asked to provide feedback on how the current COVID-19 pandemic will most impact the lives of older adults. Nearly all key informants felt that older adults will face increased social isolation as a result of the crisis. In addition, almost three-quarters felt that it will result in fewer visits to physician offices and another two-thirds felt older adults will face more depression and anxiety. Table 63 shows the results of that question.

Table 63. Impact of COVID-19 on Older Adults According to Key Informants*

	Count	Percent
Increased Social Isolation	58	98.3%
Fewer Visits to Primary Care Physician Offices	42	71.2%
More Depression and Anxiety	40	67.8%
Less Management of Chronic Conditions	34	57.6%
Increased Use of Technology	28	47.5%
Difficulty in acquiring groceries/meals	28	47.5%
Decline in status or change of condition (Weight loss, increased fall risk, reduced mobility, fatigue, mental status/cognition)	17	28.8%
Other	8	13.6%

***Respondents could select two options, therefore the percentages may sum to more than 100.0%.*

In addition, several key informants made comments throughout the survey in reference to the COVID-19 pandemic. Those select comments are listed below.

Comments referencing COVID-19:

- *"COVID-19 has caused many older adults to reach out for help who never needed it before. These people tend to be middle-low income, some drive, and until the pandemic, they were doing just fine. The majority of care for older adults who need help are provided by family members. We need to make sure we are supporting families, via both social services and the healthcare systems."*
- *"In Covid era, healthcare has catapulted into tele heath realm. It is a very good tool; however, many older people and also many less affluent people cannot access - not needed technology etc, or need assistance learning tool and are somewhat embarrassed to ask for this help. If we could figure out how to democratize this tool (as it can help educate and even create communities that are a valuable adjunct to in-person communities and can reach otherwise isolated people), that would be great."*
- *"In our community, they 'age out' of boards, or from being chosen for committees, and they lose their connectivity with others, being needed, having a purpose. They become less steady on their feet-- so going out independently can be an issue... they become more socially isolated and lonely. They don't always know they can call or hire someone to do small things... and they need to manage their money so are afraid to hire outside resources for things."*

- *"Rising fear of group living of all sorts with the spread of the coronavirus. Fear of going to the hospital for any reason due to the virus. System in place to address the elderly in isolation in their homes or facilities if another pandemic occurs or in preparation for a future one. Example …team of professionals making phone calls— home delivery of Meds— people to grocery shop or easier system of grocery order/delivery for those or are elderly or their health is compromised."*
- *"Since COVID the emergency food outreach by various groups faith based and the PGH food Bank has been tremendous reaching a wide group of people in need. The general safety in our areas seems to be very good with responsive and concerned police and professionals as well as caring faith based groups and caring individuals."*
- *"Under the current pandemic, social isolation is a very big concern. The health care services are also a concern because there seems to be a problem with keeping specialists in this area."*

Appendix A - Reading the Results

Demographic and health indicator statistics have been collated to portray the current health status of Allegheny and Beaver County. For all of the statistics provided, the most recently published data at the county level are utilized. For example, if 2018 data are available at the national and state levels, but only 2017 data are available at the county level, 2017 data are utilized at all levels unless otherwise indicated.

Definitions

Age-Specific Rate – Age-specific rates are calculated in the same manner as crude rates, but the number of cases or deaths and the population are based on a specific age group.

BRFSS - The Behavioral Risk Factor Surveillance System is an annual telephone surveys conducted by the CDC to collect state data about U.S. residents regarding their health-related risk behaviors, chronic health conditions, and use of preventive services.

Crude Rate **-** Generally defined as the total number of cases or deaths divided by the total population at risk. Crude rate is generally presented as per populations of 1,000, 10,000 or 100,000. It is based on raw data and does not account for characteristics such as age, race, and gender.

Family - Defined as more than one person living together, either as relations or as a married couple.

Frequency - Often denoted by the symbol "n," frequency is the number of occurrences of an event.

Household - Defined as one or more people sharing a residence. Examples include college students sharing an apartment or a single male living alone.

Incidence Rate - Indicates the number of new disease cases in a specified amount of time. Time is determined by the number of years candidates for the disease are observed before they are diagnosed.

Poverty Guidelines - A version of the federal poverty measure issued each year in the *Federal Register* by the Department of Health & Human Services. The guidelines are a simplification of the poverty thresholds used for administrative purposes (i.e. determining eligibility for certain federal programs).

Appendix B - Secondary Data Profile References

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Appendix C – Key Informant Participants

Name	Agency
Arlene Bell	VCE Board of Trustees/VCA Board Member
Bonnie Blackburn	Has private local company that helps elderly at home
Leslie Braksick	Community Leader
Dan Brooks	VCE Board of Trustees
Harry Butson	VCE Board of Trustees
Jeffrey Carraway	VCA Board/Lutheran Senior Life
Alison Conte	Author
Erin Cosgrove	Union Aid Society
David Cottington	Homemaker Home Health
Sarah Crotty	Sisters of St. Joseph of Baden
Kimberly Delp	NAMS
Nancy Dunn	VCA Board
Kurt Emmerling	Allegheny County Area Agency on Aging
Fr. William Evansky	Holy Ghost Orthodox Church
David Fair	D2 Business & Manufacturing Solutions, LLC/VCA Board Member
David Fenoglietto	VCA Board/Lutheran Senior Life
Regan Fetterolf	VCE Board of Trustees
Angela Gentile	Beaver County Area Agency on Aging
Lynn George	HVHS/ Dean, College of Wellness
Drew Grivna	PA Guardianship Svcs
Eric Gross	VCE Board of Trustees/VCA Board Member
Dave Hamm	VCA Board/Lutheran Senior Life
Bill Henry	St. Stephen's Church
J. R. Henry	Valley Ambulance
Maureen Herrington	Center at the Mall
Dick Hogan	VCE Board of Trustees
Linda Hogan	VCA Board/Guardianship
Trish Hooper	Sewickley YMCA
Pastor Hariett Hutton	United Methodist Church (Ambridge, Economy and Bridgewater)
Brandon James	VCA Board/Southwestern PA Synod - Evangelical Lutheran Church in America
Janice Jeletic	Author
Terri Jones	Masonic Village at Sewickley
Jamie Lamperski	Former Chair - VCE
Community Leader	Meals on Wheels
Sherry McLean	Masonic Village at Sewickley
Shelly McQuone	Physician with Aging Parents/HVHS BoD
Ada Milliner	Union Aid/Sewickley Community Center
Libby Moore	

Appendix C – Key Informant Participants (Cont'd.)

Name	Agency
John Nard	Area St. Vincent DePaul Society
Carla Nash	Union Aid
Jeff Neff	Sewickley Council Chairman
Chris O'Donnell	VCA Board/Physician
Sue Otto	Center for Hope
Dan Peters	Former Chair - VCE
Heather Pownall	APS/OAPS Achieva
Katrina Pyo	RMU - Robert Morris University
Carol Regueiro	Internist
Bill Ringle	VCE Board of Trustees
Peter Schlicht	VCA Board
Lynn Schneider	Sewickley Public Library
Sue Scott	
Heather Sedlacko	United Way of SW PA
Rena Shapiro	Beth Samuel Temple
Sarah Shinn	Verland
Pastor Russel Shuluga	Sewickley United Methodist Church
Graham Standish	Good Samaritan Counseling
John Thomas	Church In The Round
Donna VanKirk	VCA Board/Lutheran Senior Life
Janice Wendt	VCA Board
Malachy Whalen	Community Leader/LTC company

Appendix D – Key Informant Survey Tool

Senior Living Community Engagement and Needs Assessment

Key Informant Survey

Introduction:

Valley Care Endowment Corporation (VCE) is a nonprofit endowment whose mission is to support living at home with comfort and dignity initiatives. The VCE supports living at home through grants made to local nonprofits who support living at home. The VCE targets the social determinants of health for its support. As part of its ongoing commitment to improving the communities it serves, VCE is leading a Community Needs Assessment focused on older people. You have been identified as an individual with valuable knowledge and opinions regarding community needs, and we appreciate your willingness to participate in this survey. The survey should take about 15-20 minutes to complete. Please be assured that all of your responses will go directly to our research consultant, Holleran Consulting, and will be kept strictly confidential. Please note that while your responses, including specific quotations, may be included in a report of this study, your identity will not be directly associated with any quotations.

Community Engagement & Needs Assessment Factors:

Which one of these categories would you say BEST represents your community affiliation? *(CHOOSE 1)*

- ❒ Health Care/Public Health Organization
- ❒ Senior/Aging Services
- ❒ Mental/Behavioral Health Organization
- ❒ Non-Profit/Social Services
- ❒ Faith-Based/Cultural Organization
- ❒ Education
- ❒ Childcare/Youth Services
- ❒ Government/Housing/Transportation Sector
- ❒ Business Sector
- ❒ Community Member
- ❒ Other (please specify): _____

Please indicate which county/city your organization primarily serves or represents? *(Please select all that apply)*

- ❒ Allegheny County
- ❒ Beaver County
- ❒ Other (specify):

In your opinion, what are the 5 most pressing issues facing older people in your community? *(CHOOSE 5)*

- ❒ Poverty/Financial Insecurity
- ❒ Affordable Housing/Homelessness
- ❒ Hunger/Food Insecurity
- ❒ Injuries/Falls
- ❒ Alzheimer's Disease/Dementia/Memory Loss
- ❒ Chronic Disease Management (Heart Disease, Stroke, Diabetes, Cancer, Arthritis)
- ❒ Transportation
- ❒ Overweight/Obesity
- ❒ Navigating/Accessing Health Care & Social Services
- ❒ Mental/Behavioral Health Issues
- ❒ Social Isolation
- ❒ Elder Abuse/Neglect
- ❒ Financial Scams/Fraud
- ❒ Other _____

Please share any additional information regarding these issues and your reasons for ranking them this way in the box below:

Related to older people, what resources or services do you think are missing or lacking in the community? *(select all that apply)*

- ❒ Home Health Care Services (Assistance with Medical Needs)
- ❒ Home Care Services (Assistance with Bathing, Dressing, Eating)
- ❒ Housekeeping Services (Cleaning, Laundry)
- ❒ Meal Preparation/Meal Delivery Services
- ❒ Home Modification/Repair Services
- ❒ Yard Maintenance Services
- ❒ Caregiver Support Services
- ❒ Respite Care (Short-Term, Temporary Care to Provide Relief to Caregivers)
- ❒ Adult Day Programs/Adult Daycare Centers
- ❒ Financial Management/Counseling Services
- ❒ Legal Services
- ❒ Elder Fraud Prevention
- ❒ Fitness and Wellness Programs
- ❒ Lifelong Learning Opportunities
- ❒ Social/Recreational Programs
- ❒ Intergenerational Programs (Interactive Activities for Seniors & Children)
- ❒ Hospice/Palliative Care/Grief Counseling
- ❒ None
- ❒ Other (please specify): _____

Please share any additional information regarding need and accessibility to resources or services for older people in the box below:

Do you personally know individuals (including yourself) who are facing any of the following transition decisions? *(select all that apply)*

- ❒ No/Not Applicable
- ❒ Retiring
- ❒ Downsizing to smaller home with less home/yard maintenance
- ❒ Changes in employment status
- ❒ Changes in available income
- ❒ Seeking Home & Community-Based Services to support aging in place
- ❒ Providing caregiving services to aging parents
- ❒ Elderly parents moving into their adult child's home
- ❒ Moving to Independent Living Community or Continuing Care Retirement Community (CCRC)
- ❒ Moving to a Personal Care Home, Assisted Living Facility, or Nursing Home
- ❒ Attending an Adult Daycare
- ❒ Receiving Hospice or Palliative Care

Do you feel individuals are able to easily find information on available services and options related to life transitions?

- ❒ Yes
- ❒ No

Please share any comments/explanation in the box below:

The World Health Organization (WHO) and AARP are promoting age-friendly community planning and policies across the United States. An "Age-Friendly Community" encourages active aging by optimizing opportunities for health, participation, and security in order to enhance quality of life as people age.

Please indicate your level of agreement with the following Age-Friendly statements:

	Strongly Disagree	Disagree	Neutral	Agree	Strongly Agree	Don't Know
There are a variety of appropriate, affordable housing options available in the area for older people.						
Affordable support services are available to enable older people to remain at home, to "age in place."						
Public transportation is available for older people to reach key destinations such as hospitals, health centers, grocery stores, shopping centers, banks, senior centers, and parks.						
In areas where public transportation is limited, community transport services, including volunteer drivers and shuttle services, are available to older people.						
Sufficient specialized transportation services are available for people with disabilities.						

Please indicate your level of agreement with the following Age-Friendly statements:

	Strongly Disagree	Disagree	Neutral	Agree	Strongly Agree	Don't Know
A wide variety of community activities is available to appeal to a diverse population of older people.						
Safe and well-maintained green spaces and pedestrian-friendly walkways are easily accessible to older people.						
There are flexible volunteer opportunities for older people available in the community.						
There are flexible employment opportunities for older people available in the community.						
Older people are provided opportunities to share their knowledge, history and expertise with other generations.						

Please indicate your level of agreement with the following Age-Friendly statements:

	Strongly Disagree	Disagree	Neutral	Agree	Strongly Agree	Don't Know
A range of health and community support services is offered for promoting and maintaining health.						
Home care services are offered that include health services, personal care, and housekeeping.						
Community emergency planning takes into account the vulnerabilities and capacities of older people.						
The community has an effective communication system that reaches residents of all ages.						
Overall, I believe the local community is an age-friendly community.						

What would you like to see in your community that would make it a better place for older people to live?

What are the most significant barriers that keep older people in the community from accessing health care when they need it? *(select all that apply)*

- ❒ Availability of Providers/Appointments
- ❒ Basic Needs Not Met (Food/Shelter)
- ❒ Inability to Navigate Health Care System
- ❒ Inability to Pay Out of Pocket Expenses (Co-pays, Prescriptions, etc.)
- ❒ Lack of Health Insurance Coverage
- ❒ Lack of Providers accepting Medicare/Medicaid
- ❒ Lack of Transportation
- ❒ Lack of Trust
- ❒ Language/Cultural Barriers
- ❒ Time Limitations (Long Wait Times, Limited Office Hours, Time off Work)
- ❒ None/No Barriers
- ❒ Other (please specify): _____

Related to health, what resources or services do you think are missing or lacking in the community? *(select all that apply)*

- ❒ Health Education/Information/Outreach
- ❒ Health Screenings
- ❒ Immunization/Vaccination Programs
- ❒ Free/Low Cost Medical Care
- ❒ Free/Low Cost Dental Care
- ❒ Free/Low Cost Vision Care
- ❒ Primary Care Providers
- ❒ Geriatricians/Gerontologists
- ❒ Medical Specialists (Cardiologist, Dermatologist, Neurologist)
- ❒ Memory Care Specialists
- ❒ Mental Health/Behavioral Health/Substance Abuse Services
- ❒ Prescription Assistance
- ❒ None
- ❒ Other (please specify): _____

Please share any additional information regarding barriers or resources needed in the box below:

In your opinion, what is being done well in the community in terms of quality of life? (Community Assets/Strengths/Successes)

VCE and its partners will use the information gathered through this survey in guiding their community improvement activities. Is there any additional information that you would like to provide regarding the needs of older people or other populations in your community?

COVID-19 will MOST impact the lives of older adults in the following ways (check two):

- ❒ Increased social isolation
- ❒ More depression and anxiety
- ❒ Less management of chronic conditions
- ❒ Fewer visits to primary care physician offices
- ❒ Increased use of technology
- ❒ Difficulty in acquiring groceries/meals
- ❒ Decline in status or change of condition (Weight loss, increased fall risk, reduced mobility, fatigue, mental status/cognition)
- ❒ Other (please specify):_____