Approved: February 8, 2001

MINUTES OF THE HOUSE KANSAS FUTURES COMMITTEE

The meeting was called to order by Chairman Carlos Mayans at 1:30 p.m. on January 29, 2001 in Room 526-S of the State Capitol.

All members were present except: Representative Bob Bethell - excused
Representative Carl Krehbiel - excused
Representative Frank Miller - excused
Representative Mike O'Neal - excused
Representative Bonnie Sharp - excused

Committee staff present: April Holman, Legislative Research Department
Lynne Holt, Legislative Research Department
Amy Kramer, Legislative Research Department
Lois Hedrick, Committee Secretary

Conferees appearing before the committee:
Connie Hubbell, Secretary, Kansas Department on Aging

Others attending: See attached list

The Chairman announced that Vice-Chairman Bethell and other committee members are participating in the Long-Term-Care Task Force meeting that is being held today and tomorrow. Chairman Mayans then announced this committee will hold a meeting on Thursday, February 1, when conferees from COM-CARE of Sedgwick County, Area Agencies on Aging, and others will provide testimony on aging and mental health issues.

An Overview of the Department on Aging

The Chairman then introduced Connie Hubbell, who provided testimony concerning the Department on Aging's (DOA) responsibilities, as well as their study to develop an integrated system of long-term-care services, provide proactive public information about their services; and improve the Department's management and accountability of the state's delivery system. (See testimony, Attachment 1.)

Representative DiVita asked how many licensed adult day care centers there are in the state; and Secretary Hubbell stated she would research it and report back. She noted that adult day care is generally for Alzheimer's residents. Chairman Mayans stated that the Kansas Department of Health and Environment (KDHE) indicated there are rules in place for adult day care in assisted living facilities, and these may remove some of the problems encountered heretofore.

Secretary Hubbell stated that the Department on Aging has (1) developed a series of pamphlets that are available describing the options for care; (2) operates a toll-free telephone service (1-800-432-3535) to respond to questions about the services; and (3) cooperates with the Area Agencies on Aging in providing services. Representative Horst asked if there was a concerted effort to re-train seniors in view of the present declining workforce pool. The Secretary advised that the Older American's Act, Title V, provides some funding to KDHE for training and retraining seniors. Senior centers throughout the state can be utilized as sites for retraining; so DOA will continue to work with KDHE to develop these sites.

She noted that Linda Redford, of the University of Kansas Medical Center on Aging (a demographer) and Lynn Norr Baker, a Kansas State University Demographer, were resources for DOA's recent study of the changing demographics and scope of services that are required of the aging network.

Chairman Mayans reminded members that the committee will tour the Rolling Hills Assisted Living Center at 1:00 p.m. on Monday, February 5.

The next meeting is scheduled for January 31, 2001.

Unless specifically noted, the individual remarks recorded herein have not been transcribed verbatim. Individual remarks as reported herein have not been submitted to the individuals appearing before the committee for editing or corrections.

KANSAS FUTURES COMMITTEE
GUEST LIST
JANUARY 29, 2001

[PLEASE PRINT YOUR NAME]	[REPRESENTING]
Jim Beckwith	KS Assoc of Area Agencies Ag'
Mike Hammond	KS Dept. on Aging
Connie Hubbell	KDOA
Michelle Sweeney	KDOA
Doug Smith	Pinegar-Smith Company
Maria Russo	Jayhawk Area Agency on Aging

REPORT TO THE HOUSE KANSAS FUTURES COMMITTEE BY SECRETARY CONNIE HUBBELL KANSAS DEPARTMENT ON AGING January 29, 2001

Good afternoon, Mr. Chairman and members of the Committee. I am Connie Hubbell, Secretary of Aging. Thank you for this opportunity to provide you with a brief overview of the Kansas Department on Aging (KDOA), as well as what we believe to be critical issues and challenges for the future.

I. Current Snapshot

The mission of KDOA is to provide security, dignity and independence to the elders of our state. The Secretary of Aging, as chief executive officer, manages the agency. Legal Services handles all litigation that affects the agency. The Budget and Finance Commission is responsible for development and administration of the agency's budget throughout the budget process as well as human resource management. The Quality Assurance Commission is charged with assuring that all legislative, fiscal and program requirements are accomplished by program review, research, reporting and cost audits. The Administrative Services Commission is responsible for all accounting systems, financial records, and management of information systems. The Program and Policy Commission sets nursing facility rates, and directs the assessment, referral and evaluation programs used to determine placement for elder Kansans, as well as policy development and technical assistance to service providers. The Outreach and Marketing Commission performs customer relations, assistance and referral functions for the department, including phone contacts, publications, agency website development and maintenance, and the Alzheimer's Help Line. The Department has 160 full-time equivalent positions.

The Governor recommends a total budget for KDOA in FY 2001 of $390,062,043. The Department's major programs are funded as follows:

Nursing Facilities	$292 million
State funded in-home programs	$7.3 million
Nutrition programs	$9.7 million
HCBS/FE	$48.8 million
Non-nutrition Older Americans Act programs	$3.5 million
Targeted case Management	$6.9 million

The Department funds a wide array of services to seniors across the state, on a continuum of choice. We provide services from information and assistance, community and in-home services, and nursing facility care. All of the services along the continuum are important and necessary at different stages of people's lives.

Older Americans Act (OAA). The OAA provides funding for many types of services and assistance to elders. Customers must be at least 60 years old, and are encouraged to make a confidential contribution toward the cost of the services they receive. Services can include information and referral, legal services, and activities such as personal care, homemaker services, respite care, and adult day care that are necessary to enable seniors to remain independent in their own homes and communities.

Senior Care Act Program. The Senior Care Act program provides services in the customer's home, such as homemaker services, chore services, attendant care services, and case management. The program is targeted at those who are 60 and over whose annual income exceeds 150% of the poverty level, and does require a local match for each state dollar appropriated. There is also a co-payment system on a sliding fee scale for individuals who enter this program. Income is self-reported.

Income Eligible (IE) Program. The IE program provides in-home services to individuals who are at risk of entering a nursing facility, but are not receiving other community-based services. This program targets individuals whose income is less than 150% of the poverty level, aged 60 and older, and includes a co-payment system on a sliding fee scale for those who qualify. Income is self-reported. The program provides services in the customer's home, such as in-home homemaker services, chore services, and attendant care services.

Nutrition Programs. The Kansas Department on Aging funds a congregate meal program through the OAA that provides meals at numerous centrally located sites in communities throughout the state. The program also provides nutrition education, nutrition transportation, and outreach services to qualifying seniors and their spouses. The Department also funds home-delivered meals to homebound individuals. These meals are provided through the OAA Home-Delivered Meals Program and the State Funded In-Home Nutrition Program.

Case Management. The SGF case management and Medicaid Targeted Case Management (TCM) programs provide assistance to elders in the form of access to or coordination of formal and informal services and supports. Activities such as advocacy on behalf of a customer, arranging for services to be provided to customers, follow-up, gatekeeping, resource development, and case record maintenance are all part of case management.

Home and Community Based Services for the Frail Elderly (HCBS/FE). The HCBS/FE program provides an option for Kansas seniors to receive community-based services as an alternative to nursing facility care. Customers must be 65 or older and meet the Medicaid guidelines.

The HCBS/FE program includes the following services:

- Adult Day care--customer provided basic care and supervision during the day at a licensed adult day care facility.
- Sleep cycle support--non-nursing assistance during sleeping hours to provide supervision and limited support to the customer.
- Personal emergency response system and installation.
- Wellness monitoring--nurse visit and assessment of the customer's health in their home.
- Attendant care services--assistance with instrumental activities of daily living such as, housecleaning and meal preparation, and activities of daily living, such as bathing, toileting and feeding.
- Respite care--temporary relief of primary caregivers for customers.
- Assistive Technology - provides customers with modifications or improvements to their home by and through provision of adaptive equipment.
- Nursing Evaluation - provides an initial visit by an RN to determine what attendant may best meet the needs of the customer and any special instructions regarding service delivery.

Client Assessment, Referral and Evaluation (CARE). Prior to entering a nursing facility, customers must have a CARE assessment, regardless of the payer source. The CARE assessment allows for the collection of data and education on the need for community-based options, and meets the federal Preadmission Screening and Annual Resident Review (PASARR) requirements. The PASARR prohibits individuals from being admitted to a nursing facility due to a serious mental illness or a developmental disability alone. In FY 2000, 18.4 percent of those seeking admission to nursing facilities were diverted into community-based services through the CARE process.

Nursing Facilities. The Department funds nursing facility residents who qualify for Medicaid. Nursing facility care provides 24-hour supervision by licensed nursing personnel. Admission is based on a level of care score related to impairment in activities of daily living and instrumental activities of daily living as well as other risk factors.

Kansas Intergovernmental Transfer (KSIT) Program. The 2000 Kansas Legislature approved the KSIT program. This program allows KDOA to receive increased federal funding for activities related to the Kansas Medicaid population. The enabling legislation provides that 60.0 percent of all receipts from this program go to a

Senior Services Trust Fund, 10.0 percent go to a Long Term Care Loan and Grant Fund, and 30.0 percent go toward Medicaid Services. The Department estimates the receipt of roughly $100.0 million through FY 2001.

The 2000 Legislature also passed HB 2814 establishing the Senior Prescription Assistance Program. The program is to begin during FY 2002, and will provide financial assistance for seniors in purchasing certain prescription drugs. The Department has formed two work groups to determine the most cost-effective and equitable way to set the eligibility criteria and benefit provisions within the statute. These work groups include KDOA staff, SRS staff, advocates, and scholars from Kansas's universities.

Through the Loan and Grant Fund the Department will provide loans to Kansas institutions to make infrastructure changes that are vital to the future of successful aging in Kansas. Projects under this program include: converting nursing facility beds to assisted living facilities; developing adult day care centers, purchasing or converting Home Plus, improving existing institutions to provide for increased quality of care, and other projects.

II. Our Goals

There are three primary goals that serve as the driving force for KDOA for the future:

- To develop and support an integrated system of long-term care services that will maximize individual choice in care, ensure appropriate placement, and effectively leverage our resources.
- To develop proactive public information initiatives to inform and educate Kansans about aging issues and to KDOA's efforts to help provide for the needs of our elders.
- To increase the effectiveness and efficiency of the service delivery system through improved management and accountability at all levels.

The Department is continually looking at innovations that may benefit Kansas' elders. The following is a list of a few programs that are in the planning and development stages in Kansas:

- Creating a Culture of Home in Nursing Facilities: The Department is in the process of identifying those nursing facilities in Kansas which are working to create a culture of home for residents, and those that might be interested in transitioning to that. The philosophy is that nursing facilities should be like home, where people can have their own belonging. These homes require fewer staff and fewer medications for residents as an outcome of the home-like atmosphere. Some examples of programs that work to change the culture in nursing facilities are the Eden Alternative and the Person Centered Planning Design.

- Mental Health Focus: The U.S. Administration on Aging recently completed a report on mental health and aging, confirming what we at KDOA believed to be true. Among their findings was that mental health and aging networks need to work together to overcome major barriers to adequate mental health services for older adults. These barriers become more

pronounced as the population ages. The report also concluded that mental health services should be integrated with primary and long-term care and aging network services. Specific efforts identified include: expand prevention and early intervention; increase the number of professionals trained in geriatric mental health; provide adequate financing for mental health services; improve coordination of aging and primary mental health services; educate the public about mental illness; and encourage consumer involvement. Specific outreach and prevention efforts also identified in the report are among those we are currently pursuing, such as: offering mental health education and outreach in locations frequented by older adults and their families; encouraging joint efforts between health, mental health, and aging service care providers; supporting self-help groups; and utilizing health promotion funds. The Department is planning the first Aging Conference that includes a mental health focus for May 2001, in partnership with SRS. Two initiatives that KDOA has fostered to better identify and treat depression among elders include:

- AAA in Hays, Kansas is partnering with the Community Mental Health Center (CMHC) there so that when an elder is identified who may be depressed, the AAA will contact the CMHC, who will send a counselor to meet with the individual.

- AAA in Manhattan, Kansas is partnering with the CMHC, Emporia State University, and the Area Council on Aging so that when an AAA Case Manager identifies an elder who may be depressed, a graduate level counseling student will visit the elder in their home to provide information and assistance. The Case Manager will also be at the elder's home for the first meeting with the student to make the transition smooth.

- KDOA Web Site: The Department has made a special effort to redesign our web site to benefit providers, seniors, and the public. This web site averages approximately 40,000 hits per month over the last year. Our web site has more than 300 connections to informational sites for elders, families, caregivers, and others who are seeking information and assistance. The web site also tracks legislation of interest to elders at the state and federal level, and connects to other pages where individuals can find the name and address of their legislators. I invite you to visit our web site at www.k4s.org.

- Intergenerational Programs: Intergenerational means being or occurring between generations. It is purposeful bringing together of different generations in ongoing mutually beneficial planned activities designed to achieve specified program goals. Through such programs, young and old share their talents and resources, supporting each other in relationships that benefit both individuals and the community. Intergenerational programs help to break down the stereotypes about older people and allow the younger generations to appreciate the wisdom and experience of their elders. An example of such a program is a day care center at a retirement home or nursing home. Such day care centers also provide a valuable benefit to attract and retain entry-level staff. "Building Bridges" is a program model which provides opportunities for children and seniors to interact and which targets the frail and home bound

elderly. Through the program's three components - education, friendship, and caring, children learn from and develop positive images of the elderly and help older adults achieve a sense of fulfillment. Activities include writing letters, delivering art to seniors, visits to nursing homes, tutorial assistance for children, interviewing, and storytelling. "Youth Exchanging with Seniors (Y.E.S.) promotes positive relationships between youth and seniors by training 4-H and Future Homemakers of America volunteers to provide assisted-living services that enhance independent lifestyles of the elderly in rural communities. As I tour programs across the state I have seen many intergenerational programs in place, including elementary school children participating in ice cream socials in nursing home, and high school students holding their senior prom at a nursing homes, just to name a few. The Department encourages providers to develop intergenerational programs in the State whenever possible.

- New Role for Senior Centers: The Department is exploring ways to enhance the use of senior centers across the state to meet the needs of local communities. My vision for the future role of senior centers is that they become comprehensive centers, providing nutrition, recreation, wellness and fitness activities, computer training and resources, and social and educational services, support groups, and opportunities for advocacy and volunteerism. Senior centers have to be a place of opportunity. Many communities in Kansas have a senior center which sits idle some of the day, but could be used for any number of activities during the day when thought of as a community center for people of all ages.

  The desired outcome is to develop programs and activities that bring new and younger seniors to the center. The current challenge for a senior center is to continuously meet the ever changing and increasing needs and desires of all senior consumers, but especially the younger senior consumer.

- Developing Volunteer Resources: Use of volunteers offsets the costs associated with in-home and nutrition services. One such program is the Retired Senior Volunteer Program (RSVP), which provides comprehensively based two-year seed grants. The department provides a grant to the Senior Companion Program through Fort Hays State University. This program provides volunteer opportunities to older adults; generates volunteers; provides training to volunteers; provides in-home services to elders; and pays stipends to the volunteers.

- Millionaire Kids Club: The "Kansas Millionaire's Kids Club" is a concept for a public/private coalition to promote saving, investment and lifestyle choices that will improve the quality of life of Kansas children in their later years. Kansas children who save, invest and plan today can be millionaires when they retire. They have the potential to enjoy security, dignity and independence from reliance on public assistance. What better legacy can we build for the Kansas elders and taxpayers of tomorrow?

- Caregiver Support: The OAA was re-authorized and funded by Congress in the 106th session, and now includes a provision for each state to develop a Family Caregiver Support Program

to identify and help meet the needs of caregivers for our elders. The Kansas Department on Aging will work to implement this program. Congress funded the Family Caregiver Support Program for Kansas at $1.13 million. States may choose to provide information about the availability of services, assistance in accessing services, individual counseling, respite care and supplemental services to caregivers. Kansas will work to establish programs and resources that assist caregivers through the AAAs, service providers and consumer organizations.

- <u>Older Worker Programs:</u> The Reauthorization of the Older Americans Act, Title V, provides funding and implementation of the Senior Community Services Employment Program (SCSEP), which enhances employment and training opportunities for seniors.

  The implementation of Title V in Kansas will allow for the Kansas Department of Human Resources to work closely with other state partners to develop an Annual State Plan, which ensures employment opportunities for older Kansas statewide.

  Each state will be required to meet several Performance Standards, including:

  ✓ the number of persons served, particularly those with the greatest economic and social need;
  ✓ community services provided and promoted; and
  ✓ placement and retention of older workers with a minimum placement of 20%.

  Promoting the opportunities for seniors in employment is extremely important to help meet the future workforce needs of Kansas employers. The state must continue to work with employers, older workers and training institutions in order to raise the awareness and the benefits of hiring older workers.

  There is a requirement that SCSEP and Workforce Investment Act (WIA) initiatives be coordinated. The SCSEP has resources such as on-the-job training dollars and funding for community service positions that could be leveraged with WIA programs to train and place more older Kansans than could be done with the two programs working independently of each other.

III. A Critical Look Into the Future

I speak to you as a member of the baby boom generation. Baby boomers will continue to have an enormous impact on our society as we age, and we will age differently than our parents.

Baby boomers are those persons born between 1946 and 1964. In five years, they will begin qualifying for aging services. **Attachment A** outlines what we know about the characteristics of Kansas baby boomers.

In 1990, baby boomers accounted for 30 percent of Kansas' total population, numbering an estimated 735,805. This number has stayed relatively steady over the past ten years. The actual impact of aging boomers will not be realized until 2006, as noted above, when they begin qualifying for aging services.

The rapid growth in the Kansas senior population will continue and reach its peak in the year 2025, when an estimated 789,655 Kansans will be age 60 or over.

The fastest growing segment of the elderly population will be those 85 years old or older. In the next 30 years we will see millions more Americans facing the challenges of chronic illnesses and disabilities.

Currently, Kansas is tied for seventh with Connecticut in terms of states with the highest percentage of residents over the age of 85. Kansas is sixteenth in the nation in terms of states with the highest percentage of residents over 65 years of age. By the year 2015, 15 percent of the Kansas population will be over the age of 65. By the year 2025, 20 percent of the Kansas population will be over the age of 65.

The Department has been working with the University of Kansas to help us study the current landscape, if you will, of baby boomers and the impact they will have on the aging network, as well as what we need to do prepare the system for this added stress on the aging network. The focus of our efforts include demographic characteristics, health status, health care services and delivery systems, long term care, economic consequences, workforce, family and social support systems, housing, transportation, and how communities will be reshaped. I would like to summarize briefly for you the findings of a few areas studies.

- Long Term Care Needs: Boomers are projected to be healthier than current seniors, but increasing life spans will put a drain on current service systems. They will have different preferences in long-term care and will likely be more demanding that their preferences be addressed.

  Metropolitan areas currently have greater numbers of seniors and it is projected that will continue. However, rural areas have a greater proportion of the population as seniors. Since life expectancy is increasing in both urban and rural, we expect to see the distribution remain constant in terms of proportions.

  Baby boomers are more likely than current seniors to undergo changes in family constellations, to have fewer children, to have never married, and to have had divorces. As such, the number living alone with available informal (family) caregivers may be reduced. This could increase their reliance on formal (paid) caregivers.

Many disabling conditions associated with aging are preventable, and decreasing the prevalence of disabling conditions could play a dramatic role in improving their quality of life and lessening their dependence on the medical and long term care systems.

- Housing Expectations: Housing is not just the dwelling, but include the social context of neighborhoods and services. People respond to their housing needs through consideration of choices in remaining in their homes, adapting an existing dwelling to address limitations, or moving. Though rural areas of the state have lower housing costs, that is typically offset by lower income.

  Older adults are less likely to change residences, and living independently is highly valued by seniors. In Kansas, in-home services and community services help people live independently in their own homes. We have seen an increase in other housing options – but, will there be enough to satisfy the needs and desires of a booming senior population? The majority will age in place in their own homes – but may require government assistance or financing options in order to make accessibility modifications.

  Baby boomers' reduced savings and increased debt may cause some options to be unavailable to them. It is likely that there will be increased home rehabilitation, reverse mortgages, alternative housing, and service options.

- Economic Policy Issues: An aging population can create stress on the economic system to support retirement and health care systems and in the transition to an older society. With most developed nations on a pay-as-you-go social security system, the stress of fewer workers per retiree can result in higher payroll tax rates, lower benefits, or large growth in government debt to support aging programs.

  At retirement, the per capita income drops by 29 percent, but total spending drops by only 14 percent. The difference may be made up through lifestyle changes – and include spending less on clothes, transportation and maintenance of housing. Basically, seniors spend a smaller proportion of income in all major categories except health care. Property taxes place a higher burden, as a percentage of income, on the elderly than on the non-elderly population. This has a negative impact on the ability of elderly households to remain in the private home environment.

  Health care spending is one of the most worrisome of issues to the elderly and one of the most important economic policy issues facing the nation. To make choices between consumption of prescribed drugs or food is a desperate scenario for the elderly. The elderly not only spend a higher percentage of their income on health care, they actually spend more absolute dollars despite their low incomes. For the oldest age group (75 and older), health care comprises 14 percent of total spending. Among the four health care categories (health insurance, medical

services, medications, medical supplies), health insurance is the largest out-of-pocket cost for all age groups including the elderly.

- Health Care: Older Kansans are heavy users of health care. As a result, changes in the health care system affect older Kansans far more than younger Kansans, and the health care delivery and financing systems are changing – both nationwide and in Kansas.

  In 1960, healthcare spending claimed only 4.9 percent of national income, compared to 13.5 percent in 1997. Inflation-adjusted health care spending by the elderly has risen quite rapidly, more than doubling as a share of national income between 1975 and 1995. Personal health care spending per person aged 65 and older in 1975 was $3,485, compared to $9,231 in 1995. It is projected to be as high as $24,391 in 2020.

  While the K.U. study identified a nation-wide abundance of physicians and nurses, Kansas has a special problem. Primarily because of the low population densities in many rural counties, Kansas has a substantial number of counties that have been designated as "underserved" or "critically underserved." This problem is likely to be compounded if a number of rural Kansas hospitals are unable to continue as providers of acute inpatient hospital services.

  The problems that public policy needs to address are clear: care costs too much, care is too seldom of high quality, and many citizens have difficulty accessing the care that they need.

With a continual growth in this population segment, there is a need for a seamless system of supports that reach across retirement systems, health care systems, and caregiving systems to help seniors live longer and live better. This seamless system of supports must include new and improved technologies that promote greater independence and provide greater dignity for seniors.

Our agency has an obligation not only to inform Kansas government of the worrisome reality of this future transformation, but also to begin planning an appropriate governmental response. With this goal in mind, KDOA has undertaken an effort along three fronts:

1. To obtain, study and learn from information critical to decision-making;
2. To share its findings with all areas of Kansas government; and
3. To transform itself into a 21st century operating model that is both anticipatory of and responsive to rapid and far-reaching change.

In the future, the state must focus on:

- ✓ Assuring that the state's in-home service systems truly provide qualified customers a less costly option to nursing home care for those individuals who can remain at home.
- ✓ Designing and implementing programs that promote healthy lifestyles for people early in life.

- ✓ Funding programs to train family members how to provide support services at home without government assistance.
- ✓ Providing initial support to start-up community groups to provide assistance to the elderly.

Three areas that will definitely require new and innovative thinking for the future are:

1. **In-home service programs** are the budget remedies to an inescapable dilemma. As painful as the tax cost may seem, it is far more palatable than paying for 24-hour nursing care costs. What's more, in-home service programs provide a rare opportunity for government to do "what is right" from a human standpoint while adhering to the soundest fiscal policy. The truth is, movement away from this philosophy will result in higher government spending, not less, and at the same time bar personal independence.

2. **Adequate nutrition** as provided through home-delivered meals and congregate meals is critical to health, functioning, and quality of life, and are important components of home and community-based services for older adults. The nutrition site model (congregate meals) will need to change to meet the demands of the baby boomer generation who have been reliant upon fast food. In-home meals are useful and often vital for elderly who either have physical limitations that make it difficult for them to leave their home or who have no means of transportation to a congregate meal site. This demand is likely to increase in the future.

3. **Nursing homes** are an essential element of the long-term care continuum. They are the appropriate alternative for a large number of elderly citizens. And for the most part, they provide a safe, warm, and caring environment for their residents. The ethical and fiscal mandate for government is to assure that each person who qualifies for long-term care services receives the following consideration:

   - The care most appropriate to maintaining his or her health and welfare;
   - Their preference for independence; and
   - Considerations fairly balanced with the fiscal limitations of government.

The next few decades will pose trials to government infrastructure unlike any since the Great Depression. Change will occur. However, the impact of such change depends on how soon government visualizes and takes sufficient anticipatory action. This agency will utilize the resources appropriated to it to anticipate challenges, find diverse solutions, inform the rest of state government, and implement change as advisable.

Mr. Chairman and members of the Committee, thank you for the opportunity to brief you on the important work KDOA is doing for Kansas seniors. I will now stand for questions.

Attachment A

Baby Boomers - 1990 Census					
Characteristic		Kansas #	Kansas %	U.S. #	U.S. %
Total Baby Boomers		735,805		76,542,735	
Sex:	male	370,756	50.39%	38,038,777	49.70%
	female	365,049	49.61%	38,503,958	50.30%
Age:	26 - 29	162,730	22.12%	17,100,945	22.34%
	30 - 34	211,749	28.78%	21,862,887	28.56%
	35 - 39	195,812	26.61%	19,963,117	26.08%
	40 - 44	165,514	22.49%	17,615,786	23.01%
Household type	Total	389,879		38,661,816	
	Family	304,564	78.12%	29,498,195	76.30%
	Married	248,049	63.62%	22,766,229	58.89%
	Nonfamily	85,315	21.88%	9,163,621	23.70%
	Live alone	68,828	17.65%	6,878,524	17.79%
	group qtrs	14,565	1.98%	1,325,434	1.73%
Race	White	661,077	89.84%	61,337,649	80.14%
	Black	42,846	5.82%	9,043,543	11.82%
	Am. Indian	6,531	0.89%	587,057	0.77%
	Asian	10,815	1.47%	2,521,880	3.29%
	Other	14,536	1.98%	3,052,606	3.99%
Hispanic origin - any race		27,104	3.68%	6,848,368	8.95%

Source: US Census Bureau