65+ Coloradan Demographic Information Handout

2010 DEMOGRAPHICS FROM COLORADO DEPARTMENT OF LOCAL AFFAIRS, DEMOGRAPHER’S OFFICE
Race, Ethnicity and Gender

- 0.9% Native American
  - 53.6% Female
  - 46.4% Male
- 2.2% Asian/Pacific Islander
  - 59.9% Female
  - 40.1% Male
- 2.8% African American/Black
  - 56.2% Female
  - 43.8% Male
- 9.9% Hispanic/Latinx
  - 55.4% Female
  - 44.6% Male
- 94.1% White
  - 55.6% Female
  - 44.4% Male
- 11% of Colorado’s Population
  - 554,997

2019 DEMOGRAPHICS OF 65+ COLORADANS FROM COLORADO DEPARTMENT OF LOCAL AFFAIRS, DEMOGRAPHER’S OFFICE
Key Takeaways:
- The majority (89.6%) of the current older adult population is white non-Hispanic.
- 1 in 7 Coloradans (13.8%) is age 65 or older.

Race, Ethnicity, and Gender

- 1% Native American
  - 52.4% Female
  - 47.6% Male
- 2.6% Asian/Pacific Islander
  - 59.6% Female
  - 40.4% Male
- 2.9% African American/Black
  - 53.3% Female
  - 46.7% Male
- 10.4% Hispanic/Latinx
  - 54.8% Female
  - 45.2% Male
- 93.5% White
  - 54.1% Female
  - 45.9% Male
- 14.7% of Colorado’s Population
  - 846,636

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Income and Poverty Rates

Key Takeaways:

- **7.3%** poverty rate among people 65+ in Colorado (2019).
- 84% of Latinxs age 65+ report no earnings, compared to 75% of non-Hispanics ([2016 Colorado Elder Index](#)). Although the studies are several years old, the data continues to be consistent with historically identified disparities.

- There is a gender poverty gap impacting unmarried women. The largest gap in women under 60. The gap for women 65+ increases with age, with the largest gap for the 85+ age group ([2020 An Analysis of the Gender Poverty Gap using the American Community Survey](#)).
2050 PROJECTIONS

Key Takeaways from the May 2019 Aging in Communities of Colorado report by Colorado Health Institute

- By 2050, the number of older adults in Colorado is expected to double to 1.7 million.
- By 2050, 1 in 5 Coloradans will be age 65 older.
- In 2050, national estimates project that the white non-Hispanic population 65 years and over will decrease to 59%.
- The largest growth is projected to be in Latinx ages 65+.
- Demographic shifts will change what the aging ecosystems looks like. Statewide programs need to be tailored to meet the needs of the diverse aging population and caregivers.

VARIABLES TO CONSIDER WHEN EXPLORING RACE, ETHNICITY, GENDER, GENDER IDENTITY, SEXUAL ORIENTATION AND AGE

- The numbers present account only the numbers of the data available. There are gaps in data presented in this, as data is not available for certain subgroups such as the LGBTQIA+ community and immigrant community with undocumented status. These two communities are part of the older Coloradans community, however, due to the history of violence and other negative consequences, members of these two communities tend to not participate in activities that would quantify them.
- Health disparities are evidence-based differences in the burden of disease, injury, disability, and death in specific populations identified by race, ethnicity, gender, gender identity, sexual orientation, physical ability, immigration status, and age. For more information read the Aging in Communities of Colorado report by Colorado Health Institute.
- Health disparities result from a complex relationship between behaviors, socio-economic status, education, English literacy, physical environment, geographic location, cultural influence, genes, discrimination, and access to health resources.
- Race, ethnicity, gender, gender identity, sexual orientation and age are all constructed concepts creating systems of discrimination by othering individuals that do not fit in the perceived ideal or correct category of the constructed concept(s).
- Latinxs are not a homogeneous group. Latinxs can be part of any racial group.
- Older adults are not a homogenous group and member of this group can be of any race, ethnicity, gender, gender identity, sexual orientation, and class.
- When trying to under a community, all aspects of that community need to be considered.
- When we blame individuals for systemically caused disparities and barriers to access, we are enforcing inequitable systems based on othering and discrimination. By blaming individuals, we blame the individual taking away responsibility from systems founded on and enforcement of inequity.

Note: These projections do not account Covid-19 fatalities.