# A NEEDS ASSESSMENT OF PERSONS 60 AND OLDER IN RAMSEY COUNTY, MINNESOTA

# Volume I

Survey of Residents in the Free Community

# Project Staff

Paul W. Mattessich, Ph.D., Project Director Elizabeth K. Finn, Project Secretary Bradley Knopff, Data Clerk Mary Jane Lehnertz, Project Consultant

Planning and Development Office
David G. Berger, Ph.D., Director

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Planning and Development Office Amherst H. Wilder Foundation

September, 1981

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by.

Paul W. Mattessich, Ph.D.

September, 1981

Second Printing June, 1984

In addition to support from the Wilder Foundation, the research upon which this report is based was supported through grants from The Saint Paul Foundation and the United Way of the Saint Paul Area.

# PROJECT STAFF

Paul W. Mattessich, Ph.D. Project Director

Elizabeth K. Finn Project Secretary

Helen Mederer, Ph.D. Research Associate

> Bradley Knopff Data Clerk

Mary Jane Lehnertz Project Consultant

#### PREFACE TO SECOND PRINTING

Since September of 1981, when Volume I of Wilder's Needs Assessment Study of the Elderly was first printed, the report has received wide circulation. Its users have included human service agency administrators, government staff, government officials and leaders, planners, researchers, teachers, church groups, civic groups, long-term care facilities, staff in business organizations, task forces, advisory committees, advocacy groups, and others. The information it contains has been applied in the preparation of agency service plans; the development of budgets and grant proposals; testimony before the legislature; the development of county plans for the elderly; educational classes on the topic of aging; and lectures, workshops, and symposia for local, regional, and national audiences. An independent survey has demonstrated the usefulness of the study in many of these applications. <sup>1</sup>

Demand for this volume has been strong and continues to be so three years after its initial publication. Therefore, the Office of Research and Statistics has reprinted the volume and reiterates its commitment to distributing information which can be helpful to those who design, plan, and implement human services. Since completing this study of the aging, the Wilder Foundation has undertaken additional studies which have focused upon specific groups, their living conditions, and their needs. Other studies have included a survey of terminally ill patients and their families (1981), a study of young adults (1983), a study of single parents (currently underway), and a proposed study of children (to begin in January, 1985). The ultimate goal of each of these community studies is to improve the conditions under which we all live and to assist people in adapting to changes which they are experiencing individually or which confront the community as a whole.

The effort to make community study results both accessible and useful has led O.R.S. to produce research newsletters which portray study findings in practical formats for the non-researcher. It has also led us to develop brief

<sup>&</sup>lt;sup>1</sup>Chapin, Rosemary K., <u>Needs Assessment of the Elderly: Focus on Utilization</u>, unpublished Ph.D. dissertation, University of Minnesota, 1984.

<sup>&</sup>lt;sup>2</sup>In this volume, the Office of Research and Statistics is referred to by the name it had in 1981, the Planning and Development Office.

presentations for in-person delivery to a wide range of audiences. Individual and group consultations are also available to help service professionals identify the key implications of the studies. We encourage additional collaboration and invite readers to contact our office with questions, comments and suggestions for future work.

Paul W. Mattessich, Ph.D.

St. Paul, Minnesota June, 1984

#### **FOREWARD**

This volume reports the methods and results of a survey of 1,228 Ramsey County residents aged 60 and older. The survey was one part of a study undertaken by the Planning and Development Office of the Amherst H. Wilder Foundation in order to document the living conditions and needs of Ramsey County's older population. This report is intended for use by all individuals with a professional or personal interest in the aging process, including especially, service-providers, foundation representatives, government officials, and other citizens who have a responsibility or a commitment to serve the aging.

Some of the data from the survey of aging residents of the county have already been presented publicly at meetings of service-providers and other interested groups. This volume expands those oral presentations with additional results and analyses; and it constitutes a reference document with facts and figures about Ramsey County's elderly. The Planning and Development Office staff are committed to continued involvement with any individuals or groups whom the staff could assist to interpret and use the survey findings presented in this report. In addition, many analytic results (listed in Appendix D) which could not be included in this volume are available for use in the Planning and Development Office, where staff are willing and able to help users.

The completion of this survey report has resulted from the collective effort of a large number of individuals who, in paid or voluntary capacities, contributed their assistance to the study. Representatives (whose names and affiliations appear in Appendix A) from local human service organizations, foundations, universities, and government gave generously of their time and talent by participating on project advisory committees and offering counsel to the project staff.

From throughout Ramsey County and from the ranks of the Wilder Foundation, a group of volunteers responded generously to our request for interviewers. The activities of these volunteers rendered the study truly a community endeavor—not just the work of one organization. Moreover, these volunteers performed their duties with a dedication, sensitivity, level of care, and finesse which could not be surpassed by any group of "professional" interviewers and which has produced survey results of high quality. Many of these volunteers were senior citizens themselves. Among them was Mr. Thomas Chittenden

who responded loyally when we found ourselves under pressure and who carried out 56 interviews--more than any other interviewer. (The names of all of the volunteer interviewers appear in Appendix B.)

Within the Planning and Development Office, many people who were not formally part of the project staff contributed productively to the work required to accomplish the survey. Dr. David Berger, who initially established the study goals, wisely counseled the project staff, providing suggestions, advice, support, critiques, and commendations in whatever measure and admixture these resources were necessary. His insight often sustained the project during difficult times. Other members of the Planning and Development Office who donated their skills to the data collection and data processing activities for the survey include: Vicki McCown; Frank Popplewell; Ellen Bauer; Colleen Foley; and Mary Sontag. Linda Grohoski served as data coordinator during the study's early stages. In addition, Liz Finn was ably assisted in manuscript preparation by Janet Nitti and Cate Countryman.

Dr. Reuben Hill, from the University of Minnesota improved the quality of this report by reading and commenting upon early drafts. Ellen Longfellow, who worked only briefly on the project, contributed significantly to the survey results by canvassing the "hard-to-canvass" neighborhoods.

It goes without saying that this study could not have been undertaken without the financial support of the Wilder Foundation, the St. Paul Foundation, and the United Way of St. Paul. Mr. Leonard Wilkening, President of the Wilder Foundation, has emphasized that sound program planning requires good needs assessment research.

Finally, our appreciation is expressed to the 1,228 individuals who allowed us to visit them in their homes and to conduct the survey. Their participation provided the fundamental building blocks upon which this study is established.

Paul W. Mattessich, Ph.D.

St. Paul, Minnesota September, 1981

#### EXECUTIVE SUMMARY

This volume reports the methods and results of a survey of 1,228 Ramsey County residents aged 60 and older. Respondents to the survey were selected in such a way as to represent persons 60 and older who live in the "free community" within every census tract in the county.

Major domains covered by the survey, and significant findings associated with each domain, appear below.

# Knowledge and Use of Services

- ----A large number of older people are unaware of the "services for the elderly" available to them, with the greatest insufficiency of knowledge existing among people who are in their late 70's and 80's, living in a residence with someone other than a spouse, or residing in a central city neighborhood.
- ----Large proportions of older people do not know how to find out about or make use of available services, especially those who are "old-old" who are living alone or in the care of others, or who have low incomes.
- ----Most older people do not take advantage of the "services for the elderly."

  Even among those with higher than normal amounts of problems or with unmet needs, for whom service might be beneficial, the majority are not service users.

#### Health

#### A. Activities of Daily Living

----Of nine activities of daily living, it was grocery shopping which the largest proportion of older people (17%) were unable to accomplish without help. Inability to do grocery shopping was most likely to be a problem for the very old (51% of those 80 years of age and older), females,

<sup>&</sup>lt;sup>1</sup>That is, persons living in their own houses or apartments, not in institutional settings, such as nursing homes.

<sup>&</sup>lt;sup>2</sup>Such services include: meals-on-wheels; congregate dining; senior clinics; home nursing service; home help/chore service; transportation; and senior centers.

- people living with someone other than a spouse, residents of the Downtown, Highland-7th and East Side neighborhoods, and persons with low income and low education.
- ----Housecleaning is the second most prevalent disability (13%). Other activities, and the percentages of persons who could not accomplish them without help are: going for walks (8%); using the bathtub (7%); preparing meals (5%); climbing stairs (5%); taking medications (3%); using the phone (3%); and dressing (2%).
- ----Overall levels of difficulty with activities of daily living are greater among older age groups, persons living with someone other than a spouse, females, and persons with low income.

## B. Health Problems

- ----Most older people, even many of those with severe disabilities or functional impairments, consider their health to be good or at least average; six percent consider their health to be poor.
- ----Most older people see their health as better or the same as that of other people of the same age.
- ----Most older people do not consider health to be a major problem; but at least sixteen percent do report health problems or physical disabilities as their major problems.
- ----Sixty-three percent of the older people interviewed reported having at least one chronic illness or chronic health problem. The illnesses most often reported were high blood pressure, arthritis, and heart trouble.
- ----Twenty-nine percent of the older people interviewed felt that their health prevents them from doing things which they would like to do.
- ----Health related problems or complaints tend to be more frequent among older age cohorts and among persons with low education.

#### C. Health Care

- ----Most older people maintain contact with health care providers, although a noticeable tendency exists for individuals with unmet needs related to social isolation, knowledge insufficiency, and household vulnerability (especially if those individuals are aged 75 or older) to lose contact with the health care system.
- ----Persons likely to have less contact than others with health care providers are those with significant difficulty accomplishing activities of daily living, residents of Mt. Airy, Thomas Dale, Rice Street and Downtown,

- Dayton's Bluff, Riverview, Battle Creek neighborhoods, and persons with low income or low education.
- ----Most older people feel that they have someone to take care of them in case of sickness or disability; and many have, in fact, relied upon family members for care during periods of illness or rehabilitation after a stay in the hospital.

# Family/Social Ties

- ----Eighty percent of Ramsey County's older population have at least one living child; seventy-one percent have at least one child who lives in the Twin Cities area.
- ----Ninety percent of the older individuals with children have contact with one or more of those children at least once per week. The majority of persons with children report involvement in social activities and exchange of aid with their children.
- ----Most older people have one or more "close friends."
- ----Persons more likely than others to be socially isolated are: persons living alone, persons living with someone other than a spouse, residents of Summit-University, and persons with low income and/or low education. Feelings of social deprivation are greater among persons living alone, persons living with someone other than a spouse, and persons with low incomes than they are among other persons.

# Life Satisfaction

- ----Older people tend to be relatively happy and satisfied with their lives; but overall dissatisfaction is a problem for about eighteen percent of them.
- ----Dissatisfaction tends to be higher among low income groups than it is among other people.
- ----Thirty percent of the older people interviewed reported that some particular aspect(s) of their lives worried them. Worries were most often related to health.

# Spiritual Status

----Eighty-three percent of the older people interviewed reported membership in a church or synagogue. Contact with churches is high, with the average frequency of attendance at services being 45 times per year, and with more than half of the respondents reporting weekly or more frequent attendance.

- ----At least fourteen percent of the older people interviewed have trouble attending services as often as they would like; about three percent feel that available religious activities in their neighborhoods are inadequate.
- ----Problems attending religious services are more often expressed by persons 75 and older, women, people with low incomes, and people with low education than they are by other persons.

# Transportation

- ----About five percent of Ramsey County's older population leave the house no more than once per week. About half of these people would like to get out of the house more often.
- ----Getting out of the house is a greater problem for persons 80 and older, women, persons living with someone other than a spouse, residents of several city neighborhoods, and people with low income and/or education than it is for other persons.
- ----Driving a car is the favored means of transportation for older people, especially males and persons in their sixties.
- ----Transportation is highly problematic for about sixteen percent of the older people interviewed.
- ----Transportation problems are more likely to exist among persons 75 and older, persons living alone, persons living with someone other than a spouse, women, and persons with low income and/or education than they are to exist among other older people.

### Safety

- ----Vulnerability of older persons' households to crime, fire, and other unsafe influences is relatively high.
- ----The greatest'vulnerability exists among older persons who live alone, residents of center city districts of St. Paul, and low income individuals.
- ----Dissatisfaction with safety is higher among women than among men, higher in the Summit-University area than in other areas, and higher among the poor than among the wealthy.

### Legal

----Forty-one percent of the older people surveyed had used a lawyer since turning 60. About one-third reported that they do not have an attorney whom they would contact if legal problems arose.

----Knowledge of a lawyer to whom to turn for needed assistance is least likely for residents of the Downtown, Dayton's Bluff, Riverview, Battle Creek area, for low income individuals, and for persons with low education.

# Housing

- ----Most older people are satisfied with their neighborhood and housing arrangements; about one-sixth would prefer to live in a different residence.
- ----Dissatisfaction with present residence is greatest among residents of Summit-University and the outer suburbs.
- ----Sixteen percent of the older people interviewed had experienced problems doing repairs, remodeling, or redecorating of their homes or apartments.
- ----Problems with repairs, etc., are most likely among females, persons living alone or with someone other than a spouse, and persons with low incomes.

# Economics

- ----Social Security, wages, and other pension benefits are the most common sources of income for persons 60 and older.
- ----Nine percent of the older people interviewed felt that they lack enough money to meet everyday needs; about twenty-two percent are uncertain about their ability to meet future financial needs.
- ----Inability to meet everyday financial needs is most likely felt by persons living with someone other than a spouse, persons living in the Summit-University area, and persons with low incomes.

# Employment/Volunteer Activities

- ----Most older people do not work full or part-time for pay; and most have no interest in finding employment.
- ----Persons in their early sixties are more likely than older persons to be employed for pay.
- ----Twenty-two percent of the elderly individuals interviewed served as volunteers; nineteen percent would like to find new or additional volunteer work to do.

### Nutrition

----At least sixteen percent of the older persons interviewed had difficulties related to eating or diet.

----Nutrition problems are greater among women and among persons with low incomes.

## Education

- ----About fifty-four percent of the people aged 60 and older who were surveyed had at least a high school education. Only ten percent had completed college.
- ----Fifteen percent of the older persons interviewed had taken a course during the year previous to the interview.
- ----Twenty-seven percent of the respondents felt that some obstacle had kept them from taking a course which they wanted or needed to take.

## Recreation

- ----About sixty-three percent of the older population have a favorite hobby or pastime.
- ----Virtually all older people watch television at least occasionally. Reading, gardening, and crafts are also popular, recreational pursuits.

# Relationships Among Domains

- ----Transportation problems and nutrition problems appear highly related to many other types of problems among the aging.
- ----At least twenty percent of the individuals with unmet needs related to health and mobility, nutrition, and/or social deprivation have other unmet needs. Thus, transportation, nutrition, and levels of social contact appear to be significant elements in the adjustment of aging persons.

# Recommendations from the study are:

- That greater information about human services for older people be made available. That every human service agency consider public education about its services to be a definite organizational responsibility.
- 2. That volunteer programs receive greater emphasis within the system of service delivery to aging persons.
- That mutual help groups for aging persons be organized on a broader scale.
- 4. That prevention of problems among the aging, not just cure, be a major part of the orientation of the service delivery system.
- 5. That churches be more fully utilized for providing information and human services to older persons.
- 6. That special, innovative techniques be developed for reaching and serving disadvantaged groups among the aging in Ramsey County.
- 7. That conjoint agency activity be fostered for testing innovative techniques for providing services to the aging.
- 8. That the Wilder Foundation and other local foundations support the innovative and experimental aspects of the recommendations which emanate from this study.

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#### CHAPTER 1

#### INTRODUCTION TO THE NEEDS ASSESSMENT STUDY

During May 1978, the Wilder Foundation's Planning and Development Office launched a study of Ramsey County residents aged 60 and over. The major purposes of the study were: (1) to develop and disseminate contemporary information about the needs of the aged; (2) to organize corollary information about the local programs of service and opportunities for satisfying the needs of the aged; (3) to stimulate within the staff of the Wilder Foundation and other local agencies an expanding commitment to the purposeful use of information in planning services for and with the aged; (4) to improve the accessibility to, and quality of, human service activity for the aged; (5) to evolve productive planning alliances across local agencies working with the aged; and (6) to develop, refine, and evaluate data collection and data treatment methods which would have application in future needs assessment studies of other populations.

Given these challenging purposes, a selective series of orienting questions emerged in the early planning which helped to shape the overall scope and character of the study. These questions are displayed here. Associated with each, is the specific volume of this four-volume report in which the question is examined.

- 1. What are the demographic attributes of persons 60 and older in Ramsey County? For example, what are the size and composition attributes of households of older persons? (Volume I)
- 2. What are the living conditions of older people in Ramsey County with respect to each of 14 adjustment domains (that is, 14 aspects of their day-to-day lives--as listed below)?
  - a. Housing:

Do the dwellings in which older people reside suit the needs and preferences of older residents? What preferences, if any, do older people have for alternate housing? (Volume I)

# b. Safety Status:

To what extent are the living quarters of the elderly safely equipped? To what extent do the elderly feel secure in their homes and on the street? How many of them are victims of crime? What are their responses when crimes occur? (Volume I)

# c. Family-Social Ties:

To what extent are older persons integrated into networks of family, friends and neighbors? What functions do these networks serve? How satisfied are older people with the quantity and quality of their interaction with family, friends and neighbors? Do older people feel they have someone in whom they can confide and someone who will care for them in the event of serious illness or disability? (Volume I)

## d. Transportation:

What are the predominant modes of transportation among persons 60 and over? How satisfied are they with their mobility and ability to travel? Do older people feel that transportation problems inhibit them or limit their ability to participate in community life? If so, in what ways? (Volume I)

#### e. Legal:

What are the legal problems which confront older people? How do they solve those problems? Are they satisfied with the solutions available to them? (Volume I)

# f. Spiritual:

What is the extent of formal religious participation among older people? What sorts of contacts do they have with church-related organizations and with clergy? How satisfied are they with the forms of religious expression available to them? (Volume I)

#### q. Education:

Do older people participate in formal programs of instruction? Are there programs (available and unavailable) in which they desire to participate? What barriers exist to their pursuit of learning opportunities? (Volume I)

#### h. Employment:

How many older people participate in the labor force? What is the nature of the participation? Do the employed consider their jobs

financially satisfactory as well as personally fulfilling? Do barriers exist which prevent older people from obtaining employment? (Volume I)

### i. Volunteer Work:

What are the levels of participation among older people in volunteer activities? What additional volunteer opportunities would they like to have? (Volume I)

#### j. Recreation:

How do older people spend their leisure time? Are the nature and quantity of recreational activities available to older people adequate to meet what they consider their needs for amusement and enrichment? (Volume I)

#### k. Health:

How able are older people to perform activities of daily living? What are the physical conditions which they consider impediments to optimal functioning? What are their health care practices? What are their prevailing chronic illnesses? (Volume I)

# Life Satisfaction/Happiness:

How satisfied and how happy are older people with the circumstances of their lives? What sort of conditions produce worries or depression? How lonely and how deprived do they feel? (Volume I)

#### m. Nutrition:

Are older people satisfied with the foods and eating facilities available to them? Do they have eating problems which are related to other health or health care problems? (Volume I)

#### n. Economic Status:

What are the sources and levels of income among the older population? To what extent do older people believe that their income can meet current and future financial needs? In what ways do financial problems hinder participation in community life? (Volume I)

# o. Knowledge and Use of Services:

What do older people know about social services for the aging in their community? What services do they use? How do they go about finding assistance if they need help? What characteristics distinguish the knowledgeable from the uninformed? What distinguishes service users from non-users? What shortcomings of

individuals or of agencies do older people feel restrict their access to services? (Volume I)

- 3. What distinguishes the good from the poor adjusters in each of the domains listed above? (Volume I)
- 4. How does adjustment in the above domains vary across geographic regions of the county? (Volume I)
- 5. How are problems and maladjustments in one domain correlated with problems and maladjustments in other domains? (Volume I)
- 6. What do those who provide services to aged persons know and feel about older people in Ramsey County? (Volume II)
- 7. What do service providers see as the top priorities for services to the aging in Ramsey County? (Volume II)
- 8. What do service providers see as impediments to service delivery within individual agencies and within the system of service delivery as a whole? (Volume II)
- 9. What do service providers feel could make their work more effective for clients and more satisfying for them as staff? (Volume II)
- 10. How well do agency staff cope with the demands of their work, and what do they consider their biggest problems? (Volume II)
- 11. How do the views of service providers concerning the living conditions and needs of the aging compare with the views of older people themselves on these issues? (Volume II)
  - 12. How do adult children of aging individuals view:
    - a. the living conditions of their parents; (Volume III)
    - their parents' ability to adjust within the various domains discussed above; (Volume III), and
    - c. the needs which their parents will likely have in the future? (Volume III)
- 13. With respect to interaction between adult children and their aging parents:
  - a. What types of contacts occur? (Volume I, III)
  - b. What types of aid are exchanged from child to parent or vice versa? (Volume I, III)
  - c. How satisfied are children with the nature and level of interaction which they have with their parents? (Volume III)

- 14. What pressures do adult children experience as a result of interacting with, or providing assistance to, their older parents? (Volume III)
- 15. How do the knowledge and opinions of children with regard to parents' needs compare with parents' reports on the same issues? (Volume III)
- 16. How do residents of long term care facilities differ from residents in the "free community" with respect to:  $^{\circ}$ 
  - a. adjustment to the demands of living in group quarters: How well (or poorly) do long term care residents cope within each of the adjustment domains discussed above? (Volume IV)
  - b. social and physical characteristics: What are the social and physical traits, if any, which distinguish nursing home residents from persons living independently? What are residents' feelings concerning reasons for nursing home entry? (Volume IV)

By providing the answers to these questions, it is expected that the project can provide a comprehensive, accurate portrayal of the ways that older people live in Ramsey County. However, the outcome of this project should be more than the simple revelation of a set of facts about the aging population. The project should produce a basic core of methods which can be set into action periodically to ascertain the salient questions held by service providers and the general public concerning the condition of the aged, and to obtain answers to those questions. It should provide impetus for the continued improvement of our knowledge about the community and about the social services available in the community. In this light, the dissemination of findings from the study is not a terminus. Rather, it is part of a long-term process with immediate results (e.g., the development of a body of knowledge about the aging); with middle-range results (e.g., improvement of existing services, start-up of new programs, etc.); and with long-range results (e.g., the continued monitoring, assessment, and ultimate enhancement of the quality of life of aging residents of Ramsey County).

# 2. Components of the Study

The Wilder project includes four major components. Each component taps a different source for obtaining information on the living conditions of older people and on the contemporary system of service delivery for older people in Ramsey County.

- 1. A survey of 1,228 Ramsey County residents age 60 and over provides perspectives of older people on their present and future needs, problems, and expressed concerns. For example, this initial project component enabled older people to express their ideas and opinions with respect to contemporary community life; and it also gave them the opportunity to describe how they "make it" within their community contexts. The residents' survey also reveals the extent to which Ramsey County's older residents know about services available to them and the extent to which they take advantage of "known" services. In the design of this survey, questions were formulated systematically to cover a large number of adjustment domains (e.g., health, transportation etc.), all of which were thought to be important for describing, assessing, and understanding the living conditions and needs of older people.
- 2. A survey of 132 staff in agencies which serve the aged yields service deliverers' judgments of the needs of Ramsey County's older population. It also identifies major impediments to effective service delivery as perceived by service workers, and it summarizes their suggestions for improving the performance of both individual organizations and the service delivery system as a whole.
- 3. A survey of 100 adult children of a subsample of the older people who took part in the large, community survey provides another perspective on the living conditions and needs of the elderly. It provides information collateral to the initial survey of 1,228 older people on the extent of contact between older people and their children. It also reveals the interplay of special stresses and satisfactions experienced by a younger generation of individuals who are under pressure, of one sort or another, to supply care to their aging parents—care which is not typically considered in formal appraisals of service delivery to the aged.
- 4. A survey of 156 nursing home residents parallels the large survey of residents in the free community. The nursing home survey has particular relevance because of its exclusive attention to aging persons living in institutional arrangements in Ramsey County.

<sup>&</sup>lt;sup>1</sup>It is, however, shorter than the survey of residents in the free community; and it is designed to pertain to conditions of institutional life.

Reports of the results of these study components appear in four volumes. The major portion of each volume is devoted to consideration of one component. In addition, Volume I contains a comprehensive overview (in the present chapter) of the entire study; and the other volumes contain brief overviews of the study in their opening chapters. Volumes II through IV contain, in their concluding chapters, descriptions of some of the relationships among the results from the four different components; and Volume IV contains a final, global summary of the whole study.

3. Progressive Stages in the Four-Part Study of Ramsey County's Older Residents

The Wilder study progressed through several stages from proposal formulation to dissemination of the research findings. During the first stage, prior to May 1978, the Planning and Development Office of the Wilder Foundation prepared a study proposal and submitted it to three project funders: The Wilder Foundation; the St. Paul Foundation; and the United Way of St. Paul. Joint funding was established, along with a recommendation for a Governance Committee to set general policy, to provide oversight for the project, and to advise in hiring staff. This committee consisted of representatives from the funding organizations, from local social service agencies, and from government.<sup>2</sup>

During the second or implementation stage of the project, a Technical Advisory Committee was constituted to advise project staff on the multiplicity of scientific/technical issues which had to be resolved. This second committee consisted of representatives from social service agencies, government, academic institutions, and local foundations. Its members became involved in examining and commenting on project plans and in offering counsel on the development of data collection strategies, data treatment, and interpretation. To ensure that the data gathering components of the study would fulfill the major project objectives, input was solicited from a range of social service agency staff members concerning their informational needs with respect to the aging residents of Ramsey County. Accordingly, in May of 1978, all agencies known to provide services to persons aged 60 and over re-

Names and affiliations of members of two project committees, the Governance Committee and the Technical Advisory Committee, appear in Appendix A.

received a mailing which described the project and which invited their participation in the processes of study design and implementation. At the same time, all agencies were alerted that the results of the study would be completely available to them for their planning purposes. Project staff met with agency representatives who expressed an interest in discussing their data needs and the ways in which the study could meet those needs.

The third stage of the Ramsey County study involved the development, refinement, and application of data-collection procedures. For each of four separate surveys (i.e., the four surveys introduced in the previous section), interview forms were designed and pretested, samples drawn, and interviews conducted. It should be mentioned, again, that advice and suggestions were repeatedly requested from knowledgeable persons in the community concerning the development of the data collection methods.<sup>3</sup>

A fourth stage of the project involved processing and analyzing the collected survey data. The large body of data had to be readied for computer entry and placed into a computerized file. The data were aggregated and packaged in formats convenient for analyzing and interpreting results of the surveys.

The fifth, and final, stage of the project, that of dissemination of study findings, began in the Spring of 1980. From the very beginning of the project, there existed an explicit commitment to disseminate all findings widely and thoroughly. Beyond the written reports, such as this volume, which describe project results, dissemination activities included conferences and seminars for agency personnel and the general public as well as consultation or technical assistance to groups with an interest in special portions of the study's findings.

All of the surveys were not conducted concurrently. So, for example, design and pretesting of the agency survey were carried out while interviews were being conducted for the survey of older people, and before the design and pretesting of the adult children and nursing home surveys had begun. The period of time during which interviewing occurred for any of the four surveys was November 1978 to June 1980, although the length of time spent on each particular survey was considerably shorter than this total period.

# 4. Contemporary Interest in Aging

Although aging is an inherent property of the human condition, comprehensive efforts to understand and deal with the process and its possible consequences for individuals, families, and the community have only recently been undertaken. Old age is now viewed variously as a political, social and economic problem of crisis proportions (Estes, 1979). Indeed, there is an ever growing supply of reading material which testifies to the problems that older people actually have as well as to those that experts claim for them (Rosow, 1967). Professional journals and books depicting the conditions of the aging with respect to both health and welfare issues occupy stacks of any university library. "How to" and "self-help" articles offer abundant advice to older persons and their families in apparent testimony to the hunger for guidance in dealing with the disabling impacts often associated with retirement, the loss of loved ones, declining physical (especially sensory) capacities, increasing leisure hours, and decreased ability to live independently. Clearly, the process of aging has come of age, and, in its multiple connections, it is claiming the attention of professional practitioners, legislators, the health and nursing home industries, and American families, both individually and collectively.

Indeed, hardly a week passes without some, major, popular publication offering a story on the plight of the elderly, highlighting such issues as inadequate medical care, economic hardship, loneliness, societal neglect, etc. Almost as often, stories appear about social changes produced by shifts in the age composition; that is, by the "graying" of the nation's population. These changes have had, and will continue to have, profound implications for the issues of mandatory vs. voluntary retirement, the Social Security system, the marketing and consumption of goods and services, the labor market and worker productivity, and virtually all aspects of contemporary social life.

When such professional and journalistic images blend with prevailing myths and stereotypes of the aging process, it can become enormously difficult for interested observers to feel that they have a secure grasp of the problem of the elderly. This study attempts to counteract this problem by supplanting stereotype and myth with accurate, comprehensive data on the personal characteristics, living conditions, and needs of persons 60 and older in Ramsey County.

However, before we leave this general introduction to the study and turn to the factual data, it may be useful to review briefly some of the currents of responsible thought and research which relate to the elderly in today's America. Consideration of three questions will assist us to establish a context within which the results of the Needs Assessment study can be interpreted: What are the present conceptions of aging as a process? What has research demonstrated with respect to the present and future demography of aging? And, how has the political system responded to the presumed needs of older people?

A. What are present conceptions of the aging process?

Aging is recognized as a life long process: everyone is constantly aging. Although this statement sounds prosaic, it has not always been taken for granted. Throughout history, many societies age-graded their members on the basis of rites of passage. Movement from one age-grade to another was viewed as a discontinuous, step-like process. One simply stepped from one social category with particular rights and duties into another category with different rights and duties. No notion existed that physical and mental abilities develop in a continuous fashion; and no notion existed that early life events influence, or set limits upon, later life events. An inability or reluctance to conceive of aging as a continuous process has remained even within many scholarly circles in the twentieth century. Researchers who have examined one or another age group (e.g., the aged, adolescents, infants) have often failed to note that many of the processes which they observed occur throughout the life span. Even today, most people associate the term, gerontology, with the study of "older people" (e.g., those 60 and over). Most "gerontologists," however, have come to take the position that they focus upon "aging"--a term that includes everyone.4

An implication of the fact that aging is a lifelong process is that throughout the life span critical developmental tasks arise as one's changing physical and mental capacities demand alteration of one's activities,

Interest in life span developmental psychology has heightened among researchers and practitioners in many fields. Notable volumes in this regard are Baltes and Schaie (1973) and Baltes and Brim (1978, 1979, 1980). Reinert (1979) offers a brief overview of the fusion of various developmental psychologies (infancy, adolescent, etc.) into the study of a general life span developmental psychology.

and as society places expectations upon individuals who have passed certain age markers. The successful mastery of these tasks facilitates or determines an individual's ability to further develop more advanced skills. The present research does not investigate in systematic depth the relationship of past experiences to the present conditions and needs of older people. It is likely, however, that the ability to adjust within each of the domains explored in the study's surveys is related to adaptations mastered in previous years.

Of particular relevance when planning human service programs is the fact that all people to some degree shape their later years long before they reach them. Neither innate capacities nor environmental factors determine exclusively adaptation in later years. Successful adaptation among the elderly depends greatly upon the extent to which they have accommodated themselves, since their earliest days, to the demands of living. The overall impact of human service programming might increase substantially if younger age groups were to be targeted for education in effective future aging. This study's survey of adult children (reported in Volume III) reveals that many people who have aged parents do, in fact, think about the implications of their parents' experiences for the organization of activities in their own lives.

Second, aging is recognized as a multi-dimensional process. As a person ages, changes occur at a variety of levels: cellular, physiological, psychological, and social. Thorough understanding of the aging process requires analysis at all four of these levels. Although changes on each level are often correlated with changes on other levels, they are not necessarily dependent upon one another. This study explores the physiological, psychological, and social dimensions of age through the data collection techniques of survey research. No study will ever examine all four dimensions in their entirety. The amalgamation of findings from diverse studies with different

<sup>&</sup>lt;sup>5</sup>For examples of this type of research, see: Witt and Cunningham (1979); Keith (1979); Cicarelli (1980); and other research articles which appear in social scientific journals.

<sup>&</sup>lt;sup>6</sup>As mentioned earlier, the 14 study domains include family/social ties, health, transportation, education, housing, and others.

focal points will, however, provide convergent data necessary for global descriptions of how aging occurs. 7

Since the various processes which constitute "aging" occur neither at a uniform rate nor in synchronization with one another, older people manifest many different mixes of skills, abilities, and other attributes. A representative group of several people in their seventies might, for example, include: one who jogs and water skis; one who has lost a great deal of sensory capacity, but who remains mentally sharp; one who suffers severe, acute mental lapses, but who can otherwise accomplish effectively the basic activities of daily living (eating, walking, etc.); and one who has lost the ability to accomplish any activities of daily living, requiring constant personal and mechanical support. Indeed, the aged cannot be understood as a homogeneous group. The stereotype of such homogeneity--older people who are incapable of caring for themselves, dependent upon society for fulfillment of all of their needs, rapidly deteriorating both physically and mentally--is essentially absent from gerontological thoughtways, although it does persist in some elements of popular culture. Research has demonstrated the existence of great variety in the life styles, interests, ability levels, and problems of the aged. While the susceptibility to, and incidence of, chronic, debilitating conditions may be greater among persons 60 and over than among some other age groups, most older people are neither infirm nor incapacitated.<sup>8</sup>

The research conducted within the Wilder project delineates the life styles of persons who differ widely one from the other. Some are healthy, active, and independent. Others are quite disabled, inactive, and withdrawn. Attention to this wide variety of persons and investigation of their levels of adjustment within the many important domains discussed previously suggest that the variety of living conditions and needs of the entire aging population can be accurately and adequately portrayed.

One recent classificatory scheme (by no means the final word) for aging behaviors is that proposed by Miller (1979). Interested readers may wish to consult Miller's article to increase their understanding of the complexities involved in attempting a parsimonious description of the multi-dimensional process of aging.

<sup>&</sup>lt;sup>8</sup>Maggie Kuhn, convener of the Gray Panthers, suggests that, since it is the strongest and the healthiest of the human population who survive to old age, we should cast all of our questions about aging in positive, rather than negative terms. For example, rather than asking, "What produces disability?" we should ask, "What enables people to live and to adapt to their environments to the ages of 70, 80, 90, and even 100?"

A third principle worth noting is that the process of aging for a human being does not transpire in isolation from the larger society. The developmental task notion, mentioned above, is one clear illustration of the interplay of internal and external forces which impinge upon the aging process. The "symbolic interaction" approach to understanding aging is a formal theoretical framework which posits that persons acquire, within their interactions with others, sets of expectations and norms which then guide their attitudes and activities (Stone and Farberman, 1970). A significant corollary of the fact that aging doesn't occur in isolation is that many of the problems of aging may not be inherent to the aging process itself, but rather that they may arise from society's responses to, and treatment of, those who are experiencing that process.

In this regard, William Bevan (1972), writing in Science, asserts that "the key in the problems of aging is not natural resources or the know-how of the medical and behavioral sciences. It is a fundamental change in attitude." Carroll Estes (1979) bluntly and pessimistically predicts that the contemporary system of service delivery to older persons will fail unless it is recognized that the causes of problems which older persons face lie in social and political systems rather than in the individuals themselves. Bevan, Estes, and others are adament in their attribution of the causes of problems among the elderly to the larger society. Thus, the results of the Needs Assessment cannot be interpreted within a framework which focuses solely upon the individual and which denies the contribution to personal disability which deficiencies in the larger social structure may make. Accordingly, this project gathers data not only about aging individuals themselves, but also about their families, neighborhoods, the organizations they join, the services they use, and so on. The data are gathered from people with differing vantage points: older people, service providers, adult children. 9 Thus, the user of project data can feel secure that he or she has a reasonable view of older people in their social contexts.

As mentioned previously, the later chapters of this volume present data only from the survey of 1,228 Ramsey County residents. The other vantage points are represented in subsequent study volumes.

B. What has research demonstrated with respect to the present and future demography of aging?

Profound change has occurred in this country's age composition as a result of the increased life expectancy of human beings and as a result of twentieth century birth rates. Between 1900 and 1970, average life expectancy, for both sexes at birth, increased from 47.3 years to 70.8 years (Hendricks and Hendricks, 1977). Siegel (1979) predicts that, by the end of this century, average life expectancy will be 74.1 years (70.0 for males and 78.3 for females). Because of the higher average life expectancy, and because of a decline in fertility, the proportion of the United States population who were aged 65 and over rose from 4.1 percent in 1900 to 10.9 percent in 1977. Depending upon the fertility rate, it is expected to be no lower than 12.5 percent and possibly as high as 22.8 percent by the year 2040 (Siegel, 1979). In Ramsey County, the proportion of the total population who are aged 65 or older is expected to rise from ten percent in 1975 to 11 percent in 2000 (Minnesota State Demographer, 1975).

Economists and other social scientists have noted the significance of the effects of "population aging" (i.e., the increase in the proportion of people in the older age groups) upon economic and social characteristics of a society (Clark,  $\underline{et\ al}$ ., 1979). Siegel (1979) outlined several implications of demographic change which are especially relevant for social service providers to consider.

One implication is that the societal and familial dependency ratios will rise. The societal dependency ratio (computed by dividing the number of people aged 65 and over by the number of people aged 18 to 64) reflects the balance of older "dependents" to "producers." It rose, nationally, from .08 in 1920 to .18 in 1976. By 2000, it is expected to rise to approximately .20. That will mean that 16 percent of the population in the

<sup>&</sup>lt;sup>10</sup>Siegel (1976) predicts that nationally, between 1976 and 2000, the number of people aged 65 to 74 will increase by 23 percent, the number of people aged 75 to 84 will increase by 57 percent, and the number of people aged 85 and older will increase by 91 percent.

As the earlier discussion indicated, of course, the group of persons older than 65 is not homogeneous. Many of them are active producers. Nonetheless, this formula, is used by analysts as a rough means for estimating the size of the dependent population.

United States will be dependent upon those who are younger. Some dire predictions have been made concerning the inability of programs such as Social Security to handle such a large, dependent group. <sup>12</sup> In addition, there is some apprehension that the demands of caring for this large, older population may produce resentment or enmity among the young (Planning and Development Office, 1976). The familial dependency ratio (computed by dividing the number of people aged 65 to 79 by the number of people aged 45 to 49) offers a rough indication of the ratio of elderly parents to children who would support them. This ratio rose from .76 in 1920 to 1.56 in 1976. It is expected to remain at approximately its 1976 level throughout this century—meaning that the typical middle-aged individual can expect to have "one and a half" parents concerning whom a support decision will have to be made. <sup>13</sup>

Another implication of recent demographic changes is that ever-increasing shares of efforts and resources in the area of health care will be directed toward the elderly (which is already the group which uses health care specialists extensively). Siegel predicts that health care demands of older people will rise not only because there will be more older people but also because new cohorts of aging individuals are better educated than their predecessors and will demand service which they feel they deserve. In addition, demands may increase due to more comprehensive coverage of medical costs.

A third implication of demographic changes arises with respect to sex differences. The difference in life expectancy between men and women has increased. Some informal predictions have been made that current moves to "equalize" the roles of men and women in society may diminish sex differences in mortality, but it is clear that we lack an adequate understanding of the etiology of this difference. Therefore, it may remain at its present level or even rise. The imbalanced sex ratio, produced by the male-female

<sup>&</sup>lt;sup>12</sup>See, for example, the <u>New York Times</u>, July 7, 1981.

<sup>&</sup>lt;sup>13</sup>Thus, the present study's attempt, reported in Volume III, to gather information regarding the nature of this support decision (which may involve as much or more social support than economic support) is timely.

difference in life expectancy, probably has very significant effects upon family relationships, marital and household patterns, life satisfaction, use of services, and much else of interest to those concerned with the needs of the aging. (See: Clark, 1964; Emlen, 1970.)

C. How has the political system responded to the presumed needs of the aging?

American interest in aging and in the amelioration of living conditions of the aged appears clearly in the actions of government, especially with respect to the Social Security system which provides a measure of economic security to large numbers of retired workers. Enacted in 1935, that system has undergone modifications during the past 45 years to the extent that virtually every paid job in the United States is now covered by Social Security. In addition, the system expanded in 1967 to include Medicare, that is, hospital and medical insurance protection for persons 65 and over (U.S.D.H.E.W., 1979).

Also in 1965, one of the most significant pieces of legislation affecting the elderly in the United States was enacted: The Older Americans Act. This act (and its many, subsequent amendments) defined a role for the Federal Government with respect to funding, coordinating, and planning services which had previously been funded and delivered by much smaller governmental entities, by private organizations, or (in many regions of the country) by no one at all. Area agencies on aging, established under the 1973 amendment to the Older Americans Act, exist in all of the 50 states. In 1978, these agencies channelled approximately 200 million dollars per quarter into services which were used by an estimated 4,686,000 older people each quarter (U.S. Senate, 1979). These services include nutrition programs, senior centers, transportation, information and referral, legal services, and others.

By 1980, an "aging network" (as this system of area agencies and other organizations funded through the Older Americans Act is called) became well entrenched, offering the promise of comprehensive services to older people in the free community and the promise of efficient coordination of those services. The extent to which those promises can be fulfilled is an issue which has provoked some debate. (See, for example, Estes, 1979.)

In fact, some of the often-repeated adjectives used to describe service-delivery systems for older people are "uncoordinated" and "fragmented."

O'Brien  $\underline{\text{et al.}}$  (1973) note that the autonomous operation of community service agencies produced situations where older people frequently cannot obtain service or obtain inappropriate service.  $^{14}$ 

Concomitant with the evolving governmental commitment to services to the elderly in the free community has been a momentous increase in government expenditures intended to benefit the small percentage of older people who reside in long-term care facilities. From the late 1940's to the present, significant pieces of federal legislation have affected the developing nursing home industry: authorizing loans and mortgage insurance; establishing standards of care; and underwriting, in whole or in part, the costs of providing residential services.

The contemporary network of services for older people is not, of course, completely novel or revolutionary. It had its precursors in the non-profit and philanthropic organizations which for many years were the only institutions to assume responsibility for care of the aged. However, the size and comprehensiveness of the tasks which government and other organizations have assumed with respect to services for older people have made planning for the elderly an extremely difficult undertaking.

### 5. Uses of Volume I

This first volume contains the results of a needs assessment which employs an individual orientation to appraising met and unmet needs. In effect, this approach implies an effort to look intensively at a representative sample of older residents of Ramsey County to learn from them directly how well they may be adapting to the various circumstances of their individual life situations.

The procedures described in this first report are not, of course, the only recognized means for accomplishing the needs assessment task. Data gathering technologies for needs assessment have been varied: the analysis of census data; surveys of community "influentials;" surveys of social service providers; surveys of clients receiving service; and surveys of representatively

Responding to these issues, some funders are setting aside money to underwrite demonstration projects aimed at the coordination of services to the elderly. The Robert Wood Johnson Foundation has funded eight sites (program operations and evaluation research) in eight different states for activities intended to integrate service strategies and to foster cooperation among community agencies which serve the health-impaired elderly. The U.S. Department of Health and Human Services also has an interest in these issues.

selected residents of a community. <sup>15</sup> Most often, a select (and generally small) group of "influentials" and/or service providers has been asked to give opinions on existing needs. Major problems with an approach which relies exclusively upon informants are that such informants may not have adequate information on conditions in the community and that the informants' definitions of "need" may not correspond to other persons' definitions of "need." <sup>16</sup> In the present study, the process of interviewing older persons (as described in this volume), as well as family members and service providers (described in later volumes), brings into focus the information available to each of these groups and the subjective opinions which each group holds concerning the needs of the aged. This study is premised on the belief that any worthwhile attempt to assess needs must include a thorough, accurate representation of the perspective of those whose needs are to be assessed. This perspective can then be complemented by other, legitimate perspectives such as those of family members and/or service providers.

This volume (Volume I) is first intended as a resource document, that is, an informational reservoir that contains accurate and representative data on personal attributes, on behavioral disposition and activity, on opinion and belief systems, and on expressed needs for a better life and greater satisfaction of aged residents in Ramsey County. The data can be used to examine problem domains (family-social ties, health matters, spiritual issues, etc.) one-by-one or as they relate to one another. The data can slso be used to examine domains of problems on the level of the census tract, the city of St. Paul or Ramsey County; the data can be used to examine a population stratum (e.g., males over 75 years old in the Midway community); and the data can be used to examine theoretical issues, such as disengagement theory or leisure theory. In a word, the data are available to be used. They can exercise their utility only through use. The Wilder Foundation is, therefore, not only prepared to share them but can help users to organize, reassemble or disaggregate them in accordance with any number of data-related needs.

For overviews of needs assessment techniques consult: Attkisson et al., (1978); Warheit et al., (1977); and Minnesota State Planning Agency (1977).

<sup>&</sup>lt;sup>16</sup>As Volume II demonstrates, service providers' impressions of the conditions of older people can differ greatly from other measurements of those conditions.

Readers of this report are strongly encouraged to comment on the extent to which the report was able or unable to assist them with specific pursuits. What should have been added to this report, or to the study as a whole, to increase its value to the community? How could the report better profile the living conditions and needs of older persons in the community? How could the report better explicate the process used for acquiring knowledge of those living conditions? How could the research process itself be improved? These important questions, and others, are ones which only the many users of the report, each with his or her own specific focus, can answer.

### 6. Planning of This Volume

The remainder of this first volume is designed to provide the reader a thorough understanding of the mechanics and the results of the survey of 1,228 persons aged 60 and older in Ramsey County. The format should satisfy the needs of those who wish to select segments of information for their use, those who wish to examine entire subject areas, and those who wish to perform detailed inspection or analysis of the entire data set. Chapter 2 describes the development of the survey of older people and of the sampling plan. It also describes the success of that sampling plan by documenting the characteristics of the older persons who participated in the survey and by reporting the extent to which these characteristics reliably reflect those the survey sought to include. Chapter 3 unfolds the interview form, item by item, indicating the profile of responses to each item. It is Chapter 3 upon which the reader should focus for a solid, fundamental grasp of the material covered by the interview and of the nature of the aging individuals' responses.

Chapter 4 is organized around the fourteen adjustment domains; and survey items relevant to each domain are examined for their relationships to demographic and neighborhood characteristics. In Chapter 5, the relationships among domains are explored, and an effort is made to understand how the ability to meet needs is related to the use of social services. The concluding chapter reviews important need or problem areas revealed by the survey as well as the correlates of those needs and problems. It offers a summation of the staff's conclusions and recommendations based upon the results of the survey.

#### CHAPTER 2

# THE SURVEY OF AGING RESIDENTS OF RAMSEY COUNTY

## 1. Goals of the Survey

The survey of aging community residents was intended to produce detailed information on the living conditions, opinions, and needs of persons aged 60 and over in Ramsey County. It was premised on the belief that any worth-while effort to assess needs must include a thorough, accurate representation of the perspective of those whose needs are to be assessed. Results of the survey can be used, in and of themselves, to describe attributes of the population 60 and over in Ramsey County. They can also be analyzed in conjunction with data from the survey of service-providers and of adult children in order to gain an understanding of how different groups, each of which has some stake in the care of the elderly, perceive the needs of the elderly.

In learning about older people directly from older people themselves, the intention was to focus upon their needs, problems, and concerns in a way which would enable agency professionals, advocacy groups, and others to identify the programs or services which could optimally benefit the aging population. However, the intent of the survey was decidedly not to focus exclusively upon maladjustments and shortcomings of older people; nor was it designed solely as a tool for detecting critical, acute needs for immediate service. Rather, in addition to identifying the service needs of the aging population, the survey was designed to reveal strengths and vitality among older people. In this connection, it was hoped that the potential contributions which older people can make to their community could be perspicuously defined and recognized. The harnessing of such competencies in the older population should, it was reasoned, promote self-sufficiency and postpone conditions that provoke dependency, the reduction of adaptive capacity, and the need for intensive social service.

It is noteworthy that many needs assessment studies have omitted one of the major components of the present study—the approach to older people directly for information. Such studies have relied, instead, upon service providers and other "key informants" for data about aging persons and their adaptation. The problem with such a strategy is that the impressions of

service providers constitute only one perspective on need--not an invalid one; but certainly a limited one. Moreover, many service providers can operate only from a base of ignorance or error when they attempt to discuss the general population in the community, apart from their own clients. For example, in Volume II, of this study, we show that many service providers report that they don't know the basic social and demographic characteristics of older people in Ramsey County. Among those who feel that they do know some of these population characteristics, there is such variance in their ranges of estimates that it is difficult to justify the construction of a portrait of community needs based solely upon their impressions. Hence, the survey strategy of obtaining information directly from aging persons was seen as an essential element of this study. <sup>1</sup>

## 2. Development and Content of the Interview

The interview questions were written and pretested by project staff specifically for application in Ramsey County. In composing questions, project staff made use of many instructive comments and suggestions from professionals in agencies throughout Ramsey County. Attention to these comments and suggestions was intended to ensure that output from the project could be transormed into practical applications. The project staff also consulted materials from studies of elderly populations in other parts of the United States. These studies revealed what seniors in places other than Ramsey County consider their principal interests and concerns.

Even this strategy, of course, has its limitations. It is expensive and time consuming; and some older people may be poor judges of their conditions. Hence, as already indicated, the total study combines multiple survey strategies for examining the living conditions and needs of the older population.

<sup>&</sup>lt;sup>2</sup>Studies consulted by the project staff included: Guttman, et al. (1977); Washington State Office on Aging (1978); Chicago Office for Senior Citizens (1974); Human Service Coordination Alliance (1976); Bultena et al. (1971); and Minnesota Governor's Citizens' Council on Aging (1971). Questionnaires also examined were The Older Americans Status and Needs Assessment Questionnaire disseminated by the Administration on Aging (March, 1975, version) and the OARS Multidimensional Functional Assessment Questionnaire developed at the Duke University Center for the Study of Aging (April, 1975, version).

The comprehensive set of questions to be asked in the survey was, for the most part, organized in terms of "adjustment domains." Performance in each of these domains (e.g., health, transportation, housing, etc.) was conceptualized as a separate facet of human experience. Within each domain, it is possible to obtain descriptive information about behavior, such as frequency of visiting neighbors, number of persons with whom a person resides, frequency of church attendance, etc. It is also possible to obtain evaluative information within each domain, such as satisfaction with visiting, level of loneliness, satisfaction with church attendance, and so on. With these two types of information, one can classify individuals with respect to their level of adjustment (or maladjustment) within each domain. In the present work, indices are constructed for specific domains, when appropriate, so that users of project data can easily and quickly refer to "adjustment scores" when they wish to discover how many respondents were doing well or poorly in particular domains. These indices receive detailed description and analysis in later chapters.

The domains investigated in the survey are:

Housing
Family/Social Ties
Safety
Legal
Knowledge and Use of Services
Spiritual
Economics

Transportation
Education
Employment/Volunteer Work
Recreational Activities
Health
Nutrition

Life Satisfaction/Happiness

In addition, the survey produced information on demographic and household characteristics of the respondents.

In order to elicit sound information which would reliably portray the respondents' status and needs, a mix of two types of questions was employed. Open-ended questions enabled respondents to express their feelings and ideas in their own words. Questions with structured answer options offered respondents the opportunity to place their answers into categories which fall along readily identifiable continua (e.g., level of happiness) and which are more easily suited than answers to open-ended questions to many quantitative analytic techniques. 4

An example of an open-ended question is: What do you consider the biggest problems in your day-to-day life?

An example of a question with structured answer options is: How often do you feel lonely: very often; sometimes; or never?

#### 3. Interview Format

Interviews were conducted face-to-face in the homes of the respondents. (A limited number of interviews were conducted over the phone for special reasons, e.g., when respondents were willing to be interviewed but did not want anyone to visit their residence.) Most interviews were conducted by volunteer interviewers. Others were conducted by the project staff and by paid canvassers. Interviews generally lasted about an hour or an hour and a half. The shortest took 40 minutes; the longest took two hours and ten minutes. All interviews were conducted between November, 1978, and November, 1979. In some cases, two household members age 60 and over took part in the survey. In those cases, each person was interviewed independently by an interviewer.

Interviewers reported no major problems carrying out interviews in the respondents' homes. In three cases, some event in the home made it necessary to interrupt the interview and to return at a later time for completion. In only one case, did a respondent become upset with the survey questions and ask the interviewer to leave the residence. While it was expected that the presence of family members, friends, or neighbors in the household might interfere with the interviewing process, this was rarely the case. Indeed, many respondents had no fellow household members. When they did, the others were almost always quite happy to leave for the duration of the interview.

### 4. Interviewers

The interviewing corps consisted of five project staff members, 98 volunteers, and eight paid canvasser/interviewers. The volunteers came from the general community and from operating elements of the Wilder Foundation not directly involved in the project. Forty percent of the volunteers were, themselves, 60 years of age or older. Twenty percent of the volunteers were between 40-59 years of age; and forty percent were 39 years old or younger. Three-fourths of the interviewers were female; one-fourth were male. The Retired Senior Volunteer Program of St. Paul recruited and referred most of the older volunteers.

 $<sup>^{5}</sup>$ Percentages of interviews conducted by the three types of interviewers are: volunteers (70%); project staff (15%); and paid canvassers (15%). A description of the interviewers appears in the next section.

Most interviewers conducted interviews for which appointments had previously been established by survey canvassers. In the last stage of the project, however, several paid canvassers were trained to conduct interviews with individuals at the time of initial contact. These canvassers then became "canvasser/interviewers." (A detailed discussion of canvassing procedures appears in the next section.)

Other recruitment channels for volunteers were: The Voluntary Action Center; the University of Minnesota Faculty Women's Club; the Hamline University Department of Sociology; and personal acquaintances of project staff.

All interviewers attended a half-day training session which introduced them to the Wilder Foundation, to the project, and to their job as interviewers. The training session covered general interviewing techniques, the handling of special problems, and methods for efficient recording of interview information. Interviewers received an interviewer manual specially prepared for this project. This manual aided the presentation/discussion during the training session. It also served as a reference which interviewers could consult during the course of their work for information about the project, rules and procedures of interviewing, etc. The training session also included practice with the survey form, observation of performance during the practice, and discussion of questions which arose during the practice session. Results of each interviewer's first few interviews were closely examined by the project staff. Each interviewer received positive feedback for accomplishments as well as suggestions for improvement where errors or omissions in technique or performance were detected.

Interviewers were encouraged to ask the project staff questions as necessary throughout their association with the project. Project staff maintained close contact with them. In addition, about eight percent of the aged respondents were selected at random and were called after their interviews to ascertain whether the interview had gone smoothly and whether they had any problems or complaints with respect to the interview. The post-interview debriefings of respondents increased our confidence about the quality of the interviewers' performance. They also revealed the great enjoyment and positive feelings ehich respondents ascribed to the interview experience.

At the end of the interviewing phase of the project, interviewers filled out a questionnaire intended to elicit their feelings about the interviewing experience and their comments for improvement of the interview process. Ninety-four percent of the interviewers reported that they liked their experience. Only six percent said that they "disliked" or "had no special feelings about" the experience. All of the interviewers reported that they enjoyed meeting the respondents. About 75 percent of them said that their work as interviewers was valuable for learning about the life styles of persons age 60 and over; and

40 percent said that their work changed their impressions of older people. (The results of the survey of volunteers are described in greater detail in a special report prepared by the project staff.)

### 5. Sampling Procedures

Why sample? There are two strategies other than systematic sampling of individuals which could be used to obtain respondents for a survey. One strategy is to interview every member of the population under investigation. Such an approach has, however, a prohibitive cost for any population as large as the population of people 60 and over in Ramsey County (approximately 69,000 individuals). The other strategy is to select people who happen to be conveniently accessible to the researcher (for example, members of some clubs, clients who receive a particular service, or users of a particular center.) This strategy has the serious drawback that one never knows to what extent people drawn in such a haphazard manner sufficiently represent the general population.

The project staff and the Technical Advisory Committee realized that, if the results of the survey were to be useful, they would have to be based upon a sample drawn systematically to include people from all regions of the county, at all levels of need, and with differing amounts of contact (ranging from heavy to none) with the formal human service delivery system. Many sampling methods were considered. The particular technique employed is called an area probability, block sampling method. This means that residential blocks (i.e., the standard four-sided city blocks with which everyone is familiar) were selected at random and that persons 60 and over on those blocks were considered eligible to participate in the survey.

More specifically, the procedure worked as follows: Ramsey County is divided into 117 census tracts (See Figure 2-1). It was desired that the proportion of people in the survey sample who came from a given tract would be equal to the proportion of people 60 and over in Ramsey County who lived in that tract. So, for example, if two percent of the older residents of Ramsey County lived in Tract 350, then approximately two percent of the survey respondents should live in Tract 350. All census tracts are divided into blocks (See Figure 2-2). Each of these blocks has a number. Within each tract, numbers were drawn at random, and the blocks corresponding to those numbers were then canvassed for eligible residents.

Figure 2-1
RAMSEY COUNTY CENSUS TRACTS

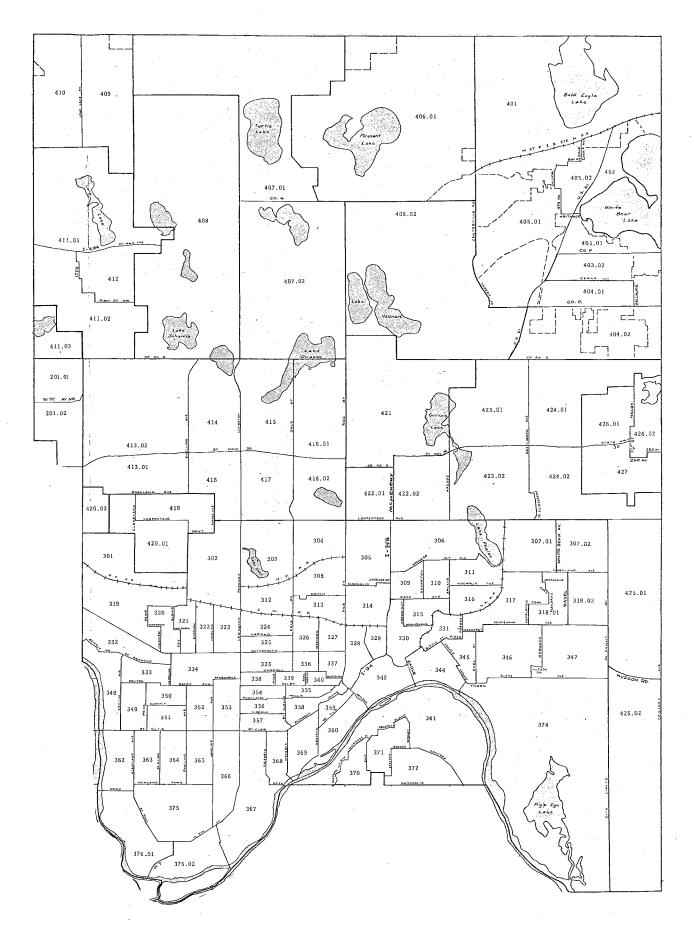


Figure 2-2
BLOCKS WITHIN TRACTS (AN EXAMPLE)

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### 6. Canvassing Procedures

Each selected block was canvassed by foot by paid survey canvassers. 7 That is, canvassers walked door to door to determine the eligibility of the residents of each household for participation in the study. Whenever an eligible person (i.e., a person age 60 or over) was contacted or identified, he/she was invited to participate in the survey. In most cases, participation occurred within a few days, at the time of a visit by a volunteer interviewer. In some cases, especially in areas where sampling difficulties were anticipated and/or experienced, the survey canvasser undertook and completed the interview at the time of initial contact. Foot canvassing was repeated for each selected block on different days and at different times of day until it appeared that such canvassing would yield few, if any, additional respondents. (On the average, each block received two to three visits by foot canvassers. However, some blocks required only one visit for contacting residents of all the households, and other blocks required four or five visits before the foot canvassing reached a point of diminishing returns.) If, after the foot canvassing, a block still contained households for which the eligibility of residents to participate in the survey was unknown, the block was phone canvassed. Phone canvassers used phone numbers from the Polk city and suburban directories to call households for which the foot canvassers could provide no information. These calls were made at varying times of day in an effort to catch residents at home.

Canvassers approached each older person with a verbal introduction to the purpose of the survey. They delivered the introduction in their own words, making sure to mention: the general content of the survey; the importance of the selected individual's participation; and the fact that his or her participation was voluntary and confidential. The canvassers usually presented potential respondents with a copy of a letter from the survey director. The letter reinforced the canvassers' verbal remarks and offered the phone number of the Wilder Planning and Development Office which individuals could call for additional information or legitimation of the survey. In cases of diffident or reluctant household residents, canvassers showed potential respondents a copy of a news story concerning the survey. This story appeared in the St. Paul Dispatch.

At the beginning of the survey process, project staff members did the canvassing in order to establish effective procedures and to gain a good understanding of the problems involved in such an undertaking. Survey canvassers were then hired and trained to replace the project staff for the remainder of the canvassing effort.

Sometimes, canvassers identified eligible respondents who were not independently capable of participating in an entire interview. In those cases, the canvasser obtained the name of a knowledgeable informant. A "second person" interview was then conducted by a staff member, with the informant answering questions for the respondent. Questions answered by informants, however, were limited to easily observable, behavioral and demographic items. Questions dealing with feelings and emotional states were either asked of the respondent, if he or she was up to it, or were not asked at all.

In a few cases, Spanish-speaking respondents could not take part in the survey without an interpreter. The services of interpreters were secured from the Spanish Speaking Cultural Club, Inc., and Spanish-speaking respondents answered the whole set of survey questions.

Canvassers (foot and phone) maintained a list of all contacts made with eligible respondents on selected blocks. Thus, we have assembled a directory on: the number of persons found to be 60 years of age or older on each block selected for study; the number of older persons on each block who participated in the survey; and the number of older persons on each block who did not participate in the survey.

Overall, 60 percent of the eligible (i.e., aged 60 or over) persons who were contacted once or more by canvassers participated in the survey. When the data are examined by health district, however, noticeable differences appear among regions of the county. Thus, the participation rate varies from a low of 40 percent in one district to a high of 100 percent in another district.

As previously mentioned, each region of the county was intended for representation in the sample in proportion to its contribution to the population of persons aged 60 and over in the county. Throughout the process of canvassing for survey respondents, the total number of respondents from randomly selected blocks within each Health District was compared with the desired number of respondents for that District. Districts where the actual number of respondents seriously fell short of the desired number were targetted for intensive canvassing. The correspondence between the actual and desired number of respondents in each district appears in Table 2-1. It should be noted that

 $<sup>^{8}</sup>$ Complete figures for each Metropolitan Health District appear in Appendix C.

Table 2-1
INTERVIEWS DESIRED AND INTERVIEWS OBTAINED IN
EACH METROPOLITAN HEALTH DISTRICT (MHD)

MHD	Interviews Desired	Interviews Obtained	Absolute Difference	Obtained/ Desired
601 (St. Anthony Park)	17	14	-3	.82
602 (Como Park)	77	73	-4	.95
603 (Rice Street)	45	54	+9	1.20
604 (Phalen Park)	85	94	+9	1.11
605 (Hayden Heights)	31	29	-2	.94
606 (Midway)	12	12	0	1.00
607 (Hamline)	50	59	+9	1.18
608 (Thomas-Dale)	44	46	+2	1.05
609 (Mt. Airy)	20	18 -	-2	.90
610 (Dayton's Bluff)	72	73	+1	1.01
611 (Hazel Park)	39	55	+16	1.41
612 (Macalester)	152	159	+7	1.05
613 (Summit-Dale)	130	128	-2	.98
614 (Downtown)	22	16	-6	.73
615 (Highland Park)	75	62	-7	.83
616 (West Seventh)	70	58	-12	.83
617 (Riverview)	54	47	<b>-</b> 7	.87
618 (Battle Creek)	6	7	+1	1.17
720 (Falcon Heights/ Lauderdale)	14	20	+6	1.43
722 (Roseville)	53	75	+22	1.42
723 (Maplewood)	41	41	0	1.00
724 (Little Canada)	6	8	+2	1.33
725 (No. St. Paul)	17	12	-5	.71
726 (New Brighton)	, 17	7	-10	.41
727 (Arden Hills)	7	6	-1	.86
728 (Shoreview)	9	11	+2	1.22
729 (Vadnais Heights)	5	0	-5	.00
730 (Mounds View)	5	7	+2	1.40
731 (North Oaks)	2	2	0	1.00
732 (White Bear Lake)	28	33	+5	1.18
311 (St. Anthony Village	e) 4	2	-2	.50

shortages, where they occur, are attributable to the inability to locate older residents of particular areas after diligent canvassing efforts. In areas with shortages, blocks were intensively canvassed (albeit to little avail) several times by both foot and phone at different times of the day and on different days of the week.

#### 7. Composition of the Sample

Table 2-2 offers a demographic profile of the survey respondents, including age, sex, race, income, marital status, city/suburban residence, education, and number of persons in the household. With respect to age, 26 percent of the respondents belonged to the youngest cohort, age 60-64; 27 percent were in their late 60's; 19 percent were aged 70-74; and 28 percent were 75 years old or older. The sample includes a sizable number of persons in their 60's, 70's and 80's. It includes only a few people in their 90's, but nevertheless, that age range does have some representation. Most of the respondents (62%) were females.

Fifty-nine percent of the respondents were married. The marital statuses of the others were widowed (30%), never married (7%), divorced (3%), and separated (1%). Seventy-one percent of the respondents, including almost all of the married respondents, lived with at least one other person. (In Table 2-2 the proportion of married persons (59%) does not equal the proportion of persons living in two-person households (55%) because a very few married people were living with children or with others in their household.)

Most of the respondents were white (95%). Three percent were black and two percent were of other races (Oriental, American Indian, etc.). Eighty-two percent of the respondents lived in the city of St. Paul; 18 percent lived in suburban municipalities.

Forty-four percent of the sample had less than a high school education. A high school diploma was the highest degree obtained by 41 percent of the sample; and 13 percent obtained degrees beyond high school. (Only four percent obtained degrees beyond a bachelor's degree.) With respect to monthly house-hold income, a large proportion of the respondents either stated that they didn't know their income or refused to reveal their income. To the extent that it is possible to characterize the incomes of the respondents, however, Table 2-2 does so. Ten percent of the sample reported monthly household incomes of \$300 or less; 25 percent reported \$301-\$600; 13 percent reported \$601-\$900; seven percent reported \$901-\$1,200; and 13 percent reported \$1201 or more.

Table 2-2
DEMOGRAPHIC CHARACTERISTICS OF THE SAMPLE (1,228 RESPONDENTS)

Demographic Characteristic		Distrib N	ution <sup>a</sup> %	Demographic Characteristic	Distri N	bution %
Age				Marital Status		
60 - 64 65 - 69 70 - 74 75 - 79 80 - 84 85 - 89 90 - 94		322 334 239 165 112 45	26 27 19 13 9 4	Married Widowed Divorced Separated Never Married	724 367 42 5 85	59 30 3 1 7
95 - 99		4	1	City/Suburban		
Sex				City Suburban	1,004 224	82 18
Male Female		466 762	38 62	Education		
Race				No Degree High School	540	44
White Black	1,	164 41	95 3	Diploma/G.E.D. Bachelor's Degree	499 76	41 6
Other		25	2	Graduate Degree Other Degree/ (Not Graduate)	49 44	4 3
Monthly Household				(Not Graduate)	44	, S
1 - 300 301 - 600		l 17 302	10 25	Persons in Househo		
601 - 900 901 - 1200 1201+		165 89 164	13 7 13	1 2 3	361 670 131	29 55 11
Don't know Refused to Answer		173 175	14 14	4 5+	36 30	3 3

a Percentages do not total 100% for some items and totals do not equal 1228 for some items due to missing responses for those items.

#### 8. Representativeness of the Sample

As one means for checking how effectively the sampling procedure obtained a representative sample of the older persons in Ramsey County, age and sex characteristics of the sample were compared with independent estimates of these characteristics for the entire population age 60 and over in Ramsey County. The independent estimates were taken from the Minnesota State Demographer and from an update of the 1970 census produced by the St. Paul City Planning Department. Table 2-3 displays the comparisons. Overall, the actual distribution of the sample on age and sex criteria came very close to what was expected. In the totals for sex, the differences between expected and obtained percentages are minute. In the totals for age, there appear slight shortages in the 60 to 64 year old and 75+ year old groups, but the magnitudes of these shortages are quite respectable and by no means damaging to the study's purposes. The inside cells of the table reveal that differences between expected and obtained percentages for the youngest males and the oldest males were primarily responsible for these shortages.

Users of project data should not treat the issue of representativeness lightly. As the previous sections of this report made clear, a great deal of time and effort was expended to ensure that a representative group of older persons would be included in the sample. Results demonstrate that the sampling/canvassing strategy succeeded. However, in thinking about the representativeness of the sample, users of project data should keep several issues in mind.

First, survey results as a whole were intended to represent the activities, opinions, and needs of persons 60 years of age and older in Ramsey County. Statistics from the survey (for the total group surveyed) would probably be different if the minimum age for inclusion in the sample were different (e.g., 55 or 62 or 65). Users who have an interest in data on persons in a specific age cohort will want not only to use the total survey results but also to consult tables which partition these results by age. 9

Second, there exists no definitive way to establish independent estimates of what is expected in Table 2-2. Comparison of characteristics of a survey

Many tables which partition the survey results by age and other demographics appear in this report, especially in Chapter 4. Other such tables, which could not be included in this report, are available for use in the Planning and Development Office.

Table 2-3

SAMPLE BY AGE AND SEX

N = 1,228

Age		Sex			Tot	al	
		Male	9	Fema	le		
		Expected	<u>Actual</u>	Expected	<u>Actual</u>	Expected	Actual
60-64	N	153 <sup>1</sup>	122	189	200	342	322
	%	12.7	10.0	15.6	16.3	28.9	26.2
65-74	N	208	231	310	342	518	573
	%	17.2	18.8	25.6	27.9	41.7	46.7
75+	N.	122	113	226	220	348	333
	%	10.1	9.2	18.7	17.9	29.4	27.1
Total	N	483	466	725	762	1,208	1,228
	%	38.4 <sup>2</sup>	37.9	61.6	62.1	100.0	101.7

 $<sup>^1\</sup>mathrm{From}$  1970 census and 1975 update: expected N and % in cells; expected N in marginals.

 $<sup>^2\</sup>mathrm{From}$  1980 projections by state demographer: expected % in marginals.

sample with data from the U.S. Census constitutes a standard, approved method of determining the success of a sampling effort. However, when discrepancies occur, between census figures and sample figures, they are not necessarily indictments of the sampling process. For example, the possibility exists that the census itself may have been faulty. Or a great deal of change may have occurred in a geographic area since the taking of the census. Canvassers for the present study sometimes found older people on blocks where the Census Bureau indicated there were none. They also found no older people where the Census Bureau indicated that some resided. (Indeed, in some areas of St. Paul, entire blocks had been levelled for re-building. Such officially numbered blocks not only contained no older people, they contained no houses.)

Third, in achieving a representative group of older people, the sampling effort for this study produced numerous isolated individuals and people in distress. Some survey participants who had what they themselves considered very serious problems revealed that participation in the survey was their first contact with the human service delivery system in Ramsey County. Some, in fact, relied upon the interviewers or other project staff to connect them with someone who could provide them with help. Nonetheless, there are some extremely withdrawn and isolated older individuals in Ramsey County who probably would avoid participation in any survey. Moreover, such persons probably would never voluntarily apply for agency service. How these people differ from the isolated, problem-ridden individuals who took part in the survey is an intriguing question. With respect to the issue of representativeness, the existence of the recluses means that many references we make from project data concerning need are probably slightly conservative.

Fourth, and finally, it should be recalled that, to maintain the representativeness of the sample, "second person" interviews were conducted when a respondent's poor physical or mental condition precluded a direct interview. In such cases, a knowledgeable informant answered survey questions dealing with easily observable, behavioral and demographic traits of the respondent. Questions dealing with feelings or emotional states were either asked of the respondent, if he or she was up to it, or were not asked at all. Thus, at least some information was captured for very disabled people who turned up in the sample. (There were 20 "second person" interviews out of a total of 1,228.)

#### CHAPTER 3

#### THE INTERVIEW FINDINGS

In this chapter, we review the interview as it was presented to our respondents. Each interview opened with an introduction read by the interviewer to the survey respondent. This introduction reviewed the general purpose of the study and offered the respondent the opportunity to raise any questions he or she may have had, such as questions about the study's purpose, interview format, confidentiality, etc. Specifically, the introduction was:

This interview is part of a study of persons over age 60 in Ramsey County. The study is being conducted by the Wilder Foundation. I will ask you questions about a variety of topics related to your daily life. Your answers are very important for learning more about the older residents of the county.

I'll try to make the interview as interesting as possible and I'll only ask you the same questions that we ask of others. If there is any interview question which you would prefer not to answer, just let me know, and I'll move on. All of the information you share with me will be included in our study file without your name attached to it. In this sense, no one will ever be able to locate your information and determine that you gave it to us.

Do you have any questions before we begin?

Each survey item is described in this chapter in the order which it appeared on the interview form. The categories and frequencies of responses

<sup>&</sup>lt;sup>1</sup>The discussion of every question includes a reference to its number. Readers can use the question numbers to locate the statistics they wish to examine in any particular table. One exception to the sequential description of interview questions and responses is that Questions 10 through 14, dealing with neighborhood social contacts, appear with Questions 58 through 61, in the section of this chapter entitled "Family/Social Ties."

to each item are displayed in an accompanying table.<sup>2</sup> Some commentary on the meaning or implications of responses is occasionally offered. However, the major part of data interpretation is reserved for succeeding chapters when the items are analyzed within topical groupings.

### The Respondent's Household

The initial interview questions focused upon household characteristics. Respondents were asked how long they had lived in their present residence (Question 1). If that was fewer than five years, they were asked the location of their previous residence and how long they had lived there. As Table 3-1 indicates, more than half of the respondents had lived in their homes or apartments for ten years or more prior to the interview. Only 15 percent had spent five or fewer years in their present residence. Of those who had recently moved into their present residence, most had previously resided in St. Paul. 3

Question 2 ascertained the number of persons living in the respondent's household. Twenty-nine percent of the respondents lived alone; 55 percent lived with one other person; and 16 percent lived with two or more other people. In Question 3, we attempted to learn the number of fellow residents in the same household who were 60 years of age or older. In very few cases (2%), more than two persons 60 and older were living in a given household.

Question 4 inquired about the relationship(s) of fellow residents to the respondent. Fifty-eight percent of the respondents lived with their spouse-this represents 82 percent of the individuals who were living with one or more other persons. Other relationships of household residents to the respondent appear in Table 3-1.

The number of respondents who gave a particular response appears in the column labeled "N" in a table. Percentages used in the text generally have a base of 1,228 (the number of persons interviewed). These percentages appear in the tables in columns labeled "% of Sample." For interview questions which were asked only of a portion of the respondents, another set of percentages appears in the appropriate tables labeled "% of Subgroup." So, for example, if only 120 persons out of 1,228 were asked Question X, and if 60 of those persons responded "yes" to the question, the data table would indicate: that the number of "yes" respondents is 60; that the "% of Sample" is five percent (i.e. 60/128); and that the "% of Subgroup" is 50 percent (i.e. 60/120).

<sup>&</sup>lt;sup>3</sup>Note that the percentages in Table 3-1, as in all tables in this chapter, are rounded. Therefore, their total may sometimes differ slightly from 100 percent.

<sup>&</sup>lt;sup>4</sup>The proportion of persons in this sample who lived alone is comparable to national figures. See: U.S.D.H.E.W. 1978; U. S. Bureau of the Census, 1979.

Two questions, 5 and 6, elicited information on structural problems or inconveniences of the residence itself. Respondents indicated how compatible the size of their residence was with their general life style (Question 5). Fourteen percent felt that their residence was too big; two percent felt that it was too small; and 80 percent felt that it was just right. When asked whether they had any problems with needed repairs, remodeling, or redecorating, 16 percent reported such problems, while 80 percent stated that they had not experienced such problems. The types of problems which respondents indicated appear in Table 3-1. The most frequently mentioned was "structural repairs." In describing the reasons for not accomplishing repairs, remodeling, and redecorating, respondents mentioned finances and the inability to find someone to do the work as the two most common inhibitors.

Question 7 asked whether respondents had someone, or felt that they would need someone, to help with things around the house. Sixty-two percent responded that they had no such present need and did not anticipate such a need during the next few years. Seventeen percent already had such help, and 16 percent expected that they would need such help in the future. The most frequently mentioned types of help needed at present, or in the future, were help with housecleaning and help with repairs. Heavy yard work and snow shoveling were also mentioned as frequent needs for help. Thirty-five percent of the respondents who reported needing present or future help around the house indicated that a relative was the person who helped them or whom they expected to help them.

Table 3-1
THE RESPONDENT'S HOUSEHOLD: INTERVIEW ITEMS 1-7

1. First of all, how long have you lived in the building in which you are now living?

<u>Years</u>	<u>N</u>	<pre>% of Sample</pre>
5 or fewer	179	15
6 to 10	129	11
11 to 20	251	20
21 to 30	303	25
31 or more	362	30
Missing	4	0

(If fewer than five years, questions 1a and 1b were asked.)

1a. Where did you live before this?

Previous Residence	<u>N</u>	<pre>% of Sample</pre>	% of Subgroup
St. Paul	94	8	66
Ramsey Co. (outside St. Paul)	12	1	8
Outside Ramsey County	30	2	14
Missing	7	1	5

1b. How long did you live there?

<u>Years</u>	N	<pre>% of Sample</pre>	% of Subgroup
5 or fewer 6 to 10 11 to 20 21 to 30 31 or more Missing	50 21 20 13 13 26	4 2 2 1 1 2	35 15 14 9 9
11133 Tilg	20	<u>~</u>	10

2. How many people, including you, live in your household?

Number of persons	N	% of Sample
1	361	29
2	670	55
3	131	. 11
4	36	3
5	14	1
6 or more	16	ī

3. How many of these people, including you, are 60 years old or older?

Number of Persons 60+	<u>N</u>	% of Sample
1	532	43
2	675	55
3 or more	21	2

4. Who lives in this household with you?

Fellow Residents	N	% of Sample
Live alone	361	29
Spouse only	581	47
Spouse and others	134	1.1
Children only	54	4
Children and others	24	2
0ther	72	6
Missing	2	0

5. Would you say that the place where you are living is too big, too small, or just about right for you?

	<u>N</u>	<pre>% of Sample</pre>
Too big	1 <b>7</b> 5	14
Too small	27	2
Just about right	983	80
Missing	43	4
		80 4

6. Have you had any problems doing repairs, remodeling or redecorating that you needed to do in your home?

	N	% of Sample
Yes	200	16
No	983	80
Missing	45	4

(If yes, questions 6a and 6b were asked.)

6a. What did you want to do?

Desired Repairs	<u>N</u>	% of Sample	% of Subgroup
Painting	34	3	17
Structural Repairs	85	7	43
Electrical work	11	1	6
Plumbing work	21	2	11
Miscellaneous	38	3	19
Don't know	2	0	1
Missing	, 9	1	5

6b. What problem did you have?

Problem	N	<pre>% of Sample</pre>	% of Subgroup
Cost	58	5	29
Can't find person for job	53	4	27
Poor work by contractors	25	2	13
Physical disability	18	2	9
Miscellaneous	11	1	6
Don't know	5	0	3
Missing	30	2	15

7. Do you have someone, or will you need someone during the next few years, to come in to help with things around the house?

	<u>N</u>	<pre>% of Sample</pre>
Yes, will need someone	195	16
Yes, already have someone	209	17
No	766	62
Don't know	39	3
Missing	19	2

(If yes, questions 7a and 7b were asked.)

## 7a. What kind of help?

Vind of Holp	(1	First Me % of	% of		% of	• • • •
Kind of Help	IV	Sample	Subgroup	<u>N</u>	Sample	Subgroup
Cleaning Repairs or painting	.146 146	12 12	36 36	3 21	0	1 5
Yard work/snow shoveling	51	4	13	85	7	21
Personal care Meals	16 4	0	4 1	11	1	3 4
Other	18	2	4	23	2	13
Don't know Missing	20	0 2	1 5	-	-	-

7b. Whom do you expect you will get to help you? (Or: Who helps you now?)

Expected (or Actual) Helper	N	% of Sample	% of Subgroup
A relative A friend	136 31	11	34
Nursing service or home	31	<b>.</b>	
help service	30	2	7.
Cleaning lady	34	3	8
Other	95	8	24
Don't know	39	3	10
Missing	39	2 .	10

## Safety Status

Question 8 moved the interview into a discussion of the safety status of the respondent, but continued briefly with specific reference to the household. Respondents indicated the presence or absence of each of five safety features in their house or apartment: dead bolt locks; window latches; a smoke detector; a fire extinguisher; and posted phone numbers for police and fire departments.

As Table 3-2 indicates, the safety item most frequently possessed by the respondents was the posted listing of police and fire department numbers (present in 89 percent of the respondents' households). Eighty-seven percent reported having latches on all their windows. The least frequent safety item present in the household was a fire extinguisher (present in only 37 percent of the respondents' households). Percentages for the other items appear in the table.

Question 9 revealed that 91 percent of the respondents considered their home as safe from fire as it should be. The few respondents (4%) who felt that their homes were not safe from fire cited various reasons, the most frequent of which was that the home lacked either a smoke detector or a fire extinguisher.

Questions 15 through 17 elicited respondents' feelings of safety. The overwhelming majority (88%) felt very safe or reasonably safe in their neighborhoods during the day, but only 51 percent felt that way at night. With regard to feeling safe within their homes at night, 52 percent of the respondents reported feeling very safe or reasonably safe.

Responses to Question 18 reveal high regard for police departments among the elderly. Eighty percent felt that the police were doing a good or very good job in their neighborhoods.  $^5$ 

With the relatively low fear of crime expressed in the previous questions, it might be expected that few respondents would carry special items for protection. Responses to Question 19 demonstrate that this is the case. Only 13 percent of the respondents reported ever taking something for protection, such as a whistle, a dog, or a weapon, when they left home.

Experience with crime, either through the involvement of friends and neighbors or through personal involvement, was explored in Questions 20, 21, and 22. Sixty percent of the respondents reported knowing that a friend's house had been burglarized during the past few years, and 22 percent reported that friends or neighbors had been robbed or attacked on the street. Of the reported burglaries, 83 percent occurred in the respondent's neighborhood. Of the reported street crime, 77 percent occurred in the respondent's neighborhood.

<sup>&</sup>lt;sup>5</sup>Positive attitudes of the elderly toward the police have also been noted by Schack and Frank (1978).

Question 22 elicited information on four types of crime which the respondents may have experienced: residential burglary; street robbery; harrassment by youths; and coercion to obtain property. Whenever a respondent had experienced one of these crimes, he or she was asked about the location of the crime, personal knowledge of the offender, and whether or not the police were called. The proportions of the respondents who had experienced each of the four types of crime are: 19 percent for burglary; four percent for attack on the street; 12 percent for harrassment; and three percent for coercion. o Virtually all of the burglaries occurred in the respondent's present neighborhood. For the other three types of crime, however, roughly two-thirds of the reported experiences occurred in the respondent's present neighborhood. Knowledge of the offender was highest for harrassment by youths (for which 50 percent of those who reported harrassment also reported that they knew the offender). For each of the other crimes, the respondents knew the offenders in 18 percent to 29 percent of the cases. The tendency to call the police varied significantly from crime to crime. Eighty-one percent of the burglaries were reported to the police, and 73 percent of the street robberies or attacks were reported to the police. However, only 56 percent of the losses through force or threat of force were reported to the police, and only 26 percent of the instances of harrassment were so reported.

The proportion of victims who knew their assailants is relatively high. Interviewers often learned that victims of burglary and harrassment were reluctant to report crimes and to identify perpetrators because they feared reprisals. For example, one man recounted how three young males broke down the door to his efficiency apartment and, as he watched, helped themselves to his valuables and to his food. He knew they were residents of an apartment building less than a block from his apartment, and he felt that if he called the police, the thugs would retaliate by returning and beating him up.

<sup>&</sup>lt;sup>6</sup>Several studies have demonstrated that the elderly are generally less often the victims of crime than are younger members of the population. Interested readers should consult: Liang and Sengstock, 1981; Antunes, et al., 1977; U. S. Department of Justice, 1977.

Note, in Table 3-2, that crimes for which the offender was most often known were crimes for which the police were least often called.

Table 3-2
SAFETY STATUS: INTERVIEW ITEMS 8, 9, 15-22

8. I would like to read a list of items. Please tell me whether you have them in your house or apartment. Do you have:

		_ <u>N_</u>	% of Sample			
a.	Deadbolt locks on yo yes no missing	ur door(s)? 559 638 31	46 52 2			
b.	Latches on all windo yes no missing	1069 125 34	87 10 3			
С.	Smoke detector? yes no missing	631 568 29	51 46 2			
d.	Fire extinguisher? yes no missing	451 746 31	37 61 3			·
е.	Phone numbers for the yes no missing	e police and 1092 106 30	fire departments 89 9 2	posted	near your	phone?

9. Is your home as safe from fire as it should be?

	N ·	<pre>% of Sample</pre>
Yes	1113	91
No	43	4
Don't know	18	2
Missing	54	5

(If no, question 9a was asked.)

# 9a. Why not?

Reasons Unsafe	N	% of Sample	% of Subgroup
Lacks safety item	16	1	37
No particular reason	9	1	21
Debris or trash	8	1	19
Miscellaneous	6	$\bar{1}$	14
Don't know	2	0	5
Missing	2	Ö	5

15. How safe do you feel it is to be out alone in your neighborhood during the day: very safe; reasonably safe; slightly unsafe; or very unsafe?

	<u>N</u>	<pre>% of Sample</pre>
Very safe	638	52
Reasonably safe	442	36
Slightly unsafe	67	6
Very unsafe	31	3
Don't know	6	1
Missing	44	4

16. How safe do you feel it is to be out alone in your neighborhood at night: very safe; reasonably safe; slightly unsafe; or very unsafe?

	<u>N</u>	% of Sample
Very safe	190	16
Reasonably safe	432	35
Slightly unsafe	260	21
Very unsafe	235	19
Don't know	60	5
Missing	51	4

17. How about being at home at night? Do you feel very safe; reasonably safe; slightly unsafe; or very unsafe?

	<u>N</u>	% of Sample
Very safe	681	56
Reasonably safe	436	36
Slightly unsafe	46	4
Very unsafe	19	2
Don't know	4	0
Missing	42	3

18. How would you rate the job the police are doing in your neighborhood: very good; good; poor; or very poor?

	<u>N</u>	% of Sample
Very good	391	32
Good	590	48
Poor	83	7
Very poor	26	1
Don't know	96	8
Missing	52	4

19. When you go out of your home, how often do you take something to protect you from crime--like a whistle, a dog, or a weapon? Do you do this most of the time, sometimes, rarely, or never?

	<u>N</u>	% of Sample
Most of the time	71	6
Sometimes	43	4
Rarely	33	3
Never	1026	84
Missing	55	4

20. During the past few years, have any of your friends' houses been broken into?

% of Sample
3 60
5 36
5 1
3 4

(If yes, question 20a was asked.)

20a. In this neighborhood or somewhere else?

	N	<pre>% of Sample</pre>	% of Subgroup
This neighborhood	610	50	83
Somewhere else	104	9	14
Both	17	1	2
Missing	2	0	0

21. During the past few years, have any of your friends or neighbors been robbed or attacked on the street?

<u>N</u>	<pre>% of Sample</pre>
269	22
909	74
8	1
42	3

(If yes, question 21a was asked.)

21a. In this neighborhood or somewhere else?

	N	% of Sample	% of Subgroup
This neighborhood	206	17	77
Somewhere else	55	5	20
Both	6	1	2
Missing	2	. 0	1

- 22. During the past few years, could you tell me if any of the following things happened?
  - a. Has your house been broken into? (If yes, three questions were asked.)

	N	% of Sample
Yes	237	19
No	977	80
Missing	14	1

If yes, did this happen in your present neighborhood or somewhere else?

	_N_	% of Sample	% of Subgroup
Present neighborhood	223	18	94
Somewhere else	9	1	4
Missing	5	0	2

Did you know the offender?

	<u>N</u>	<pre>% of Sample</pre>	% of Subgroup
Yes	50	4	21
No	166	14	70
Missing	21	2	9

Did you call the police?

	<u>N</u>	<pre>% of Sample</pre>	% of Subgroup
Yes	191	16 <sub>.</sub>	81
No	24	2	10
Missing	22	2	9

22b. Have you been robbed or attacked on the street? (If yes, three questions were asked.)

	<u>N</u>	<u>% of Sample</u>
Yes	44	4
No	1167	95
Missing	17	1

If yes, did this happen in your present neighborhood or somewhere else?

	N	<pre>% of Sample</pre>	% of Subgroup
Present neighborhood	26	2	59
Somewhere else	10	1	23
Missing	8	1	18

Did you know the offender?

	N	% of Sample	% of Subgroup
Yes No Missing	8 33 3	1 3 0	18 75 7
Did you call the police?			
	N	% of Sample	% of Subgroup
Yes No Missing	32 8 4	3 1 0	73 18 9

22c. Have you been threatened or harrassed by kids? (If yes, three questions were asked.)

	<u> </u>	% of Sample
Yes	148	12
No	1064	87
Missing	16	1

If yes, did this happen in your present neighborhood?

		<u> </u>	
	<u>N</u>	% of Sample	% of Subgroup
Present neighborhood Somewhere else Missing	94 18 36	8 2 3	64 12 24
Did you know the offender?			
	<u>N</u>	% of Sample	% of Subgroup
Yes No Missing	74 55 19	6 5 2	50 37 13
Did you call the police?			
	N	% of Sample	% of Subgroup
Yes No Missing	38 88 22	3 7 2	26 59 15

22d. Has something been taken from you by force or threat of force? (If yes, three questions were asked.)

	<u>N</u>	% of Sample
Yes	34	3
No	1174	96
Missing	20	2

If yes, did this happen in your present neighborhood or somewhere else?

	N	% of Sample	% of Subgroup
Present neighborhood Somewhere else Missing	22 8 4	2 1 0	65 24 12
Did you know the offender?			
	<u>N</u>	% of Sample	% of Subgroup
Yes No Missing	10 21 3	1 2 0	29 62 9
Did you call the police?			
	N	% of Sample	% of Subgroup
Yes No Missing	19 12 3	2 1 0	56 35 9

#### Housing Status

Interviewers recorded the type of building in which each respondent lived at the time of the survey. As Table 3-3 indicates, most of the respondents (79%) lived in single family houses; ten percent lived in apartments. The proportions who lived in other types of housing appear in the table.

Questions 23 through 26 ascertained the housing preferences of the aging individuals interviewed. In response to Question 23, 81 percent of the respondents indicated that, given a choice, they would prefer to live in their present residence rather than somewhere else. Among those who would prefer to

<sup>&</sup>lt;sup>8</sup>These proportions are comparable to national figures. See: U.S.D.H.E.W., 1979.

live somewhere else, 26 percent mentioned a specific, negative feature of their neighborhood as the reason for their preference (e.g., too much noise, poor street lighting, fear of crime, etc.); 17 percent mentioned problems with their house or apartment (e.g., place too big, dislike stairs, etc.); and 12 percent mentioned that they dislike the climate of this region. Other, less frequent responses appear in Table 3-3.

Question 24 asked that each of the persons whom we surveyed indicate preferences which would exist for type of building, location of residence, and neighborhood characteristics, if moving from a present residence became necessary. Apartment living was most frequently mentioned as a building preference (38 percent of the respondents). Despite the fact that most respondents lived in single family houses, and that most reported that they want to live where they now live, only 33 percent of the sample mentioned a single family house as their preference if they had to move. If respondents mentioned special characteristics of the buildings which they would prefer, these characteristics were recorded and tallied. As Table 3-3 shows, six percent of the respondents emphasized that a new residence should be small, four percent would want living quarters on or close to the ground floor, and three percent would look especially for safety.

One's own neighborhood clearly emerged as the favorite place of residence among the people whom we interviewed (Question 24). If they had to move, 29 percent of the respondents would want to remain in their own neighborhood; 24 percent would want to move into a St. Paul neighborhood other than their own; 11 percent would want to move to a suburban location near St. Paul; six percent would like to live in a small town or rural area; and eight percent don't know their particular preference for location. Characteristics which respondents would seek in a new neighborhood were quite varied, and up to three were recorded for each interview. Those mentioned by sizeable proportions of the individuals surveyed were: convenient shopping facilities (37%); public transportation nearby (24%); church nearby (15%); safety, good police protection (18%); proximity to friends, children and relatives (17%); privacy (7%); open space (5%); and well-kept surroundings (5%).

Note that the three responses recorded for Question 24c can be added to obtain the total percentage of people who offered a particular response.

Only 11 percent of the respondents indicated that they had plans to move during the next few years (Question 25). When asked whether they would ever like to live in a senior high rise, the majority of respondents (63%) reported that they would not like to do so; 28 percent reported that they would like to do so; and 5% felt uncertain about the idea (Question 26). Most of those who would not like to live in a high rise felt that way for "no particular reason." Two reasons often mentioned were that respondents disliked multiple dwellings (9%) or that respondents considered high rise units too confining or small (9%).

Table 3-3
HOUSING STATUS: INTERVIEW ITEMS 23-26, IR3

# 23. If you had your choice, would you prefer to live where you do now or somewhere else?

	<u>N</u>	% of Sample
Where he/she lives now	992	81
Somewhere else	195	16
Don't know	8	1
Missing	33	3

(If somewhere else, question 23a was asked.)

#### 23a. Why would you rather live somewhere else?

Reason	N	<pre>% of Sample</pre>	% of Subgroup
Negative aspect of the			
neighborhood (noise,	Ε0	· •	
crime, etc.)	50	. 4	26
Problematic features of	22	•	
residence	. 33	3.	1/
Dislike climate	24	. 2	12
Want smaller town	17	1	9
Better access to friends			
and family	15	1	8
Need cheaper housing	10	1	5
Miscellaneous	26	2	13
Don't know	3	. 0	2
Missing	17	1	9

## 24. If you had to move:

a. What type of building would you prefer?

Building Preference	<u>N</u>	% of Sample
Apartment Condominium Single family house Town house Nursing home High-rise Trailer Don't know Missing	460 64 404 44 22 77 16 59 82	38 5 33 4 2 6 1 5 7
Preferred Features	N	% of Sample
Small On ground floor Secure, safe Yard, garden, or porch Low upkeep, maintenance	70 50 35 24	6 4 3 2
free Miscellaneous No characteristics	11 104	1 8
mentioned Missing	852 82	69 7

b. Where would you prefer to live?

Preferred Location	N	<pre>% of Sample</pre>
Same neighborhood St. Paul (other than	357	29
own neighborhood)	298	24
Suburbs (other than own neighborhood)	136	11
Small town/rural	70 165	6
Miscellaneous Don't know	165 92	13 8
Missing	110	9

24. c. What are the most important things you would want in your new neighborhood?

Things wanted in new neighborhood		irst ntion) % of Sample	•	econd ntion) % of Sample		nird ntion) % of Sample
Convenient shopping	110	9	235	19	106	9
Public transportation nearby	211	17	81	7	3	0
Church nearby	186	15	3	0	2	0
Safety, good police						
protection	109	9	104	. 8	12	1
Proximity to friends,						
children, relatives	87	7	79	6	53	4
Privacy	64	5 .	17	1	11	1
Open space	42	3	19	2	5	0
Medical service nearby	23	2	9	1	0	0
Other public services						•
(library, post office, etc.)	17	1	16	1	1	0
Well-kept, pleasant						
surroundings	33	3	17	1	17	1
Miscellaneous	84	7	61	5	31	3
Don't know	110	9		_	_	-
Missing	152	12		-	-	-

25. Do you have any plans to move during the next few years?

	<u>N</u>	% of Sample
Yes	140	11
No	1041	85
Don't know	19	2
Missing	28	2

26. Would you ever like to live in a senior high-rise?

N	% of Sample
348	28
771	63
61	5
48	4
	771 61

(If no, question 26a was asked.)

26a. Is there any special reason why not?

Reasons	<u>N</u>	<pre>% of Sample</pre>	% of Subgroup
No particular reason	173	14	22
Prefer own home	51	4	7
Dislike multiple dwellings	110	9	14
Too confining or small	105	9	14
Bad image as senior			
ghetto/depressing image	44	3	6
Dislikes high buildings	50	4	6
Miscellaneous	89	<b>7</b> ·	12
Don't know	12	0	2
Missing	34	3	4

IR3. Type of building in which respondent lived at time of interview.

	<u>N</u>	% of Sample
Single family house	966	79
Apartment building	118	10
Multi-family house	96	: 8
Senior high-rise	12	1
Townhouse	12	1
Rooming house	8	1
Trailer/mobile home	6	1
Other	10	1

#### Transportation

The frequency with which respondents get out of their homes was ascertained in Question 27. Slightly more than half (52%) of the people surveyed reported getting out of the house every day (Table 3-4). Thirty-five percent reported getting out several times a week; seven percent about once a week; and five percent less often than once a week. Those who leave the house once a week or less often were asked whether they would like to get out more often. Forty-nine percent of these individuals expressed the desire for greater mobility.

In Question 28, the respondents told the interviewers whether or not they used each of eight modes of transportation to get to places where they wish to go. From Table 3-4, it is clear that walking, driving a car, riding with a friend or relative, and taking a bus are widely, even if not frequently, used by the elderly. Paying someone (other than a bus or taxi) and using a special transportation service for seniors are little used options. Respondents

were asked which of these modes they used "most often" and "second most often." Driving a car was reported by the largest proportion of respondents (49%) as the most frequent mode of travel. The second largest proportion of respondents (18%) reported that taking the bus was the mode of travel used "most often." Taking the bus was most frequently mentioned (i.e., by 23 percent of the respondents) as the "second most often" mode of travel.

Fifty-nine percent of the respondents reported living within one block of a bus stop; 29 percent reported living two to three blocks from a bus stop; five percent reported living four to five blocks from a bus stop; and four percent reported living six blocks or more from a bus stop (Question 31).

In Question 32, respondents indicated whether problems with transportation ever keep them from doing things they want to do. Sixteen percent mentioned such problems, the most frequent of which was that the respondent did not drive and had no one to provide transportation when needed. Three of the problems cited were related to use of buses (inconvenient routes, infrequent service, and bus generally difficult to use). Other responses appear in Table 3-4. In suggesting possible remedies for their transportation problems, most of the persons who experienced those problems suggested improvements of one sort or another in the bus service available to them.

About half of the respondents stated that they avoid going outside during the winter (Question 33), and 14 percent stated that they had problems crossing streets (Question 34). The street crossing problems were most often attributable to physical impairments or disabilities (i.e., problems walking, poor eyesight or other physical problems). Icy, winter conditions also produced problems for some of the respondents.

Almost half of the persons surveyed felt that they would use a special door-to-door transportation service if such a service were available (Question 35). The vast majority of those who would use such a service (82%) would be willing to pay to use it.

Table 3-4
TRANSPORTATION: INTERVIEW ITEMS 28-35

27. Could you tell me about how often you go out of the house each week? Do you go out <u>everyday</u>, <u>several times a week</u>, about <u>once a week</u> or less often?

	_N_	<u>% of Sample</u>
Everyday	638	52
Several times a week	434	35
About once a week	87	7
Less often	63	5
Missing	6	1

(If about once a week or less often, question 27a was asked.)

27a. Would you like to get out more often than you do now?

	<u>N</u>	<pre>% of Sample</pre>	% of Subgroup
Yes	73	6	49
No	59	5	39
Missing	18	2	12

28. How do you get to places where you wish to go? Do you ever:

			Yes		No	Mi	ssing
		<u>N</u>	% of Sample	<u>N</u>	% of Sample	N	% of Sample
a.	Walk?	717	58	506	41	5	0
b.	Drive a car?	723	59	502	41	3	0
С.	Ride with someone who lives with you?	509	41	715	58	4	0
d.	Ride with a friend or relative who does not live with you?	759	62	464	38	5	0
e.	Take a bus?	694	57	529	43	5	0
f.	Take a taxi?	245	20	978	80	5	0
g.	Pay someone to take you?	109	9	1114	91	5	0 '
h.	Use a special trans- portation service for seniors?	74	6	1149	94	5	0

# 29. Which one of these ways do you use most often?

Means used most often	<u>N</u>	<pre>% of Sample</pre>
Walk	87	7
Drive	603	49
Ride with someone who	100	
lives with you	163	13
Ride with a friend or relative who does not		
live with you	121	10
Take a bus	220	18
Take a taxi	14	1 ,
Pay someone to take you	4	0
Use a special transportation	_	•
for seniors	5	0
Missing	11	1

# 30. Which one of these ways do you use second most often?

Means used second most often	N	% of Sample
Walk	258	21
Drive	95	8
Ride with someone who		
lives with you	146	12
Ride with a friend or		•
relative who does not		•
live with you	237	19
Take a bus	283	23
Take a taxi	42	3
Pay someone to take you	11	1
Use a special transportation		
for seniors	11	1
No second mode	95	8
Missing	50	4

### 31. How close is the nearest bus stop?

N	<pre>% of Sample</pre>
728	59
354	29
65	5
43	4
19	2
19	2
	354 65 43 19

32. Do problems with transportation ever keep you from doing things that you want to do?

	N	% of Sample
Yes	193	16
No	1010	82
Don't know	2	0
Missing	23	2

(If yes, questions 32a and 32b were asked.)

32a. What problems are these?

<u>Problem</u>	N	% of Sample	% of Subgroup
Bus service too infrequent	20	2	10
Bus routes inconvenient	21	2	11
Other bus problems	13	1	6
Cannot drive, have no			
one to drive	38	3	20
Unable to reach specific			,
location, e.g. doctor			
(no reason specified)	20	2	10
Restricted by winter			
conditions	22	2	11
Need an escort	9	1	4
Can't afford gas or bus	9	1	4
Miscellaneous	38	3	20
Missing	3	0	2

32b. What could help you?

What Could Help	<u>N</u>	% of Sample	% of Subgroup
Some special form of transit (shuttle, etc.) Better bus service (general) Bus routes closer to home More frequent bus service Miscellaneous Don't know Missing	32 15 13 15 38 41 39	2 1 1 3 3 3	17 8 7 8 20 21 20

33. During the winter, when ice and snow are on the ground, do you try to avoid going outside?

	<u>N</u>	<pre>% of Sample</pre>
Yes	602	49
No	584	48
Missing	42	3

34. Do you have any problems crossing streets?

	<u>N</u>	% of Sample
Yes	168	14
No	1011	82
Missing	49	4

(If yes, question 34a was asked.)

34a. What are they?

Problem	N	% of Sample	% of Subgroup
Poor eyesight/blindness	22	2	13
Problems walking	33	3	20
Can't move quickly enough	24	2	14
Ice, snow, winter conditions	41	3	24
Streets too busy	15	1	9
Miscellaneous	26	2	15
Missing	7.	1	4

35. If a special service were available to provide door-to-door transportation around the area would you use this service?

	<u>N</u>	<u>% of Sample</u>
Yes	563	46
No	591	48
Don't know	22	2
Missing	52	4

(If yes, question 35a was asked.)

35a. Would you only use it if it were free, or would you be willing to pay a dollar or two?

	<u>N</u>	<pre>% of Sample</pre>	% of Subgroup
If free	76	6	13
Willing to pay	464	38	82
Don't know	15	1	3
Missing	8	1	. 1

### Knowledge and Use of Services

Questions 36 and 37 elicited each individual's knowledge about six services available to older people. Interviewers mentioned each type of service, and the respondents simply stated whether or not they had ever heard of such a service. As Table 3-5 indicates, recognition of these six services varied greatly from service to service. Only seven percent of the respondents reported that they had ever heard of the "Know Phone," Information and Referral. Eighty-eight percent reported that they had heard of home delivered "meals-on-wheels." This was the most recognized service, perhaps because of the catchy label. Recognition of other services fell in between the extreme of seven percent and 88 percent; discounts on prescriptions (75%); congregate dining (59%); home help services (57%); and senior citizens clinics (55%). Within this section, a "bogus" knowledge item, laundry services for seniors, was inserted. Five percent of the respondents reported knowing about such services.

Claimed knowledge of service does not, of course, demonstrate the actual ability to access such service if the need arose to do so. Therefore, Question 38 asked the respondents how they thought they would find an appropriate agency in the community if they had a problem. Thirty-two percent of the respondents stated that they had no idea how to go about finding an agency which could provide helpful service. Twenty-three percent suggested that they might go to a phone book, although they were frequently uncertain as to whether the phone book could serve their purpose. A variety of other conduits to the right agency were suggested, such as calling a local community center, contacting a friend or relative, calling a government agency, etc.

Question 39 ascertained where people who actually look for information on programs or services available to the elderly find such information. Twenty-four percent of the respondents stated that they look for information about programs and services for the aging. Of that 24 percent, most tended to look in the newspaper, while many others relied upon senior newsletters or personal contacts.

The "Know Phone" was an information service available by phone to all Ramsey County residents. Individuals could call the "Know Phone" to learn the names of agencies which provide health and human services which they would like to receive.

Question 40 listed eight types of service available to older people. The interviewers read this list, and respondents stated whether or not they had ever used each service. If a respondent had used a particular service, he or she was then asked about satisfaction with the service and about problems that may have been experienced in using the service. The percentages of respondents who used the various services appear in the table. Congregate dining had the largest usage (14%); and senior clinics had the second largest (12%). The total number of services used was tallied for each respondent. Sixty-seven percent used none of the eight services; 23 percent used one service; seven percent used two services; and three percent used three or more services.

Satisfaction with the various services was quite high, as Table 3-5 indicates. The only service for which users tended to be more dissatisfied than satisfied was employment services (for which 36 percent of the users said they were not satisfied). For congregate dining, the most frequently used service, 80 percent of the users reported satisfaction, and nine percent reported dissatisfaction. Service users reported very few specific problems with the services which they had used.

In Question 41, respondents were asked whether they had ever tried to use a service, but were unable to do so. Three percent responded affirmatively. (It is appropriate to reiterate at this point that, although three percent is a small proportion, it nonetheless indicates problems among a large number of people. That is, to the extent that it represents three percent of the approximately 65,000 Ramsey County residents aged 60 and over in the free community, the numbers involved (approximately 2,000 persons) are not inconsequential.) Among those who reported problems obtaining service, a surprising 25 percent were unable to obtain transportation. <sup>11</sup> Other problems obtaining service were distributed more or less evenly among the service categories of Question 40. Those who couldn't obtain a service which they sought frequently mentioned either the inability to find that particular service or the inability to obtain the service immediately when needed as the principal reason for their problem.

<sup>11</sup> The importance of this finding, despite the small number of respondents involved, is enhanced by the analysis in Chapter 5 which reveals an association between having transportation problems and having problems within other domains.

Orientation towards, or away from, formal social services was tallied by means of Question 42. Sixty-three percent of the older people surveyed reported that, if a community agency could help them with a problem, they would use the available service. Thirty percent reported that they would look for some way other than a formal agency to solve the problem. Eighty-eight percent of the respondents reported that their family or friends would not object to the use of such service (Question 43); while four percent reported that family or friends would object.

Question 44 ascertained whether a respondent had, since turning age 60 used counseling services. (The use of counseling services was separated from Question 40 because of the broad, general nature of the term "counseling." It was felt that the reasons for using such services might be elaborated so that respondents could reply meaningfully to the question.) Two percent of the respondents stated that they had used counseling services. Most of those individuals were satisfied with what they had received and did not feel they had any major problems with the service itself.

In response to Question 45, 52 percent of the respondents reported that they make decisions about big purchases or spending a lot of money with a spouse; 23 percent make such decisions alone; and 20 percent first talk those decisions over with friends and family.

Table 3-5

KNOWLEDGE AND USE OF SERVICES: INTERVIEW ITEMS 36-45

36. Have you ever heard of the "Know Phone," Information and Referral?

	<u>N</u>	<pre>% of Sample</pre>
Yes No	80 1096	7 89
Missing	52	4

37. I would like to mention some services which are provided to people over age 60 in some places. Please tell me if you have ever heard about these services. Have you ever heard about:

			Yes % of		No % of	Mi	ssing % of
		<u>N</u>	Sample	<u>N</u>	Sample	<u>N</u>	Sample
a.	Congregate dining?	723	59	462	38	43	4
b.	Laundry services for seniors?	63	5	1122	91	43	4
с.	Home delivered "meals-on-wheels"?	1075	88	111	9	42	3
d.	Home-help services?	694	57	489	40	45	4
e.	Senior citizen clinics?	681	56	500	41	47	4
f.	Discounts on prescription for seniors?	ns 917	<b>7</b> 5	266	22	45	4

38. If you had a problem and you wanted to get in touch with an agency which could help you to solve that problem, how do you thing you would find the right agency?

Means for Finding Agency	<u>N</u>	<pre>% of Sample</pre>
Phone books	282	23
Call government agency Call community center	89 45	/ 4
Call Wilder Foundation	68	6
Call clergy or other professional	51	4
Contact family member or friend	107	9
Miscellaneous	138	11
Don't know	394	32
Missing	54	4

39. Do you ever look for information about programs or services available to people of your age?

	<u>N</u>	% of Sample
Yes	300	24
No	889	72
Missing	39	3

(If yes, question 39a was asked.)

39a. Where do you usually get that information?

	<u>(First Mention)</u>			(	(Second Mention)		
		% of	% of		% of	% of	
	<u>N</u>	<u>Sample</u>	Subgroup	_N_	<u>Sample</u>	Subgroup	
Phone book	16	1	5	12	1	4	
Newspapers	. 99	8	33	16	1	5	
Through family members						_	
or friends	39	3	_13	26	2	9	
Senior newsletter	71	6	24	7	$\bar{1}$	2	
Television/radio	15	1	5	25	2	8 .	
Miscellaneous	54	4	18	57	5	.19	
Missing	6	1	2		_	_	

40. Now I would like to ask you about services which you might have used. If you have used any of the services which I mention next, I will ask you their names and I will ask what you thought about them. Since you've turned age 60, have you used:

#### a. Senior Advocates

	<u>N</u>	% of Sample
Yes No	17 1205	1
Missing	6	1

If yes, were you satisfied?

	N	<pre>% of Sample</pre>	% of Subgroup
Satisfied Not satisfied	14 2	1 0	82 11
Missing	1	0	5

	<u>N</u>	% of Sample	% of Subgroup
None Didn't help	13 1	1 0	76 6
Missing	3	0	18

### 40. b. Home-delivered "Meals-on-wheels"

	N	% of Sample
Yes	70	6
No	1152	94
Missing	6	1

If yes, were you satisfied?

	<u>N</u>	<pre>% of Sample</pre>	% of Subgroup
Satisfied	45	4	64
Not satisfied	13	1	19
Missing	12	1	17

What problems did you have getting the service you wanted?

No. of the second	Ň	% of Sample	% of Subgroup
None	42	3	60
Disliked food	6	1	9
Other	5	0	. 7
Missing	17	1	24

### c. Congregate Dining

	N	% of Sample
Yes	176	14
No	1046	85
Missing	6	1

If yes, were you satisfied?

	<u>N</u>	% of Sample	% of Subgroup
Satisfied Not satisfied	141 16	12	80 9
Missing	19	2	11

	<u>N</u>	% of Sample	% of Subgroup
None Miscellaneous	136 11	11 1	77 6
Missing	29	2	16

40. d. Employment services especially for older people.

	<u>N</u>	<pre>% of Sample</pre>
Yes	14	1
No	1206	98
Missing	8	1

If yes, were you satisfied?

	<u>N</u>	<pre>% of Sample</pre>	<u>% of Subgroup</u>
Satisfied	3	0 0 1	21
Not satisfied	5		36
Missing	6		43

What problems did you have getting the service you wanted?

	<u>N</u>	% of Sample	% of Subgroup
None	4	0	25
Miscellaneous	2	0	13
Missing	8	1	50

e. Community clinics or health programs especially for older people

	<u>N</u>	% of Sample
Yes No	153 1069	12 87
Missing	6	1

If yes, were you satisfied?

	<u>N</u>	% of Sample	% of Subgroup
Satisfied	128	10	84
Not satisfied	8	1	5
Missing	17	1	11

	N	% of Sample	<u>% of Subgroup</u>
None Miscellaneous	121 5	10	79 3
Missing	27	2	18

## 40. f. Nursing service for people confined to bed

		N	% of Sample
Yes	\$ .	32	3
No		1189	97
Missing		7	1

If yes, were you satisfied?

	<u>N</u>	<pre>% of Sample</pre>	% of Subgroup
Satisfied Not satisfied	25 1	2	78 3
Missing	6	1	19

What problems did you have getting the service you wanted?

	<u>N</u>	% of Sample	% of Subgroup
None	24	2	75
Miscellaneous	1	0	3
Missing	7	1	22

### g. Home-help or chore service

	<u>N</u>	% of Sample
Yes	32	3
No	1189	97
Missing	7	1

If yes, were you satisfied?

	<u>N</u>	<pre>% of Sample</pre>	% of Subgroup
Satisfied	21	2	66
Not satisfied	5	0	16
Missing	6	1	19

	<u>N</u>	% of Sample	% of Subgroup
None	17	2	53
Miscellaneous	6	1	19
Missing	9	1	28

# 40. h. Transportation service for older people

	<u>N</u>	<pre>% of Sample</pre>
Yes	59	5
No	1169	95
Missing	8	1

If yes, were you satisfied?

	N	% of Sample	% of Subgroup
Satisfied	47	4	80
Not satisfied	5	0	8
Missing	7	1	12

What problems did you have getting the service you wanted?

	N	% of Sample	% of Subgroup
None	45	4	76
Miscellaneous	4	0	7
Missing	10	1	17

41. Did you ever try to use a service like one of those I just mentioned, but you were unable to do so?

	<u>N</u>	% of Sample
Yes	40	3
No	1156	94
Missing	32	3

(If yes, questions 41a and 41b were asked.)

# 41a. What service did you try to use?

Service	<u>N</u>	% of Sample	% of Subgroup
Legal assistance	3	0	8
Meals-on-wheels	6	1	15
Congregate dining	3	0	8
Community clinics	4	0	10
Nursing service	3	0	8
Home-help, chore service	6	1	15
Transportation service	10	1	25
Food stamps	2	0	5
Tutoring	1	0	3
Don't know	2	0	5
Missing	0	0	0

41b. Why were you unable to use it?

Problem	<u>N</u>	<pre>% of Sample</pre>	% of Subgroup
Couldn't find/unable to locate Unable to obtain service	6	1	15
soon enough Service contacted couldn't	6	1	15
help with problem	5	0	13
Miscellaneous	20	2	50
Don't know	1	0	3
Missing	2	0	5

42. In general, if you had a problem and could get help from a place such as those I just mentioned, would you <u>use the service</u>, or would you look for some <u>other way</u> to solve the problem?

	<u>N</u>	% of Sample
Use service	769	63
Other way	363	30
Don't know	37	3
Missing	59	5

43. If you wanted to use a service like the ones just mentioned, would your family or friends object to it?

	<u>N</u>	% of Sample
Yes	53	. 4
No	1085	88
Don't know	24	2
Missing	66	5.

44. Since you were 60 years old, have you ever used counseling services for such things as family problems, loneliness, help during illness, or death of a relative or friend?

	N	% of Sample
Yes	30	2
No	1156	94
Missing	42	3

(If yes, questions 44b and 44c were asked.)

44b. Were you satisfied or not satisfied with the service you received?

	<u>N</u>	<pre>% of Sample</pre>	% of Subgroup
Satisfied	23	2	77
Not satisfied	4	Ü	13
Missing	3	0	10

44c. What problems did you have receiving the service you wanted?

	N	% of Sample	% of Subgroup
None	14	1	47
Miscellaneous	7	1	23
Don't know	1	0	3.
Missing	8	1	27

45. When you make decisions about big purchases or spending a lot of money, do you make these decisions alone or with your spouse, or do you talk them over with friends or family?

<u>N</u>	% of Sample
287	23
639	52
245	20
57	5
	639 245

#### Legal Status

Question 46 through 50, which appear in Table 3-6, constitute a mix of open ended and precategorized questions designed to assess respondents' perceptions of the fulfillment of their legal needs, use of the legal system, and satisfaction with legal services. Nineteen percent of the respondents reported that they had a "legal need" during the year previous to the interview. That need most often involved the making or probating of a will. Other problems frequently mentioned were real estate purchases, distribution of property after death of a family member, and tax or insurance problems.

Forty-one percent of the individuals surveyed had used a lawyer since they turned age 60 (Question 47). Virtually all of those who used a lawyer (90%) used a private attorney. The types of activity for which lawyers were used paralleled the legal needs expressed in the previous question (making a will, real estate purchase, etc.). Those who used a lawyer reported a high level of satisfaction. The few who were dissatisfied most often felt that their attorney had done poor work or that the attorney didn't finish the work.

Fifty-three percent of the respondents had used a lawyer before turning age 60, while 43 percent had not used a lawyer in those early years (Question 48).

Question 49 asked whether four types of events which may have produced a need for legal service had occurred during the five years previous to the interview. The proportion of individuals who experienced each of these events was: six percent who had trouble obtaining Social Security or Medicare benefits; one percent who had a dispute with a landlord (which constituted six percent of the people who rented their house or apartment); 29 percent who needed to write or revise a will; and three percent who felt that someone was trying to take away part of their property or belongings.

Respondents who reported one or more of these experiences were asked whether they had used a lawyer to help them do what they had wanted to do, and if not, why they hadn't used a lawyer. Of the individuals who reported problems and who responded to Question 49e, 72 percent had used a lawyer, and 28 percent had not done so. Not using a lawyer was most often attributed to the alleged ability of the respondent to resolve the problem directly or with the help of a non-barrister. Also, many respondents indicated that they simply hadn't taken any steps to alleviate their difficulty.

At the time of the interview, 60 percent of the older people surveyed reported that they had a lawyer to whom they would go for any legal needs which might arise; and 37 percent reported that they did not have a lawyer (Question 50).

The number of respondents who answered "yes" to one or more of Questions 49a through 49d equals 455. However, due to an error in the interview form, only 306 of them were asked Question 49e. Thus, percentages of 72 percent (users) and 28 percent (non-users) were calculated with a denominator of 306.

Table 3-6
LEGAL STATUS: INTERVIEW ITEMS 46-50

46. Do you feel that you had a "legal need" during the past year?

	N	% of Sample
Yes	230	19
No	953	78
Don't know	1	0
Missing	44	4

(If yes, question 46a was asked.)

46a. What was that need?

<u>Legal Need</u>	N	% of Sample	% of Subgroup
Making or probating a will Real estate purchase Distribution of property Tax or insurance problem Accident settlement Housing problem Miscellaneous	89 48 18 14 9 7	7 4 2 1 1 1 3	39 21 8 6 4 3 17
Don't know Missing	1 6	$egin{array}{c} 0 & \cdot & & & \\ 1 & & & & \end{array}$	0 3
-			~

47. Since you turned age 60, have you used a lawyer for any reason?

	_ <u>N</u> _	% of Sample
Yes	507	41
No	693	56
Don't know	1	0
Missing	. 27	2

(If yes, questions 47a, 47b, and 47c were asked.)

47a. Did you use a private attorney, Legal Aid, Senior Advocates or someone else?

	<u>N</u>	<pre>% of Sample</pre>	% of Subgroup
Private attorney Legal Aid	456	37	90
Senior Advocates	13	1	3
Someone else Missing	10 20	2	2 4

47b. For what type of activity did you use a lawyer?

	N	<u>% of Sample</u>	% of Subgroup
Automobile	21	. 2	4
Workmen's compensation	2	0	0
Divorce or other family		_	
problems	11	1	2
Making or probating a will	258	21	51
Distribution of property	62	5	12
Tenant/landlord, housing			
or rent problem	5	0	0
Home purchase or other			
real estate problem	106	9	21
Debt	1 .	0	0
Difficulty with medical care	,		
or medical bills	3	0	0
Tax or insurance problem	10	1	2
Criminal charges	3	0	0
Discrimination	1	0	0 .
Other	20	2	4
Missing	4	0	0

47c. How satisfied were you with the legal help you received?

	<u>N</u>	% of Sample	% of Subgroup
Very satisfied	319	26	63
Satisfied	129	11	25
Dissatisfied	22	2	4
Very dissatisfied	16	1	3
Missing	21	2	4

(If dissatisfied or very dissatisfied, question 47d was asked.)

47d. If there was something about the legal service that you didn't like, could you tell me what it was?

	N	% of Sample	% of Subgroup
Poor work by attorney	13	1	34
Attorney didn't finish work	11	1	29
Too expensive	7	1	18
Miscellaneous	4	0	11
Missing	3	0	8

48. Before you turned age 60, did you ever use a lawyer for any reason?

<u>N</u>	% of Sample
653	53
523	43
2	0
50	4
	523 2

- 49. Could you tell me whether any of the following things have occurred during the past five years?
  - a. You had trouble obtaining Social Security or Medicare benefits.

	<u>N</u>	% of Sample
Yes	68	6
No	1139	93
No Missing	21	2

b. You had a dispute with a landlord

	_ <u>N</u>	% of Sample
Yes	11	1
No	181	15
Not applicable	1032	84
Missing	4	0

c. You needed to write or revise a will.

	N	<pre>% of Sample</pre>
Yes	356	29
No	844	69
Missing	28	2

d. You felt that someone was trying to take away part of your property or belongings.

	<u>N</u>	% of Sample
Yes	41	3
No	1156	94
Missing	31	. 3

(If yes to any of the above four, question 49e was asked.)

49e. Did you use a lawyer to help you do what you wanted to do?

•	<u>N</u>	% of Sample
Yes	219	18
No	<b>87</b>	7
Missing	149	12

(If no, question 49f was asked.)

### 49f. Why didn't you use a lawyer?

Reason	N	<pre>% of Sample</pre>	% of Subgroup
Resolved problem without lawyer Haven't taken care of	23	2	26
problem yet Miscellaneous	18 28	2 2	20 32
Missing	18	2	21

50. Do you presently have a lawyer to whom you would go for any legal needs which might arise?

	N	% of Sample
Yes	736	60
No	453	37
Don't know	4	0
Missing	35	3

### Senior Centers

Question 51 shifted the orientation of the interview to a focus upon participation in community/senior centers. Fifty-one percent of the respondents stated that their neighborhood had a senior center or place operated especially for seniors; 33 percent stated that their neighborhood did not have such a center; and 14 percent felt that they didn't know whether their neighborhood had such a center (Table 3-7). Great variety existed among the types of settings which individuals considered to be senior centers. Approximately 100 different centers were named--ranging from the Wilder Senior Center and other extensively developed programs to rooms which churches made available to older persons for just a few hours each week. Most of those who felt that their neighborhood had a center reported that the center was two miles or less from their home. However, a few individuals reported themselves as living four or more miles from their "neighborhood" center.

<sup>&</sup>lt;sup>13</sup>The names of the centers were requested in the interview, but are not reported here because of: the large number of centers named; the small number of persons who mentioned each center; and the fact that many persons referred to their centers in terms incomplete for positive identification.

Most persons (68%) who stated that they were residents of neighborhoods with senior centers did not visit their centers (Question 51c). Eighty-one percent of the sample as a whole (i.e., including residents of neighborhoods with and without centers) never visit a senior center in their own neighborhood. About five percent of the respondents visited their local centers on a weekly basis or more often. A Nonetheless, thirty-four percent of the sample (68 percent of the persons whose neighborhoods had senior centers) reported that they used their centers as much as they would like (Question 51d). Fourteen percent of the sample (27 percent of those whose neighborhoods had senior centers) stated that some obstacle deterred them from using their center as often as they would like. The most frequent obstacle cited was a lack of free time; other obstacles included transportation impediments; physical or health problems which restrict mobility, the need to care for a disabled spouse, and the time demands of employment.

Question 52 was intended specifically to assess knowledge and use of the Wilder Foundation's Senior Center in downtown St. Paul. Fifty-three percent of the older people who were interviewed stated that they knew where the Wilder Senior Center is located. Those who stated such knowledge were asked whether they had ever visited the Center. Forty-four percent had done so (23 percent of the total sample). Visitors were then asked about formal membership, frequency of visiting the Center, and obstacles to going to the Center. Ten percent of the sample had a Wilder Senior Center membership card. 15 Eight percent reported visiting the Center one to 18 times per year; while two percent reported visits on the average of once per week or more often. Nine percent of the respondents cited obstacles which kept them from using the Center as often as they would like. A "lack of time" was most frequently mentioned. Other frequently mentioned obstacles were transportation problems and physical or health problems which restrict mobility.

That is, the total of people in the categories 45-78, 79-234, and 235-265 in Question 51c, Table 3-7.

 $<sup>^{15}</sup>$ This figure was expected since Center records showed a membership of roughly eight to nine percent of the persons 60 and over in Ramsey County.

Survey participants had the opportunity to manifest their creativity in response to Question 53 which solicited suggestions of the "most important activities" which should be offered for older persons in their own neighborhood. Up to three suggestions were recorded. A large proportion of respondents (19%) did not mention a specific activity, but stated rather that "companionship" or "a place to be with friends" was most important for senior centers to offer. Nineteen percent mentioned simply that "recreation" was important. Other suggestions included: card playing (15%); crafts, such as sewing, ceramics, weaving, etc. (14%); classes or discussion groups with suggested topics such as current events, music, making a will, and financial planning (11%); congregate meals (8%); travel (7%); and table games (5%). About 35 percent of the respondents said that they really didn't know what local senior centers ought to offer.

Table 3-7
SENIOR CENTERS: INTERVIEW ITEMS 51-53

# 51. Does your neighborhood have its own senior center or place especially for seniors?

	<u>N</u>	% of Sample
Yes	620	51
No	407	33
Don't know	166	14
Missing	35	3

(If yes, questions 51b, 51c, and 51d were asked.)

### 51b. How far is the Center from your home?

<u>Distance</u>	<u>N</u>	% of Sample	% of Subgroup
0.5 miles or less	271	22	44
0.6 to 1.0 miles	169	14	27
1.1 to 1.5 miles	27	2	4
1.6 to 2.0 miles	42	3	7
2.1 to 3.0 miles	32	3	5
3.1 to 4 miles 4.1 miles or more	11	1	2
	8	- 1	1
Don't know	31	3 2	5
Missing	29		5

51c. About how often would you say that you go to the Center?

<u>Visits</u> per year	N	<pre>% of Sample</pre>	% of Subgroup
None 1 to 18 19 to 44 45 to 78 79 to 234 235 to 365	421 97 24 32 14 1	34 8 2 3 1	68 16 4 5 2
Missing	31	3	5

### 51d. Does anything keep you from using the Center as much as you would like?

	N	% of Sample	% of Subgroup
Yes No Missing	167 419 34	14 34 3	27 68 5
(If yes, specify.)			
Impediment to Using Center	N	% of Sample	% of Subgroup
Lack of time Transportation problems Physical, health problems Caring for disabled Employment demands Nothing offered of interest Miscellaneous Don't know Missing	36 19 23 16 16 21 32 1	3 2 2 1 1 2 3 0	22 11 14 10 10 13 19 0

# 52. Do you know where the Wilder Senior Citizens Center is located?

	<u>N</u>	% of Sample
Yes	655	53
No	537	44
Missing	36	3

(If yes, question 52a was asked.)

# 52a. Have you ever visited the Center?

	N	<pre>% of Sample</pre>	% of Subgroup
Yes	286	23	44
No	367	30	56
Missing	2	0	0

(If yes, questions 52b, 52c, and 52d were asked.)

52b. Do you have a membership card?

	<u> N</u>	<pre>% of Sample</pre>	% of Subgroup
Yes	122	10	43
No	164	13	57
Missing	0	0	. 0

52c. About how often would you say that you go to the Wilder Senior Citizens Center?

<u>Visits</u> per year	<u>N</u>	<pre>% of Sample</pre>	% of Subgroup
None 1 to 18 19 to 44 45 to 78 79 to 234 235 to 365 Don't know	112 102 11 15 10 5	9 8 1 1 0 2	39 36 4 5 3 2
Missing	12	$\overline{1}$	4

52d. Is there anything which keeps you from going to the Wilder Center as often as you would like?

	N	% of Sample	% of Subgroup
Yes No Don't know Missing	108 167 2 9	9 14 0 1	38 58 1 3
(If yes, specify.)			
Impediment to Using Center	N	% of Sample	% of Subgroup
Lack of time Transportation problems Physical, health problems Caring for disabled spouse Employment demands No activities of interest No companion Miscellaneous Missing	30 25 18 2 7 5 4 16	2 2 2 0 1 0 0 1	28 23 17 2 6 5 4 15

53. Many community centers offer activities specially designed for older persons. What do you think are the most important activities which should be offered for older persons in their own neighborhood?

	Ch	oice 1 % of	Cho	oice 2 % of	Ch	oice 3 % of
Recommended Activities	<u>N</u>	Sample	<u>N</u>	Sample	<u>N</u>	Sample
Companionship; place to be					•	
with friends	164	13	48	4	24	2
Card playing	106	9	63	. 5	13	1
Crafts	89	8	50	4	25	2
Classes, discussion groups	43	4	62	5	24	2
Congregate meals	52	4	33	3	10	1
Table games	20	2	20	2	10	1
Recreation	116	9	81	7	40	3
Travel	31	3	29	2	19	2
Health screening	16	1	14	1	8	1
Transportation	22	2	17	1	5	0
Miscellaneous	76	6	43	4	39	3 -
Don't know	426	35	-	-	-	_
Missing	67	5		-	-	-

### Spiritual Status

Various aspects of religious participation, as well as impediments to such participation, were explored in Questions 54 through 57. Membership in a formal religious organization is relatively high--83 percent of the sample (See Table 3-8). Forty-seven percent of the church members identified themselves as Catholic, and 26 percent identified themselves as Luthern. Much smaller proportions of respondents fell into other religious categories, as Table 3-8 indicates. Fifty-seven percent of the church members (47 percent of the total sample) reported that they are never visited by someone from their church; 14 percent reported that such visits occurred once per year; and 14 percent reported that such visits occurred six or more times per year. Eight percent of the sample reported having discussed problems with a clergy member during the year previous to the interview. Twenty-one percent of the respondents stated that they take part in activities for people 60 and older at their church.

The ambiguity of this question must be noted. The intention was to ascertain the frequency of visits by clergy or other, official church representatives. Interviewers were instructed to convey this intention, if respondents had a query. However, some respondents may have counted a visit from any member of their congregation. Thus, the frequencies for this question may reflect an artificially high number of visits by clergy.

Average attendance at religious services for the persons interviewed is 45 times per year (Question 55). About half of the sample reported roughly weekly attendance. Eight percent attend more often than once per week; 24 percent attend between one and 40 times per year; and 16 percent never attend. 17

The vast majority of respondents (86%) felt that enough religious activities exist in their area (Question 56); three percent felt that not enough activities exist; and six percent didn't know whether enough activities exist. Suggestions by respondents of additional religious activities which might be needed apear in the table. Fourteen percent of the sample stated that they personally have trouble taking part in religious services as often as they would like (Question 57). The most often cited cause of this trouble was a physical or health problem which limited mobility (39 percent of those with trouble). Other problems often mentioned were inadequate transportation to church and the inability to leave a disabled spouse or family member to whom the respondent provides care.

Table 3-8
SPIRITUAL STATUS: INTERVIEW ITEMS 54-57

### 54. Are you now a member of any church or synagogue?

	<u>N</u>	<pre>% of Sample</pre>
Yes	1016	83
No	203	17
Missing	9	1

(If yes, questions 54a, 54b, 54c, and 54d were asked.)

<sup>17</sup> Question 55 was asked of all respondents, regardless of whether they had identified themselves as members of a church or synagogue.

54a. What religion is that?

Religion	<u>N</u> _	<pre>% of Sample</pre>	% of Subgroup
Catholic	475	39	47
Lutheran	267	22	26
Methodist	52	4	4
Presbyterian	63	5	5
Other Protestant	100	8	10
Protestant (unspecified)	35	3	3
Jewish	14	1	ĺ
Other	7	1	1
Missing	3	0	Õ
			•

54b. About how often does someone from the church come to visit you?

Times per year	N	% of Sample	% of Subgroup
0 1 2 3 to 5 6 or more Don't know Missing	575 144 78 32 139 24	47 12 6 3 11 2	57 14 8 3 14 2
111331119	24	2	2

54c. During the past year, have you discussed any problems with a clergyman from there?

	N	<pre>% of Sample</pre>	% of Subgroup
Yes No Don't know Missing	100 891 1 24	73 0 82	10 88 0 2

54d. Do you take part in any special activities for people over age 60 at your church?

	N.	% of Sample	% of Subgroup
Yes	257	21	25
No	737	60	73
Missing	22	2	2

55. About how often do you go to church?

Annual Church Attendance	<u>N</u> .	<pre>% of Sample</pre>
Never 1 to 5 6 to 19 20 to 40 41 to 60 61 to 325 326 to 364	196 99 98 94 616 63 26	16 8 8 8 8 50 5
Don't know Missing	14 22	1
111331119	22	۷

56. Do you feel that there are enough religious activities in this area for people who want them?

	<u>N</u>	% of Sample
Yes	1057	86
No	35	3
Don't know	77	6
Missing	59	5

(If no, question 56a was asked.)

56a. What else do you think is needed?

Needed Religious Activity	N	% of Sample	% of Subgroup
Greater variety of churches Activities attracting all	6	0	17
ages	6	0	17
Miscellaneous	10	_ 1	29
Don't know	8	1	23
Missing	5	0	. 14

57. Do you have any trouble taking part in religious services as often as you would like.

	N	% of Sample
Yes	171	14
No	1003	82
Don't know	. 2	0
Missing	52	4

(If yes, question 57a was asked.)

57a. What kind of trouble do you have?

Problem Problem	N	% of Sample	% of Subgroup
Physical disability, health problem	67	5	39
Transportation problem	64	5	37
Caring for disabled spouse	12	1	. 7
Lack of time	10	1	5
Miscellaneous	16 ^	2	9
Missing	2	0	1

### Family/Social Ties

The next set of questions elicited information on the family and friend networks of the survey participants. The intention was to learn not only the number of kin and other close associates with whom the survey participants had contact but also the functions performed by this set of individuals.

Table 3-9 indicates the number of living children which each of the respondents had: 20 percent had no living children; 15 percent had one; 25 percent had two; 19 percent had three; ten percent had four; and 11 percent had five or more. When looking at the number of children who reside in the Twin Cities, the figures shift slightly: 29 percent had no children in the area (i.e., the 20 percent of the sample who had no living children plus nine percent of the sample all of whose children reside outside of the Twin Cities); 26 percent had one child in the area; 22 percent had two; and 21 percent had three or more.

Contact with children--in person or by phone--was ascertained by Question 58b. Seventy-one percent of the sample reported at least weekly contact with one or more children. Looking only at the respondents who had living children, 91 percent had contact with one or more of those children at least once per week.

Question 58c included a list of activities in which older people may have engaged with their children. The percentages of respondents who reported taking part in each of these activities during the year previous to the interview were: having dinner at the children's house (69%); hosting dinner for the children (68%); shopping with the children (56%); helping children do things around their house (42%); receiving help from children to do things around the house (61%); giving money to children (38%); receiving money from children (13%); going to a show or ballgame or on a trip with children (41%).

The majority of the respondents (61 percent of the total sample, 77 percent of the persons with children) felt that the amount of time spent with children was "about right." However, 14 percent of the respondents (17 percent of the persons with children) felt that they spent too little time with their children. Only four percent of the respondents felt that their children should help them to a greater extent. Those who wanted help mentioned most often the desire for help with chores around the house.

Seventy-nine percent of the survey participants have relatives or inlaws, besides children, in the Twin Cities area (Question 59). Nineteen percent do not have such kin close by.  $^{18}$ 

In response to Question 60, the individuals whom we surveyed indicated the number of people whom they considered their "close friends." The definition of a "close friend" was left in their hands; and the number of people whom respondents included in their friendship circles varied widely. Six percent reported having no close friends at all; 16 percent reported one to three; 24 percent reported four to six; five percent reported seven to nine; 19 percent reported ten to twelve; 12 percent reported thirteen to twenty-nine; and six percent reported thirty or more. In addition, two percent of the respondents said they "didn't know" how many close friends they had; two percent said they had a "few, not many," and five percent said they had "too many to count."

Question 60a contained a short list of activities in which individuals may have engaged with their close friends: 56 percent had shopped with friends during the year previous to the interview; 46 percent went to a show or ballgame or on a trip with friends; 30 percent received help with household chores from friends; and three percent received money from friends. More than half of the respondents (55%) stated that their close friends know one another. Twenty-nine percent said that when they see friends they usually do so individually; 19 percent said they usually get together with friends as a group; and 22 percent said that they get together with friends individually and in groups equally often.

The responses to these questions indicate relatively active participation in family networks by aging persons. Other, recent research on the kin and family relationships of older people, summarized by Streib and Beck (1980), has produced similar findings. In fact, Shanas (1973) found that, among the elderly whom she interviewed in five countries, 80 percent visited frequently with their children.

Eighty percent of the people whom we interviewed stated that they have someone in whom they can confide about important things or with whom they can discuss problems (Question 61). Fourteen percent feel they do not have such a confidant. When asked the relationship of the confidant to them, 24 percent reported that he or she was a friend or neighbor; 17 percent a spouse; 17 percent a daughter or son; nine percent a sister or brother; nine percent another family member or relative; and one percent a member of the clergy.

Four questions regarding the respondent's feelings about his or her neighborhood, the respondent's interaction with neighborhood residents, and the prevailing patterns of interaction of neighborhood residents with one another were asked earlier in the interview (Questions 10 through 14). Most of the older people whom we surveyed strongly liked their neighborhood: sixty-seven percent liked it "very much"; and twenty-four percent liked it "pretty well" (Question 10).

Thirty-five percent of the respondents reported that their neighbors often visit with one another, while 60 percent reported that their neighbors keep mostly to themselves (Question 11). Twenty-three percent of the respondents reported talking with their neighbors every day; 36 percent reported talking with neighbors several times a week; 19 percent reported such contact only several times a month; and 18 percent reported such contact less often (Question 12).

Most people seemed to be satisfied with their visiting patterns in the neighborhood. Seventy percent visited with neighbors as much as they (i.e., the respondents) would like (Question 13). Only 25 percent expressed dissatisfaction with their level of neighborly visiting. Those who were dissatisfied most often cited their own lack of time as the reason for visiting neighbors less often than desired. Other, frequent reasons were that the neighbors were too busy or that the respondents were not acquainted with the neighbors. The distribution of reasons for not visiting appears in Table 3-9.

In Question 14, respondents indicated whether they had a neighbor to call on if a problem arose. Eighty-six percent felt that they had such a neighbor; ten percent felt that they did not have such a neighbor.

Table 3-9
FAMILY/SOCIAL TIES: INTERVIEW ITEMS 58-61, 10-14

# 58. How many living children do you have?

	<u>N</u>	% of Sample
None	245	20
1	182	15
2	307 228	25 19
<b>З</b> Д	120	1.9
5	65	5
6	37	3
7 or more	40	3 ·
Missing	4	0

(If one or more, questions 58a, 58b, 58c, 58d, and 58e were asked.)

## 58a. How many of your children live in the Twin Cities area?

	<u>N</u>	<pre>% of Sample</pre>	% of Subgroup
None 1	112 324	9 26	11 33
2	266	22	27
3	137	11	14
4	65	5 .	7
5	39	3	4
6	14	. 1	1
7 or more	16	1	2
Missing	6	1	· 1

## 58b. How many of your children do you see or talk with at least once a week?

		<pre>% of Sample</pre>	% of Subgroup
None	86	7	9
1	291	24	30
2	299	24	31
3	147	12	<b>1</b> 5
4	69	6	7
5	38	3	4
6	14	1	1
7 or more	19	2	2
Missing	16	2	2

58c. During the past year, have you and your children done any of the following things?

a. '	You	had	dinner	with	them	at	their	house.
------	-----	-----	--------	------	------	----	-------	--------

		<u>N</u>	% of Sample	% of Subgroup
	Yes	846	69	86
	No	104	8	11
	Missing	29	2	3
b.	They had dinner with you	u at your	house.	
	Yes	836	68	85
	No	114	9	12
	Missing	29	2	3
c.	You went shopping with	them.		
	Yes	685	56	70
	No	264	21	27
	Missing	30	2	3
d.	You helped them do thin	gs around	their house.	
	Yes	517	42	53
	No	425	35	43
	Missing	37	3	4
e.	They helped you do thin	gs around	your house.	
	Yes	747	61	76
	No	197	16	20
	Missing	35	3	4
f.	You gave them money to	help pay 1	for something they r	needed.
	Yes	463	38	47
	No	477	39	49
	Missing	39	3	4
g.	They gave you money to	help pay	for something you no	eeded.
	Yes	163	13	17
	No	779	63	80
	Missing	37	3	4
h.	You went to a show or b	allgame o	r on a trip with the	em.
	Yes	507	41	52
	No	438	36	45
	Missing	34	3	3

58d. Do you think that the amount of time you spend with your children is too much, too little, or about right?

	N	% of Sample	% of Subgroup
About right	751	61	77
Too little	168	14	17
Too much	9	1	1
Don't know	3	0	0
Missing	48	4	5

58e. Do you feel that your children should help you more than they do now?

	N	% of Sample	% of Subgroup
Yes	43	4	4
No	884	72	90
Don't know	2	0	0
Missing	50	4	5

(If yes, question 58f was asked.)

58f. In what ways?

	N	% of Sample	% of Subgroup
Household chores	23	2	53
Miscellaneous	8	1	19
Don't know	8	1	19
Missing	4	0	9

59. Do you have any relatives or in-laws, besides children, in the Twin Cities area?

	<u>N</u>	% of Sample
Yes	964	79
No	239	19
Missing	25	2

60. About how many people do you consider your "close friends"?

	<u>N</u>	% of Sample
None	72	6
1 to 3	198	16
3 to 6	290	24
7 to 9	61	5
10 to 12	231	19
13 to 29	142 ·	12
30 or more	72	6
"A few, not many"	20	2
"Too many to count"	65	5
Don't know	25	2
Missing	52	4

(If one or more, question 60a was asked.)

60a. During the past year, have any of the following things happened with you and your friend(s)?

a. You went shopping with them.

		N	% of Sample	% of Subgroup
	Yes	684	56	52
	No	395	32	36
	Missing	25	2	2
b.	You went to a show or	ballgame or	on a trip with the	nem.
	Yes	565	46	51
	No	511	42	46
	Missing	28	2	3
c.	They helped you do this	ngs around :	your house.	
	Yes	374	30	34
	No	701	57	63
	Missing	29	2	3
d.	They gave you money to	help pay fo	or something you	needed.
	Yes	37	3	3
	No	1038	85	94
	Missing	29	2	3

(If more than one close friend, questions 60b and 60c were asked.)

60b. Do your "close friends" all know each other, or do they just know you?

	<u>N</u>	% of Sample	% of Subgroup
Know each other	670	55	64
Just know you	137	11	13
Both	49	4	5
Don't know	3	0	0
Missing	196	16	19

60c. When you see your friends, do you usually see them individually or do you get together as a group?

	N	% of Sample	% of Subgroup
See individually	359	29	34
Together as group	231	19	22
Both	264	22	25
Missing	201	16	19

61. Do you have someone whom you confide in about things that are important to you or talk with about problems you have?

	N	% of Sample
Yes No	982 173	80 14
Missing	73	6

(If yes, question 61a was asked.)

61a. Who is this person?

<u>Confidant</u>	N	% of Sample	% of Subgroup
Friend, neighbor	297	24	30
Spouse	214	17	22
Daughter, son, child	214	17	22
Sister, brother	108	9	11
Other family	113	9	12
Clergy	14	1	1
Other	11	1	1
Missing	11	1 .	1

10. Generally speaking, how do you like living in this neighborhood? Would you say you like it not at all, a little, pretty well, or very much?

	N	% of Sample
Not at all	18	2
A little	57	5
Pretty well	289	24
Very much	820	67
Don't know	3	0
Missing	41	3

11. Do the people in this neighborhood <u>often visit</u> with one another or do they keep mostly to themselves?

of Sample
35
60
1
4

12. About how often do you talk to your neighbors--I mean longer than just saying "Hello"? Would this be every day, several times a week, several times a month, or less often than that?

	<u>N</u>	% of Sample
Every day	278	23
Several times a week	448	36
Several times a month	237	19
Less often	224	18
Missing	41	3

13. Do you visit with your neighbors as much as you would like?

	N	% of Sample
Yes	862	70
No	309	25
Don't know	6	1
Missing	52	4

(If no, question 13a was asked.)

13a. Why not?

Reason	<u>N</u>	% of Sample	% of Subgroup
Respondent too busy	79	6	26
Neighbor too busy	68	6	22
Physical problem	37	3	12
Different interests			
from neighbors	53	4	17
Not acquainted with neighbors	50	4	16
Don't know	13	1	4
Missing	9	1	3

14. Do you have a neighbor you can call on if you have a problem?

	<u>N</u>	<pre>% of Sample</pre>
Yes	1059	86
Yes No	128	10
Don't know	3	0
Missing	38	3

### Demographics

Questions 62 through 64 obtained demographic information regarding marital status, age and place of birth. As Table 3-10 indicates, 59 percent of the respondents were married; 30 percent were widowed; seven percent were never married; and four percent were either divorced or separated. Widows and widowers were asked how long they had been widowed. Eight percent of the persons in the widowed category had been widowed for less than a year and a half; 39 percent had been widowed for one and a half to nine years; and 46 percent had been widowed for ten or more years.

The age distribution of the sample was discussed in Chapter 2, and it appears again in Table 3-10 (Question 63). Question 64, on nativity, revealed that 94 percent of the respondents were born in the United States, while five percent were born elsewhere.  $^{19}$ 

<sup>&</sup>lt;sup>19</sup>Other "demographic" data were elicited at different points in the interview: living arrangements from the first few interview questions; education, from Question 65; income, from Question 115; and sex and race, from the Interviewer's Report.

Table 3-10.

DEMOGRAPHICS: INTERVIEW ITEMS 62-64

### 62. What is your current marital status?

	<u>N</u>	% of Sample
Married	724	59
Widowed	367	30
Divorced	42	3
Separated	5	0
Never Married	85	7
Missing	5	. 0

(If widowed, question 62a was asked.)

## 62a. How long have you been widowed?

<u>Years</u>	<u>N</u>	% of Sample	% of Subgroup
1.4 or less 1.5 to 4.4	28 55	2	8 15
4.5 to 9.4	87	5 . 7	24
9.5 to 14.4	65	5	18
14.5 or more	103	8	28
Missing	29	.2	8

## 63. How old are you?

	<u>N</u>	<pre>% of Sample</pre>
60 - 64	322	26
65 - 69	334	27
70 - 74	239	19
<b>7</b> 5 – <b>7</b> 9	165	13
80 - 84	112	9
85 – 89	45	4
90 - 94	7	1
95 - 99	4	0

## 64. Were you born in the United States?

	<u>.N</u>	% of Sample
Yes	1155	94
No	58	5
Missing	15	1

### Educational Status

The formal educational background of the survey participants was ascertained by Question 65. Data on both years of formal education and the highest degree completed appear in Table 3-11; and there exists a wide range of variation among the respondents on each of these dimensions. Seven percent of the respondents had less than eight years of schooling; 20 percent had exactly eight years. Seventeen percent attended high school or technical school for one to three years; 25 percent had twelve years of education; and 30 percent had more than twelve years of education.

Forty-one percent of the respondents possessed a high school diploma or G.E.D. as their highest educational credential; six percent possessed a bachelor's degree; and four percent held advanced, graduate degrees. Other degrees held by the respondents appear in Table 3-11. Forty-four percent of the respondents had no educational credential at the high school level or above.

Recent and present educational activities and interests were explored in Questions 66 through 68. Fourteen percent of the respondents stated that they had taken one or more classes during the year previous to the interview. Most often taken (each by one percent of the respondents) were classes which taught: retirement or estate planning; ceramics; sewing; and special skills related to a job or profession. Thirty-two percent of the persons interviewed expressed a desire to take one or more courses in the near future (Question 67). When asked what courses they would like, the most frequently mentioned subject areas were crafts, painting, sewing, and foreign languages.

A relatively high proportion of the respondents (27%) stated that something had kept them from enrolling in a course which they wanted or needed to take. A lack of time, especially among employed respondents, was the most commonly cited obstacle (nine percent of the respondents). Physical or health problems also presented a significant inhibitor to many (6%). Other barriers mentioned were: travel and transportation problems (3%); inability to pay for class (2%); feeling "too old" to take a class (1%); fear of travel in the evening (1%); the need to care for a disabled spouse or family member (1%); and the lack of course offerings in a desired subject area (1%).

A Planning and Development Office demonstration study has examined some of the influences upon both the decision to register for a class and the ability to attend class among the elderly. See: Berger and Hawkins, 1981.

Table 3-11
EDUCATIONAL STATUS: INTERVIEW ITEMS 65-68

65. What is the last year of education which you completed?

<u>Years</u>	N	<pre>% of Sample</pre>
7 or less 8 9 - 11 12 13 - 15 16 17 or more Missing	87 243 207 312 218 107 42 12	7 20 17 25 18 9 3 1
Degree	<u>N</u>	<pre>% of Sample</pre>
None High school/G.E.D. Trade school R.N. Bachelor's degree Master's degree Law, Ph.D., D.D. Other (not graduate) Missing	540 499 15 15 76 21 28 14 20	44 41 1 1 6 2 2 1 2

66. During the past year, have you taken a class of any kind, for example, home maintenance, physical fitness, retirement planning, literature, and so on?

	<u>N</u>	% of Sample
None	1031	84
1	125	10
2	31	3
3 or more	20	2
Missing	21	2

(If one or more, question 66a was asked.)

66a. What did you take?

(First Mention)			(S	(Second Mention)		
	% of	% of		% of	% of	
<u>N</u>	<u>Sample</u>	Subgroup	<u>N :</u>	Sample	Subgroup	
					_	
13	1	7	3	0	2	
10	1	5	6	1	3	
12	1	6	3	0	2	
15	1	9	1	0	1	
9	1	5	4	0	2	
9	1	5	1	0	1	
108	9	61	32	3	18	
	N 13 10 12 15 9	% of Sample  13 1 10 1 12 1 15 1 9 1 9 1	N         Sample         Subgroup           13         1         7           10         1         5           12         1         6           15         1         9           9         1         5           9         1         5           9         1         5           9         1         5	% of % of N       N Sample Subgroup     N       13     1     7     3       10     1     5     6       12     1     6     3       15     1     9     1       9     1     5     4       9     1     5     1	% of N Sample Subgroup         % of N Sample           13         1         7         3         0           10         1         5         6         1           12         1         6         3         0           15         1         9         1         0           9         1         5         4         0           9         1         5         1         0	

67. Are there classes of any kind which you would like to take during the next few years?

	<u>N</u>	% of Sample
None	<b>7</b> 92	64
1	222	18
2	135	11
3 or more	37	3
Don't know	9	1
Missing	33	3

(If one or more, question 67a was asked.)

## 67a. What are they?

	(First Mention			(Second Mention)		
		% of	% of		% of	% of
	<u>N</u> S	Sample	<u>Subgroup</u>	N_	Sample	Subgroup
Crafts	84	. 7	21	29	2	7
Painting	33	7	8	8	<u>د</u> 1	2
•	29	2	7	_	1	3
Sewing		2	7	12	<u>i</u> 1	3
Foreign Languages	29		/	9	1	2
Exercise	15	Ŧ	4	4	U	. 1
Home repair, auto repair	18	1	5	4	0	1
Musical instrument	11.	1	3	7	0	. 2
Reading	14	1	4	8	1	2
Retirement or financial						
planning	12	1	3	10	1	3
Social sciences	13	1	3	9	1	2
Business, sales, law	14	1	4	6	0	2
Courses for high school		_	•	•	•	
or college degree	12	1	3	4	. 0	1
Miscellaneous	95	8	24	60	5	15
Don't know	14	1			J	_ 
	1 <sup>4</sup>	7	4	-		7
Missing	1	U	Ü	-	-	-

68. Is there anything which has kept you from taking a course which you want or need to take?

27 69 3

(If yes, question 68a was asked.)

#### 68a. What is that?

Impediment to Taking Class	<u>N</u>	% of Sample	% of Subgroup
Lack of time Physical, health problem Transportation problem Can't afford it Feel "too old" Fear of travel in evening	113	9	34
	74	6	22
	35	3	10
	18	2	5
	16	1	4
Care for disabled family member Course not offered Miscellaneous Missing	14	1	4
	14	1	4
	36	3	11
	2	0	1

### **Employment**

In response to Question 69, individuals described the work they had done for most of their lives. The largest occupational group represented in the sample was that of clerical workers (26%). The second largest was that of housewives (16%). Other major occupations represented were: service occupations (12%); production working occupations (8%); material handlers and equipment cleaners (6%); marketing and sales (5%); and executives, administrators, and managers (5%). Most of the individuals surveyed (70%) were involved in their principal occupations when they reached age 60. Those involved in different occupations at age 60 were asked to describe their new line of work so that, if necessary, data analysis could reveal the extent and nature of occupational transitions among aging individuals. The major new employment categories reported at age 60 were: housewife (8%); unemployed (3%); service occupations (2%); clerical occupations (1%); production-related occupations (1%); and retired (2%).

<sup>&</sup>lt;sup>21</sup>Note that the question asks each respondent for specifications of the work done "for most of your life." A respondent's answer does not necessarily reflect current or recent involvements. These are examined by later interview questions.

Seventy-five percent of the sample considered themselves "retired" at the time of the interview (Question  $69^1$ ).  $^{22}$ 

Most individuals (27 percent of the sample) retired due to a mandatory retirement policy or a permanent "lay off." (This represents 36 percent of the retirees.) About 15 percent stated that retirement occurred because they were tired of working or because they wanted more leisure time; and 13 percent retired as a result of a health problem or physical disability. Other, less frequent, reasons for retirement from the labor force appear in Table 3-12.

About one-third of the retirees reported that there was something particular they missed since they retired. The things they missed included: companionship with co-workers; public contact; the daily routine of work; money; and the actual activities of work itself (Question 69b). When asked whether they worry about money matters more than before retirement, 22 percent of the retirees said that they did worry more, while 69 percent said that they did not.

Although 81 percent of the respondents were not working for pay at the time of the interview, ten percent did hold part-time jobs, and eight percent held full-time jobs (Question 70). Jobs which these active members of the labor force held varied widely, with the largest proportion of individuals having service occupations (4%); clerical occupations (3%); and sales occupations (2%). Fifteen percent of the respondents (84 percent of those employed either full or part-time) reported satisfaction with their present job. Only one percent stated that they would rather be doing something else. Twelve percent of the respondents expressed an interest in finding a full-time or part-time job (Question 71). The types of jobs which they would prefer appear in Table 3-12. Most of those interested in a job had not actually been looking for a job. Consequently, very few reported problems trying to find a job.

 $<sup>\</sup>overline{^{22}}$ On the original survey form, two questions were numbered 69. For clarity of recording and discussing responses from these questions, the first is now labelled 69 and the second,  $69^1$ .

<sup>&</sup>lt;sup>23</sup>Peppers (1976), in a study of male retirees, discovered that the retirees ranked "visiting friends" as their most popular post-retirement activity. He suggested that such activity may compensate for the loss of companionship which occurs at retirement.

Table 3-12
EMPLOYMENT: INTERVIEW ITEMS 69-71

69a. What kind of work have you done for most of your life?

Type of Work	<u>N</u>	% of Sample
Executives, administrators,		
managers	61	5
Teachers, librarians	44	4
Marketing, sales	63	5
Clerical	322	26
Service occupations	148	12
Production working		
occupations	104	8
Material handlers,		
equipment cleaners	68	6
Housewife	201	16
Other	123	10
Missing	94	8

69b. Were you doing this when you turned age sixty?

	<u>N</u>	<pre>% of Sample</pre>
Yes No	857 266	70 22
Missing	105	9

(If no, question 69c was asked.)

69c. What were you doing then?

Type of Work at 60	<u>N</u>	% of Sample	% of Subgroup
Housewife Unemployed	103 39	8 3	39 15
Service occupations Clerical occupations	27 16	2	10
Production related occupations		1	6
Retired	13 19	2	4 7
Other Missing	33 16	· 3 1	12 6

# $69^{1}$ . Are you now retired?

	<u>N</u>	% of Sample
Yes	919	75
No	290	24
No Missing	19	2

(If yes, questions  $69^{1}a$ ,  $69^{1}b$ ,  $69^{1}c$  were asked.)

# $69^{1}a$ . Why did you retire?

Reason for Retirement	N	% of Sample	% of Subgroup
Compulsory, mandatory Tired of working, wanted	331	27	36
leisure time	189	15	21
Health problem, disability	<b>157</b>	13	17
Job too stressful	26	2	2
Poor health of spouse	32	3	3
Spouse wanted retirement	29	2	3
Miscellaneous	87	7	9
Don't know	7	1	1
Missing	61	5	7

# $69^{1}\mathrm{b}$ . Is there anything particular that you miss since you retired?

	N	% of Sample	% of Subgroup
Yes No Missing	315 528 76	26 43 6	34 57 8
(If yes, specify)	•		
Miss since retirement	N	% of Sample	% of Subgroup
Companionship, co-workers Public contact Daily routine Money The work itself Other Don't know Missing	131 42 38 41 42 18 1	11 3 3 3 3 1 0	42 13 12 13 13 6 0

 $69^{1}c$ . Do you feel that you worry about money matters now more than you did before you retired?

	<u>N</u>	% of Sample	% of Subgroup
Yes	203	17	22
No	635	52	69
Don't know	2	0	0
Missing	79	7	9

70. Are you now working either full-time or part-time for pay?

	<u>N</u>	% of Sample
No	999	81
Part-time	117	10
Full-time	101	. 8
Missing	11	1

(If full-time or part-time, questions 70a and 70b were asked.)

70a. What type of work are you doing?

Type of Work	N	<pre>% of Sample</pre>	% of Subgroup
Service occupations	43	4	20
Clerical occupations	38	3	17
Sales occupations	22	2	10
Executives, administrators,			
managers	16	1	7
Teachers, librarians	. 11	1	5
Production-related			
occupations	12	1	6
Material handlers,			-
equipment cleaners	12	1	6
Other	56	5	26
Missing	8	. 1	4

70b. Are you satisfied with your job, or would you rather be doing something else?

	<u>N</u>	<pre>% of Sample</pre>	% of Subgroup
Yes No	184 25	15 1	84
Missing	19	2	9

71. Would you like to find a new job, either full or part-time?

	<u>N</u>	<pre>% of Sample</pre>
No	1054	86
Yes, part-time	139	11
Yes, full-time	14	1
Don't know	5	0
Missing	16	1

(If full-time or part-time, questions 71a, 71b, and 71c were asked.)

71a. Is there a specific kind of job you would like?

	N	% of Sample	% of Subgroup
Yes No Don't know Missing	119 29 1 4	10 2 0 0	78 19 0 3
(If yes, specify)			
Type of Work Desired	<u>N</u>	% of Sample	% of Subgroup
General office work Work with children, with	28	2	24
sick people	17	1	14
Maintenance, repair work	18	2	15
Miscellaneous	45	4	38
Missing	11	1	9
Have you been looking for a	a job?		•

Yes 11 1	7
No 137 11	90
Missing 5 0	3

71c. What problems have you had trying to find a job?

Problems	N	% of Sample	% of Subgroup
None	49	4	32
Physical disability	7	1	5
Too old	5	0	3
Lack needed skills	4	0	3
Miscellaneous	11	1	7
Don't know	1	0	0
Missing	76	6	50

### Volunteer Work

On the topic of volunteer work, 23 percent of the survey participants stated that they were volunteers at the time of the interview (Question 72). Most frequently, the volunteer work involved driving or delivering items to needy individuals (e.g., meals on wheels, books, etc.). Other activities included general office work, light housework or chore service for the disabled, and friendly visiting. When the volunteers specified the auspices under which they rendered service without pay, these auspices were recorded. As Table 3-13 shows, churches were mentioned most frequently (6%), followed by hospitals (2%), and nursing homes (2%). Two percent of the sample (eight percent of the volunteers) were involved in voluntary programs affiliated with the Retired Seniors Volunteer Program. Few volunteers reported problems getting to their volunteer jobs.

Nineteen percent of the respondents stated that they would like to do some new or additional volunteer work (Question 73). Most of these prospective volunteers did not specify the type of work they would like to do. Among those who did specify a type of preferred work, however, the most popular activities were: visiting, phoning, or reading to the disabled; making deliveries; and working with children. Most also did not specify a desired site for the volunteer work, but those who did favored hospitals and churches.

Note that part a of Question 72 asked only for the type of work, not for the auspices under which it occurred. The data on auspices are presented only because they can offer survey users some perspective on the range of volunteer sites which respondents considered important to identify as part of their descriptions of their work.

This figure includes some of the respondents who reported themselves as volunteers in Question 72, but who would like to do some different (and/or additional) volunteer work.

Table 3-13

### VOLUNTEER WORK: INTERVIEW ITEMS 72-73

# 72. Are you now doing any volunteer work?

	N	% of Sample
Yes	278	23
No	937	76
Missing	13	<sub>.</sub> 1

(If yes, questions 72a, 72b, and 72c were asked.)

## 72a. What are you doing?

Type of Work	N	% of Sample	% of Subgroup
Driving people, delivering meals or books Office work Light housework, chores Friendly visiting "General volunteer work" Miscellaneous Missing	41 11 7 20 28 48 123	3 1 1 2 2 2 4 10	15 4 3 7 10 17 44
Auspices	<u>N</u>	% of Sample	% of Subgroup
Church Hospital Nursing home Senior center Miscellaneous No location listed	77 24 17 13 73 74	6 2 2 1 6 6	28 9 6 5 26 27

## 72b. Is this sponsored by R.S.V.P.?

	<u>N</u>	% of Sample	% of Subgroup
Yes	21	2	8
No ·	233	19	84
Don't know	4	0	1
Missing	20	3	7

# 72c. Do you have any problems getting to your volunteer job?

	<u>N</u>	% of Sample	% of Subgroup
Yes	3	0	1
No	267	22	96
Missing	8	2	2

73. Is there any kind of volunteer work that you would like to do?

	N	% of Sample	•
Yes No Don't know Missing	236 929 19 44	19 76 2 4	
(If yes, specify)			
Type of Activity	<u>N</u>	% of Sample	% of Subgroup
Not specified Visiting, phoning, reading	85	7	36
to disabled	27	2	11
Delivering meals or books	9	$\overline{1}$	4
Working with children	16	1	7
Miscellaneous	44	4 5	19
Missing	55	5	23
<u>Site Desired</u>	<u>N</u>	% of Sample	% of Subgroup
Not specified	76	6	32
Hospital	56	6 5 1	24
Church	14		6
Nursing Home	9	1 2 4	4
Miscellaneous	27	2	11
Missing	54	4	23

### Recreational Activities

Question 74 shifted the focus of the interview toward recreational activities, hobbies, artistic abilities, and other leisure pursuits (see Table 3-14). A relatively high proportion of the aging individuals who were interviewed (63%) reported that they had a hobby or pastime. Sewing was the most frequently mentioned activity (30%). In addition, many respondents were involved in playing a musical instrument (19%), in working with light crafts (12%), in active sports (9%), in painting (5%), or in gardening (4%). Most of the respondents who engaged in these activities preferred to do them alone. Only 12 percent of the sample expressed a desire to join a group in

Note that this figure of 30 percent is the total of those respondents who mentioned sewing either first, second, or third in their list of up to three hobbies or pastimes. That is, 368 respondents, 30 percent of the sample, mentioned sewing.

the pursuit of such activity; and only nine percent already belonged to a group of persons with recreational or artistic interests similar to theirs. Fourteen percent of the respondents stated that they would be interested in teaching their skills to someone else.

Those individuals who did not have a favorite hobby or pastime were asked whether they would like to learn something like painting, sculpting, or some other activity. Seventeen percent of the respondents (54 percent of those without a hobby or pastime) indicated that they would not like to learn something new. Four percent of the respondents expressed a desire to learn something new, most often crafts.

Question 75 contained a list of 12 recreational activities. For each activity, the respondents were asked to indicate whether they took part "never, sometimes, or very often." From Table 3-14, it is clear that watching television is an activity in which the largest proportion of the respondents involved themselves. (Only two percent stated that they never watched T.V.) Other activities in which large numbers of respondents stated they were "very often" involved included reading a book (43%), gardening (37%), walking in their neighborhood (32%), and sewing or other crafts (28%). Activities which respondents were most likely to avoid were jogging or running (95 percent "never"), playing sports (78%), and dancing (75%).

Question 76 asked about activities which the respondent misses. Slightly more than half of the individuals surveyed (51%), reported that there were activities which they once greatly enjoyed but which they were no longer able to do. Thirty-one percent of the sample mentioned a sporting activity (most often bowling, eight percent, or baseball, five percent); nine percent mentioned dancing; nine percent mentioned other forms of active recreation; and five percent mentioned housework and gardening.

Health was most commonly cited as the reason for a respondent's inability to take part in activities which he or she once enjoyed: 30 percent of the sample mentioned a specific health problem or physical impairment. In addition, four percent of the respondents said that they lacked their former strength or were "out of shape." Other reasons offered were: no partner or no one to accompany (3%); just "old age" (2%); "just don't any more" (2%); and transportation problems (2%). If a respondent mentioned "old age" as partially or entirely the reason for being unable to take part in an activity,

the interviewer followed up with the question; "Anything specific about old age?" If the respondent then mentioned a specific inhibitor, it was recorded and tallied as if it had been the initial response to Question 76b. If the respondent could not mention any specific facet of age as the inhibitor, his or her response became part of the category, "just old age" in Question 76b. Seven percent of the sample mentioned "old age" as the reason why they could not take part in activities they once greatly enjoyed. However, only two percent could not mention anything specific about old age.

Question 77 asked specifically about problems people may have attending shows, concerts, or other events. Thirteen percent of the respondents stated that they had such problems; 83 percent stated that they did not. Frequently mentioned were: transportation problems (5%); fear of going out in the evening (2%); physical or health impairments (2%); and lack of a companion (1%).

Slightly less than a third of the survey participants had used the library during the year previous to the interview (Question 78). Library users tended to be very positive about their experience--virtually none of them had problems with library hours, the card catalogue, library layout, or finding materials. Non-users of the library were asked whether any special reason existed for their non-usage (Question 78e). Most replied either that there was no special reason (10%) or that they had all the books they needed at home (9%). Others stated that: they don't read very much (8%); they have "no need" (7%); vision problems prevent reading (5%); they read magazines (5%); or they haven't enough time (4%). Eight percent of the sample stated that they would like to have books delivered to their homes (Question 79).

Question 80 asked the respondents whether they would use a camp where people aged 60 and over could go for the day or could spend a few nights. Thirty-two percent expressed an interest in such a hypothetical camp, and 62 percent stated that they would have no interest. Persons with an interest in camp suggested a variety of activities they would like to see there: fishing (15%); hiking (5%); card-playing (4%); boating (3%); and getting together with friends or companions (3%). Persons with no interest in a camp most often said this was so because they simply preferred other activities or had a general dislike of camping (16%). Others said that: they or their families had their own cabin (12%); there was no particular reason for their lack of interest (6%); they go on trips on their own or with an organized group (5%); or that they were too ill or disabled (4%).

About one out of every two respondents belonged to an organization or club. The distribution of persons by number of memberships appears in Table 3-14. Members of organizations or clubs identified the groups by name (Question 81a). Up to three of them were recorded by type. Organizational memberships were most commonly held in church-affiliated groups (26%). Other types of groups to which large proportions of respondents belonged are: veterans organizations (10%); fraternal groups (8%); senior citizens or retirement clubs (8%); sports clubs (8%); and hobby or garden clubs (7%). When asked to select one organization to discuss (e.g., either their favorite or most frequently attended organization), most respondents gave the name of a church-affiliated group (14%).

Twenty-trhee percent of the sample reported that they attend meetings or take part in the organizational activities of the one group selected for discussion between one and 18 times annually (that is, no more than about once per month); seven percent attend 19 to 44 times per year (about twice to three times per month); and 12 percent attend about once a week or more often. With reference to the one, selected group, forty percent of the respondents had close friends and/or relatives who were fellow members.

When asked what they like about belonging to this specific organization, most (26 percent of the sample) cited the fellowship, friends, and socializing that they found in the group. Others mentioned the opportunity to help others or the community as a whole (2%), the opportunity to work with people who have similar skills or interests (2%), and ability to find things with which to keep busy (2%). Few people (6%) reported trouble taking part in the group's activities. Those with problems mentioned: physical or health impairments; transportation problems; and others.

Table 3-14

RECREATIONAL ACTIVITIES: INTERVIEW ITEMS 74-81

74. Do you play a musical instrument, paint pictures, do crafts, or have any other favorite hobby or pastime?

	<u>N</u>	<pre>% of Sample</pre>
Yes	776	63
No	400	33
Missing	52	4,

(If yes, questions 74a, 74b, and 74c were asked; if no, question 74d was asked.)

### 74a. What is it?

Activity (first mention)	N	<u>% of Sample</u>	% of Subgroup
Sewing Playing music Light crafts Active sports Painting Gardening Heavy crafts Reading Miscellaneous Missing	230 173 85 56 35 23 24 22 126	19 14 7 5 3 2 2 2 10 0	30 22 11 7 5 3 3 3 16 0
Activity (second mention)	<u>N</u>	% of Sample	% of Subgroup
Sewing Playing music Light crafts Active sports Painting Gardening Heavy crafts Reading Miscellaneous Missing	103 45 49 34 20 15 14 4 76	8 4 4 3 2 1 1 0 6	13 6 6 4 3 2 2 1 10

74a.	<pre>Activity (third mention)</pre>	N	% of Sample	% of	Subgroup
	Sewing	35	3		5
	Playing music	12	1		2
	Light crafts	11	1		1
	Active sports	11	1		1
	Painting	4	0		1
	Gardening	8	1		1
	Heavy crafts	1	0		0
	Reading	9	1		1
	Miscellaneous	39	3		5
	Missing	-	-		-

74b. Would you like to join a group to do this with others?

	<u>N</u>	<pre>% of Sample</pre>	% of Subgroup
Yes	152	12	20
No	481	39	62
Already in group	. 113	9	15
Don't know	4	0	1
Missing	26	2	3

74c. Would you be interested in teaching someone else to do this?

	<u>N</u>	<pre>% of Sample</pre>	% of Subgroup
Yes	166	14	21
No	566	46	73
Don't know	7	1	1
Missing	37	3	5

74d. Would you like to learn something like painting, making sculptures, or some other activity?

	N	% of Sample	% of Subgroup
Yes No Missing	44 214 142	4 17 12	11 54 36
(If yes, specify)		•	
Activity	<u>N</u>	% of Sample	% of Subgroup
Art, painting Playing music Sewing Ceramics Other light crafts Miscellaneous Don't know Missing	5 7 4 5 5 8 7 3	0 1 0 0 0 1 1	11 16 9 11 11 18 16 7

- 75. Now I would like to read a list of some recreational activities. For each could you tell me whether you never do it, sometimes do it, or do it very often?
  - a. Take walks around your neighborhood

<u>N</u>	% of Sample
306	25
517	42
389	32
16	1

b. Go jogging or running

	<u>N</u>	% of Sample
Never	1161	95
Sometimes	40	3
Very often	9	1
Missing	18	1

c. Go to movies

<u>N</u>	% of Sample
751	61
443	36
14	1
20	2
	443 14

d. Go to music concerts, plays, ballets

	<u>N</u>	% of Sample
Never	664	54
Sometimes	461	* 38
Very often	80	7
Missing	23	2

e. Go to ball games or to other sports events

	<u>N</u>	% of Sample
Never	736	60
Sometimes	426	35
Very often	44	4
Missing	22	2

# 75. f. Play sports, like bowling or tennis

		<u>N</u> _	% of Sample
	Never Sometimes Very often Missing	959 125 125 29	78 10 10
g.	Sew or do handcrafts		
		_N_	% of Sample
	Never Sometimes Very often Missing	550 312 342 24	45 25 28 2
h.	Go out dancing		
		N	<pre>% of Sample</pre>
	Never Sometimes Very often Missing	924 233 51 20	75 19 4 2
i.	Watch T.V.		
		<u>N</u> .	% of Sample
	Never Sometimes Very often Missing	21 462 719 26	2 38 59 2
j.	Play cards or go to card	parties	
		_ <u>N</u>	% of Sample
	Never Sometimes Very often Missing	477 473 255 23	39 39 21 2

## 75. k. Read a book

N	<pre>% of Sample</pre>
222	18
452	37
532	43
22	2
	452 532

## 1. Do gardening

	N	<pre>% of Sample</pre>
Never	386	31
Sometimes	372	30
Very often	451	37
Missing	19	2

76. Are there any activities which you once greatly enjoyed but which you are now no longer able to do?

	<u>N</u>	% of Sample
Yes	629	51
No	544	44
Don't know	10	1
Missing	45	4

(If yes, questions 76a and 76b were asked.)

# 76a. What are these activities?

	(First Mention)			(Second Mention)		
Activity	<u>N</u>	% of Sample	% of Subgroup	<u>N</u>	% of Sample	% of Subgroup
Sports	265	22	42	105	9	17
Dancing	99	8	16	17	1	3
Other active recreation	68	6	11	32	3	5
Getting out and around	74	6	12	44	4	7
Housework/gardening	49	4	8	10	1	2
Miscellaneous	59	5	9	21	2	3
Missing	15	1	2	-	-	_

76b. Why are you no longer able to do them?

Reason	<u>N</u>	% of Sample	% of Subgroup
Health problem	368	30	59
Lack strength	49	4	8
No partner to do activity	36	3	6
Too old	28	2	.4
"Just don't any more"	22	2	3
Transportation	19 <sup>-</sup>	2	3
Too busy	12	0	2
Miscellaneous	69	6	11
Don't know	- 2	0	0
Missing	24	2	4

77. Do you ever have trouble getting to shows or concerts or other events that you would like to attend?

	_N_	% of Sample
Yes	157	13
No	1021	83
Missing	50	4

(If yes, question 77a was asked.)

77a. What sort of trouble do you have?

Trouble Attending Shows	. <u>N</u>	% of Sample	% of Subgroup
Transportation problems	65	.5	41
Fear in evening	24	2	15
Health problem	20	2	13
Lack of companion	15	1	10
Miscellaneous	26	2	17
Missing	7	. 1	4

78. Have you used the public library during the past year?

	<u>N</u>	% of Sample
Yes s	385 811	31 66
Missing	32	3

(If yes, question 78a, b, c and d were asked; if no, question 78e was asked.)

a. Is it open enough hours?

	<u>N</u>	% of Sample	<pre>% of Subgroup</pre>
Yes	366	30	95
No	11	1	3
Don't know	0	0	0
Missing	8	1	2

b. Is the card catalog easy enough to use?

	<u>N</u>	% of Sample	% of Subgroup
Yes	327	27	85
No	16	. 1	4
Don't know	17	1	4
Missing	25	2	6

c. Do you have any trouble at the library because of lighting, stairs layout, etc.?

	N	<pre>% of Sample</pre>	% of Subgroup
Yes No	37 337	3	10
Missing	337 11	27 1	88

d. Are the materials you want at the library usually available?

	N	% of Sample	% of Subgroup
Yes No	357	29	93
Missing	20 8	1	5 2

e. Any special reason why not?

Reason for Not Using Library	N	% of Sample	% of Subgroup
No special reason	117	10	14
Have books at house	115	9	14
Don't read much	100	8	12
"Have no need"	90	7	$\overline{11}$
Read magazines	57	5	7
Vision problems	61	5	8
Don't have time	44	4	5
Miscellaneous	141	11	17
Don't know	19	2	2
Missing	67	6	8

79. Would you like books delivered to your home?

	<u>N</u>	% of Sample
Yes	97	8
No	1022	83
Missing	109	9

80. If there were a camp where people over age 60 could go for the day or could stay in a cabin for a few nights, would you be interested in using it?

	_ <u>N</u> _	<pre>% of Sample</pre>
Yes	391	32
No	767	62
Don't know	15	1
Missing	55	5

(If yes, question 80a was asked; if no, question 80b was asked.)

80a. What kinds of activities would you like to see included at such a camp?

	(First Mention)				(Second Mention)		
A - 4 - 2 - 2 +		% of	% of		% of	% of	
Activity	<u>N</u>	Sample	Subgroup	<u>N</u>	<u>Sample</u>	Subgroup	
Fishing	163	13	42	22	2	6	
Hiking		10			2	6	
	32	3	8	28	2	$I_{\perp}$	
Card-playing	16	1	4	33	3	8	
Boating	13	1	3	28	2	7	
Get-together with friends	24	2	6	13	1	3	
Light sports	17	1	4	17	1	4	
Swimming	16	1	4	19	2	5	
Just relaxing outdoors	18	2	5	14	1	3	
Other	54	4	14	67	6	17	
Don't know	29	2	7	_	_	_	
Missing	9	1	2	_	-	_	

80b. Any special reason why not?

Reason For No Interest	<u>N</u>	% of Sample	% of Subgroup
Own cabin or camper	152	12	20
General disliking of camping	194	16	25
No particular reason	76	6	10
Travel on own or with organized group	57	5	10 7
Physical disability	43	4	6
"Too old"	27	2	4
Dislike group activities	22	2	3
Miscellaneous	107	9	14
Don't know	27	2	4
Missing	62	5	8

81. Do you belong to any organizations or clubs, for example, a neighborhood association, a sports team, a hobby club, a group sponsored by your church, the American Legion, etc.?

	<u>N</u>	<pre>% of Sample</pre>
None	602	49
1	243	20
2	188	15
3	94	8
4+	78	6
Missing	23	2

(If yes, questions 81a-f were asked.)

## 81a. What are they?

Organization (First Mention)	_N_	% of Sample	% of Subgroup
Church-affiliated Veterans' Fraternal Senior citizens retirement Sports club Hobby/garden Neighborhood association Professional Card club Nationality Other Missing	200 77 66 48 46 35 23 18 30 15 43 2	16 6 5 4 4 3 2 2 2 1 4 0	33 13 11 8 8 6 4 3 5 2 7 0
Organization (Second Mention)	<u>N</u>	% of Sample	% of Subgroup
Church-affiliated Veterans' Fraternal Senior citizens retirement Sports club Hobby/garden Neighborhood association Professional Card club Nationality Other Missing	87 35 29 24 34 25 19 18 27 11 49	7 3 2 2 3 2 2 2 2 2 1 4	14 6 5 4 6 4 3 3 4 2 8

Organization (Third Mention)	N	<pre>% of Sample</pre>	% of Subgroup
Church-affiliated	42	3	7
Veterans'	6	• 1	1
Fraternal	10	1	2
Senior citizens retirement	18	2	3
Sports club	7	1	1
Hobby/garden	20	2	3
Neighborhood association	15	1	2
Professional	5	0	1
Card club	11	1	2
Nationality	7	1	1
0ther	28	2	5
Missing	-	-	-

81b. Now I would like to talk with you about one of these. Could you pick one--perhaps the one that is your favorite or the one in which you do the most activities?

Favorite Group	<u>N</u>	% of Sample	% of Subgroup
Church-affiliated	175	14	. 29
Sports club	61	5	10
Fraternal	55	5	9
Veterans	52	4	9
Hobby/garden	42	3	7
Card club	40	3	7 ·
0ther	155	13	26
Missing	23	2	4

81c. On the average how often would you say that you attend meetings or take part in activities of this group?

Times Per Year	N	% of Sample	% of Subgroup
None	42	3	7
1 - 18	287	23	48
19 - 44	88	7	15
45 <b>-</b> 78	98	8	16
79+	47	4	8
Don't know	26	2	4
Missing	15	1	2

81d. Do any of your close friends or relatives belong to this group?

	<u>N</u>	<pre>% of Sample</pre>	% of Subgroup
Yes	494	40	82
No	93	8	15
Missing	16	1	2

81e. What do you like best about belonging to this group?

What Likes Best	N	<pre>% of Sample</pre>	% of Subgroup
Fellowship, socializing Helping others Similarly skilled people Keep busy Exercise Good recreational activities Other Don't know	325 30 21 21 20 16 125 8	26 2 2 2 2 2 1 10	54 5 3 3 3 3 21
Missing	37	3	6

81f. Do you have any trouble taking part in any of the activities of this group?

	N	% of Sample	% of Subgroup
Yes No Missing	69 519 15	6 42 3	11 86 2
(If yes, specify)			
Type of Problem	N	% of Sample	% of Subgroup
Physical, health problem Transportation problem Miscellaneous Missing	31 11 12 15	3 1 1 1	45 16 16 22

#### Health

Question 82 begins the largest single focused set of questions in the interview: questions which deal with health (physical abilities, health behaviors, presence of health problems, etc.). Respondents indicated in Question 82 whether they could accomplish each of nine activities of daily living with or without help. The activity which the largest proportion of individuals was <u>unable</u> to do without help was grocery shopping (17%). A sizeable proportion was unable to clean the house (13%). Other activities and the percentages of persons who could not accomplish them without help, were: going for walks (8%); using the bathtub (6%); climbing stairs (6%); preparing meals (5%); taking medications (3%); using the phone (3%); and dressing themselves (2%).

Those people who require help to accomplish the activities of daily living were asked to specify the person who usually helps them. The helpers are identified in Table 3-15. (It should be noted that the helper was not always specified, in which case the table only indicates a respondent's inability to perform particular tasks.) Spouses and children were most often identified as the helpers; although friends and neighbors, as well as other relatives, appeared prominently in connection with grocery shopping assistance. Individuals who reported that they could not accomplish a particular activity and who stated that they have nobody to help them with that activity appear in the column of Table 3-15 labelled "Has No Helper." (So, for example, one percent of the sample reported both that they could not climb stairs and that they had no one to help them to climb stairs.)

The use of various physical aids was recorded in Question 83. Persons in the sample were most likely to use eyeglasses or contact lenses (97%), and second most likely to use dentures (57%). Other aids used were: a cane (10%); a hearing aid (6%); a walker (3%); and a wheel chair (1%).

Question 84 asked the respondents whether their health prevented them from doing anything which they felt they should be able to do. (This question is very similar to Question 76, but it focuses directly upon impediments produced by health problems.) Twenty-nine percent of the sample stated that their health does prevent them from doing things they should be able to do. Five percent mentioned a wide range of sports such as bowling, baseball, etc. Four percent mentioned walking outside. Other activities which respondents would like to do but can't were shopping, recreation, visiting friends' houses, etc. (3%); housework (3%); home maintenance (2%); and gardening (2%). In addition, four percent of the respondents answered Question 84 by stating that their health impeded them from doing virtually everything they wanted to do. The health problems which impeded people from engaging in desired activity were: "general, poor health" (6%); arthritis (3%); and heart trouble (3%).

A majority of the people whom we interviewed had contact with health care providers during the year previous to the interview (Question 85). Eighty-one percent had seen a medical doctor, nurse, or nurse practitioner; 57 percent

had seen an eye doctor; and 55 percent had seen a dentist. Forty-four percent of the respondents reported that they had received Medicare or Medicaid benefits during the year previous to the interview. <sup>27</sup>

Thirty-one percent of the sample reported that they had problems seeing as well as they would like; 25 percent reported problems hearing as well as they would like; and 38 percent reported problems remembering things (Question 86). Fewer than half, however, stated that they had had to stay home because of an illness or injury during the year previous to the interview (Question 87). Seventeen percent reported staying home for one to twelve days during the year; eight percent reported staying home between 13 and 36 days and 9 percent reported staying home for 37 days or more.

Twenty percent of the respondents spent time in the hospital for illness or injury during the year previous to the interview (Question 88). Forty-four percent of the people who spent time in the hospital (i.e., 106 of 240 people) spent a total of 7 or fewer days there. Those who spent time in the hospital were asked whether, after their discharge, anyone helped them until they got back on their feet. Twelve percent of the sample (60 percent of those who had spent time in the hospital) had someone help them upon their return home. Most often the helper was a spouse or a child. Seven percent of the sample (35 percent of those who spent time in the hospital) did not have anyone to help them, and about one in six of these people (15%) stated they could have used someone to help after the return from the hospital (Question 88c). <sup>28</sup> In response to Question 89, one percent of the respondents reported that they had stayed in a nursing home for some period of time during the year previous to the interview.

This figure may seem relatively low. However, it should be recalled that such benefits may not be appropriate for many of the younger and employed respondents in the sample.

Remember that, to the extent that these data provide a picture of what is going on among all aging persons in the county, the finding that one percent of the sample returned home from the hospital during the year and needed help which was not provided suggests that perhaps 650 such older people in Ramsey County could have used help which they did not receive after a hospital discharge.

Most of the people in the sample (83%) felt that they have someone to take care of them in case of sickness or disability (Question 90). Forty percent of the respondents suggested that their spouse would do so; 16 percent felt that a child would do so; and six percent felt that their spouse and children together would take care of them. Various other relatives, such as brothers and sisters, in-laws, etc., were mentioned by eight percent of the respondents. About three percent of the respondents felt that a friend or neighbor would take care of them.

Question 91 elicited each respondent's chronic illnesses or health or dental problems. The question was asked in an open-ended style, from the respondent's point of view, although the interviewer had a check list of 25 categories into which he or she placed the respondent's answers. Thirty-four percent of the sample stated that they had no chronic illnesses. The most common illness reported was high blood pressure (22%). The second most common was arthritis (16%). Others frequently mentioned were heart trouble (13%), back, joint or muscle problems (9%), visual problems, such as cataracts or glaucoma (6%); and diabetes (6%).

Question 92 asked about prescription and non-prescription medicines. Fifty-six percent of the respondents reported that they were currently taking prescription medicines; five percent were taking non-prescription medicines; and two percent were taking both. Most persons who were taking medications (46 percent of the sample) paid for their own. Only 14 percent of the sample stated that Medicare or a health plan paid for their medicine. Most people (53 percent of the sample; 85 percent of those taking medicine) said that they did not have trouble affording the medicines which they took. Eight percent of the sample reported that they did have trouble affording the medicine.

Questions 93 and 94 ascertained each respondent's self rating of his or her own health. When asked to characterize their health as "good," "average," or "poor," 59 percent of the individuals surveyed felt that it was good; 31 percent considered it average; and six percent considered it poor. Most people (58%) considered their health better than the health of their age peers; 30 percent considered it about the same; and five percent considered it worse.

Question 95 and 96 dealt with dental problems and dental care. Sixteen percent of the respondents reported having problems with their teeth or dentures; 81 percent said that they did not have such problems. Those with problems were asked whether the problems prevented them from eating the way they would like to eat. Forty percent of them (seven percent of the sample) stated that their dental problems interfered with eating. Twelve percent of the sample would like to get to the dentist more often than they do now (Question 96). When asked what keeps them from getting there, most (4%) said that dental work is too expensive. Others cited their dissatisfaction with dental work (1%) or a transportation problem (1%).

Table 3-15
HEALTH: INTERVIEW ITEMS 82-96

- 82. Now I will read a list of activities. For each, please tell me whether you can do it without help or only if someone helps you.
  - a. Climbing stairs

		<u>N</u>	% of Sample
	Without help With help Missing	1151 68 9	94 6 1
b.	Cleaning the house		
	•	_N_	% of Sample
	Without help With help Missing	1053 163 12	86 13 1
С.	Going for walks outside		
		N	% of Sample
	Without help With help Missing	1115 99 14	91 8 1

## 82. d. Getting in and out of the bathtub

	N	% of Sample
Without help	1137	93
With help	79	6
Missing	12	1

## e. Preparing your meals and snacks

<u>N</u>	% of Sample
1151	94
67	5
10	1
	67

## f. Dressing yourself

	<u>N</u>	% of Sample
Without help	1197	97
With help	24	2
Missing	7	1

## g. Taking medications

	N	% of Sample
Without help	1188	97
With help	32	3
Missing	8	1

## h. Shopping for groceries

	<u>N</u>	<pre>% of Sample</pre>
Without help	1010	82
With help	204	17
Missing	14	1

## i. Dialing the telephone and using the directory

	<u>N</u>	% of Sample
Without help With help	1183 35	96
Missing	10	1

# Person Who Usually Helps (If "with help")

		Spo	use	Chi	<u>1d</u>	Othe Relat		Frie Neigh	end/ nbor	Pa <sup>-</sup> He			ot ified	Has Help	
		<u>N</u>	<u>%</u>	<u>N</u>	<u>%</u>	<u>N</u>	<u>%</u>	N	<u>%</u>	<u>N</u>	<u>%</u>	N	<u>%</u>	<u>N</u>	<u>%</u>
a.	Climbing stairs	13	1	16	1	6	1	5	_	1	-	18	2	9	1
b.	Cleaning the house	32	3	27	2	14	1	9	1	22	2	44	4	15	1.
с.	Going for walks outside	24	2	19	2	8	1	6	1	2		22	2	18	2
d.	Getting in and out of bathtub	15	1	12	1	7	1	3	_	5	.= .	27	2	10	1
е.	Preparing your meals and snacks	21	2	15	1	5	<del>-</del>	5	_	6	1	11	1	4	-
f.	Dressing yourself	7	1	6	1	3	_	-	_	2	-	6	1	_	-
g.	Taking medications	8	1	11	1	2	_		_	4	-	6	1	1	-
h.	Shopping for groceries	37	3	58	5	21	2	21	2	10	1	45	4	12	1
i.	Dialing the telephone an using the directory	d 5	_	12	1	3	_	2		2	_	8	1	3	_

## 83. Do you use any of the following?

			<u>Yes</u>		No	Mi	ssing
		<u>N</u>	% of Sample	N	% of Sample	_N_	% of Sample
a.	Eyeglasses or contacts	1191	97	23	2	14	1
b.	A hearing aid	70	6	1142	93	16	1
с.	A cane	121	10	1090	89	17	1
d.	A walker	31	3	1181	96	16	2
e.	A wheelchair	11	1	1199	98	18	2
f.	Dentures	706	5 <b>7</b>	507	41	15	1

84. Is there anything that you feel you should be able to do, but your health prevents you from doing it?

	<u>N</u>	% of Sample
Yes	352	29
No	827	67
Don't know	5	0
Missing	44	4

(If yes, questions 84a and 84b were asked.)

84a. What is it that you would like to do?

Activity		% of	ention) % of Subgroup	··········	% of	Mention) % of Subgroup
Everything/many things	44	4	13	2	0	1
Walking outside	40	3	11	7	1	2
Sports	40	3	11	22	2	6
Shopping, visiting, etc.	29	3	8	10	1	3
Housework	31	3	9	3	0	1
Home maintenance	23	2	7	3	0	1
Gardening	24	2	7	4	0	1
Jogging/exercise	25	2	7	2	0	1
Miscellaneous	82	7	23	11	1	3
Missing	14	1	4	_	-	_

## 84b. Why can't you do it?

Reason	<u>N</u>	% of Sample	% of Subgroup
General, poor health Arthritis Heart trouble Bad back Bad legs Poor vision Lung problems	77 42 38 18 26 17	6 3 3 2 2 1	22 12 11 5 7
Other Missing	95 26	8 2	2 <del>7</del> 7

## 85. During the past year, have you:

a. Gone to see an eye doctor?

N	% of Sample
697	57
510	42
21	2
	510

b. Gone to see a medical doctor, nurse, or nurse practitioner?

<b>.</b>	<u>N</u>	% of Sample
Yes No	999 212	` 81 17
Missing	17	1

c. Gone to see a dentist?

	N	% of Sample
Yes No	678 529	55 43
Missing	21	2

d. Received Medicare or Medicaid benefits?

•	<u>N</u>	% of Sample
Yes	545	44
No	660	54
Missing	23	2

## 86. Do you have:

a. Problems seeing as well as you would like?

	<u>N</u>	% of Sample
Yes	377	31
No	818	67
Missing	33	3

b. Problems hearing as well as you like?

	_ <u>N</u> _	% of Sample
Yes	309	25
No	884	72
Missing	35	3

c. Problems remembering things?

	<u>N</u>	% of Sample
Yes	466	38
No	715	58
Missing	47	4

87. For approximately how many days during the past year have you had to stay home because of an illness or injury?

Days Home	N	<pre>% of Sample</pre>
None	697	57
1 - 12	211	17
13 - 36	104	8
37 - 299	84	7
300+	32	3
Don't know	76	6
Missing	24	2

88. How many days during the past year did you spend in a hospital for illness or injury?

Days in Hospital	N	% of Sample
None	972	<b>7</b> 9
1 - 7	106	9
8 - 21	79	6
22 - 35	29	2
36 - 70	18	2
71 - 95	7	1
Don't know	1	0
Missing	16	1

(If one or more, question 88a was asked.)

88a. When you returned from the hospital, did anyone help you out until you were able to get back on your feet?

	<u>N</u>	<pre>% of Sample</pre>	% of Subgroup
Yes	144	12	60
No	84	7	35
Missing	11	1	5

(If yes, question 88b was asked; if no, question 88c was asked.)

88b. Who helped you?

<u>Helper</u>	<u>N</u>	% of Sample	% of Subgroup
Spouse	65	5	45
Child	38	3	26
Relative	22	2	15
Friend	6	1	4
Nursing service	6	. 1	4
Other	7	- 1	5

88c. Could you have used someone to help you?

	N	% of Sample	% of Subgroup
Yes	13	1	15
No	67	5	80
Missing	4	0	5

89. Did you stay in a nursing home at all during the past year?

	<u>N</u>	% of Sample
Yes	12	1
No Missing	1169 47	95 4

90. Do you have someone who would take care of you if you were sick or disabled--for example, your husband/wife, a member of your family or a friend?

	N	% of Sample
Yes No	1021 155	83 13
Don't know	24	2
Missing (If yes, specify.)	28	2

Potential Caretaker	N	% of Sample	% of Subgroup
Husband/wife	493	40	48
Spouse and children	77	6	8
Child/children	202	16	20
"My family"	60	5	6
Other relative	97	8	10
Friend/neighbor	34	3	3
Other	18	2	2
Don't know	8	1	1
Missing	32	3	3

## 91. Do you have any chronic illnesses or health or dental problems?

_ <u>N</u>	% of Sample
412	34
348	28
253	21
94	8
50	4
25	2
7	1
39	3
	348 253 94 50 25 7

(If yes, question 91a was asked.)

## 91a. What are they?

Illness (First Mention)	<u>N</u>	% of Sample	% of Subgroup
High blood pressure	145	12	19
Arthritis	186	15	24
Heart trouble	72	6	9
Back, joint, muscle problems	72	6	9
Visual problems	15	1	2
Diabetes	49	4	6
Respiratory problems	28	2	4
Ulcers, gall bladder,		•	
stomach problems	16	1	2
0ther	186	15	24
Missing	1	0	0

Illness (Second Mention)	<u>N</u>	<pre>% of Sample</pre>	% of Subgroup
High blood pressure Arthritis Heart trouble Back, joint, muscle problems Visual problems Diabetes Respiratory problems Ulcers, gall bladder,	91 10 60 31 34 23 24	7 1 5 3 3 2 2	12 1 8 4 4 3 3
stomach problems Other	23 115	2 9	3
Missing	-	<del>-</del>	15 -
T.			
<u>Illness</u> (Third Mention)	<u>N</u>	<pre>% of Sample</pre>	% of Subgroup
High blood pressure Arthritis Heart trouble Back, joint, muscle problems Visual problems Diabetes Respiratory problems Ulcers, gall bladder,	41 2 22 1 29 0 11	3 0 2 0 2 0 2 0	<pre>% of Subgroup 5 0 3 0 4 0 1</pre>
High blood pressure Arthritis Heart trouble Back, joint, muscle problems Visual problems Diabetes Respiratory problems	41 2 22 1 29 0	3 0 2 0 2	5 0 3 0 4 0

92. Are you currently taking any prescription or non-prescription medicines?

	<u>N</u>	% of Sample
No	406	33
Yes, prescription	684	56
Yes, non-prescription	56	5
Both	27	2
Missing	55	4 .

(If yes, questions 92a and 92b were asked.)

92a. Are these paid for by Medicare or some health plan, or do you have to pay them?

ı	<u>N</u> _	<pre>% of Sample</pre>	% of Subgroup
Medicare or health plan	173	14	23
Pay for own	562	46	, 73
Both	25	2	3
Missing	/	· U	i

92b. Do you ever have trouble affording these medicines?

	<u>N</u>	% of Sample	% of Subgroup
Yes No	102 649	8 53	13 85
Missing	16	1	2

93. In general would you say that your health is good, average, or poor?

	<u>N</u>	% of Sample
Poor	.76	6
Average	377	31
Good	729	59
Don't know	3	0
Missing	43	4

94. Would you say that your health is <u>better</u>, the <u>same</u>, or <u>worse</u> than the health of most people your age?

	<u>N</u>	% of Sample
Worse	61	5
Same	370	30
Better	714	58
Don't know	33	3
Missing	50	4

95. Do you now have any problems with your teeth or dentures?

	<u>N</u>	% of Sample
Yes	201	16
No	991	81
Missing	36	3

(If yes, question 95a was asked.)

95a. Do these problems keep you from eating the way you would like?

	<u>N</u> _	% of Sample	% of Subgroup
Yes No Missing	81 113	7 9	40 56
MISSMIG	1	1	3

96. Would you like to get to the dentist more often than you do now?

	<u>N</u>	<pre>% of Sample</pre>
Yes	149	12
No	1024	83
Don't know	1	0
Missing	54	4

(If yes, question 96a was asked.)

96a. What keeps you from getting there?

	<u>N</u>	% of Sample	% of Subgroup
Too expensive	47	4	32 .
Dissatisfaction with dentist	15	i	10
Transportation problem	14	1	9
Other	59	5	. 40
Don't know	8	1	5
Missing	6	1	4

#### Nutrition

Question 97 introduced a series of questions which elicited information on eating arrangements and satisfaction with those arrangements. Virtually everyone (93%) reported doing most of his or her eating at home. The small proportion of persons who reported doing most eating away from home specified the locations, and these appear in Table 3-16. Sixty-four percent of the sample reported that they get their meals ready for themselves; 28 percent reported that their spouse prepares their meals (Question 98).

Eighty-one percent of the respondents stated that, during the year previous to the interview, they had had no trouble eating the way they wanted to eat; 16 percent reported that they did have trouble of this type (Question 99). Problems mentioned by the people who had trouble included: problems with teeth or dentures (4%); dislike of the foods allowed on a prescribed diet (3%); stomach or other health problems (3%).

Sixty-nine percent of the people interviewed generally eat their meals with someone else (Question 100); 29 percent eat most of their meals alone. Virtually all of them reported satisfaction with their present cooking arrangements (Question 101).

Twenty-four percent of the respondents said that a doctor had prescribed a special diet for them (Question 102). Most often mentioned was a low salt diet (seven percent of the sample; 28 percent of those on diets). Others mentioned were: low sugar, diabetic (6%); low calorie (5%); and low cholesterol (4%). About one-third of those on a diet reported trouble following it. These troubles included lack of self control (3%); difficulty preparing foods free of the wrong ingredients (2%) and overeating (1%).

Table 3-16
NUTRITION: INTERVIEW ITEMS 97-102

#### 97. Do you do most of your eating at home or somewhere else?

	<u>N</u>	<pre>% of Sample</pre>
At home	1143	93
Somewhere else	66	5
Missing	19	2

(If somewhere else, question 97a was asked.)

#### 97a. Where?

	N	<pre>% of Sample</pre>	% of Subgroup
Restaurant	49	4	74
Congregate Dining	6	1	9
Relatives	6	1	9
Friends	3	$\bar{0}$	. 5
0ther	1	0	2
Missing	1	. 0	2

## 98. Who usually gets your food ready for you?

	N	% of Sample
Self	<b>7</b> 82	64
Spouse	339	28
Friend	5	0.
Child	31	3
Other relative	21	2
Volunteer	7	1
Congregate dining	2	0
Meals-on-wheels	9	1
Restaurant	14	1
Missing	18	1

99. During the past year or so, have you had any trouble eating the way you would like to eat?

	<u>N</u>	<pre>% of Sample</pre>
Yes	192	16
No	998	81
Missing	38	3

(If yes, question 99a was asked.)

99a. What problems have you had?

Eating Problems	N	% of Sample	% of Subgroup
Problems with teeth or			
dentures	49	4	26
Dislike prescribed foods	42	3	22
Stomach/health problems	39	3	20
Other	59	5	31
Missing	3	0	2

100. Do you eat most of your meals alone or with someone else?

	<u> N</u>	% of Sample
Alone	353	29
With someone	845	. 69
Missing	30	2

101. Are you satisfied with your present cooking arrangements?

	<u>N</u>	<pre>% of Sample</pre>
Yes	1148	93
No	27	2
Missing	53	4

102. Has a doctor prescribed a special diet for you?

	<u>N</u>	<pre>% of Sample</pre>
Yes	296	24
No	892	73
Missing	40	3

(If yes, question 102a and 102b were asked.)

102a. What kind of diet?

Type of Diet	<u>N</u>	% of Sample	% of Subgroup
Low salt	82	7	28
Low sugar	67	6	23
Low calorie	55	5	19
Low cholesterol	46	4	16
Bland diet	19	2	6
0ther	23	2	8
Missing	4	0	1

#### 102b. Do you have any trouble following it?

	<u>N</u>	% of Sample	% of Subgroup
Yes No Missing	106 172 18	9 14 14	36 58 6
If yes, specify)			
Problem Following Diet	N	% of Sample	% of Subgroup
Lack self-control Difficulty preparing	33	3	31
correct foods	29	2	27
Overeating Other	13	1 2	12
Missing	20 11	1	19 10

#### Economic Status

Income and expenses were discussed within Questions 103 to 116 and appear in Table 3-17. (The dollar figures given by the respondents have been grouped into categories for examination in this chapter. However, they are retained in their original form in later analyses of averages, correlations, etc.)

Almost one-half of the sample (46%) spent between \$16 and \$45 per week for groceries (Question 103). Twenty-four percent of the respondents said they didn't know their weekly grocery bill. Thirty-six percent of the sample reported spending no money eating out during an ordinary week (Question 104). Of those who did eat out, most spent less than \$15 during an ordinary week. Almost two-thirds of the respondents reported a usual telephone bill of between \$1-\$15 per week (Question 105). A question concerning NSP bills was

asked with reference to the month previous to the interview. Table 3-17 indicates the responses to this question. However, those responses cannot be adequately interpreted without examination of the months during which the interview occurred. Thirty-one percent of the sample paid their NSP bill on the budget plan, and 57 percent did not do so (Question 107). When asked whether the NSP bill was a big or a small problem to pay, 54 percent of the people surveyed said that paying NSP was no problem, while 33 percent said that it was either a small or a big problem (Question 108).

Most of the respondents (79%) owned their homes; 16 percent rented; and two percent reported that their housing was provided rent-free (Question 109).<sup>29</sup> Of those who owned their homes, 86 percent did not have an outstanding mortgage.

In Question 110, respondents indicated whether they or their spouses receive money in each of ten ways. The most common source of income was Social Security benefits, which 82 percent of the respondents (or their spouses) received. Many respondents (or their spouses) received income from interest from assets (64%); pension benefits other than Social Security (56%); and salary or wages (25%). Eighty-eight percent of the respondents felt that they have enough money to meet their everyday basic needs, and 67 percent felt that they can usually afford extras and recreation (Question 111). However, one-fourth of the sample stated that they have to go without some things in order to pay for others (Question 112). When asked what they go without, common responses were: personal items (8%); recreation (4%); food (3%); and luxury items (2%).

Eight percent of the respondents had taken out a loan during the year previous to the interview (Question 113). Automobile loans, loans for household repairs, and real estate loans were the most common types. When asked whether they would be able to take care of their future money needs, most of the people whom we surveyed (74%) responded affirmatively (Question 114). Only four percent predicted that they definitely would be unable to take care of their future money needs.

The interview form contained two follow-up questions to Question 109 which attempted to ascertain monthly mortgage and rent payments. However, respondents did not use uniform standards for computing mortgage payments plus taxes plus insurance. Therefore, the data are not presented in this report.

Question 115 ascertained the income of the respondent (or the combined income of the respondent and spouse). Sixty-eight percent of the sample reported their income. Fourteen percent did not disclose their income, and 14 percent stated that they didn't know their income. Reported incomes, on a monthly basis, were: \$1-\$300 (10%); \$301-\$600 (25%); \$601-\$900 (13%); \$901-\$1200 (7%); \$1201 or more (13%). It should be noted that these figures are likely higher than income figures for a sample consisting solely of retired individuals.

About half of the sample considered themselves financially "better off" than other people of a similar age (Question 116). Thirty-one percent considered themselves "the same" financially as their age peers; seven percent considered themselves "worse off"; and five percent felt that they didn't know their relative financial standing among persons of a similar age.

Table 3-17
ECONOMIC STATUS: INTERVIEW ITEMS 103-116

103. About how much money do you spend each week for groceries?

Dollars Per Week	<u>N</u> .	% of Sample
None	3	0
1 - 15	119	10
16 - 30	339	28
31 - 45	225	18
46 - 60	140	. 11
61+	54	4
Don't know	298	24
Missing	50	4

104. In an ordinary week, about how much do you spend eating out?

Dollars Per Week	<u>N</u>	% of Sample
None	443	36
1 - 15	514	42
16 - 30	123	10
31 - 45	23	. 2
46+	20	2
Don't know	44	4
Missing	61	5

105. About how much is your usual telephone bill?

Dollars Per Week	<u>N</u>	% of Sample
None	13	1
1 - 15	775	63
1 - 30	232	19
31 - 45	25	2
46+	21	2
Doesn't pay bill	33	3
Don't know	79	6
Missing	50	4

106. What was your N.S.P. bill last month?

Dollars Previous Month	<u>N</u>	% of Sample
1 - 50	474	39
51 - 100	416	34
101 - 150	99	8
151 - 200	18	2
201+	11	1
Doesn't pay bill	88	7
Don't know	74	6
Missing	48	4

107. Do you pay N.S.P. on the "budget plan"?

	<u>N</u>	<pre>% of Sample</pre>
Yes	379	31
No	701	57
Doesn't pay	88	7
Don't know	17	1
Missing	43	4

108. Is paying your N.S.P. bill a big problem, a small problem, or no problem at all?

	<u>N</u>	% of Sample
No problem	666	54
Small problem	210	17
Big problem	197	16
Doesn't pay	88	7
Don't know	9	1
Missing	58	5

109. Do you own or rent the place where you live, or is it provided rent-free?

	<u>N</u>	<pre>% of Sample</pre>
Own (paying mortgage)	138	11
Own (no mortgage)	829	68
Rent	196	16
Rent-free	27	2
Missing	38	-3

110. Now I would like to read a list of ways that people receive money. You don't have to tell me the amount, but could you tell me if you or your husband/wife get any money from:

Salary or wages from a job?

Yes

No

Don't know

Missing

<b>3 3 3 3 3 3 3 3 3 3</b>	_N_	% of Sample	
Yes No Don't know Missing	311 887 0 30	25 72 0 2	
Social Security retirement	benefits?		
Yes No Don't know Missing	1003 199 1 25	82 16 0 2	
Other pension benefits?			
Yes No Don't know Missing	686 507 1 34	56 41 0 3	
Interest from assets, like	interest	and dividends, life	e insurance, etc.?
Yes No Don't know Missing	785 401 2 40	64 33 0 3	
Regular withdrawals from sa	avings :		

243

944

2

39

20

77

0

	<u>N</u>	% of Sample
Disability?		
Yes No Don't know Missing	78 1114 3 33	6 91 0 3
Welfare?		
Yes No Don't know Missing	31 1161 2 34	3 95 0 3
Unemployment?		
Yes No Don't know Missing	5 1187 2 34	0 97 0 3
Family and relatives?		
Yes No Don't know Missing	31 1158 3 36	3 94 0 3
Other sources?		
Yes No Don't know Missing	89 1076 3 60	7 88 0 5

111. Do you feel you have enough money to meet your everyday basic needs such as food, utilities, housing, clothes and transportation?

	N	% of Sample
Yes	1076	88
No	104	9
Don't know	1	Ó
Missing <sup>*</sup>	47	4

(If yes, question 111a was asked.)

111a. How about extras and recreation? Can you usually afford these?

	N	<pre>% of Sample</pre>	% of Subgroup
Yes	817	67	76
No	193	16	18
Don't know	8	1	1
Missing	58	5	5

112. Do you ever have to go without some things in order to pay for others?

	N	% of Sample
Yes	307	25
No	864	70
Don't know	1	0
Missing	56	5

(If yes, question 112a was asked.)

112a. What do you usually go without?

<u>Item</u>	<u>N</u>	<pre>% of Sample</pre>	% of Subgroup
Personal items	102	8	33
Recreation	46	4	15
Food	34	3	11
"Luxury" items	28	2	9
Travel	17	1	6
Other	53	4	17
Missing	27	2	9

113. Have you taken out any loans during the past year?

	<u>N</u>	<pre>% of Sample</pre>
Yes	92	8
No	1093	89
Missing	43	4

(If yes, question 113a was asked.)

113a. For what purpose?

Purpose of Loan	N	% of Sample	% of Subgroup
Automobile	19	2	21
Household repairs	17	1	18
Real estate	13	1	14
Business	10	1	11
Miscellaneous	30	2	33
Missing	3	0	3

114. Do you feel that you will be able to take care of your future money needs?

	N	% of Sample
Yes	903	74
No	50	4
Don't know	224	18
Missing	51	4

115. Could you tell me what the income of you and your husband/wife is before taxes?

<u>N</u>	% of Sample	% of Those Who Reported Their Income
117	10	14
302	25	36
165	13	20
89	7	11
164	13	20
173	14	_
<b>17</b> 5	14	٠ ـ
43	4	-
	117 302 165 89 164 173 175	117 10 302 25 165 13 89 7 164 13 173 14 175 14

116. Do you think that financially you are better off, worse off, or about the same as other people your age?

<u>N</u>	% of Sample
617	50
86	7
384	31
66	.5
75	6
	86 384 66

## Life Satisfaction, Happiness

Questions 118 to 124 focus upon personal satisfactions, worries, and concerns of the respondents. Question 118 asked for a global rating of the respondent's satisfaction with life. Eighty-eight percent stated that they were either very satisfied or moderately satisfied with life in general. Only eight percent expressed moderate or high dissatisfaction. When asked to compare their life at the time of the interview with other times of life, 54 percent considered it no better or worse than any previous time (Question 119). Thirty-one percent considered it their best time, and eight percent considered it their worst time.

General descriptions of the respondent's level of happiness resembled the descriptions of life satisfaction. Fifty-two percent of the sample reported that they were very happy; 36 percent reported that they were somewhat happy; and only seven percent reported that they were either somewhat unhappy or very unhappy (Question 120).

When asked to identify the biggest problems in their day-to-day lives, 37 percent of the respondents stated that they had no big problems. Frequently mentioned were: a current helath problem (12%); a serious physical disability (5%); finances, inflation, paying bills (9%); and inability to do household repairs or to care for a home (5%). Respondents were also asked what they expected to be the best things which could happen to them during the next few years (Question 122). Thirty-one percent of the sample stated that to remain healthy would be the best thing to happen, and six percent hoped for an improvement in their health. Eleven percent of the respondents looked forward to a vacation or travel; five percent relished the thought of retirement; seven percent stated a preference for things to continue "just the way they are now" and three percent looked forward to achievements or life transitions of their children or grandchildren.

In response to Question 123, respondents indicated whether anything particular about their lives worried them. Thirty percent reported particular worries or concerns; while 65 percent reported that they had none. The most common worries centered around a current health problem (seven percent of the sample; 23 percent of those who said they had a particular worry). Other worries mentioned by the respondents were: concern about a future decline in health (3%); finances (3%); fear of losing their independence (2%); and health of a spouse (2%). Seven percent of the sample (almost one-fourth of those with worries) felt that some other person or group might be able to help them with their problems. Suggestions of who that group might be or of what might be done appear in Table 3-18.

This question was asked in an open-ended fashion. Respondents could mention as many problems as they desired. However, only the first two mentioned were coded for data processing.

Loneliness was the topic of Question 124. When asked how often they felt lonely, more than half of the respondents (52%) said that they never do. (Since, strictly speaking, there is probably no one who <u>never</u> feels lonely, it is likely that older individuals do not acknowledge this feeling very readily.) Thirty-six percent of the sample stated that they sometimes feel lonely, and seven percent stated that they feel lonely very often.

Question 125 asked about big changes which had occurred in a respondent's life in the decade previous to the interview.  $^{31}$  About one in ten of the people interviewed stated that no big changes had occurred in their lives during the last ten years. The most often cited change was retirement (31%). Other, frequently mentioned changes were: death of a spouse (17%); significant change in the respondent's health (17%); death of a family member other than spouse (13%); and change of residence (11%).

Table 3-18

LIFE SATISFACTION, HAPPINESS: INTERVIEW ITEMS 118-125

118. Taking all things into consideration, how would you describe your satisfaction with life in general at the present time? Would you say that you are very satisfied, moderately satisfied, moderately dissatisfied, or very dissatisfied with your life at the present time?

	<u>N</u>	% of Sample
Very dissatisfied	28	2
Moderately dissatisfied	65	5
Moderately satisfied	527	43
Very satisfied	550	45
Don't know	4	0
Missing	54	4

<sup>31</sup> Respondents could mention as many changes as they wished. The first three, and the years during which they occurred, were recorded for data processing.

119. Would you consider this time of your life as your best time, worst time, or no better or worse than usual?

	N	% of Sample
No better or worse	659	54
Worst time	102	8
Best time	383	31
Don't know	14	1
Missing	70	6

120. How happy would you say you are: very happy; somewhat happy; somewhat unhappy; or very unhappy?

<b>-</b>	<u>N</u>	% of Sample
Very unhappy	19	2
Somewhat unhappy	65	5
Somewhat happy	437	36
Very happy	640	52
Don't know	5	0
Missing	62	5

121. Presently, what are the biggest problems that you have in your day-to-day life?

	(First	Mention)	(Second )	
<u>Problem</u>	<u>N</u>	% of Sample	N	% of Sample
Current health problem	141	11	11	1
Serious physical disability	45	4	8	1
Finances, inflation, bills	81	7	. 27	2
Inability to care for home	46	4	11	1
Problems in relationships				_
with children, relatives	29	2	4	0
Loneliness, isolation	40	3	7	. 1
Can't get out and around	57	5 .	14	$\bar{1}$
Health problem of spouse	25	2	3	0
Trying to find satisfying				-
activity to keep busy	63	5	4	0
Feel inadequate, without				J
energy	21	2	5	0
Miscellaneous	92	8	29	2
None/have no problems	453	37	-	=
Don't know	76	6	_	_
Missing	59	5	_	_

122. What do you expect will be the best things to happen to you during the next few years?

•	(Firs	st Mention)	(Second	Mention)
B		% of		% of
Best Thing to Happen	_ <u>N</u> _	<u>Sample</u>	<u>N</u>	<u>Sample</u>
Remain healthy	362	29	29	2
Vacation, travel	95	8	34	3
Improvement of health	63	5	6	1
Retirement	54	4	4	0
Keep on living as at present	75	6	6	1
Improvement in finances	16	1	11	1
Inherit money	22	2	4	0
Watching children and grand-		•		
children grow and develop	30	2	14	1
Moving elsewhere	28	2	2	1
Family remaining together				
and happy	15	1	12	1
Death_	17	1	1	0
Miscellaneous	126	10	112	9
Nothing good will happen	16	1	0	0
Don't know	240	20	-	-
Missing	69	6	<b>-</b> ,	-

## 123. Is there anything particular about your life which worries you?

	<u>N</u>	% of Sample
Yes	366	30
No	800	65
Don't know	3	0
Missing	59	5

(If yes, questions 123a and 123b were asked.)

## 123a. Would you care to tell me what it is?

Type of Worry	<u>N</u> _	% of Sample	% of Subgroup
Current health problem	86	7	23
Serious physical disability	11	1	3
Fear loss of independence,			
future disability	29	2	8
Fear decline in health	38	3	10
Health of spouse	- 29	2	8
Health of other family			
members	18	2	5
Finances, inflation, bills	. 32	3	9
Relationship with other			-
family members	24	2	7
Loneliness	- 17	1	5
Miscellaneous	<b>7</b> 8	6	21
Missing	4	0	$\overline{1}$

123b. Do you think that some other person or group could do something about this problem?

	N	% of Sample	% of Subgroup
Yes No Don't know	85 233 9	7 19 1	23 64 11
Missing	39	3	11

(If yes, question 123c was asked.)

123c. Who would that be, and what could they do?

	_N_	<pre>% of Sample</pre>	% of Subgroup
Social service agency/ local government agency Nursing or medical care	20 16	2 1	24 19
Legislation or political action	15	1	19
Family, relatives	11	1	13
Miscellaneous	14	1	16 <sup>-</sup>
Don't know	7	1	8
Missing	2	0.	2

124. How often do you feel lonely: very often, sometimes, or never?

	<u>N</u>	% of Sample
Never	643	52
Sometimes	442	36
Very often	88	7
Don't know	2	0
Missing	53	4

125. Big changes occur from time to time in everyone's life. During the last ten years, what have been the biggest changes in your life, and when did they happen?

	•	rst tion)		cond tion)		ird tion)
Type of Change	N	% of Sample	N	% of Sample	N	% of Sample
				<u>oumpre</u>		oump i c
Retirement	290	24	71	6	15	1
Death of spouse	190	15	16	1	2	. 0
Change in health	124	10	64	5	19	2
Death of relative	78	6	61	5	19	2
Change in spouse's health	47	4	50	4	12	1
Change in residence	72	6	21	1	4	0
Children moved away	43	4	24	2	6	1
Child's marriage/divorce	45	4	37	3	13	1
Miscellaneous	119	10	83	7	45	4
None/no change	118	10	_	-	_	_
Don't know	32	3	-	_	_	-
Missing	70	6	-	-	-	-

### Observations on the Community

The focus then shifted to enable each person interviewed to proffer his or her observations concerning older people in general. Each respondent could mention as many as four problems which were the "biggest problems" facing people over age 60 in Ramsey County (Question 126). Problems relating to money were mentioned by many: general finances (30%); inflation and the cost of living (19%); difficulty living on a fixed income (7%); and difficulty paying bills (4%). Health problems were noted by 20 percent of the respondents; loneliness by 17 percent; transportation by 14 percent; and safety or fear of crime by nine percent. When asked what they would do, as Mayor, to make their community a better place for people over age 60 to live, 23 percent said they would reduce crime or increase safety (Quetion 127). Others mentioned: cutting taxes (9%); better street maintenance (4%); help with housing problems (5%); and better mass transportation (4%).

In Question 117, respondents were asked to select a name for people of their own age group. (Three examples were provided: "senior citizens," "the elderly," and "oldsters.") Sixty-three percent considered "senior citizens" most appropriate. No other single label had much popularity, with the exception of "the elderly," which four percent of the respondents selected. Ten percent of the respondents felt that no name is necessary for people of their age group.

Table 3-19
OBSERVATIONS ON THE COMMUNITY: INTERVIEW ITEMS 126-127, 117

126. What do you think are the biggest problems facing people over age 60 in Ramsey County?

	(First	Mention) % of	(Second I	Mention) % of
Type of Problem	N	Sample	N	Sample
General finances Inflation, cost of living Difficulty living on	263 137	21 11	88 66	7 5
fixed income Health problems Difficulty paying bills Inability to obtain	48 112 13	4 9 1	27 102 30	2 8 2
quality medical care Loneliness Transportation Safety/fear of crime Finding satisfying	31 105 60 48	3 9 5 4	27 61 56 36	2 5 5 3
activities Miscellaneous Don't know Missing	28 147 148 88	2 12 12 7	28 118 - -	2 10 - -
	(Third	Mention) % of Sample	(Fourth)	Mention) % of Sample
General finances Inflation, cost of living		% of		% of
Inflation, cost of living Difficulty living on fixed income Health problems Difficulty paying bills	N18	% of Sample 2	<u>N</u> 4	% of Sample
Inflation, cost of living Difficulty living on fixed income Health problems Difficulty paying bills Inability to obtain quality medical care Loneliness Transportation Safety/fear of crime	N 18 26 11 31	% of Sample 2 2 2	N 4 7 0 4	% of Sample 0 1 0 0
Inflation, cost of living Difficulty living on fixed income Health problems Difficulty paying bills Inability to obtain quality medical care Loneliness Transportation	N 18 26 11 31 10 28 28 33	% of Sample  2 2 1 3 1 2 2 3	N 4 7 0 4 4 7 11 9	% of Sample 0 1 0 0 0 1 1 1 1 1

127. If you were the mayor, what is the first step you would take to make your community a better place for people over age 60 to live?

	(First	Mention)	(Second	Mention)
Action	_N_	% of Sample	N	% of Sample
Reduce crime/promote safety	216	18	56	5
Cut taxes	96	8	10	1
Provide financial assistance	44	4	42	3
Housing assistance	44	4	9	1
Better street maintenance	37	3	12	1
Improve transportation	32	3	13	1
Change the government	31	3	6	1
Would be no changes More recreational	35	3	0	0
activities Improve general quality	21	2	13	1
of life	23	2	7	1
Miscellaneous	168	14	41	3
No additional mention	0	0	901	73
Don't know	363	30	<del>-</del>	-
Missing	118	10	-	

117. If you had the job of selecting a name for people of your own age group, what would you choose? For example, would you choose the name senior citizens, the elderly, oldsters, or what?

	<u>N</u>	% of Sample
Senior citizens	773	63
Elderly	50	4
Other	82	7
No name necessary	124	10
Don't know	131	11
Missing	68	6

## Reactions to the Interview

Question 128 provided a means of obtaining names of adult children of aging parents for this study's survey of adult children (reported in Volume III). Forty-four percent of the respondents gave a child's name. Thirty-one percent did not wish to give a name, and 20 percent had no children.

It is pleasing to note that almost two-thirds of the people whom we interviewed (65%) liked taking part in the interview very much (Question 129). Twenty-six percent stated that they liked it a little, and two percent liked it not at all. The vast majority (82%) felt optimistically that surveys can make a difference (Question 130). Only nine percent felt that surveys such as the one in which they had just participated would not make any difference.

#### Table 3-20

## REACTIONS TO THE INTERVIEW: INTERVIEW ITEMS 128-130

128. We would like to interview some younger people, such as the children of people who took part in this study. Would you be willing to give us the name of your children? The child does not have to live in Ramsey County. We can send questions by mail.

	N	% of Sample
Name given	542	44
Has no children	246	20
No name given	382	31
Missing	58	5

129. How much did you like taking part in this interview? Did you like it very much, a little, or not at all?

	<u>N</u>	% of Sample
Not at all A little Very much OK, it was fine Don't know Missing	20 323 803 10 3 69	2 26 65 1 0 6
<u>-</u>		

130. Do you think that surveys like this can help people over age 60, or won't they make any difference?

	<u>N</u>	<pre>% of Sample</pre>
Can help	1007	82
Won't make difference	104	9
OK, can't harm	4	0
Don't know	42	3
Missing	71	. 6

## <u>Interviewer's Report</u>

After completing the interview and leaving the respondent's home, each interviewer filled out an "Interviewer Report." The first two items in this report were the respondent's sex and race. Frequencies for these characteristics were discussed in Chapter 2: males (38%); females (62%); whites (95%); blacks (3%); other races (1%). Items 4, 5, and 6 related to the interview proper. Only a small number of respondents (6%) were reported to have had significant difficulty in understanding or responding to the questions (Item 4). Various physical impairments were noted in Item 5, and the frequency of these appears in Table 3-21.

In 22 percent of the reports, interviewers noted that "someone else" was present during the interview, most often (13%) the respondent's husband or wife (Item 6). Caution must be exercised in interpreting this item, however, because some interviewers included people in other rooms as "present" during the interview. Item 6b indicates that for only nine percent of the sample did another person talk with or assist the respondent during the interview.

If the use of alcohol was in any way mentioned or observed during the interview, the interviewer so specified in Item 7. For three percent of the respondents, alcohol was mentioned or observed, and the ways in which this occurred appear in the table.  $^{33}$  In Item 8, the interviewer recorded whether the respondent cared for anyone who was sick or disabled. Seven percent of the sample were identified as caretakers. Most often (4%) they were caring for a husband or wife.  $^{34}$ 

<sup>&</sup>lt;sup>32</sup>In Item 3, the interviewer noted the type of building in which the respondent lived. This information was reported in Table 3-3.

<sup>&</sup>lt;sup>33</sup>Items 7 and 8 in the Interviewer's Report were not added until after approximately 250 respondents were interviewed.

<sup>34</sup> Other, major studies have also noted the extent to which disabled older persons receive care in their homes from family members (e.g., Shanas, 1979). Maddox and Dellinger (1978) estimated that 70 percent of the services provided to disabled older people are provided by family and friends—an informal, unfunded network of individuals.

Table 3-21

INTERVIEWER'S REPORT: INTERVIEW ITEMS IR1, IR2, IR4-IR8

## IR1. Respondent's sex

	<u>N</u>	% of Sample
Male	466	38
Female	762	62

## IR2. Respondent's race

	<u> </u>	% of Sample
White	1164	95
Black	41	3
American Indian	3	0
Spanish-speaking	10	1.
Other	2	0
Missing	8	1

IR4. Did the respondent have significant difficulty in understanding or responding to the questions?

	<u>N</u>	% of Sample
Yes	70	6
No	1107	90
Missing	51	4

IR5. Check any of the following which the respondent had:

	N	<pre>% of Sample</pre>
None	1037	84
Blindness	24	2
Deafness	69	6
Missing limbs	5	0
Tremors, shakes	7	1
Speech impediment	15	1
0ther	31	3
Missing	40	3

IR6. Was any other person present during the interview?

	<u>N</u>	<pre>% of Sample</pre>
Yes	265	22
No	902	73
Missing	61	5

(If yes, items 6a and 6b were completed.)

IR6a. Who was that person?

	<u>N</u>	% of Sample	% of Subgroup
Spouse	157	13	59
Child	39	3	15
Brother/sister	8	1	3
Grandchild	13	1	5
Other relative	8	1	3
Friend	15	1	6
Other	12	1	5
Missing	13	1	- 5

IRb. Did this person talk with or assist the respondent during the interview?

	_N_	% of Sample	% of Subgroup
Yes	110	9	42
No	113	9	43
Missing	42	3	16

IR7. Was the use of alcohol (or an alcohol problem for the respondent, or for a relative of the respondent) mentioned or observed during the interview?

	N	<pre>% of Sample</pre>	
Yes No Missing	32 849 347	3 69 28	
(If yes, specify)			
	N	% of Sample	% of Subgroup
Respondent mentioned present or past drinking problem Family member has drinking	13	1	41
problem	7	1	22
Respondent drank at time of interview Miscellaneous	7 5	1 0	22 16

IR8. Does the respondent take care of any other person who is sick or disabled?

	<u>N</u>	% of Sample
Yes No	85 8 <b>1</b> 4	7 66
Missing	329	27

(If yes, question 8a was completed.)

## IR8a. Who is that person?

	<u>N</u>	<pre>% of Sample</pre>	% of Subgroup
Spouse Mother/father Sibling Child Grandchild	51 7 6 8	4 1 1 1	60 8 7 9
Friend/neighbor Other	5 5 5	0 0 0	4 6 6

#### CHAPTER 4

#### AN ANALYSIS OF THE FOURTEEN ADJUSTMENT DOMAINS

#### 1. Introduction

The previous chapter included an item-by-item presentation of the survey of 1,228 Ramsey County residents aged 60 and older. In the present chapter, those results are organized thematically into "domains of adjustment," and then are analyzed in detail in order to: 1) provide an understanding of how older people are adapting within each domain; and 2) learn whether demographic differences in older people tend to be associated with different levels of adaptation. The adjustment domains, as described earlier, constitute facets of the day-to-day experiences of older people. They include: housing, family/ social ties, safety, legal, knowledge and use of services, spiritual, economics, transportation, education, employment/volunteer work, recreational activities, health, nutrition, and life satisfaction/happiness.

It should be recalled that most of the survey questions were developed for the specific purpose of gathering information on one or another of the 14 domains. However, items not designed intentionally as part of one domain often produce information relevant to understanding that domain. For example, Questions 27 to 35 were intuitively developed to examine the domain of transportation. Yet Question 96a, "What keeps you from getting to the dentist as often as you would like?" often reveals transportation problems. In this chapter, all information judged to be relevant to a particular domain is culled from throughout the interview for the discussion of that domain.

## The Data Presentation in this Chapter

The data tables in this chapter have been organized to feature three basic information elements: a) composite index scores; b) a standard set of demographic attributes by which index scores are partitioned and examined and c) the use of tests of statistical significance. In addition, the data tables have a fourth characteristic: d) the exclusion of missing data from the calculation of statistics.

a) Composite index scores. For many of the domains, the responses to several survey questions are summed in order to create one or more index scores for respondents. For example, a number of survey questions offered respondents the opportunity to indicate whether transportation problems impede their access

to places, activities, or services. Some of these questions are combined to form a Transportation Problems Index, so that the greater the number of one's problems due to transportation, the higher the score on the Transportation Problems Index. In similar fashion, sets of questions have been combined to form, for example, a Health Problems Index, and Experience with Crime Index, and other indices which appear in this chapter. All of the index scores of the aging persons interviewed have been transformed mathematically to range from 0 to 10. In the case of the Transportation Problems Index, therefore, a score of "0" indicates the absence of reported transportation problems. A score of "8" to "10" indicates a high degree of such problems. Each time that an index is introduced in this chapter, its component items are listed in a table, and the distribution of transformed scores on that index for the total sample is displayed.

Not every survey item designed to elicit information within a domain is included in the index (or indices) constructed for that domain. A review of the steps used to construct the indices makes clear why only certain items are included. First, items to be included in an index had to bear some apparently logical relationship (face validity) to the index. In the case of the Transportation Problems Index, for example, survey items were considered which were expected to reveal transportation problems. A question asking respondents their most frequent mode of transportation would not be included (even though it is part of the transportation domain) because it does not point directly to transportation problems. Second, items considered for an index were retained in the index only if their being asked within the survey was not dependent upon a response to an item which forms part of another index. Finally, items under consideration for inclusion in an index were analyzed for their statistical relationship to the index being constructed. Those items with inadequate statistical properties were not included in the index.

Note that a score of "8" does not imply that a respondent mentioned eight transportation-related problems. It implies, rather, a greater amount of transportation-related difficulty than a score of "7" or less.

<sup>&</sup>lt;sup>2</sup>For example, a question asked as a follow-up to a question which is part of the Health Problems Index could not become part of any index other than the Health Problems Index.

 $<sup>^3</sup>$ Readers interested in the item-analysis procedures used in this step should consult with project staff.

- b) Analysis by demographics. Indices which appear in the analysis of the adjustment domains have been inspected for their relationship to each of six demographic attributes of survey respondents: age, living arrangements, sex, district of the county, monthly income, and education. (Definitions of these attributes and the categories into which they are divided appear in Table 4.1-1.) Where statistically significant differences are discovered among categories of people with different demographic attributes, these differences are displayed.
- c) Tests of statistical significance. Tests of statistical significance offer a means for determining whether differences observed among groups of people in the sample suggest the probability that true differences exist among distinct types of people in the total population of persons aged 60 and older in Ramsey County. For example, it might be observed that different age groups in the sample have different profiles of scores on the Transporation Problems Index. The question arises, however, as to whether these observed differences suggest that age is meaningfully related to transportation problems or whether these differences are simply inconsequential fluctuations in the In this report, relationships designated as statistically significant y are (unless otherwise noted) significant at the .001 level. This means that, for any such "significant finding," there is only one chance in 1,000 that it would be found simply by chance. This implies, therefore, that a finding labelled as significant is highly reliable and warrants our recognition as indicative of a firm conclusion which can be drawn about older residents of Ramsey County. 4
  - d) Exclusion of missing data. Statistics which appear in this part of the analysis are based on available data and disregard missing data. It should be remembered from Chapter 3 that, for virtually every survey item, some small percentage of the expected responses from the conducted interviews were missing. Missing data for an item are attributable to situations where a survey question which ought to have been asked was not asked or where a response to a question, as recorded by an interviewer, was not interpretable. 5

Readers interested in specific information on the chi-square tests, F-tests, and t-tests used in this chapter to demonstrate statistically significant relationships should consult with project staff.

<sup>&</sup>lt;sup>5</sup>In Chapter 3, many items had "don't know" responses. Generally the "don't know" responses are considered "missing" in the analysis for this chapter. However, where they comprise a sizeable proportion of the responses to an item, they are left as a separate category in the analysis.

# Table 4.1-1

# DEFINITIONS OF SIX DEMOGRAPHIC ATTRIBUTES

Demographic Attribute	Categories	Comments
Age <sup>a</sup>	60 - 64 65 - 69 70 - 74 75 - 79 80+	<sup>a</sup> Ascertained in Question 63; sample divided into five year cohorts.
Sex	Male Female	
Living Arrangements	Live Alone <sup>b</sup> With Spouse Spouse Plus Others Others (not Spouse) <sup>c</sup>	bDoes not share a separate living unit with anyone else. Any residential unit with its own cooking and plumbing facilities, and access from the outside or from a public hallway, constitutes a separate living unit. Thus, an individual who lives without any other person in one unit of a multi-unit building, (e.g., an apartment building, condominium, high rise) is defined as living alone.
		<sup>C</sup> Includes such people as: children, grandchildren, brothers, sisters, friends, etc.
District of <sup>d</sup> County	Macalester Summit/University	<sup>d</sup> See map in Figure 4.1-1 for demarcation of districts.
Dowr Riv	Highland/West 7th St. Downtown/Dayton's Bluff/ Riverview/Battle Creek <sup>e</sup>	<sup>e</sup> Abbreviated in data tables: DTDBRVBC.
	Mt.Airy/Thomas-Dale/ Rice Street <sup>f</sup> Northwestern St.Paul <sup>g</sup>	fAbbreviated in data tables: ARYTDRCE
	East Side of St.Paul Inner Suburbs Outer Suburbs	<sup>g</sup> Abbreviated in data tables: NWCTY

## Table 4.1-1 (Continued)

Monthly income<sup>h</sup>

\$1 to 300 \$301 to 600 \$601 to 900 \$901 to 1,200 \$1,201 or more Don't know Refused

hThe monthly income of the respondent or, if married, of the respondent and spouse.

Education

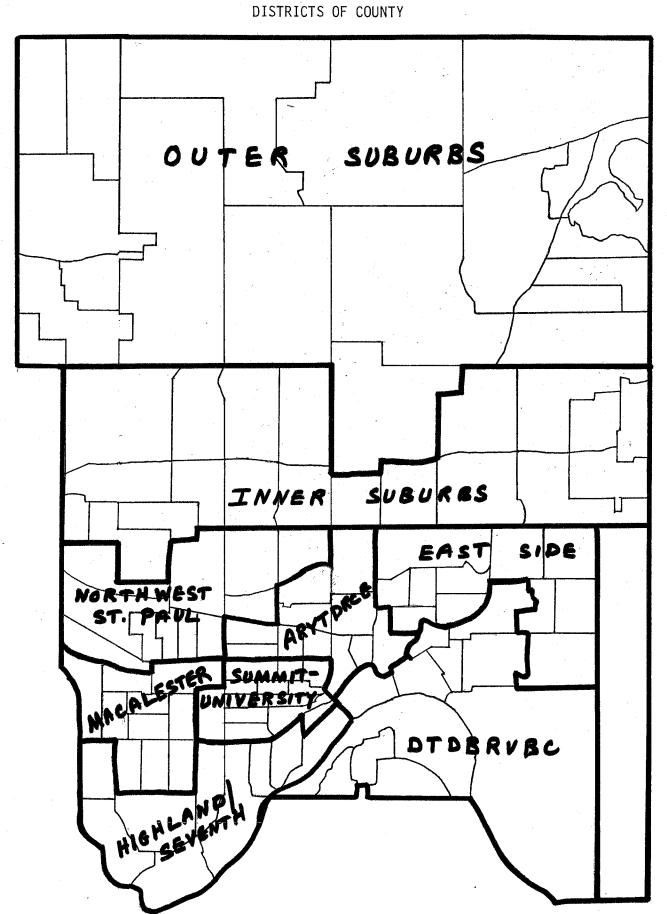
0 to 7 years

8 9 to 11

12

13 to 15 16 or more <sup>i</sup>Ascertained in Question 65: the respondent's statement of years of formal education.

-163-FIGURE 4.1-1



In Chapter 3, the frequency of responses for each survey item was presented with reference to a total of 1,228 respondents. For example, if 20 people who were supposed to answer a question did not answer it, those 20 were identified as "missing" in the table which portrayed the responses of all 1,228 survey participants. If that item were to be analyzed in this chapter, however, the table enumerating the responses would show only 1,208 cases. In general, users of project data will be concerned more with final percentages than with the base number of persons in the sample for whom those percentages are computed. Nonetheless, whenever a base number differs from 1,228, it is clearly identified in the appropriate table.

#### Relationships Among Demographic Attributes

Before proceeding with the discussion of each domain, we will study the information on the six demographic attributes of the 1,228 survey respondents in order to learn how those attributes relate to one another. The six attributes are listed on the left below. To the right of each attribute is a list of the other demographics which are significantly (statistically) related to it. Thus, for example, four of five possible relationships between age and each of the other demographic attributes are significant. The right-hand column below also references the tables which portray in detail the relationships among the demographics.

<u>Attribute</u>	Associated With:
Age	Living Arrangements $(4.1-2)$ ; District of the County $(4.1-2)$ ; Income $(4.1-2)$ ; Education $(4.1-2)$
Sex	Living Arrangements (4.1-3); Income (4.1-3); Education (4.1-3)
Living Arrangements	Age $(4.1-2)$ ; Sex $(4.1-3)$ ; District of County $(4.1-4)$ ; Income $(4.1-4)$ ; Education $(4.1-4)$
District of County	Age (4.1-2); Living Arrangements (4.1-4); Income (4.1-5); Education (4.1-5)
Income	Age $(4.1-2)$ ; Sex $(4.1-3)$ ; Living Arrangements $(4.1-4)$ ; District of County $(4.1-5)$ ; Education $(4.1-6)$
Education	Age $(4.1-2)$ ; Sex $(4.1-3)$ ; Living Arrangements $(4.1-4)$ ; District of County $(4.1-5)$ ; Income $(4.1-6)$

Age is related to living arrangements, district of the county, income and education. (See Table 4.1-2) In contrast to younger people, the older

Table 4.1-2

AGE BY LIVING ARRANGEMENTS,
DISTRICT, INCOME AND EDUCATION

	<u>Age</u>					<u>Tota</u>	1
Living Arrangements	60 - 64	65 - 69	70 - 74	75 - 79	80+	N	%
	15 <sup>a</sup>	24	35	43	45		
Alone	14 <sup>b</sup>	22	23	18	21	361	29
Spouse	29 53	33 58	20 49	38	7 23	581	47
Spouse+	52 22	24	15	5 4	5 4	134	11
Others	21	19 9	12 8	17	31 28	150	12
TOTAL N	321 26	334 27	238 19	265 14	168 14	1226 100	
District							
Macalester	18	30	12	18	16	158	13
Summit/Univ.	7	27	9	15	14	128	10
Highland/7th	10 26	7 20	23 12	9	14	. 120	10
DTDBRVBC	25	8 18	25	13	15	143	12
ARYTDRCE	9 25	8 23	21	12	10	118	10
NWCTY	12	16	21	14	7	158	13
East Side	14 25	31 17	19	12	16 15	178	15
Inner Suburbs	16 38	29 12	20	7 6	5	136	11
Outer Suburbs	13	31	9	7 4	7 4	88	7
TOTAL %	322 26	334 27	239 20	165 13	168 14	1228 100	

<sup>&</sup>lt;sup>a</sup>Figure above diagonal: percentage of persons in age group who have a specified characteristic. (E.g., 15 percent of the persons aged 60 to 64 live alone.)

 $<sup>^{\</sup>rm b}$ Figure below diagonal: percentage of persons with specified characteristic who are in a particular age group. (E.g., 14 percent of the persons who live alone are aged 60 to 64.)

Table 4.1-2 (Continued)

•	<u>Age</u>					<u>Total</u>
	60 - 64	65 - 69	70 - 74	75 - 79	80+ N	%
Education	<u> </u>					
0 - 7 years	10 3	16 4	24 9	10	31 87 31 87	7
8 years	15	15	21	19 29	20 243	20
9 - 11 years	26	20 32 29	16	16 13 18	13 10 15 207	17
12 years	33	30	19 24	10	8 312	26
13 - 15 years	30 21	28 19	19 18	16	10 218	18
16 years	28 13	30 13	19 12	13 12	10 149	12
TOTAL N	322 27	332 27	238 20	165 14	159 1213 13 100	
Income	<del>-</del>		<b>K</b>			
1 - 300	19 7	19 7	19	15 11	29 21 117	10
301 - 600	13	29 27	24 31	17 32	34 17 302	26
601 - 900	25 13	32 16	22 16	12	10 165	14
901 - 1200	35	12	5	7 4	3 2 89	8
901 - 1200	35 29 56	12 43 12 24	5 12 8 11	7 7 7	3 2 89 3 3 164	
	35 29 56 17 31	12 43 12 24 11 21	5 12 8 11 16 21	7 7 7 7 18 16	3 2 89 3 164 11 173	8
1201+	35 29 56 17	12 43 12 24 11	5 12 8 11 16	7 7 7 7 18	2 3 3 3 164	8 14

members of the sample are more likely to live alone or with "others," and less likely to live with a spouse or a spouse plus others. Seventy-five percent of the 60 to 64 year olds, and 68 percent of the 65 to 69 year olds, live either with a spouse or with a spouse plus others, as contrasted with only 27 percent of the 80 and older group who are in similar circumstances. Of those defined as living with "others" (i.e., someone other than a spouse), 31 percent are 80 years old or older.

With respect to district, residents of city neighborhoods tend, by and large, to be older than suburban residents. In fact, 38 percent of the inner suburban residents and 47 percent of the outer suburban residents are in the youngest age cohort, 60 to 64 years. (See Table 4.1-2.) In the city, not more than about one-fourth of the elderly residents of any district are members of this youngest cohort.

Older cohorts tend to have lower incomes than do younger cohorts. Among the 80+ group, 56 percent report incomes of \$600 per month or less, and only three percent report incomes of \$1,201 per month or more. In contrast, the proportions of persons in the 60 to 64 year old group who reported these levels of income were, respectively, 20 percent and 29 percent. Older people also tend to have fewer years of formal schooling than do younger people. The proportion of persons with fewer than eight years of education increases from three percent among the 60 to 64 year olds to 17 percent among the 80 years and older group; and the proportion with 12 years (generally equivalent to a high school education) declines from 33 percent among the 60 to 64 group to 15 percent among the 80+ group. Interestingly, the proportion of people with 16 or more years of education within each age cohort falls within a relatively narrow range: ten to 14 percent.

Sex is related to living arrangements, income, and education. (See Table 4.1-3.) Females are more likely than males to live alone. Thirty-eight percent of the females live alone, in contrast with 15 percent of the males. Of all the people who live alone, 81 percent are female. Females are also more likely to live with "others," and they are less likely to live with a spouse or with a spouse plus others. Men tend to report higher incomes than do women; and with respect to education, a greater proportion of men than women report 16 or more years of formal schooling.

Table 4.1-3

SEX BY LIVING ARRANGEMENTS,
INCOME AND EDUCATION

	Sex	•	Tot	<u>a1</u>
Living Arrangements	Male	Female	. <b>N</b>	%
	15	38		
Alone	19	81	361	29
Spouse	51 63	49	581	47
Spouse+	57	43	134	11
Others	6 17	83	150	12
TOTAL N	466 38	760 62	1226 100	
Income			<b>1</b>	
1 - 300	19 5	81	117	10
301 - 600	28	72	302	26
601 - 900	52	48	165	14
901 - 1200	56	44 5	89	8
	24	8		
1201+	66	34	164	14
Don't know	20	80	173	15
Refused	39	61	175	15
TOTAL N/%	453 38	732 62	1185 100	

Table 4.1-3 (Continued)

Education	Male			Female	•	N	%
0 - 7	48	9	52		6	87	7
8	34	18	66		21	243	20
9 - 11	37	16 21	63		28	207	17
12	31		69			312	26
13 - 15	39	18	62		18	218	18
16+	54	17	46		9	149	12
N %	463 38			753 62		1216 100	

Living arrangements are related to district, income, and education. <sup>6</sup> (See Table 4.1-4.) The district within which the residents are most likely to be living alone is Summit-University (47%). About one-third of the residents of other districts in the city live alone. Districts with the smallest proportions of persons living alone are the inner and outer suburbs. Residents of the inner and outer suburbs are more likely than residents of any other area to be living with a spouse only (68%, inner; 59%, outer). The districts within which residents are most likely to be living with a spouse plus others are Downtown/Dayton's Bluff/Riverview/Battle Creek (16%), Macalester (15%), and the inner suburbs (15%). The district with the largest proportion (20%) of persons living with "others" is Summit-University.

Persons living alone or with "others" are more likely than those living with a spouse or with a spouse plus others to have low incomes. Similarly, those living alone or with "others" tend to be less well educated than those living with a spouse or a spouse plus others.

The relationships of district to income and education appear in Table 4.1-5. About one-third of the persons in the highest income category reside in the suburbs. In contrast, only six percent of the persons in the lowest category are suburbanites. Sixty-eight percent of the persons in the lowest income category reside in four districts: Mt. Airy/Thomas-Dale/Rice Street; Downtown/ Dayton's Bluff/Riverview/Battle Creek; Summit-University; and the East Side of St. Paul. Educational levels tend to be higher in the Macalester, Highland/7th and suburban districts than in any of the other districts.

The relationship between income and education is a positive one: those with higher incomes tend to have higher levels of education. (See Table 4.1-6.)

#### 2. Knowledge and Use of Services

#### Knowledge of Services

Respondents were asked whether they had ever heard of each of six types of service provided in Ramsey County: the Know Phone, Information and Referral; congregate dining; home delivered meals-on-wheels; home help services; senior

<sup>&</sup>lt;sup>6</sup>These are in addition to the already discussed relationships to age and sex.

Table 4.1-4
LIVING ARRANGEMENTS BY DISTRICT,
INCOME AND EDUCATION

	<u>Living Ar</u>	rangements			<u>Tot</u>	al
	Alone	Spouse	Spouse+	Other	N	%
<u>District</u>	<u>F</u>					
Macalester	26	45	17	15	158	13
Summit/Univ.	47	6 27	7	20 17	128	10
Summer of Other v.	_		6	9		10
Highland/7th	31	52	7	11	120	10
DTDBRVBC	30 12	42 10	16	13	142	12
ARYTDRCE	33 11	45 9	10	10	118	10
NWCTY	34	46	13	10	158	13
	16	15	10	16	;	10
East Side	32	48	7	14	178	15
Inner Suburbs	10	16	15	7 6	136	11
Outer Suburbs	5 19	59	9 6	7 13	88	7
	361	581	134	150	1226	•
TOTAL N/%	29	47	11	12	100	
Income						
	19	2	2	27		
1 - 300	56	9	2	33	117	10
301 - 600	38	18	8 19	32 15	301	25
001 000	8	18	15	11	001	
601 - 900	17	62	12	10	165	14
901 - 1200	3 14	78	6 8	1	89	8
	3	19	29	5		
1201+	7	66	23	4	164	14
Don't know	19	57	20	9 11	173	15
Refused	39	13	8 11	13	174	15
TOTAL N	349 30	563 48	128 11	143 12	1183 100	

Table 4.1-4 (Continued)

		<u>Living Ar</u>	rangements			To	tal
Education	<u>1</u>	Alone	Spouse	Spouse+	0thers	N.	%
0 - 7		39 10	25 4	12 8	24 14	87	7
8		38 26	38 16	12 21	12 20	243	20
9 - 11		25	53	8 13	19	205	17
12		25	50 27	10 23	12 25	312	26
13 - 15		27	55	10	8 12	218	18
16+		22	50	18 20	9 10	149	12
TOTAL	N %	357 29	576 47	134 11	147 12	1214 100	

Table 4.1-5

DISTRICT BY INCOME AND EDUCATION

Total N %		175 15	117 10	302 26	165 14	80	164 14	173 15	
To Inner Outer Suburbs Suburbs		د 4 \ 1		0	6/	[E/	6 7 2	7   14	86 7
Inner ( Suburbs		3 / 5	7 15	12 15	14	19	16 22	9	130
East	5	17 14	16 28	18 18	19 10	9/9	1 2 2	16 16	171 14
NWCTY	/	0 / 0	17 32	10 10	\ <del>√</del>	13 14	14 15	14 15	157
ARYTDRCE	6	19 19	12 31	10	10 8/	2 3	8	9 14	115 10
DTDBRVBC		17	34	13 15	11	5 6	9 12	10 12	139 12
High/7th	9	6	8	7 11	9 / 8	13 19	12 18	10 16	114 10
Sum/Univ.	/		10 24	11 15	7 5	$\frac{14}{10}$	7 10	14 20	123
District Macalester		10	11 21	14 15	9 6	15 16	18 21	11 13	160 13
					0		×		Z %
	Income	0 - 300	301 - 600	601 - 900	901 - 1200	1201+	Don't know	Refused	TOTAL

Table 4.1-5 (Continued)

DISTRICT BY INCOME AND EDUCATION

Total N %	7 28	243 20	207 17	312 26	218 18	149 12	1216 100
Outer Suburbs	3	16	5 13	7 26	6	11	88 /
Inner Suburbs	4	7	]  - 	11 26	12 20	17	135
East Side	21 10	16 22	17 /1	18 35	10 17	m/ m/	174 14
NWCTY	3 2	14 22 14 17 17 17 17 17 17 17 17 17 17 17 17 17	13	15 29	12 17	14	157 13
ARYTDRCE	20 15					2 3 1	116
DTDBRVBC	13	13 22	/	8/2	11	2 6	143 12
High/7th	2	9 19	CI / 2	10 20	16	01/ 8	119 10
Sum/Univ	9	11 21	11 10	7	11 10	15	127 10
District Macalester Sum/Univ	4	8 13	7	16	14 20	24 22	157 13
	Education 0 - 7	ω	9 - 11	12	13 - 15	16+	TOTAL %

Table 4.1-6 INCOME BY EDUCATION

al	%		7	20	17	56	18	12	
Total	z	-	82	235	202	304	213	145	1181
	Refused		15	15	15	11	22 18	19	175
1	Know		12 6	16 22	15	16 28	$\frac{20}{16}$	8/	172
	1201+		0	9 /	7 / 9	15 27	23	37	163 14
	901 - 1200			4 10	9	62 / 6	12 28	0 10	68 88
	601 - 900		11 $6$	10 15	13 16	16 29	16 21	15 13	165 14
	301 - 600		29 8	33 26	34 23	27	18	7	301
Income	0 - 300		32 22	37	7 13	20 8	2 4	3	116 10
·		Education	. 2 - 0	· ∞	9 - 11	12	13 - 15	16+	TOTAL %

citizens clinics; and discounts on prescriptions for seniors. Table 4.2-1 displays the composite index constructed from these six items: an Index of Insufficiency of Service Knowledge. A high schore indicates high insufficiency (i.e., low recognition of the service items). The distribution of Insufficiency of Service Knowledge scores for the sample (excluding missing data) appears below.

INSUFFICIENCY OF SERVICE KNOWLEDGE INDEX SCORES

Score	% of Sample (N=1,185)
0	3
2	25
3,4	27
5,6	22
7	13
8	6
10	. 3

The range of scores, in and of itself, indicates much variation among older people in their knowledge of services. Some of this variation is explained by significant differences on the knowledge index which appear with respect to age, living arrangements, and district of the county. Table 4.2-2 portrays these differences.

Older people are generally less knowledgeable than younger people. Beginning with the 65 to 69 year olds, insufficiency scores increase as age increases. The 60 to 64 year old group does not fall into the general pattern, since its average insufficiency score is higher than that for all groups except the 80 year old and older respondents. This may have occurred because the 60 to 64 year old cohort remains essentially self-sufficient and has less motivation to seek services for "older people."

Differences among individuals with different living arrangements occur primarily because those people living with "others" differ from other respondents in the survey. Those living with "others" are more likely to have high insufficiency scores.

<sup>&</sup>lt;sup>7</sup>Table 4.2-1 is a prototype for subsequent tables which describe other composite indices. It provides four pieces of information: the number of each item in an index; the wording of each item; the item response which increases the index score; and the number of points (in raw form) added to the index when the appropriate response is given. The column labelled, "Index Value," enables the reader to determine the differences in the weights assigned to different items in a composite index.

<sup>&</sup>lt;sup>8</sup>Recall that the definitions of the six demographic attributes used in the analyses reported in Chapter 4 appear in Table 4.1-1.

Table 4.2-1

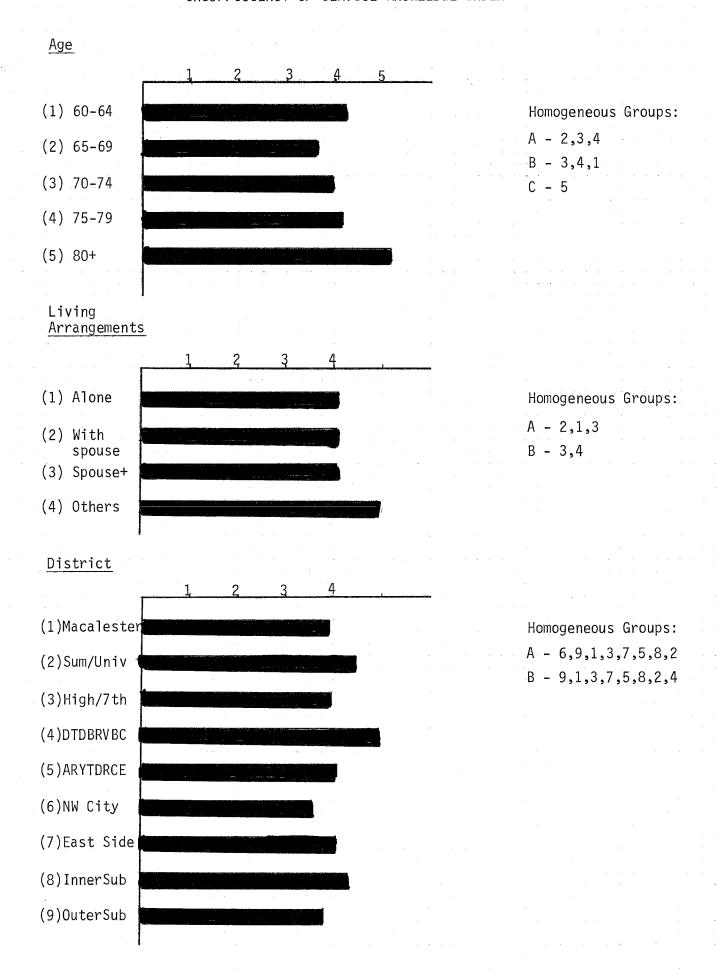
INDEX OF INSUFFICIENCY OF SERVICE KNOWLEDGE

Question Number	Wording	Response Which Increases Index Score	Index Value
36	Have you ever heard of the "Know Phone," Information and Referral?	No	1
37	I would like to mention some services which are provided to people over age 60 in some places. Please tell me if you have heard about these services. Have you ever heard about:		
a	congregate dining?	No	1
С	home delivered "meals-on-wheels"?	No	. 1
d	home help services?	No	1
е	senior citizen clinics?	No	1
f	discounts on prescriptions for seniors	No	1

Table 4.2-2
INSUFFICIENCY OF SERVICE KNOWLEDGE INDEX BY DEMOGRAPHICS

Number   Scot										· · · · · · · · · · · · · · · · · · ·
Age Number  60 - 64 (319)		alikalangan makkalangan pangan gan akan menangan pangan pangan berangan berangan berangan berangan berangan be	Perc	ent	of Group	With	Index	Score	of	Avonago
60 - 64 (319)	·		0	2	3,4	5,6	7	8 .	10	Average Score
65 - 69 (326)	<u>Age</u>	Number								
Alone (351) 3 27 28 24 11 5 3 4 3 4 3 5 5 23 29 23 10 9 2 4 5 6 6 6 7 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1	65 - 69 70 - 74 75 - 79 80+	(326) (233) (162) (145)	4 5 2	32 22 28	29 33 25	19 23 24	11 12 12	4 4 5	1 2 4	4.23 3.65 3.92 4.17 5.21
$\begin{array}{c ccccccccccccccccccccccccccccccccccc$	Living Arrang	ements								
Macalester (155) 3 27 29 22 15 3 2 3 Summit/Univ (126) 5 28 25 13 10 10 10 4 Highland/7th (110) 2 26 31 22 14 3 3 3 3 DTDBRVBC (135) 1 11 27 30 16 10 4 4 ARYTDRCE (115) 3 29 24 23 13 6 4 4 ARYTDRCE (154) 8 30 27 20 8 6 2 3 East Side (168) 1 29 27 23 14 4 2 4 Inner Suburbs (135) 2 21 30 25 14 6 2 4 Outer Suburbs (87) 5 30 23 25 10 6 1 3	With Spouse Spouse+ Others	(566) (128) (138)	3 5 4	27 23	28 29	22 23	13 10	4 9		4.03 4.01 4.06 4.85
Summit/Univ       (126)       5       28       25       13       10       10       10       4         Highland/7th       (110)       2       26       31       22       14       3       3       3         DTDBRVBC       (135)       1       11       27       30       16       10       4       4         ARYTDRCE       (115)       3       29       24       23       13       6       4       4         NWCTY       (154)       8       30       27       20       8       6       2       3         East Side       (168)       1       29       27       23       14       4       2       4         Inner Suburbs       (135)       2       21       30       25       14       6       2       4         Outer Suburbs       (87)       5       30       23       25       10       6       1       3	District				÷					
Total (1,185) 3 25 27 22 13 6 3 4	Summit/Univ Highland/7th DTDBRVBC ARYTDRCE NWCTY East Side Inner Suburbs Outer Suburbs	(126) (110) (135) (115) (154) (168) (135) (87)	5 2 1 3 8 1 2	28 26 11 29 30 29 21	25 31 27 24 27 27 30	13 22 30 23 20 23 25	10 14 16 13 8 14	10 3 10 6 6 4 6	10 3 4 4 2 2 2	3.97 4.42 3.98 4.96 4.12 3.56 4.01 4.28 3.82
	Total (	1,185)	3	25	27	22	13	6	3	4.12

#### INSUFFICIENCY OF SERVICE KNOWLEDGE INDEX



Larger proportions of persons with high insufficiency scores appear in the Downtown/Dayton's Bluff/Riverview/Battle Creek and Summit-University neighborhoods than in other neighborhoods. The least insufficiency (or greatest awareness) seems to exist in the Northwest part of St. Paul and in the outer suburbs. The Summit-University area, it should be noted, contains some interesting variations. That neighborhood has a high average score on the insufficiency index as well as sizeable proportions of persons at the high end of the index. However, it also has a large proportion of persons who score very low (indicating awareness). This phenomenon also occurs, as will later be seen, with respect to service usage. It may indicate that certain pockets of that district have been well canvassed and/or served by human service agencies while other pockets have been underserved or ignored.

#### Making Contact to Receive Service

General knowledge of the existence of services does not indicate that an older person actually knows how to secure help when the need arises. One survey item asked how a respondent would find a suitable agency if he or she had a problem and wanted to obtain service. Table 4.2-3 indicates, as we have already seen in Chapter 3, that a large proportion of individuals don't know how they would find an agency if the need to do so arose. A large proportion state that they would consult the phone book, although the yield from that strategy is in some doubt. Statistically significant differences with respect to locating services exist among groups defined by demographics in Table 4.2-3: age; sex; living arrangements; and income. In contrast to younger people, older people are more likely to state that they don't know how to reach an agency; and they would be more inclined to consult with family or friends, and less inclined to contact the Wilder Foundation. Females more often than males report that they wouldn't know how to find an agency. Such "don't know" responses are also more commonly reported by people who live alone or with "others," as opposed to those who live with spouse or with "spouse plus." And, finally, the "don't know" response is more common among lower income persons than among those of higher income.

<sup>&</sup>lt;sup>9</sup>A second item (Question 39) which explored the linkages between older people and community service structures asked respondents whether they ever look for services available to people of their age. Only about one-fourth of the sample reported that they look for such information; and no substantial differences in this regard exist among persons with different demographic attributes.

Table 4.2-3

HOW A RESPONDENT WOULD LOOK FOR AN AGENCY IF HE OR SHE HAD A PROBLEM BY DEMOGRAPHICS

	(N)	Don't Know	Phone Book	Community Center	Clergy/ Prof.	Govt. Agency	Wilder	Family/ Friends	Misc.
Total	(1174)	34ª	24	4	4		9	6	12
Age 60 - 64 65 - 69 70 - 74 75 - 79 80+	(317) (326) (229) (160) (142)	31 27 35 40 44	29 32 13 13	4 ო ო ი ი	ო <b>ი</b> 4ო <b>0</b>	11 13 4	4 & & & C	6 9 11 21	13 12 14 4
Sex Male Female	(443) (731) (1174)	23	28	w 4	დ 4	. 7	ပ ပ	8	15 10
Living Arrangements	·								
Alone Spouse Spouse+ Others	(346) (561) (127) (138)	42 29 24	19 27 29 20	4401	41044	6 12 4	4 0 o ro	11 8 7 12	10 14 14
(1172) <sup>a</sup> Cell entries represent the propor That is, 34 percent don't know wh	(1172) ent the c don't k	(1172) represent the proportions of percent don't know what source	711	persons who wo they would us	would use the use; 24 percen	specified t would us	sources of information se the phone book; etc.	information e book; etc.	on.

Table 4.2-3 (Continued)

	(N)	Don't Know	Phone Book	Community Center	Clergy/ Prof.	Govt. Agency	Wilder	Family/ Friends	Misc.
Monthly Income  1 - 300 301 - 600 601 - 900 901 - 1200 1201+ Don't know Refused	(107) (290) (164) (159) (171) (171) (171)	45 41 31 32 32 32	17 19 24 32 33 24 27	V 6 4 V & & S	ΩΩ <b>≻</b> ∞∞Ω4	28 88 13 13 13 13	V 9 V 1 V 2 9	0 0 12 15 15	111 113 113 113 113 113 113 113 113 113

#### Service Use

As we saw in Chapter 3, a large proportion of the sample had never used any social services for older people as of the time of their participation in the survey. There are, however, some differences, both in overall usage and in usage of particular types of service, among persons with different demographic attributes. Persons in their late seventies and older are more likely than younger people to have used meals-on-wheels, transportation services, and home help services. (See Table 4.2-4.) The 60 to 64 year old cohort consistently reports very low usage of each service. For congregate dining and senior clinics, this young cohort differs markedly from all of the other age groups. Persons who live alone or with "others" are more likely than those in other living arrangements to have used each type of service.

Neighborhood differences in service usage are interesting. Summit-University, Mt Airy/Thomas-Dale/Rice, and the Outer Suburbs are three areas which have high proportions of congregate diners. Summit-University has the largest proportion of persons who use transportation services for seniors.

Table 4.2-5 reveals that the total number of services used by the older people who participated in the survey differs by age, living arrangements, district, and income. People 80 and older are more likely than others to report using two or more services. However, almost two-thirds of this oldest age group reported having used no services. A clear difference appears between the 60 to 64 year olds and the older participants in the survey with 83 percent of the younger group reporting that they have not used any services. People living alone or with "others" resemble one another with respect to high service usage. The Summit-University area had the largest proportion of service users followed by the Mt. Airy/Thomas-Dale/Rice Street area. Lower income people are more likely to have used services than are upper income people.

# Knowledge and Use of Senior Centers

Table 4.2-6 indicates the proportion of people who indicated that their neighborhood had and did not have a senior center as well as the demographic differences among responses to this question. Females were more likely than males to report that their neighborhood had a senior center. Males were more likely than females to report that they didn't know about the existence of a senior center in their neighborhood. Persons living in the Downtown/Dayton's Bluff/Riverview/Battle Creek areas were more likely to say that their neighborhood did not have a senior center. Persons in the Summit-University area were

Table 4.2-4
USE OF EACH OF FIVE SERVICES BY DEMOGRAPHICS

		Percent	of Sample Who	Used:		
	(N)	Meals on Wheels	Congregate Dining	Senior Clinics	Transpor- tation	Home Help
<u>Total</u>	(1222)	6	14	13	5	3
Age 60 - 64 65 - 69 70 - 74 75 - 79 80+	(321) (333) (237) (164) (169) 1,222	3 3 3 10 17	9 17 17 18 14	3 17 17 15 13	1 5 4 9 9	0 2 0 7 8
Living Arran	gements					
Alone Spouse Spouse+ Others	(360) (577) (134) (149) 1,220	11 3 1 8	22 11 10 15	N.S. <sup>a</sup>	8 3 3 8	4 1 2 6
District						
Macalester Summit/Univ. Highland/7th DTDBRVBC ARYTDRCE NWCTY East Side Inner Suburb	(116) (143) (118) (158) (178) os (136)	N.S.	11 21 10 7 22 13 17 11	N.S.	4 12 2 9 6 4 3 2 5	N.S.
Monthly Inco	ome					
1 - 300 301 - 600 601 - 900 901 - 1200 1201+ Don't know Refused	(117) (301) (165) (89) (162) (173) (175)	10 5 8 3 0 6 7	15 21 15 10 4 12 18	16 17 12 11 5 8 14	14 6 4 1 1 4 5	N.S.
	1,182					

<sup>&</sup>lt;sup>a</sup>Notation, "N.S.," indicates that a relationship is not significant.

Table 4.2-5

NUMBER OF SERVICES USED
BY DEMOGRAPHICS

	Number	of Ser	vices Used		
(N)	0	1	2+	Average	
(1222)	67	23	9	.46	
(321) (333) (237) (164) (167) 1,222	83 65 63 55 62	15 25 29 31 21	3 10 8 14 17	.20 .49 .46 .67 .66	
nts					٠
(360) (577) (134) (149) 1,220	59 72 81 60	25 23 16 25	16 5 2 15	.67 .34 .22 .61	
(157) (128) (116) (143) (118) (158) (178) (136) (88)	69 59 72 70 61 65 65 80 64	22 21 21 19 28 25 30 15 30	8 20 7 11 11 10 6 5	.40 .73 .35 .49 .56 .48 .42 .28	
(117) (301) (165) (89) (162) (173) (175)	59 57 67 71 88 75 65	23 31 23 26 10 18 26	18 12 10 3 1 8	.70 .58 .48 .33 .13 .37	
	(1222)  (321) (333) (237) (164) (167)  1,222  ets  (360) (577) (134) (149)  1,220  (157) (128) (116) (143) (118) (158) (178) (136) (18) (178) (136) (18) (178) (136) (18) (178) (136) (18) (178) (178) (136) (189) (162) (173)	(N) 0  (1222) 67  (321) 83 (333) 65 (237) 63 (164) 55 (167) 62 1,222  (157) 72 (134) 81 (149) 60 1,220  (157) 69 (128) 59 (116) 72 (143) 70 (118) 61 (158) 65 (178) 65 (178) 65 (178) 65 (178) 65 (178) 65 (178) 65 (136) 80 (88) 64 1,222  (117) 59 (301) 57 (165) 67 (89) 71 (162) 88 (173) 75	(N) 0 1  (1222) 67 23  (321) 83 15 (333) 65 25 (237) 63 29 (164) 55 31 (167) 62 21  1,222  (134) 81 16 (149) 60 25  1,220  (157) 69 22 (128) 59 21 (116) 72 21 (143) 70 19 (118) 61 28 (158) 65 25 (178) 65 30 (136) 80 15 (136) 80 15 (136) 80 15 (136) 80 15 (136) 80 15 (136) 80 15 (136) 80 15 (136) 80 15 (136) 80 15 (136) 80 15 (136) 80 15 (136) 80 15 (136) 80 15 (137) 75 18	(N) 0 1 2+  (1222) 67 23 9  (321) 83 15 3 (333) 65 25 10 (237) 63 29 8 (164) 55 31 14 (167) 62 21 17  1,222  (157) 69 25 16 (577) 72 23 5 (134) 81 16 2 (149) 60 25 15  1,220  (157) 69 22 8 (128) 59 21 20 (116) 72 21 7 (143) 70 19 11 (118) 61 28 11 (158) 65 25 10 (178) 65 30 6 (136) 80 15 5 (136) 80 15 5 (88) 64 30 7  1,222  (117) 59 23 18 (301) 57 31 12 (165) 67 23 10 (89) 71 26 3 (162) 88 10 1 (173) 75 18 8	(1222) 67 23 9 .46  (321) 83 15 3 .20 (333) 65 25 10 .49 (237) 63 29 8 .46 (164) 55 31 14 .67

Table 4.2-6

KNOWLEDGE OF, USE OF, AND PROBLEMS USING SENIOR CENTERS BY DEMOGRAPHICS

		Center	r in Dis	strict	Use Center Problems (Times_per_Year)Using_Center					
	(N)	Yes	No	DK	0	1-18	19+ (N	) Yes	No	
<u>Total</u>	(1193)	52	34	14	86	8	6 (58	6) 29	72	
Age 60 - 64 65 - 69 70 - 74 75 - 79 80+			N.S.			N.S.		7) 28 9) 24 0) 25 3) 51	75 72 76 75 49	
<u>Sex</u> Male Female	(452) (741) 1,193	45 56	36 33	19 11		N.S.		N.S.		
Living Arrang	gements		•							
Alone Spouse Spouse+ Others	(352) (567) (130) (142) 1,191		N.S.		84 89 91 87	11 9 6 8	5 2 2 5	N.S.		
District										
Macalester Summit/Univ. Highland/7th DTDBRVBC ARYTDRCE NWCTY East Side Inner Suburbs Outer Suburbs		50 41 48 36 64 57 51 54	35 46 36 50 26 30 31 27 24	15 12 16 14 10 13 19 19		N.S.		N.S.		
outer supurps	1,193	<b>/</b> 0	<b>- 24</b>							

second most likely to report that their neighborhood did not have a senior center. These findings are surprising inasmuch as these areas include two large centers: the Wilder Center downtown and the Martin Luther King Center in Summit-University. Either many people do not know about these centers or people living even just short distances from them do not consider the centers part of their "neighborhood."

Table 4.2-6 also displays findings on the use of neighborhood centers. (The column headed "zero" includes persons who said their neighborhood does not have a center as well as persons who reported the existence of a neighborhood center but who never use it.) Significant differences appeared with respect to living arrangements. People living alone were more likely than other people to report using their neighborhood center. Even among those living alone, however, only 16 percent ever used their center.

Finally, Table 4.2-6 indicates that persons in the oldest age cohort (80 and older) were much more likely to report problems using their neighborhood center than were younger individuals. About one-half of the older people who reported that their neighborhood had a senior center also reported problems using the center.  $^{10}$ 

## Knowledge and Use of the Wilder Downtown Senior Center

The Wilder Downtown Senior Center is intended to serve as a regional, rather than neighborhood, center. As Table 4.2-7 indicates, people of different ages and from different districts of the county have different levels of knowledge concerning the Center. Survey respondents in their seventies are more likely than those of other age groups to report knowledge of the Center's location. With respect to district, city residents are much more likely to know of the Center's location than are suburbanites. The likelihood of having visited the Center appears related to age (Table 4.2-7). The 60 to 64 year old group clearly stands out from the other age groups: only a small proportion of these younger people report visiting the Center.

#### Aversion to Service

Several survey questions offered respondents the opportunity to indicate whether they would make use of services available in the community to help

 $<sup>^{10}</sup>$ For a list of the types of problems, consult the discussion of Question 51d in Chapter 3.

Table 4.2-7

KNOWLEDGE OF, AND VISITS TO,
THE WILDER DOWNTOWN SENIOR CENTER

		Perce		ntage Who Know ion And Who		
	(N)	Know Location	Don't Kno Location	W (N)	Have Visited	Have Never Visited
<u>Total</u>	(1192)	55	45.	(653)	44	56
Age 60 - 64 65 - 69 70 - 74 75 - 79 80+	(319) (331) (232) (162) (148) 1,192	45 54 64 64 56	55 46 36 36 44	(141) (178) (148) (103) (83)	25 46 51 52 49	75 55 49 49 51
District  Macalester Summit/Univ. Highland/7th DTDBRVBC ARYTDRCE NWCTY East Side Inner Suburbs Outer Suburbs	(155) (126) (113) (138) (115) (156) (166) (135) (88) 1,192	63 63 61 58 59 57 63 33 27	37 37 39 42 41 43 37 67 73	N.S.	N.S.	N.S.

them with problems which they have. These items (listed in Table 4.2-8) were combined to form an Aversion to Service Index, and a distribution of scores on this index appears below.

AVERSION TO SERVICE INDEX SCORES

Score	% of Sample (N=1,132)
0	9
1	26
2	26
3	15
4	16
5	2
6+	6

The examination of the relationships between the demographics and the aversion to service scores revealed a significant relationship only with respect to income. (See Table 4.2-9.) This relationship is not as clear cut as some of the other statistically significant relationships discussed in this chapter. However, it appears that persons with the highest and the lowest incomes are slightly more likely than others to score high on the Aversion to Service Index.

#### 3. Health

## <u>Difficulty With Activities of Daily Living</u>

Table 4.3-1 partitions each of the nine activities of daily living which we examined in Chapter 3 into demographic categories. <sup>11</sup> For each activity, the partitioning of the sample by age reveals the age at which the onset of the difficulty tends to occur. So, for example, the ability to accomplish, without help, many of the activities (e.g., dressing, using the telephone, and taking medications) does not decline precipitously before age 80. Other abilities (e.g., grocery shopping and cleaning the house) decline quite quickly from the youngest to the oldest cohorts. Significant sex differences appear in Table 4.3-1 for three activities: walking; grocery shopping; and preparation of meals.

<sup>&</sup>lt;sup>11</sup>Table 4.3-1 displays all nine items in their relationships with the demographics because many service providers construct definitions of service need based upon potential clients' ability to do one or several of these activities. Readers who are concerned more with overall levels of functioning than with the ability to accomplish each of the nine distinct tasks will be interested in the composite Index of Difficulty with Activities of Daily Living.

Table 4.2-8

# AVERSION TO SERVICE INDEX

· · · · · · · · · · · · · · · · · · ·		<del></del>	
Question Number	Wording	Response Which Increases Index Score	Index Value
35	If a special service were available to provide door-to-door transporta-tion around the area would you use the service?	No	1
38	If you had a problem and you wanted to get in touch with an agency which could help you to solve that problem, how do you think you would find the right agency?	Would never consider using any service	2
39	Do you ever look for information about programs or services available to people of your age?	No	1
42	In general, if you had a problem and could get help from a place such as those I just mentioned, would you use the service, or would you look for some other way to solve the problem?	Other way	2
43	If you wanted to use a service like the ones just mentioned, would your family or friends object to it?	Yes	1
49e	Did you use a lawyer to help you do what you wanted to do?	No	1
123b	Do you think that some other person or group could help you with your worry?	No	1

Table 4.2-9

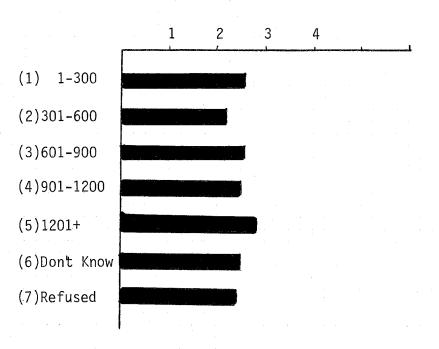
AVERSION TO SERVICE INDEX
BY DEMOGRAPHICS

	Perc	Average					
(N)	0	1	2	3	4	5+	Score
<u>e</u>							
(102)	10	22	28	15	13	14	2.6
(284)	13	31	20	16	15	4	2.2
(158)	4	21	34	20	17	4	2.6
(84)	8	25	30	11	19	7	2.5
(156)	6	17	35	13	19	11	2.8
(162)	7	32	18	15	20	7	2.5
$\frac{(164)}{1,110}$	11	27	26	12	15	9	2.4
(1,132)	9	26	26	15	16	8	2.5
	(284) (158) (84) (156) (162) (164) 1,110	(N) 0  e (102) 10 (284) 13 (158) 4 (84) 8 (156) 6 (162) 7 (164) 11 1,110	(N) 0 1  e (102) 10 22 (284) 13 31 (158) 4 21 (84) 8 25 (156) 6 17 (162) 7 32 (164) 11 27 1,110	(N) 0 1 2  e (102) 10 22 28 (284) 13 31 20 (158) 4 21 34 (84) 8 25 30 (156) 6 17 35 (162) 7 32 18 (164) 11 27 26	(N) 0 1 2 3  e  (102) 10 22 28 15 (284) 13 31 20 16 (158) 4 21 34 20 (84) 8 25 30 11 (156) 6 17 35 13 (162) 7 32 18 15 (164) 11 27 26 12  1,110	(N) 0 1 2 3 4  e  (102) 10 22 28 15 13 (284) 13 31 20 16 15 (158) 4 21 34 20 17 (84) 8 25 30 11 19 (156) 6 17 35 13 19 (162) 7 32 18 15 20 (164) 11 27 26 12 15	(102) 10 22 28 15 13 14 (284) 13 31 20 16 15 4 (158) 4 21 34 20 17 4 (84) 8 25 30 11 19 7 (156) 6 17 35 13 19 11 (162) 7 32 18 15 20 7 (164) 11 27 26 12 15 9

Figure 4.2-2

AVERSION TO SERVICE INDEX





Homogeneous Groups:

A - 2,7,6,4,3,1

B - 7,6,4,3,1,5

Table 4.3-1

ABILITY TO PERFORM ACTIVITIES OF DAILY LIVING WITHOUT HELP BY DEMOGRAPHICS

	Percent	1	ıp Who Can	Perform	of Group Who Can Perform Each Activity Without Help	ty Witho	out Help		
000	Climb Stairs	Clean House	Go for Walks	Use the Bathtub	Prepare Meals	Dress Self	Take Medication	Grocery Shop	Use Phone
	94	87	92	94	95	86	97	83	26
	97 98 95 83	93 93 87 84 63	95 93 92 71	98 96 93 76	98 97 93 81	99 100 99 90	& 6 6 8 6 6 6 6 8	93 91 87 75 51	8 6 6 6 8 8 8 8 8 8 8 8 8 8 8 8 8 8 8 8
	N.S.	N.S.	6 6 8 8	N.S.	91 97	N.S.	N.S.	80 80	N.S.
	8 0 0 0 2 0 0 0 5	87 90 90 71	8 8 8 8 8 8 8 8 8	9 9 9 9 4 4 4 4 4 4 4 4 4 4 4 4 4 4 4 4	97 96 93 85	99 98 100 94	99 98 91	78 89 88 68	988 988 1

Table 4.3-1 (Continued) ABILITY TO PERFORM ACTIVITIES OF DAILY LIVING WITHOUT HELP BY DEMOGRAPHICS

		Percent		p Who Can	Perform E	of Group Who Can Perform Each Activity Without Help	ity Witho	out Help		
	(N)	Climb Stairs	Clean House	Go for Walks	Use the Bathtub	Prepare Meals	Dress Self	Take Medication	Grocery Shop	Use Phone
District										
Macalester	(156)	N.S.	N.S.	N.S.	N.S.	N.S.	N.S.	s.s.	68	N.S.
Summit/Univ.	(127)								81	
Highland/7th	(165)								77	
DTDBRVBC	(141)								73	
ARYTDRCE	(118)								81	
NWCTY	(158)								98	
East Side	(176)								79	
Inner Suburbs	(136)								93	
Outer Suburbs	(88)								91	
	1,219								. ·	

Table 4.3-1 (Continued) ABILITY TO PERFORM ACTIVITIES OF DAILY LIVING WITHOUT HELP BY DEMOGRAPHICS

Use	s, Z	ν, χ,
Grocery Shop	66 79 94 95 81 84	70 88 88 90 90
ıt Help Take Medication	93 99 99 99 99	.s.
ty Withou Dress Self	S.	S. S.
of Group Who Can Perform Each Activity Without Help Clean Go for Use the Prepare Dress Take House Walks Bathtub Meals Self Medic	s,	N.S.
Perform Use the Bathtub	83 99 99 93 93	S.S.
up Who Can Go for Walks	s. S	S.
1 1	78 84 92 93 92 92	S. S.
Percent Climb Stairs	85 94 98 99 96	S. S.
(N)	$\begin{array}{c} (117) \\ (301) \\ (165) \\ (89) \\ (162) \\ (173) \\ (172) \\ \hline (172) \\ 1,180 \\ \end{array}$	(87) (240) (204) (311) (218) (148) 1,208
	Monthly Income 1 - 300 301 - 600 601 - 900 901 - 1200 1201+ Don't know Refused	Education  0 - 7 years  8 years  9 - 11 years  12 years  13 - 15 years  16+

A consistent difference with respect to living arrangements appears across all activities, namely, that people living with "others" report less ability than other people to perform the nine activities. Income differences appear for climbing stairs, cleaning the house, using the bathtub, taking medications, and grocery shopping. For each of these activities, persons with lower incomes report greater disability. Grocery shopping ability also differed for people from different districts and at different levels of education. An Index of Difficulty with Activities of Daily Living was constructed from the nine items, as indicated in Table 4.3-2. The distribution of scores on the index appears below.

INDEX OF DIFFICULTY WITH ACTIVITIES OF DAILY LIVING SCORES

Score	<pre>% of Sample (N=1,128)</pre>
0	76
1	10
2	5
3	4
4	2
5+	3

Thus, 76 percent of the sample reported no impairment with respect to daily activities. Twenty-four percent reported impairment ranging from minor to extensive. Differences in difficulty with activities of daily living appear with respect to age, living arrangements, sex, and income. 12

The proportion of people who scored "O" (no difficulty) is lower among the older cohorts than among the younger cohorts. Sizeable proportions of persons in their 70's score one or above; and among the 80+ group, more than one-half of the respondents score one or above. (See Table 4.3-3.) People living with "others" have greater difficulty than do people in other living arrangements; males have less difficulty than females; and people with higher incomes have less difficulty than people with lower incomes. 13

In reviewing Tables 4.3-1 and 4.3-3, it is clear that people living with "others" differ markedly from the rest of the sample. That is, their average score on the Index of Difficulty with Activities of Daily Living is much higher

<sup>12</sup>Recall that definitions of these demographic attributes appear in Table 4.1-1.

<sup>&</sup>lt;sup>13</sup>A similar report of the inverse relationship between income and difficulty with activities of daily living appears in U.S. Bureau of Census (1976:165).

Table 4.3-2
INDEX OF DIFFICULTY WITH ACTIVITIES OF DAILY LIVING

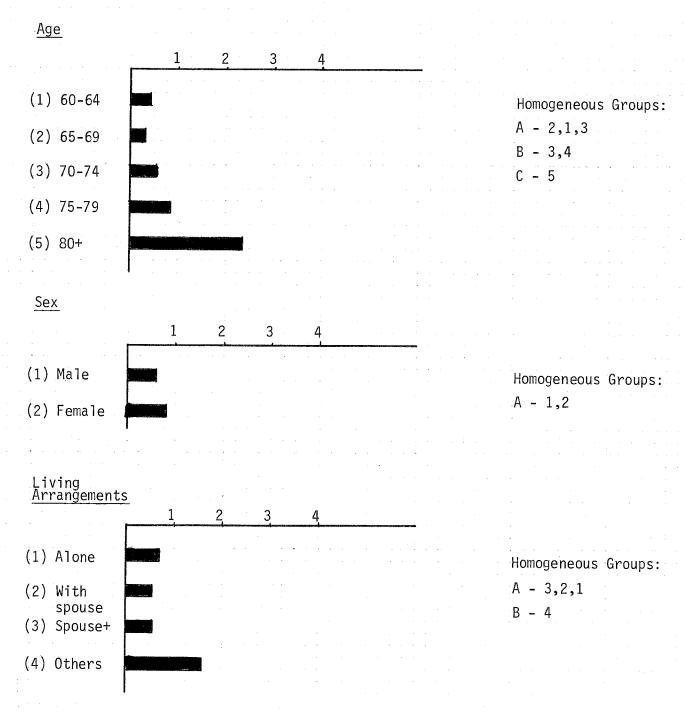
Question Number	Wording	Response Which Increases Index Score	Index Value
82	Now I will read a list of activities. For each, please tell me whether you can do it without help or only if someone helps you.		
a	Climbing stairs	If Someone Helps	1
b	Cleaning the house	If Someone Helps	1
С	Going for walks outside	If Someone Helps	1
d	Getting in and out of the bath- tub	If Someone Helps	1
е	Preparing your meals and snacks	If Someone Helps	1
f	Dressing yourself	If Someone Helps	1
g	Taking medications	If Someone Helps	1
h ·	Shopping for groceries	If Someone Helps	1
4	Dialing the telephone and using the directory	If Someone Helps	1

Table 4.3-3

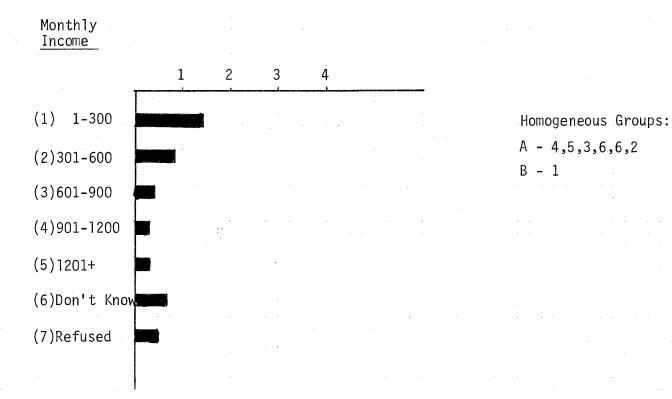
INDEX OF DIFFICULTY WITH ACTIVITIES
OF DAILY LIVING BY DEMOGRAPHICS

									4
	(N)	Perc 0	ent of 1	Group 2	With 3	Index	Score 5+	of	Average Score
Age			***********	•					
60 - 64 65 - 69 70 - 74 75 - 79 80+	(322) (332) (237) (163) (164) 1,218	86 85 77 68 42	6 7 10 17 14	3 5 6 4 10	2 2 4 6 10	1 1 1 3 8	2 0 2 4 17		.36 .29 .55 .85 2.33
Living Arranger	nents								
Live Alone With Spouse Spouse+ Others	(356) (577) (134) (149) 1,216	72 82 81 59	14 7 8 14	6 5 5 5	5 3 4 4	2 1 2 4	2 3 1 13		.68 .55 .51 1.57
Sex									
Male Female	(461) (757) 1,218	82 72	7 11	3 6	3 5	1 3	4		.61 .77
Monthly Income									
1 - 300 301 - 600 601 - 900 901 - 1200 1201+ Don't know Refused	(117) (300) (165) (89) (162) (173) (174) 1,180	58 71 82 87 88 73 81	16 13 9 7 5 10 8	7 5 3 3 7 5	6 5 3 0 2 5	3 1 1 3 1 3 1	11 4 1 0 1 2 2		1.42 .81 .39 .29 .29 .71 .49
Total	(1,218)	76	10	5	4	2	3		.71

Figure 4.3-1
DIFFICULTY WITH ACTIVITIES OF DAILY LIVING INDEX



# DIFFICULTY WITH ACTIVITIES OF DAILY LIVING INDEX (Continued)



than those of other groups, and a large proportion (13%) score "5" or higher on the index. It may be that many of the individuals in the "others" category cannot live independently (due to severe physical impairment), and they receive lodging and care from their fellow household residents as a means of delaying entry into a nursing home. Maddox (1975) has suggested that people living with a non-relative prior to nursing home admission are overrepresented among nursing home residents, thus supporting the notion that such an arrangement may, for many people, be a last-ditch effort to remain in the free community. 14

An understanding of the difficulty which older people have with activities of daily living is of critical importance for understanding the needs and problems of this age group. Shanas and Maddox (1976) cite a number of studies which contend that a definition of health based upon the level of functioning of older people is of equal, or even greater, importance than a definition of health which is based solely upon the presence or absence of pathology or disease states. They cite the conclusion of a World Health Organization advisory group that "health in the elderly is best measured in terms of function; . . . degree of fitness rather than extent of pathology may be used as a measure of the amount of services the aged will require from the community." (Shanas and Maddox, 1976:596.) The ways in which the ability of aging Ramsey County residents to function independently relate to adjustment in the domains other than health are examined in Chapter 5.

#### Use of Physical Aids

Beyond eyeglasses, most of the sample did not report using physical aids, such as hearing aids, canes, etc. Table 4.3-4 shows, however, differences in the use of such items among people with different demographic attributes. As

<sup>&</sup>lt;sup>14</sup>The "others" category in this analysis includes both people who live with non-relatives (the group to which Maddox refers) and people who live with relatives other than a spouse. Nonetheless, Maddox' assertion is supportive of the suggestion advanced here that persons living with "others" are disabled individuals who live with people who will provide them with care which they could otherwise receive only in a long-term care facility. Many older people probably opt for this arrangement; maintain it for as long as possible; and enter a nursing home when the arrangement is no longer viable. This would account for over-representation of this living arrangement among applicants to long-term care facilities.

Table 4.3-4
USE OF PHYSICAL AIDS BY DEMOGRAPHICS

	(N)	Percent Hearing Aid	of Group Cane	Who Use: Walker	Wheel Chair	Dentures	
Total	(1,214)	6	10	3	1	58	
Age 60 - 64 65 - 69 70 - 74 75 - 79 80+	(321) (331) (236) (161) (163) 1,212	3 4 3 9 15	3 5 9 14 31	0 1 1 5 11	1 1 0 1 4	45 60 60 64 72	
Living Arran Alone With Spouse Spouse+ Others	(357) (571) (134) (148) 1,210	N.S.	N.S.	2 2 1 9	0 1 1 3	N.S.	
Monthly Inco 1 - 300 301 - 600 601 - 900 901 - 1200 1200+ Don't know Refused	(115) (300) (165) (89) (162) (173) (175) 1,179	N.S.	16 11 8 2 3 11 12	N.S.	N.S.	63 71 56 56 40 57 53	

might be expected, age makes a significant difference in such usage: older people are more likely to use each type of aid. Significant differences for the use of walkers and wheel chairs appear with respect to living arrangements. Persons living with "others" are more likely than other individuals to use each of these devices. With respect to income, the proportion of persons who use a cane declines as income increases, and the proportion of persons with dentures declines as income increases. 15

### Health Problems

Many items in the survey form produced data on health problems. For example, each respondent indicated whether he or she had problems seeing, hearing, or remembering things. Differences for these items appear with respect to age, sex, living arrangements, and income. (See Table 4.3-5.) Older people are more likely to report all three types of problems. Males more often report hearing problems than do females. People living alone or with others report more visual problems than people with other living arrangements; and people with low incomes report more visual problems than people with high incomes.

Age makes no difference in the reporting of one's health as generally "good, average, or poor." However, demographics which do make a difference are district of the county, income, and education (Table 4.3-5). Suburbanites evaluate their health more positively than do city residents. The poorest self evaluations of health come from residents of the Downtown/Dayton's Bluff/ Riverview/Battle Creek and Mt. Airy/Thomas-Dale/Rice Street districts. The better one's income, the more likely he or she rates his or her health as "good." For example, only 36 percent of the persons in the lowest income category report themselves in "good" health, as contrasted with 78 percent of those in the highest income category who make such a report. As for education, those with higher levels tend to consider themselves in better health than do those with lower levels.

Table 4.3-6 shows the relationships of chronic illnesses and days ill to demographic attributes of the respondents. Sex is related to the reported number of days ill. Females report more such days than do males. Income is related

 $<sup>^{15}\</sup>mathrm{One}$  exception to this occurs with the \$301 to \$600 group. (See Table 4.3-4.)

Table 4.3-5

PROBLEMS SEEING, HEARING, REMEMBERING, AND SELF-RATING OF HEALTH BY DEMOGRAPHICS

				T			
	Percentage Have a Spe			Rat	ing of	Health	
(N)	Problem Seeing	Problem Hearing	Problem Remembering	(N)	Good	Average	Poor
<u>Total</u> (1,195)	32	26	40	(1,182)	62	32	6
Age 60 - 64 (319) 65 - 69 (329)	29	18 21	33 36		N.S.	N.S.	N.S.
70 - 74 (230) 75 - 79 (161) 80+ (156) 1,195	38	24 35 46	45 43 50				
Sex							· · · · · · · · · · · · · · · · · · ·
Male (452) Female (743) 1,195	N.S.	31 23	N.S.		N.S.	N.S.	N.S.
Living Arrangem	<u>ents</u>						
Alone (354) Spouse (564) Spouse+ (131) Others (116)	37 28 22 40	N.S.	N.S.		N.S.	N.S.	N.S.
District							
Macalester Summit/Univ. Highland/7th DTDBRVBC ARYTDRCE NWCTY East Side Inner Suburbs Outer Suburbs	N.S.	N.S.	N.S.	(154) (123) (113) (135) (115) (154) (168) (132) (88) 1,182	62 61 59 50 50 64 64 71 76	32 33 32 41 43 33 30 27 14	6 7 9 10 7 4 6 2 10
	·						:

Table 4.3-5 (Continued)
PROBLEMS SEEING, HEARING, REMEMBERING,
AND SELF-RATING OF HEALTH BY DEMOGRAPHICS

				Ra	ting of	Health	
		Problem Hearing	Problem Remembering	(N)	Good	Average	Poor
ncome	÷						
(298) (164) ( 87) (159) v(173) (175)	42 36 34 33 23 29 22	N.S.	N.S.	(110) (291) (163) (87) (162) (172) (172)	36 60 64 70 78 58 65	48 35 31 24 19 36 30	16 6 5 6 3 7 6
, 10,				1,10,			
ars	N.S.	N.S.	N.S.	(80) (236) (199) (300) (215) (147) 1,177	49 55 60 64 64 75	41 35 34 32 32 18	10 10 6 4 4 8
	P (N) ncome (111) (298) (164) (87) (159)	Have a S  Problem (N) Seeing  111) 42 (298) 36 (164) 34 (87) 33 (159) 23 (173) 29 (175) 22 ,167  RS N.S.	Have a Specified For Problem (N) Seeing Hearing (N) Seeing (N) S	(N) Seeing Hearing Remembering    111	Have a Specified Problem   Rame   Problem   Problem   Problem   Rame   Rame	Have a Specified Problem	Have a Specified Problem Problem Problem Remembering  (N) Good Average    111

Table 4.3-6

NUMBER OF CHRONIC ILLNESSES AND DAYS ILL BY DEMOGRAPHICS

TI TI			1			<del></del>	1
		Avg.	21	16	24		52 20 11 11 12 28 13
		37+	10	6	11		22 11 5 7 7 7 8
Specified Number of During Past Year	Days Ill	13-36	6	ro	12		11 10 10 10
cified N		1-12	19	16	50		17 15 18 27 21 19
1 1		0 1	29 (	69 (	<b>~</b> I		51 66 71 58 55 63
oup Wi Days I		(N)	(1,128)	(425)	(703) 1,128		(101) (283) (153) (158) (158) (168) 1,100
Percent of Group With Illnesses or Days Ill		Avg.	1.3				0.46.000.000.000.000.000.000.000.000.000
ercent	Illnesses	3+	15				27 17 18 13 7 15
	of III	2	21	N.S.			27 21 22 14 21 25 25
	Number o	<del></del> 1	29		•		20 35 27 31 30 30 24
	Num	0	35				26 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2
		(N)	(1,189)				(113) (293) (157) (160) (168) (172)
			<u>Total</u>	Sex Male	r ema l e	Monthly Income	1 - 300 301 - 600 601 - 900 901 - 1200 1201+ Don't know Refused

to reports of both chronic illnesses and days ill. Higher income individuals report fewer illnesses than do lower income individuals; but it appears that those in the middle income categories are more likely than those in the higher and lower categories to report not spending any days home due to illness.

Thirteen items from throughout the interview form comprise a Health Problems Index. These items are listed in Table 4.3-7, and the distribution of scores for the index appears below.

HEALTH PROBLEMS INDEX SCORES

Score	<pre>% of Sample (N=1,179)</pre>
0	22
1	32
2	17
.3	10
4	9
5	6 -
6	3
7 .	1
8+	<u> </u>

The higher one's score, the greater one's health related complaints throughout the interview. Only 22 percent of the sample scored "O" on the index, reporting that health is in no way a problem for them or an impediment to satisfactory accomplishment of activities in which they wish to be involved.

Differences on the Health Problems Index appear with respect to age and education. (See Table 4.3-8.) Older people (especially those in the 80+ category) report more health problems than younger people. Persons in the lowest educational category (0-7 years) have a higher average score than any other group of people. However, it should be noted that the average score of persons in the two highest educational categories (13-15 years and 16+ years) are higher than those of persons in the middle of the educational range. Health Care

Survey questions which reveal the contacts which the older people surveyed had with the health care system were combined to form a Health Care Index. These questions are listed in Table 4.3-9, and the distribution of scores on the index appears below.

HEALTH CARE INDEX SCORES

Score	% of Sample (N=1,202)
0	6
2,3	19
4,5	34
6	32
8+	9

Table 4.3-7
HEALTH PROBLEMS INDEX

		Response Which	
Question Number	Wording	Increases Index Score	Index Value
68a	What has kept you from taking a course which you want or need to take?	Health	1
76b	Why are you no longer able to do them (i.e., things you once greatly enjoyed)?	Health	1
77a	What sort of trouble do you have getting to shows or concerts or other events that you would like to attend?	Health	1
78e	Any special reason why you have not used the public library during the past year?	Health	1
86a	Do you have problems seeing as well as you would like?	Yes	1
86b	Do you have problems hearing as well as you like?	Yes	1
96c	Do you have porblems remembering things?	Yes	1
84	Is there anything that you feel you should be able to do, but your health prvents you from doing it?	Yes	2
93	In general, would you say that your health is good, average, or poor?	Poor	1
94	Would you say that your health is better, the same, or worse than the health of most people your age?	Worse	1
121	Presently, what are the biggest problems that you have in your day-to-day life?	Health	2

Table 4.3-7 (Continued) HEALTH PROBLEMS INDEX

Question Number	Wording	Response Which Increases Index Score	Index Value
123a	Is there anything particular about		
123α	<pre>Is there anything particular about your life which worries you?</pre>	Health	2
125	Big changes occur from time to time in everyone's life. During the last ten years, what have been the biggest changes in your life, and when did they happen?	Serious deterioration of health	2

Table 4.3-8
HEALTH PROBLEMS INDEX
BY DEMOGRAPHICS

		Percen	t of	Group	With	Index	Sco	re of			
	(N)	0	1	2	3	4	5	6	7	8+	Average Score
Age											
60 - 64 65 - 69 70 - 74 75 - 79 80+	(319) (327) (224) (159) (143)	28 25 20 18 10	36 30 31 31 24	15 19 15 18 19	8 9 8 14 15	5 8 15 8 14	5 6 7 6 8	2 2 4 3 8	1 1 0 1 0	1 1 0 1	1.51 1.72 1.93 1.97 2.51
Education											
0 - 7 years 8 years 9 - 11 years 12 years 13 - 15 years 16+	(78) (234) (200) (297) (214) (145)	13 20 24 28 19 20	25 36 29 31 29 36	25 15 16 20 13 19	10 11 10 8 14 7	10 7 9 9 11 7	9 7 8 2 9 6	4 3 1 5 3	3 1 1 0 1	1 0 2 0 0	2.34 1.85 1.90 1.48 2.09 1.79
·	,175	00	20	17	10	0	6	2	-	4	1.02
Total (1	.,179)	22	32	17	10	9	6	3	1	. 1	1.83

# HEALTH PROBLEMS INDEX

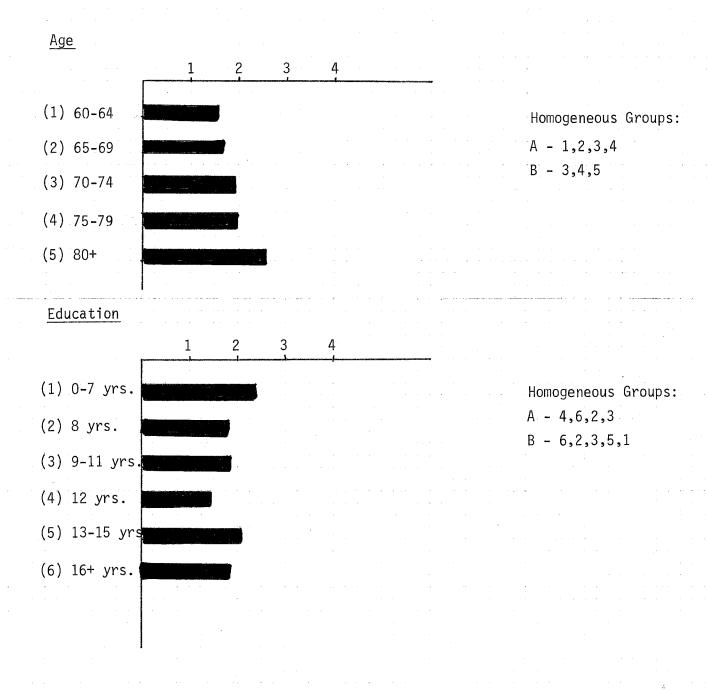


Table 4.3-9
HEALTH CARE INDEX

- Tananana			
Question Number	Wording	Response Which Increases Index Score	Index Value
85	During the past year, have you:		
a	gone to see an eye doctor?	Yes	1
b	gone to see a medical doctor, nurse, or nurse practitioner?	Yes	1
С	gone to see a dentist?	Yes	1
88	How many days this year did you spend in a hospital for illness or injury?	1 or more days	1
89	Did you stay in a nursing home at all during the past year?	Yes	1

The higher one's score on the Health Care Index the greater his or her contact with health deliverers. As the distribution of scores indicates, virtually everyone in the sample had some form of contact with the health care delivery system during the year previous to the interview. However, differences occur among districts of the county, income groups, and educational levels.

Outer suburban residents score higher on the index than do residents of other areas. (See Table 4.3-10.) Residents of the Mt. Airy/Thomas-Dale/Rice Street district have the lowest average score. It is worth noting that although, in total, the Summit-University district has an average score near the average for the total sample, it also has the largest percentage of residents who scored "O"--indicating no contact with the formal health delivery system. This finding parallels some of the findings reported earlier in the chapter on knowledge and use of services, where it appeared that the Summit-University district contains both a high proportion of people who are high users of service and a high proportion of people who are low users of service.

People with monthly incomes of less than \$600 score lower than others on the Health Care Index--this, despite the fact that they are no more likely to score low on the Health Problems Index. Those who report "not knowing" and those who refuse to reveal their income have the highest average scores on the Health Care Index.

With respect to education and health care, scores on the Health Care Index tend to increase as level of education increases. However, as Table 4.3-10 indicates, a large proportion of people in the lowest educational category (0-7 years) score high on the index, even though the mean index score for this group is well below that of the groups with 12 or more years of education.

In light of the relationships between income, education and the two indices just discussed (i.e., higher income, more health care; higher education, more health care, but fewer health problems), it is worth noting that the Health Problems Index reflects the level of fulfillment of health needs, while the Health Care Index reflects both the level of health need fulfillment and the levels of access and willingness to use care. The survey findings may imply that the socially deprived segments of the elderly population in Ramsey County will require special outreach if their health needs are to be adequately fulfilled.

Table 4.3-10
HEALTH CARE INDEX
BY DEMOGRAPHICS

					<del></del>	<del></del>		
		Percen	t of Gr	oup Wi	th Inde	ex Score	of	
	(N)	0	2-3	4-5	6	8+		Average Score
District					-			
Macalester Summit/Univ. Highland/7th DTDBRVBC ARYTDRCE NWCTY East Side Inner Suburbs Outer Suburbs	(155) (127) (116) (142) (117) (156) (169) (136) (87)	5 12 10 6 8 4 6 3 5	19 13 14 26 28 17 22 20	36 31 30 37 35 37 34 33	30 37 35 25 20 33 35 44 36	10 8 11 6 9 10 4 7		4.46 4.33 4.52 4.01 3.90 4.57 4.19 4.51 4.99
Monthly Income								
1 - 300 301 - 600 601 - 900 901 - 1200 1201+ Don't know Refused	(116) (300) (164) (88) (163) (173) (172)	11 10 2 3 6 3 4	23 25 20 17 13 16 18	31 36 34 33 40 28 34	25 25 32 39 33 43 32	10 4 12 8 9 10		3.99 3.79 4.66 4.61 4.49 4.82 4.62
Education						•		
) - 7 years 8 years 9 - 11 years 12 years 13 - 15 years 16+ years	( 85) (240) (203) (309) (216) (148)	11 9 9 5 4 2	18 23 22 19 17 14	41 35 32 33 33 33	19 26 31 34 38 37	12 7 5 9 8 14		4.07 4.00 4.04 4.52 4.60 4.92
Total	(1,202)	6	19	34	32	9 .		4.36

Figure 4.3-3
HEALTH CARE INDEX

# District

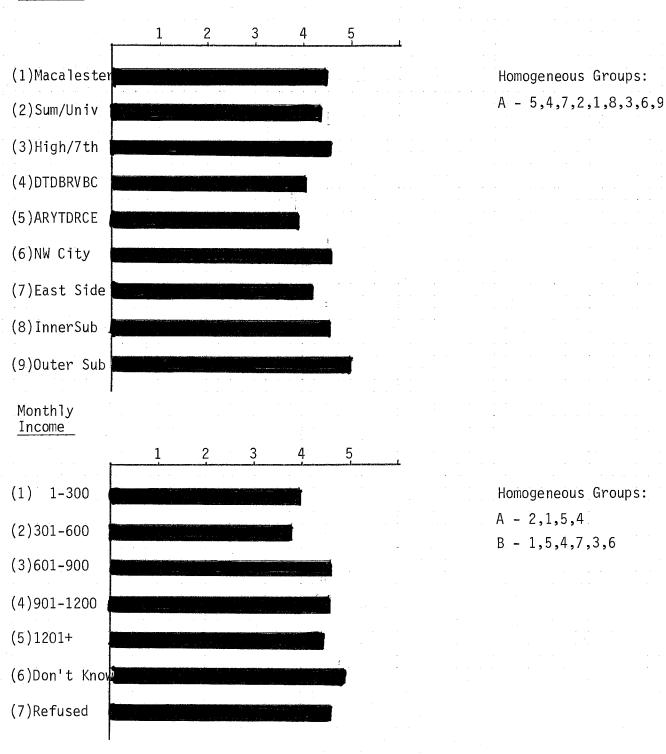
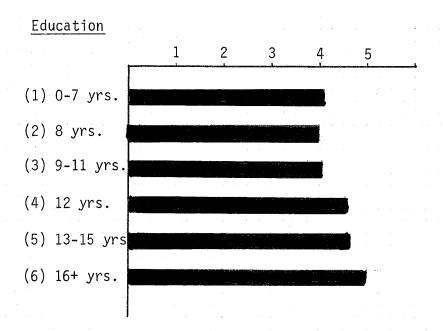


Figure 4.3-3
HEALTH CARE INDEX (Continued)



Homogeneous Groups:

A - 2,3,1,4,5

B - 1,4,5,6

#### 4. Family/Social Ties

Survey respondents provided a great deal of information with respect to the number and types of their social contacts. In this section, we examine specifically survey items regarding number of children, activities with children, number of friends, activities with friends, and presence of a person in whom a respondent confides. In addition, we look at: a Social Isolation Index which offers a composite score on the level of social contact for each respondent; and a Social Deprivation Index which offers a composite measure of each respondent's feelings about the adequacy of his or her level of social contact. Children

The number of living children reported by the respondents differs according to the respondent's age, living arrangements and district of the county.  $^{16}$  (See Table 4.4-1.) The number of living children tends to decline with age. This probably occurs both because of lower fertility among the older cohorts and because of deaths due to old age which occurred among the older cohorts' adult children (who themselves could easily be in their 50's and 60's). People living alone are the most likely (34%) to report not having any living children; while people living with a spouse plus others are the least likely (4%) to make such a report.  $^{17}$  Moreover, the spouse-plus-others group contains a quite high proportion (39%) with four or more living children.

Some very interesting geographic differences appear in Table 4.4-1. Very few suburbanites, especially in the outer suburbs, report no living children. In contrast, 43 percent of the respondents from the Summit-University district report no living children. In part, these differences are probably produced by the age differences just discussed. That is, suburbanites tend to be younger than city dwellers and have fewer living children. The geographic differences alert service providers to the great variations which exist among neighborhoods with respect to family members who may be available (although, of course, not necessarily willing) to provide support to aging individuals.

<sup>&</sup>lt;sup>16</sup>The data in Chapter 3 revealed that approximately four out of five persons who participated in the survey have at least one living child. This high proportion with at least one child is not surprising. (See, for example, Adams (1972), Troll (1972), or Maddox (1975).)

<sup>&</sup>lt;sup>17</sup>Data from the national, "Harris" study, analyzed by Bachrach (1980) reveal that childless older people are more likely to live alone than those with children, and that childlessness is associated with isolation from family and friends.

Table 4.4-1

NUMBER OF CHILDREN BY DEMOGRAPHICS

					Group of Chil		Specifi	ed	Average Number of
	(N)	0	1	2	3	4	5+		Children
<u>Total</u>	(1,225)	20	15	25	19	10	12		2.3
Age									
60 - 64 65 - 69 70 - 74 75 - 79 80+	(322) (334) (237) (164) (168) 1,225	10 21 25 26 25	13 11 19 18 17	26 27 26 20 23	23 20 17 15 15	12 9 4 12 11	16 12 9 9 10		2.7 2.3 1.9 2.0 2.1
Living Arrange	ments_								
Alone With Spouse Spouse+ Others	(360) (581) (133) (149) 1,223	34 14 4 24	16 15 12 16	19 31 17 24	16 19 29 13	7 12 11 9	8 10 28 14		1.8 2.3 3.4 2.2
<u>District</u>									
Macalester Summit/Univ. Highland/7th DTDBRVBC AVRTDRCE NWCTY East Side Inner Suburbs Outer Suburbs	(159) (128) (120) (141) (118) (158) (178) (135) (88) 1,225	20 43 25 19 23 18 18 10 2	16 16 18 13 15 14 15 11	27 15 18 21 25 29 32 27 30	20 13 24 14 9 22 16 28 25	6 8 16 14 11 5 13	11 8 7 17 15 7 14 11		2.1 1.5 2.0 2.6 2.4 2.2 2.3 2.6 2.9

Table 4.4-2 displays differences among demographic categories in activities in which people report having taken part with their children during the year previous to the interview. Significant age differences in participation in activities with children appear with respect to: having the children over for dinner; helping the children around their house; giving money to the children; and going on an outing or a trip with the children. In each of these cases, the tendency is for participation to decline as age increases. Sex differences appear in Table 4.4-2 for having dinner at a child's house, going shopping with a child (both of which females are more likely to do than males), helping children around their house, and giving children money (both of which males are more likely to do than females).

Living arrangements make a difference for all but two of the activities with children. Persons living alone, in contrast with other groups, are less likely to: have children over for dinner; help children with things around the house; and receive help around the house from children. Persons living only with a spouse, in contrast with other groups, are less likely to: go shopping with children; and receive money from children. Thus, persons in the "others" category seem to be low with respect to "giving" and high with respect to "receiving." On the other hand, persons living with a spouse are high "givers" and low "receivers."

Income makes a difference with respect to having children over for dinner, helping children, giving money to children and going on an outing or trip with children. In each of these cases, persons with lower incomes are less likely than those with higher incomes to report taking part in the activity. In addition, income makes a difference with respect to receiving money from children, although for this activity, the lower income respondents report a higher level of exchange than the higher income respondents. Statistically significant differences for district of the county and educational level also appear for several of the activities with children, and these can be examined in Table 4.4-2.

<sup>&</sup>lt;sup>18</sup>The table contains data only for the 950 people who reported having living children.

Table 4.4-2

ACTIVITIES WITH CHILDREN BY DEMOGRAPHICS (PERCENTAGES OF PERSONS WITH CHILDREN)

5. 56 58 33 33	Z
s.	S. S
60 38 40 43	60 38 38 40 43 46
N.S.	s. s
66 62 52 37 33	66 62 37 33 60 52
s. S.	N.S. 57 82
93 89 88 68	93 91 87 87 87 87 87 87 87 87 87 87
N. S.	
(287) (256) (173) (120) (114) 950	(287) (173) (173) (120) (114) (268) (268) (582) (582)
60 - 64 65 - 69 70 - 74 75 - 79 80+	30+ 1e na 1
	(268) 84 N.S. 57 60 N.S. 54 N.S. (582) 92 82 52 46 950

Table 4.4-2 (Continued) ACTIVITIES WITH CHILDREN BY DEMOGRAPHICS (PERCENTAGES OF PERSONS WITH CHILDREN)

1	<del> </del>	<del></del>					
		Outing or Trip	<i>U</i>			38 53 60 49 61 61	
		Received Money from Children	01	10 10 12 12 12 9		39 22 13 8 13 13 14	
		Gave Money to Children	Ω	652453 65293 64293 64293		28 23 20 23 20 20 20 20 20 20 20 20 20 20 20 20 20	
		Children Helped	V.			S. S.	
	HILDREN	Helped Children	57	54 44 47 38 60 67 67		40 63 71 56 56 51	
	ACTIVITY WITH CHILDREN	Shopping	S.			S. N.	
	ACTI	Dinner at Own House	S		1	0 0 0 0 0 8 0 0 0 0 0 0 0 0 0 0 0 0 0 0	
		Dinner at Their House	S. Z			S.	
		(N)	(122)	(110) (127) (122) (122) (123) (123)	950	(79) (227) (133) (132) (144) (132)	925
			District Macalester	Summit/Univ. Highland/7th DTDBRVBC ARYTDRCE NWCTY East Side Inner Suburbs	Monthly Income	1 - 300 301 - 600 601 - 900 901 - 1200 1201+ Don't know Refused	

Table 4.4-2 (Continued)
ACTIVITIES WITH CHILDREN BY DEMOGRAPHICS (PERCENTAGES OF PERSONS WITH CHILDREN)

ing or Trip	36 553 60 60
Received Money Outing from or Children Trip	30 24 17 14 14 14
Gave Money to Children	43 46 55 55 65
Children Helped	S. S.
CHILDREN Helped Children	N.S.
ACTIVITY WITH CHILDREN ner t n Helped se Shopping Childr	N.S.
ACT] Dinner at Own House	S.
Dinner at Their House	75 82 90 91 95
(N)	(67) (190) (153) (242) (174) (116)
	Education  0 - 7 years  8 years 9 - 11 years 12 years 13 - 15 years 16+ years

#### Friends

The number of friends reported by respondents differs by sex, income, and education. (See Table 4.4-3.) Females are more likely than males to report between one and six close friends; while males are more likely than females to report 13 or more close friends. <sup>19</sup> The higher one's income, the greater the number of friends he or she reports. Likewise, with education, those with more years of formal schooling report more friends. (It is particularly striking that one in five persons with fewer than eight years of schooling reported having no close friends.)

When asked about activities with friends, females more often mention shopping, while males more often mention outings and receiving help. (See Table 4.4-4.) Interestingly, two sorts of individuals are more likely than others to receive money from friends: persons living in the Downtown/Dayton's Bluff/ Riverview/Battle Creek district (10%) and persons in the income category of \$1 to \$300 per month (14%). Income also makes a difference with respect to shopping with friends. That is, the lower one's income, the less likely shopping is to occur. Living arrangements are related to shopping patterns, with people living alone being the most likely respondents to report shopping with friends (74%). Educational groups show differences with respect to going with friends on an outing or trip: the higher one's education the more likely he or she engages in such social activities.

When we turn specifically to the issue of whether or not a respondent has someone in whom to confide about things that are important to him or her, Table 4.4-5 reveals that females are more likely than males to have such a person and that people in the lowest educational category are less likely than the better educated to have such a person.  $^{20}$ 

### Social Isolation and Social Deprivation

An Index of Social Isolation reflects the extent to which respondents lack contact with other individuals and groups. A number of items throughout the

<sup>&</sup>lt;sup>19</sup>Powers and Bultena (1976) reported that, among the older people they had studied, men had more extensive social contacts than did women, but women had a greater number of intimate friends.

 $<sup>^{20}</sup>$ The types of persons specified as confidants appear in Chapter 3. They include friends, family members, and others.

Table 4.4-3

NUMBER OF "CLOSE FRIENDS" BY DEMOGRAPHICS

	Perce Num	Percent of Group With Specified Number of Close Friends						
	(N) 0	1-3	4-6	7-12	13+			
<u>Total</u>	(1,066) 7	19	27	27	20	10.8		
Sex								
Male Female	(401) 8 (665) 6	13 22	23 30	28 27	28 16	13.3 9.2		
	1,066							
<u>Education</u>								
<ul> <li>0 - 7 years</li> <li>8 years</li> <li>9 - 11 years</li> <li>12 years</li> <li>13 - 15 years</li> <li>16+ years</li> </ul>	(72) (203) 7 (184) 7 (278) 4 (198) 5 (127) 6	25 25 23 16 16 9	22 26 26 31 26 27	21 27 25 29 27 34	11 16 20 20 26 25	8.2 10.0 10.5 11.2 12.0 11.2		
Income  1 - 300  301 - 600  601 - 900  901 - 1200  1201+  Don't know  Refused	(98) 11 (268) 8 (148) 4 (81) 3 (151) 5 (150) 3 (147) 8	33 24 15 10 11 20 14	22 26 26 28 29 30 31	24 26 30 33 27 31 24	10 16 25 26 29 16 22	7.6 9.6 12.0 12.6 12.8 10.4 12.0		
Living Arranger								
Alone Spouse Spouse+ Others	(311) 8 (514) 5 (117) 3 (124) 11 1,066	21 15 16 29	31 27 22 24	27 27 36 22	13 26 22 14	8.0 12.6 12.6 8.5		

Table 4.4-4
ACTIVITIES WITH "CLOSE FRIENDS"
BY DEMOGRAPHICS

		Precent of Specif	f Group Who I ied Activity	Participated With Friend	d in a ds
	(N)	Shopping	Outing or Trip	Received Help	Received Money
Total Persons With Friends	(1,079)	63	52	35	3
Sex		·			
Male Female	(404) (675) 1,079	48 73	58 49	41 31	N.S.
District					
Macalester Summit/Univ. Highland/7th DTDBRVBC ARYTDRCE NWCTY East Side Inner Suburbs Outer Suburbs	(143) (111) (99) (119) (103) (158) (157) (122) (81) 1,079	N.S.	N.S.	N.S.	2 6 3 10 0 5 2 1
Income  1 - 300  301 - 600  601 - 900  901 - 1200  1201+ Don't know Refused	(93) (263) (150) (84) (149) (162) (157)	N.S.	29 41 56 73 69 46	N.S.	14 4 3 1 2 2 2

Table 4.4-4 (Continued) ACTIVITIES WITH "CLOSE FRIENDS" BY DEMOGRAPHICS

	(N)	Percent of Specifi Shopping	Group Who F ed Activity Outing or Trip	articipated With Friends Received Help	in a Received Money
Living Arrangements	(217)	· •	N. C		
Alone Spouse Spouse+ Others	(317) (519) (121) (95) 1,052	74 57 61 64	N.S.	N.S.	N.S.
Education					
<pre>0 - 7 years    8 years 9 - 11 years 12 years 13 - 15 years 16+</pre>	(65) (206) (182) (286) (200) (135)	N.S.	28 34 47 58 66 70	N.S.	N.S.
				Mary Company of the C	·

Table 4.4-5

PRESENCE OF A CONFIDANT
BY DEMOGRAPHICS

	(N)	Has Someone to Confide In	Has No One to Confide In	<b>4.</b> 4.
<u>Total</u>	(1,155)	85	15	
Sex				
Male Female	(437) (718) 1,155	79 89	21 11	
Education				
0 - 7 years 8 years 9 - 11 years 12 years 13 - 15 years 16+ years	(78) (228) (197) (299) (204) (145)	68 83 88 87 88 88	32 18 12 13 12 15	

interview produced information used to form this composite measure; and these items are listed in Table 4.4-6. It is important to note that this index measures isolation in a behavioral sense. That is, it monitors level of social contact, not the extent to which an individual is satisfied with that contact. The distribution of Social Isolation Index scores appears below.

SOCIAL ISOLATION INDEX SCORES

Score	% of Sample (N=1,18	3)
0	5	
1	34	
2	15	
3	23	
4	13	
5	4	
6	4	
7	1	
8	1.	
9	1	

When the index is partitioned into demographic categories, many statistically significant differences appear. Table 4.4-7 shows that isolation tends to be higher for: older age groups; persons living alone and persons living with "others" (i.e., not including a spouse); residents of the Summit-University district; people with lower incomes; and people with less education.

The extent to which older individuals feel deprived from social contacts is tapped by the Social Deprivation Index. The items which comprise this index appear in Table 4.4-8, and the Social Deprivation Index scores for the sample appear below.

SOCIAL DEPRIVATION INDEX SCORES

<u>Score</u>	% of Sample (N=1,160)
0	29
1	41
2	15
3 -	10
4	3
5+	2

The extent to which the Social Isolation Index and the Social Deprivation Index are correlated will be discussed in Chapter 5. Liang et al. (1980) have suggested that the links between isolation and deprivation (which they call "objective" and "subjective" integration) are complex, are as yet not well understood, and are deserving of continued investigation.

Table 4.4-6
SOCIAL ISOLATION INDEX

Question Number	Wording	Response Which Increases Index Score	Index Value
12	About how often do you talk to your neighborsI mean longer than just saying "Hello"? Would this be every day, several times a month, or less often than that?	Several times per month Less often	1 2
14	Do you have a neighbor you can call on if you have a problem?	No	1
45	When you make decisions about big purchases or spending a lot of money, do you make these decisions alone or with your spouse, or do you talk them over with friends or family?	Alone	1
51c	About how often would you say that you go to the Center?	Never	1
58a	How many of your children live in the Twin Cities area?	None	1
58b	How many of your children do you see or talk with at least once a week?	None	1
58c	During the past year, have you and your children done any of the following things: (List of eight activities)?	Eight "NO" Responses	1
60	About how many people do you consider your "close friends"?	None	2
60a	During the past year, have any of the following things happened with you and your friends (list of four activities)?	Four "NO" Responses	1

Table 4.4-6 (Continued) SOCIAL ISOLATION INDEX

			· · · · · · · · · · · · · · · · · · ·
Question Number	Wording	Response Which Increases Index Score	Index Value
61	Do you have someone whom you confide in about things that are important to you or talk with about problems you have?	No	2
76b	Why are you no longer able to do (things you once greatly enjoyed)?	No companion with whom to do them	1
90	Do you have someone who would take care of you if you were sick or disabledfor example, your husband/wife, a member of your family or a friend?	No	2
100	Do you eat most of your meals alone or with someone else?	Alone	1

Table 4.4-7
SOCIAL ISOLATION INDEX
BY DEMOGRAPHICS

4.	(N)	Pe	ercent 1	of (	Group 3	Witl 4	n Ind	lex S	core.	of: 8+	Average Score
Age 60 - 64 65 - 69 70 - 74 75 - 79 80+	(319) (326) (231) (161) (146) 1,183	4 7 4 4 2	45 36 32 24 23	18 13 17 12 13	18 23 26 26 27	8 9 14 26 16	3 6 2 3 7	3 5 4 2 4	1 1 1 1 4	1 0 1 2 4	1.98 2.20 2.39 2.75 3.09
Living Arrangeme	ents_									•	
Alone With spouse Spouse+ Others	(350) (362) (129) (140) 1,181	1 7 5 4	16 44 47 28	13 14 21 15	21 24 20 28	25 7 5 13	8 2 2 5	7 1 2 6	4 0 0 1	5 0 0 1	3.49 1.79 1.66 2.52
District										•	
Macalester Summit/Univ. Highland/7th DTDBRVBC ARYTDRCE NWCTY East Side Inner Suburbs Outer Suburbs	(154) (123) (110) (137) (114) (154) (167) (135) (86) 1,179	4 0 4 3 6 3 1 5 11	34 24 37 39 36 36 45 51 38		23 15 12 13 18 16 16 15 21			1 3 1 1 4 0 2 0	0 5 2 3 2 1 0 0 2	0 2 2 2 4 0 0 0	2.26 3.13 2.43 2.36 2.65 2.17 2.17 1.71 1.87

Table 4.4-7 (Continued) SOCIAL ISOLATION INDEX BY DEMOGRAPHICS

			Percent	of	Group	With	Ind	ex.S	core	of:	Avanage
	(N)	0	1	2	3	4	5	6	7	8+	Average Score
Monthly Income											
1 - 300 301 - 600 601 - 900 901 - 1200 1201+ Don't know Refused	(108) (295) (164) (87) (162) (173) (171)	4 7 6 4 4	19 29 38 45 44 38 33	14 15 16 16 15 16 12	19 25 20 18 23 27 25	22 15 9 12 10 10	7 5 4 2 2 3 4	5 4 4 0 3 2 6	6 1 1 0 1 1 1	5 2 1 1 0 1 2	3.27 2.58 2.11 1.84 1.94 2.12 2.54
Education											
0 - 7 years 8 years 9 - 11 years 12 years 13 - 15 years 16+ years	( 82) (235) (200) (301) (215) (146)	5 4 5 6 4	22 29 35 39 38 35	13 17 13 16 15	26 23 25 22 21 27	11 13 15 10 13 14	6 4 4 4 1	7 4 3 4 4 3	1 3 2 1 1	9 2 1 1 1	3.18 2.56 2.32 2.17 2.19 2.27
	1,175										
<u>Total</u>	(1,183)	5	34	15	23	13	4	4	1	2	2.36

Figure 4.4-1

#### SOCIAL ISOLATION INDEX

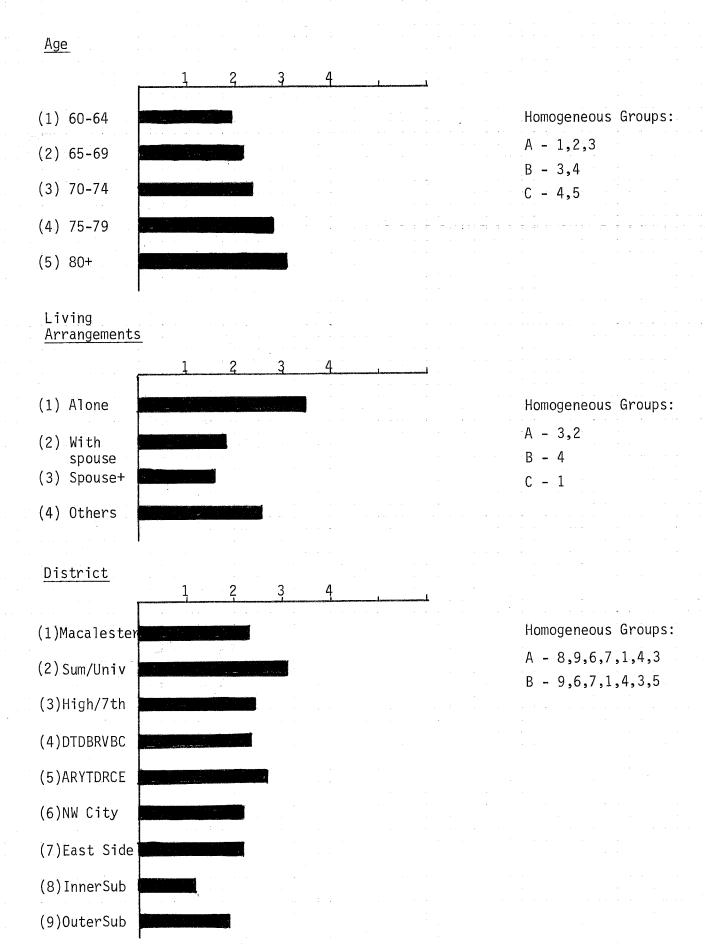


Figure 4.4-1

# SOCIAL ISOLATION INDEX (Continued)

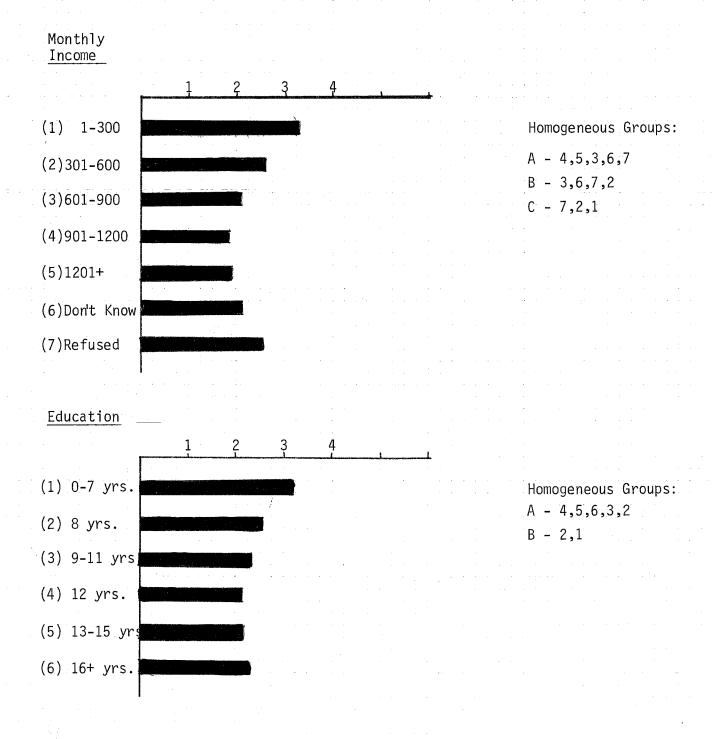


Table 4.4-8
SOCIAL DEPRIVATION INDEX

,			
Question Number	Wording	Response Which Increases Index Score	Index Value
13	Do you visit with your neighbors as much as you would like?	No	1
58e	Do you feel that your children should help you more than they do now?	Yes	1
69b	Is there anything in particular that you miss since you retired?	Companionship; public contact	1
76	Is there anything which you once greatly enjoyed but which you are no long able to do?	Visiting; social- izing; getting out to events	2
76b	Why are you no longer able to do these activities?	No friends or partner	1
88c	Could you have used someone to help you (when you returned from the hospital)?	Yes	1
121	Presently, what are the biggest problems which you have in your day-to-day life?	Loneliness; ad- justing to loss of spouse	2
123	Is there anything in particular about your life which worries you?	Loneliness; ad- justing to loss of spouse	2
125	During the last ten years, what have been the biggest changes in your life, and when did they happen?	Death of spouse, family member, close friend	2
		·	

Sex, living arrangements, and monthly income are related to Social Deprivation Index scores. As Table 4.4-9 indicates, the more deprived (i.e., those with higher average scores on the Index) are: women; persons living alone; persons living with "others;" and persons with the lowest incomes. (It might also be noted that people who didn't know their income or who refused to give income data have relatively high average scores on this index.)

#### 5. Life Satisfaction

As we saw in Chapter 3, most of the older people interviewed report that they are, overall, happy and satisfied with their lives; although they do mention specific problems or worries that cause them some concern. High levels of happiness and satisfaction are very typical for this age group. The "Harris Study" (National Council on the Aging, 1975), for example, revealed great satisfaction with life for older people, and many other research studies have produced similar findings. Nonetheless, in order to identify the types of older people who may feel more unhappy and more dissatisfied than others, five items were combined to form an overall Dissatisfaction Index. These items appear in Table 4.5-1, and the distribution of scores for the index appears below.

DISSATISFACTION INDEX SCORES

Score	<pre>% of Sample (N=1,160)</pre>
0	83
1	8
2	.1
3	4
4	2
5	0
6	2
7	1

It is evident and quite expectable that most people (83%) score "0" on the Dissatisfaction Index--confirming the notion that most older people are satisfied with their present circumstances. However, there are significant differences with respect to monthly income. Table 4.5-2 reveals that the lower one's income, the greater his or her dissatisfaction.

<sup>&</sup>lt;sup>22</sup>That is, although 88 percent stated that they were "satisfied" or "very satisfied" with life in general, 30 percent stated that something particular about their lives worried them.

Table 4.4-9
SOCIAL DEPRIVATION INDEX
BY DEMOGRAPHICS

							·	
	(N)	Perce	nt of	Group	With	Index	Score of: 5+	Average Score
Sex								
Male Female	(438) (722) 1,160	40 22	41 41	12 18	4 13	3 3	1 3	0.85 1.42
Living Arrangemer	nts_							
Alone Spouse Spouse+ Others	(342) (553) (127) (136) 1,158	12 40 42 18	31 47 44 40	26 8 10 24	19 4 3 15	7 1 0 2	6 0 1 2	1.99 0.77 0.69 1.50
Monthly Income			•					
1 - 300 301 - 600 601 - 900 901 - 1200 1201+ Don't know Refused	(106) (289) (163) (87) (160) (169) (168) 1,142	17 22 35 33 38 29 34	37 38 43 48 43 44 37	19 19 10 9 13 17 16	10 16 9 6 6 7	9 3 2 0 2 2	9 2 0 1 1 2	1.82 1.45 0.98 0.96 0.86 1.15 1.11
<u>Total</u>	(1,160)	29	41	15	10	3	2	1.20

Figure 4.4-2

### SOCIAL DEPRIVATION INDEX

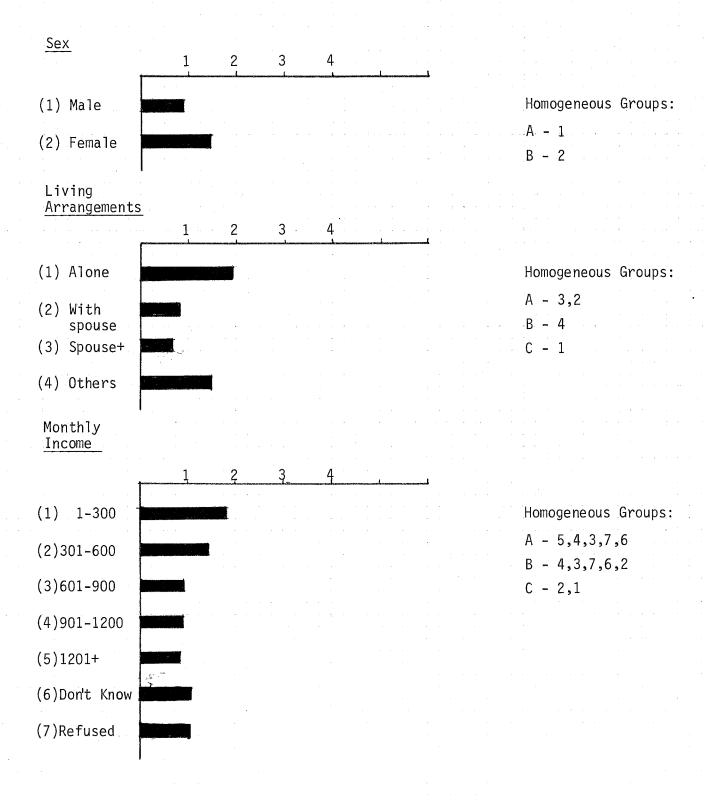


Table 4.5-1

OVERALL DISSATISFACTION INDEX

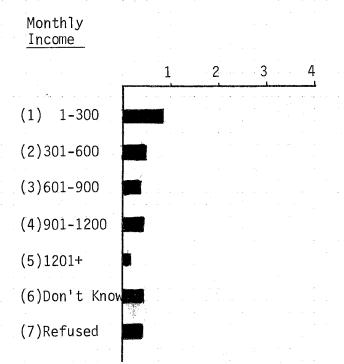
Question Number	Wording	Response Which Increases Index Score	Index Value
118	Taking all things into consideration, how would you describe your satisfaction with life in general at the present time? Would you say that you are very satisfied, moderately satisfied, moderately dissatisfied, or very dissatisfied with your life at the present time?	Moderately dissatisfied Very dissatisfied	1 2
119	Would you consider this time of your life as your best time, worst time, or no better or worse than usual?	Worst time	. 1
120	How happy would you say you are: very happy; somewhat happy; somewhat unhappy; or very unhappy?	Somewhat unhappy Very unhappy	1 2
121	Presently, what are the biggest problems that you have in your day-to-day life?	Feel depressed, aimless	2
122	What do you expect will be the best things to happen to you during the next few years?	Nothing	2

Table 4.5-2
DISSATISFACTION INDEX
BY DEMOGRAPHICS

		Perce	ent of G	iroup wi 2	ith Inde 3	x Score	of: 5+	Average Score
Monthly Inco	ome	- 1						
1 - 300 301 - 600 601 - 900 901 - 1200 1201+ Don't know Refused	(105) (290) (162) (88) (161) (169) (170)	67 78 88 85 94 89 84	9 12 8 9 4 5	2 1 1 0 0 0 0 2	11 3 0 3 3 4 5	5 2 3 1 0 0	8 3 1 0 2 2	.88 .50 .34 .43 .17 .37
TOTAL	1,145 (1,160)	83	8	, 1	4	2	3	.42

Figure 4.5-1

## DISSATISFACTION INDEX



# Homogeneous Groups:

$$B - 4,2,1$$

#### 6. Spiritual Status

Most survey respondents are members of a church or synagogue. However, as Table 4.6-1 indicates, persons living alone and with "others" are not as likely as other people in the sample to hold such memberships. In addition, some differences appear among districts of the county: the Mt. Airy/Thomas-Dale/Rice Street district has the smallest proportion of church members. The Macalester and Northwest City districts have the largest proportions of members. Religious contacts are measured by means of a Contact With Religious Institutions Index. The items for this index appear in Table 4.6-2, and the distribution of scores appears below. <sup>23</sup>

CONTACT WITH RELIGIOUS INSTITUTIONS INDEX SCORES

Score	% of Sample (N=1,197)
0	11
1	7
3	11
4	8
5	25
6	24
7	15

Significant differences in contacts appear only with respect to district of the county. (See Table 4.6-3.) Residents of the Northwest City district have the highest average score; while residents of the Downtown/Dayton's Bluff/Riverview/Battle Creek district have the lowest average score.

Although most people do not report problems taking part in religious services as often as they would like, substantial differences in the report of such problems appear with respect to age, sex, income, and education. (See Table 4.6-4.) The older age groups, people 75 and above, report problems much more often than the younger groups. Females more often report problems than do males; people with lower incomes report more problems than people with higher incomes; and people in the low education categories report problems more often than people in the high categories. 24

Note that the higher scores on this index do not indicate problems. Rather, it is the lower scores which may indicate isolation or withdrawal from religious institutions.

<sup>&</sup>lt;sup>24</sup>The types of problems reported are listed as the responses to Question 57a in Chapter 3.

Table 4.6-1
MEMBERSHIP IN A CHURCH OR SYNAGOGUE
BY DEMOGRAPHICS

	(N)	Member	Not Member	
Living Arrangements  Alone Spouse Spouse+ Others	(358) (576) (133) (122) 1,189	79 88 81 78	21 12 19 22	
District  Macalester Summit/Univ. Highland/7th DTDBRVBC ARYTDRCE NWCTY East Side Inner Suburbs Outer Suburbs	(158) (128) (118) (142) (116) (158) (177) (135) (87)	92 79 81 80 74 93 83 80 84	8 21 19 20 26 7 17 20 16	
<u>Total</u>	(1,189)	84	16	*

Table 4.6-2
CONTACT WITH RELIGIOUS INSTITUTIONS INDEX

Question Number	Wording ————	Response Which _Increases Index Score	Index Value
54	Are you now a member of any church or synagogue?	Yes	1
54b	About how often does someone from the church come to visit you?	One or more times per year	1
54c	During the past year, have you discussed any problems with a clergyman from there?	Yes	1
54d	Do you take part in any special activities for people over age 60 at your church?	Yes	1
55	About how often do you go to church?	1 - 16 times per year 17 - 45 times	1
		per year 46 - 74 times	2
		per year 75 - 365 times	3
		per year	4

Table 4.6-3

CONTACTS WITH RELIGIOUS INSTITUTIONS INDEX
BY DEMOGRAPHICS

		Per	cent of	Group	With	Index	Score	of:	Average
	(N)	0	1	3	4	5	6	7+	Score
District				·		· · · · · · · · · · · · · · · · · · ·	·		
Macalester	(155)	7	5	11	14	24	24	15	4.81
Summit/Univ.	(126)	14	10	17	6	18	21	16	4.16
Highland/7th	(113)	15	4	1.8	7	24	21	12	4.14
OTDBRVBC	(140)	13	12	11	7.	26	21	10	4.09
ARYTDŖCE	(115)	18	9	6	5	25	26	11	4.15
NWCTY	(156)	5	3	12	7	23	31	19	5.22
East Side	(172)	11	6	8	9	27	23	16	4.61
Inner Suburbs	(134)	11	4	10	7	24	25	19	4.77
Outer Suburbs	(86)	7	9	7	11	33	16	18	4.72
	1,197								
<u>Total</u>	(1,197)	11	7	11	8	25	24	15	4.51
			٠						
						•			1

Figure 4.6-1

# CONTACTS WITH RELIGIOUS INSTITUTIONS INDEX

# <u>District</u>

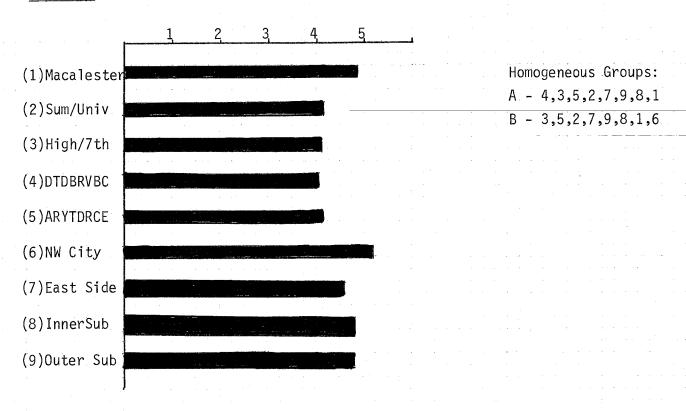


Table 4.6-4
PROBLEMS TAKING PART IN RELIGIOUS SERVICES BY DEMOGRAPHICS

7			
	(N)	Problems Reported	No Problems Reported
Total	(1,174)	15	85
Age			
60 - 64 65 - 69 70 - 74 75 - 79 80+	(317) (326) (229) (158) (144) 1,174	10 10 13 22 32	90 90 87 78 68
Sex			
Male Female	(443) (731) 1,174	9 18	91 82
Monthly Income			
1 - 300 301 - 600 601 - 900 901 - 1200 1201+ Don't know Refused	(106) (288) (163) (87) (161) (169) (172) 1,146	26 17 11 17 6 14 13	74 83 89 83 94 86 87
Education  0 - 7 years 8 years 9 - 11 years 12 years 13 - 15 years 16+ years	(79) (232) (198) (300) (214) (146)	25 22 12 13 11 8	75 78 88 87 89 92

#### 7. Transportation

Survey questions related to the transportation domain include questions which determined how often older people leave their households, the means by which they get to places where they wish to go, and the problems which they face in attempting to transport themselves. Table 4.7-1 shows that many differences exist among groups in the sample simply with respect to the frequency with which they get out of the house. <sup>25</sup> Older people get out of the house much less often than younger people. (See Table 4.7-1.) In fact, only 34 percent of the 80 and older group get out of the house everyday, and 22 percent of this group get out of the house less often than once a week. Males report getting out more often than females. People living with a spouse or with a spouse plus others get out more often than those living alone or with "others." (Of those living with "others," 15 percent get out less often than once a week.) A surprisingly small proportion (39%) of residents of the East Side of St. Paul get out of their houses every day. In contrast, about one-half of the residents in other portions of the city get out every day and about two-thirds of the suburbanites get out this often. Areas with the largest proportions of persons (approximately 20%) who leave their households only once a week or less often are: Highland/West 7th; Downtown/Dayton's Bluff/Riverview/Battle Creek; and Mt. Airy/Thomas-Dale/Rice Street. Income and education are related to getting out of the house, with those individuals in the high categories of each of these demographics reporting more frequent getting out than people in the low categories.

Table 4.7-2 partitions the most frequent mode of transportation into all six demographic categories with which it is significantly related. As the table indicates, the older cohorts report that driving is their most frequent means of transportation less often than do the younger cohorts (20% of the 80+ group, compared with 64% of the 60-64 group). The older people are more likely than the younger people to rely on someone else for providing them with a ride; and they are more likely to take the bus, as well as slightly more likely to walk. Males (71%) surpass females (38%) in reporting that driving is their most frequent means of transportation. Females are more likely than males to rely upon the bus or upon a ride either from a fellow household member or someone else.

For ease in comparing differences, weights were assigned to the responses to the question concerning frequency of leaving the house. Averages were computed to appear in Table 4.7-1. The assigned weights were: "everyday" = 7; "several times a week" = 3.5; "once a week" = 1; "less often" = 0.5.

Table 4.7-1
FREQUENCY OF LEAVING THE HOUSE
BY DEMOGRAPHICS

		·				
	(N)	Frequency Every Day	of Leaving the Several Times A Week	House Once A Week	Less Often	Average Score
<u>Total</u>	(1,222)	52	36	7	5	5.0
<u>Age</u>						
60 - 64 65 - 69 70 - 74 75 - 79 80+	(321) (333) (238) (163) (167) 1,222	62 59 50 40 34	31 35 40 45 30	5 4 7 10 14	2 2 3 5 22	5.5 5.4 5.0 4.5 3.7
Sex						·
Male Female	(464) (758)	72 40	19 46	5 8	4 6	5.8 4.5
Living Arrangem	1,222 ents		e.			
Alone Spouse Spouse+ Others	(360) (579) (133) (120) 1,192	47 57 61 41	38 35 29 32	9 5 6 13	6 3 4 15	4.7 5.3 5.4 4.2
District	,					
Macalester Summit/Univ. Highland/7th DTDBRVBC ARTYDRCE NWCTY East Side Inner Suburbs Outer Suburbs	(159) (128) (118) (142) (118) (158) (176) (135) (88)	54 56 53 47 46 55 39 62 69	37 31 28 35 36 35 49 33 26	5 7 11 11 13 6 6 3 3	4 6 9 8 6 3 6 2 1	5.1 5.1 4.8 4.6 4.6 5.2 4.5 5.5 5.8

Table 4.7-1 (Continued) FREQUENCY OF LEAVING THE HOUSE BY DEMOGRAPHICS

	F	requency	y of Leaving	the House		
	(N) Eve	ery Day	Several Tim A Week	es Once A Week	Less Often	Average Score
Monthly Income			·			
1 - 300 301 - 600 601 - 900 901 - 1200 1201+ Don't know Refused	(117) (302) (164) (89) (164) (173) (174)	29 45 59 72 77 39 57	37 42 35 26 21 47 32	22 7 5 1 1 9 6	12 5 1 1 4 5	3.6 4.8 5.4 6.0 6.1 4.5 5.2
Education						
0 - 7 years 8 years 9 - 11 years 12 years 13 - 15 years 16+ years	(87) (241) (206) (312) (216) (148) 1,210	40 41 48 53 61 74	37 39 40 39 32 22	14 14 6 4 6 3	9 7 6 4 2 1	4.3 4.4 4.8 5.1 5.4 6.0
					·	

Table 4.7-2

MOST FREQUENT MEANS OF TRANSPORTATION
BY DEMOGRAPHICS

	(N)	Most Walk	Frequent Drive	Means of Transpo Ride With Some- one Who Lives With You	rtation Ride With Some- one Who Doesn't Live With You	Bus
<u>Total</u>	(1,194)	7	51	14	10	18
Age			•			
60 - 64 65 - 69 70 - 74 75 - 79 80+	(318) (329) (234) (158) (155) 1,194	5 6 9 8 12	64 61 49 36 20	15 10 16 8 19	4 6 7 17 29	12 17 19 32 20
Sex						
Male Female	(456) (738) 1,194	8 7	71 38	5 19	5 13	11 23
Living Arrangeme	ents					
Alone Spouse Spouse+ Others	(347) (567) (134) (118) 1,166	12 5 5 6	35 61 63 32	0 18 21 24	21 5 3 12	32 11 8 20
District						
Macalester Summit/Univ. Highland/7th DTDBRVBC ARTYDRCE NWCTY East Side Inner Suburbs Outer Suburbs	(157) (121) (115) (139) (112) (154) (177) (132) (87) 1,194	9 9 4 12 8 5 7 6 5	56 41 47 33 44 60 42 67 72	12 7 15 21 9 14 11 20	6 11 13 16 14 8 13 4	17 33 21 19 25 14 27 4 2

Table 4.7-2 (Continued) MOST FREQUENT MEANS OF TRANSPORTATION BY DEMOGRAPHICS

		Most		Means of Transpo Ride With Some-	Ride With Some	
	(N)	Walk	Drive	one Who Lives With You	one Who Doesn Live With You	τ Bus
Monthly Income						
L - 300 301 - 600	(113) (295)	12	17 36	12 13	25 15	34 27
501 - 900	(161)	9 8	65	13	4	11
901 - 1200 1201+	(88) (163)	3 6	78 74	14 9	0	5 8 21
Oon't know	(167)	5 5	43	24	3 7	21
Refused	(169) 1,156	5	60	7	10	17
ducation						
) - 7 years	(80)	18	21	14	21	26
8 years 9 - 11 years	(238) (203)	11 6	36 48	14 14	15 12	25 20
12 years	(304)	5	54	17	5 8	19
3 - 15 years 16+ years	(210) (148)	<b>4</b> 8	63 72	15 2	8 5	11 13
<u>.</u> ,	1,183					

People living with a spouse or with a spouse plus others use the automobile most frequently; while only about one-third of the people in the other living arrangements categories are likely to do so. Rather, large proportions of people who live alone take the bus, or ride with someone who does not live with them, or walk; and large proportions of people who live with "others" depend upon the bus, or upon a ride with someone who lives with them, or upon a ride with someone who does not <u>live</u> with them for their transportation. Certain districts stand out from others in their use of particular modes of transportation, as Table 4.7-2 indicates. For example, residents of Downtown/Dayton's Bluff/Riverview/Battle Creek are more likely to walk and less likely to drive than are residents of any other district. Residents of Summit-University are more likely to take the bus than residents of any other district. Suburbanites are more likely than city dwellers to rely upon the automobile as their most frequent means of transportation, and they are substantially less likely to rely upon the bus. With respect to income and education, persons in the low categories are more likely than persons in the high categories to take the bus, to rely upon someone who doesn't live with them, and to walk.

A Transportation Problems Index, for which the composite items appear in Table 4.7-3, reveals the extent to which transportation problems significantly beset the survey respondents. The distribution of scores on this index appears below.

TRANSPORTATION PROBLEMS INDEX SCORES

Score	<pre>% of Sample (N=1,170)</pre>
0	38
1	44
2	8
3	8
4	2
5+	1

Differences among groups in the sample appear with respect to age, living arrangements, sex, monthly income, and education. Table 4.7-4 shows that the older age groups (that is, persons 75 to 79 and 80 or above) have the greatest transportation difficulties. People living with a spouse plus others have less difficulty than do people in any other living arrangement. (In fact 50% of them score "0" on the Transportation Problems Index.) People living alone or with "others" score quite high on the index. Males seem to have fewer transportation problems than do females. (It might be recalled that males overwhelmingly report driving as their most frequent means of transportation;

Table 4.7-3
TRANSPORTATION PROBLEMS INDEX

1			
Question Number	Wording	Response Which Increases Index Score	Index Value
32	Do problems with transportation ever keep you from doing things that you want to do?	Yes	2
33	During the winter, when ice and snow are on the ground, do you try to avoid going outside?	Yes	1
34	Do you have any problems crossing streets?	Yes	1
51d	Does anything keep you from using the Senior Center as much as you would like?	Transportation problem	1
57a	What kind of trouble do you have taking part in religious services?	Transportation problem	1
68	What has kept you from taking a course which you want or need to take?	Transportation problem	1
76b	Why are you no longer able to do (things you once greatly enjoyed)?	Transportation problem	1
77a	What sort of trouble do you have getting to shows, concerts or other events?	Transportation problem	1
78	Any special reason why you have not used the library during the past year?	Transportation problem	1
96a	What keeps you from (getting to the dentist)?	Transporation problem	1
121	Presently, what are the biggest problems that you have in your day-to-day life?	Lack of trans- portation	2

Table 4.7-4
TRANSPORTATION PROBLEMS INDEX
BY DEMOGRAPHICS

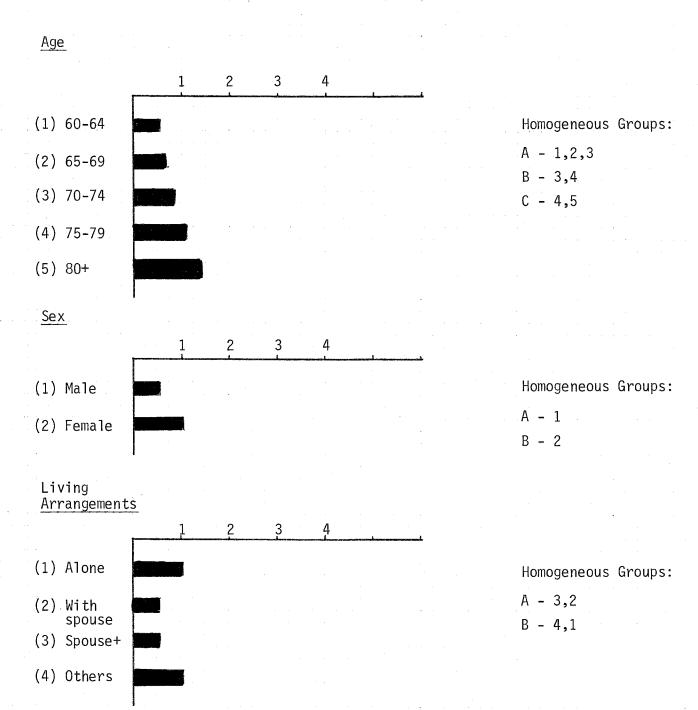
	(N)	Perco	ent of	Group	With	Index 4	Score of:	Average
	(14)		J.			4		Score
Age								
60 - 64 65 - 69 70 - 74 75 - 79 80+	(316) (327) (228) (158) (141)	51 42 36 25 18	35 44 48 49 49	7 6 9 10 9	6 5 12 16	1 1 1 3 5	0 0 1 1 3	.61 .71 .80 1.11 1.40
Living Arrangeme								
Alone Spouse Spouse+ Others	(348) (556) (127) (137) 1,170	28 45 50 26	46 42 38 51	10 7 6 8	10 5 6 13	5 1 0 2	2 0 0 1	1.15 .65 .57 1.05
Sex								
Male Female	(440) (730) 1,170	53 29	40 46	4 10	3 10	0	0	.51 1.03
Monthly Income								
1 - 300 301 - 600 601 - 900 901 - 1200 1201+ Don't know Refused	(107) (291) (162) (87) (159) (172) (169) 1,147	15 31 39 49 64 32 40	52 44 45 48 28 49 46	14 10 11 0 6 5 5	14 11 3 2 2 12 6	5 3 1 0 0 1 3	0 0 1 0 0 1 1	1.28 1.03 .77 .43 .39 .90

Table 4.7-4 (Continued) TRANSPORTATION PROBLEMS INDEX BY DEMOGRAPHICS

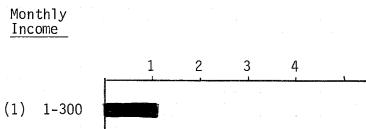
	Per	cent of	Group	WIth	Index	Score of:	Δ
	(N) O	1	2	3	4	5+	Average Score
Education							
0 - 7 years 8 years 9 - 11 years 12 years 13 - 15 years 16+ years	(80) 18 (230) 30 (199) 37 (300) 42 (211) 39 (146) 52	55 49 44 42 42 35	14 7 7 7 10 7	9 10 9 6 8 5	4 4 3 1 1 0	1 0 1 1 1 2	1.20 .95 .86 .75 .81 .65
Total	(1,170) 38	44	8	8	2	1	.84

Figure 4.7-1

### TRANSPORTATION PROBLEMS INDEX



## TRANSPORTATION PROBLEMS INDEX (Continued)



(2)301-600

(3)601-900

(4)901-1200

(5)1201+

(6)Don't Know

(7)Refused

## Homogeneous Groups:

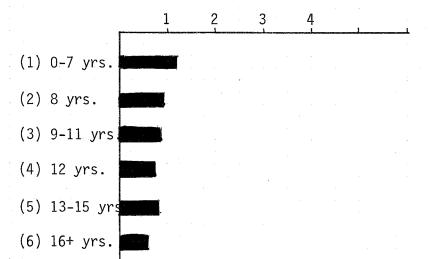
A - 5,4,3

B - 4,3,7

C - 3,7,6,2

D - 6,2,1

# Education



# Homogeneous Groups:

A - 6,4,5,3,2

B - 5,3,2,1

whereas females very often rely upon mass transit or upon someone else to drive them.) The lower income groups report more problems than do the higher groups. Nearly two-thirds of the highest income group (\$1,201+ per month) score "O" on the Transportation Problems Index. With respect to education, the lowest group (0-7 years) stands out as the most problem ridden, and the highest group (16+ years) stands out as the least problem ridden.

### 8. Safety

Three indices fall into the safety domain: a Household Vulnerability Index, which shows how well equipped respondents' homes are with respect to safety apparatuses; an Experience With Crime Index, which reveals the level of the respondents' experience with crime; and a Safety Dissatisfaction Index, which measures the extent to which respondents are concerned or fearful about criminal victimization. The items which comprise the Household Vulnerability Index appear in Table 4.8-1, and the distribution of scores on this index appears below.

#### HOUSEHOLD VULNERABILITY INDEX SCORES

Score	% of Sample (N=1,196)
0	11
2,3	29
4,5	35
6	21
8	4
10	1

Differences in scores on the Household Vulnerability Index appear for people in different living arrangements, in different districts of the county, and at different levels of income. Table 4.8-2 shows that people living alone have the most vulnerable households, while people living only with a spouse have the most protection. It also shows that residents of the Downtown/Dayton's Bluff/Riverview/Battle Creek district have the least equipped homes, and that residents of the Northwestern part of St. Paul have the most safety features. In addition, the households of lower income people are more vulnerable than those of higher income people.

Experience with crime (both direct, through personal victimization, as well as indirect, through victimization of a friend) was ascertained by means of the six items which appear in Table 4.8-3. The distribution of scores on the Experience With Crime Index appears below.

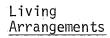
Table 4.8-1
HOUSEHOLD VULNERABILITY INDEX

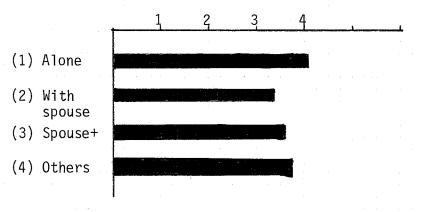
Question Number	Wording	Response Which Increases Index Score	Index Value
8	I would like to read a list of items. Please tell me whether you have them in your house or apartment. Do you have:		
a	deadbolt locks on your doors?	No	1
ь	latches on all your windows?	No	1
С	a smoke detector?	No	1
d	a fire extinguisher?	No	1
е	phone numbers for the police and fire departments posted near your phone?	No	1

Table 4.8-2
HOUSEHOLD VULNERABILITY INDEX
BY DEMOGRAPHICS

	(N)	Perce 0	ent of 2-3	Group 4-5	With Index	Score o	f: Average Score
Living Arrangem	ents						
Alone Spouse Spouse+ Others	(352) (570) (130) (142) 1,194	5 14 12 11	24 32 32 23	41 33 30 37	22 18 21 26	8 4 6 3	4.12 3.33 3.59 3.74
District Macalester Summit/Univ. Highland/7th DTDBRVBC ARYTDRCE NWCTY East Side Inner Suburbs Outer Suburbs	(156) (125) (114) (141) (115) (155) (169) (134) (87)	10 10 11 6 7 14 12 16 7	26 30 32 29 25 32 25 24 38	32 42 34 29 33 37 38 35 39	26 14 21 21 30 17 22 19	6 4 3 15 4 1 2 6 5	3.87 3.50 3.47 4.19 4.03 3.21 3.53 3.53 3.53
Monthly Income					-		
1 - 300 301 - 600 601 - 900 901 - 1200 1201+ Don't know Refused		8 4 10 11 17 14 13	20 28 29 32 33 27 32	39 40 32 38 29 37 29	23 20 26 16 17 18 24	19 7 3 3 5 4 2	4.22 4.00 3.66 3.39 3.20 3.45 3.41
<u>Total</u>	(1,196)	11	29	35	21	5	3.64
					•		

## HOUSEHOLD VULNERABILITY INDEX

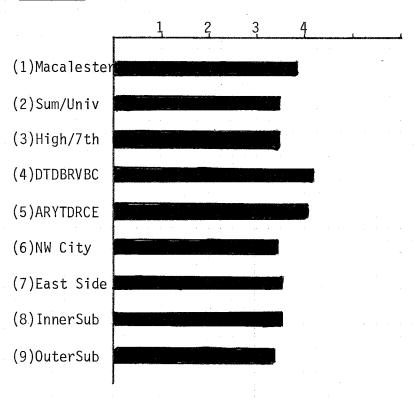




## Homogeneous Groups:

A - 2,3,4 B - 3,4,1

## <u>District</u>



### Homogeneous Groups:

A - 6,9,3,2,7,8,1,5 B - 9,3,2,7,8,1,5,4

Figure 4.8-1
HOUSEHOLD VULNERABILITY INDEX (Continued)



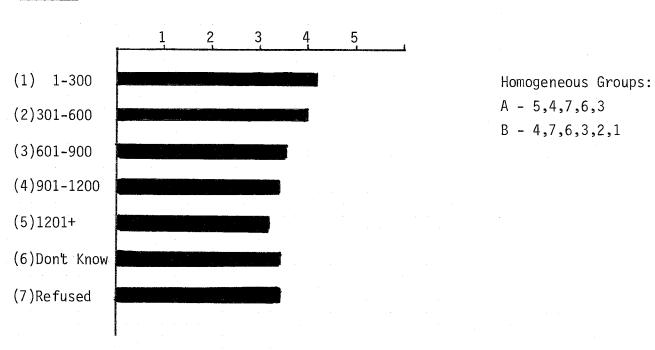


Table 4.8-3
EXPERIENCE WITH CRIME INDEX

Question Number	Wording	Response Which Increases Index Score	Index Value
20	During the past few years, have any of your friend's houses been broken into?	Yes	1
21	During the past few years, have any of your friends or neighbors been robbed or attacked on the street?	Yes	1
22	During the past few years, could you tell me if any of the following things happened?		
·a	Has your house been broken into?	Yes	2
b	Have you been robbed or attacked on the street?	Yes	2
С	Have you been threatened or harrassed by kids?	Yes	2
d	Has something been taken from you by force or threat of force?	Yes	2

<b>EXPERIENCE</b>	WITH	CRIME	INDEX	SCUDES
TVL EVIENCE	MITIL	CKIPE	TIMDEV	ついいはとつ

Score	% of Sample (N=1,185)
0.	26
1	34
2	15
3	14
4	7
5	2
6	2
7+	1

Thus, three-fourths of the respondents report that either they or their friends have been victims of crime during the few years previous to the interview. (As we saw in Chapter 3, residential burglaries and harrassment by children or teenagers were the crimes which the largest proportions of respondents had personally experienced.)

Differences on the Experience With Crime Index emerge for residents of different districts and for persons of different educational levels. Table 4.8-4 reveals that Summit-University residents score highest on the Experience With Crime Index; while residents of both the inner and outer suburbs score very low. With respect to education, respondents in the lowest educational group (0-7 years) have the highest average score on the index, although the group with the most education also tends to score high.

Items within the Safety Dissatisfaction Index appear in Table 4.8-5, and the distribution of scores on the index appears below.

SAFETY DISSATISFACTION INDEX SCORES

Score	% of Sample (N=1,163)
0	48
1	23
2	13
3	9
4	5
5+	3

Differences in dissatisfaction occur between males and females, among the districts of the county, and among people with different incomes, as Table 4.8-6 demonstrates. Females score higher than do males; and residents of the Summit-University district as well as of the Mt. Airy/Thomas-Dale/Rice Street district score high, while residents of the inner suburbs and outer suburbs score low. In addition, the highest scoring income group is that with an income of \$1-300 per month.

Table 4.8-4

EXPERIENCE WITH CRIME INDEX
BY DEMOGRAPHICS

		Percen	t of G	roup W	lith Ind	dex Sco	re of:	A.v.o.v.o.g.o.
	(N)	0	1	2	3	.4	5+	Average Score
District  Macalester Summit/Univ. Highland/7th DTDBRVBC ARYTDRCE NWCTY East Side Inner Suburbs Outer Suburbs	(155) (122) (116) (137) (112) (156) (167) (134) (86)	19 21 27 23 27 22 16 41 50	31 19 33 28 29 39 44 45 33	19 21 22 18 17 17 7 9	17 12 9 18 13 14 20 5	10 19 7 5 6 4 8 1	4 10 3 8 8 5 5 0	1.86 2.29 1.46 1.88 1.76 1.53 1.76 .79
Education  0 - 7 years 8 years 9 - 11 years 12 years 13 - 15 years 16+ years	(79) (230) (202) (307) (214) (148) 1,180	30 34 27 24 17 28	27 27 32 41 38 31	11 15 14 13 21 14	18 14 14 12 14 13	8 5 6 7 7 10	6 6 6 3 4 5	1.77 1.54 1.60 1.51 1.71 1.65
<u>Total</u>	(1,185)	26	34	15	14	7	5	1.60

Figure 4.8-2

## EXPERIENCE WITH CRIME INDEX

## <u>District</u>

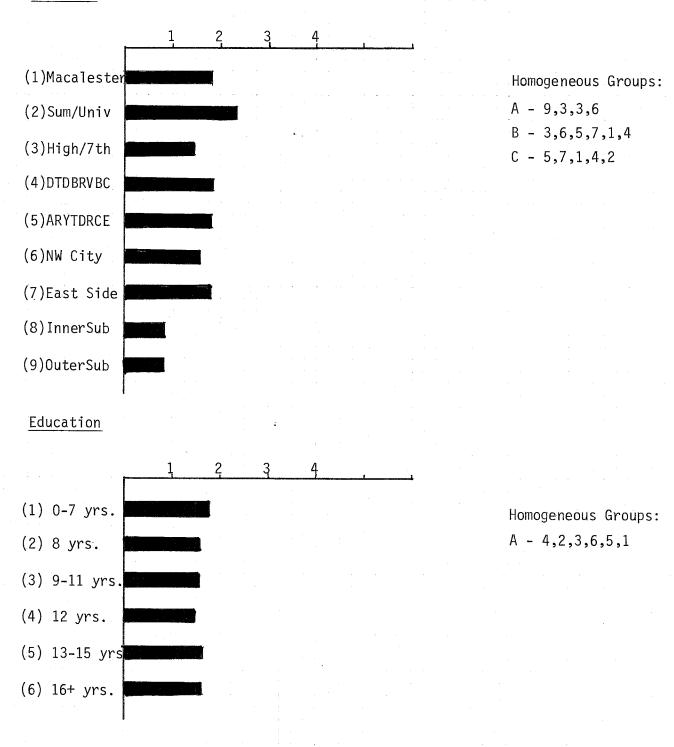


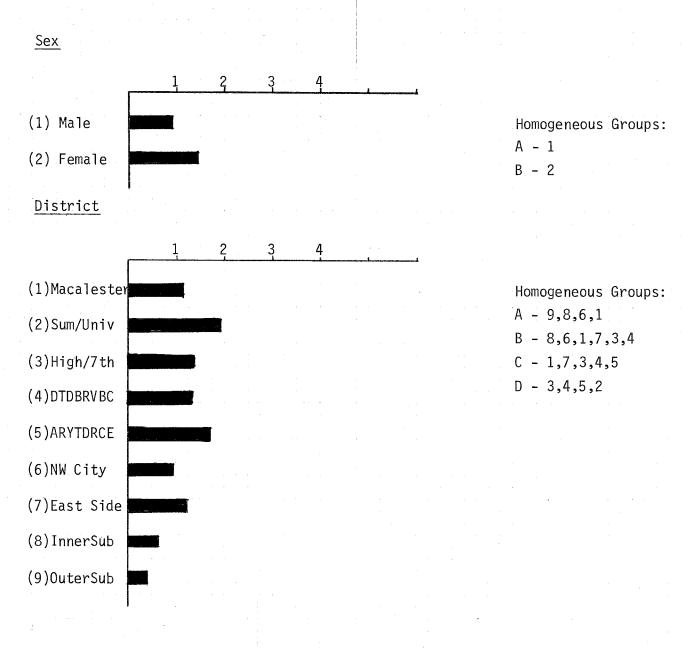
Table 4.8-5
SAFETY DISSATISFACTION INDEX

	·		<del></del>
Question Number	Wording	Response Which Increases Index Score	Index Value
15	How safe do you feel it is to be out alone in your neighborhood during the day: very safe; reasonably safe; slightly unsafe; or very unsafe?	Slightly unsafe Very unsafe	1 2
16	How safe do you feel it is to be out alone in your neighborhood at night: very safe; reasonably safe; slightly unsafe; or very unsafe?	Slightly unsafe Very unsafe	1 2
17	How about being home at night? Do you feel very safe; reasonably safe; slightly unsafe; or very unsafe?	Slightly unsafe Very unsafe	1 2
18	How would you rate the job the police are doing in your neighborhood: very good; good; poor; or very poor?	Poor; very poor	1
19	When you go out of your home, how often do you take something to protect you from crimelike a whistle, a dog, or a weapon? Do you do this most of the time, sometimes, rarely, or never?	Sometimes; rarely Most of the time	1 2

Table 4.8-6
SAFETY DISSATISFACTION INDEX
BY DEMOGRAPHICS

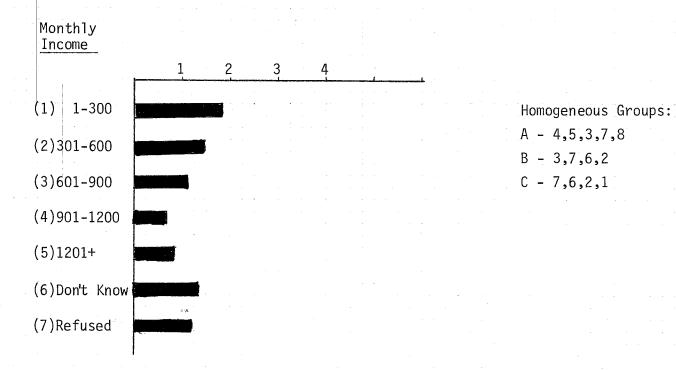
		Per	cent	of Gro	up Wit	h Index	x Score of:	Average
	(N)	0	1 -	2	3	4	5+	Score
· · · · · · · · · · · · · · · · · · ·			<del>-</del>	·				
Sex								
Male Female	(444) (719)	58 41	21 24	9 15	7 10	3 5	2 4	.92 1.40
	1,163				10	Ü	,	1.10
District								
Macalester Summit/Univ.	(154) (122)	46 31	27	11	9		3	1.18
Highland/7th	(111)	44	21 20	13 18	17 10	10 5	8 3 4 -4 1 3 2	1.98 1.35
DTDBRVBC ARYTDRCE	(134) (114)	43 28	28 28	10 17	8 18	7 5 1	4 _4	1.35 1.74
NWCTY East Side	(153) (159)	54 45	22 25	15 16	7 7	4	1 3	.93 1.25
Inner Suburbs Outer Suburbs	(133) (83)	68 77	16 16	10 2	4 2	2 2	2 0	.67 .41
	1,163	••		-	_	_	Ü	
Monthly Income								
1 - 300	(103)	37	22	13	9	11	9	1.81
301 - 600 601 - 900	(288) (160)	40 51	25 22	16 13	9	6 3	4 2	1.45 1.09
901 - 1200 1201+	( 86) (162)	64 59	17 25	12 6	6 9	1 1	0 1	.70 .78
Don't know Refused	(168) (169)	45 46	21 23	17 11	8 14	5 4	4 2	1.29 1.23
	1,136							
<u>Total</u>	(1,163)	48	23	13	9	5 5	3	1.22

Figure 4.8-3
SAFETY DISSATISFACTION INDEX



SAFETY DISSATISFACTION INDEX (Continued)

Figure 4.8-3



In looking at these indices it becomes clear that one's place of residence is very strongly related to all aspects of safety. District of the county is a significant predictor of scores on all three indices. It is also clear that while females worry much more about crime (i.e., they score higher on the Safety Dissatisfaction Index), they do not experience crime to any significantly greater extent than do males, and they do not go to any greater lengths to equip their households than do males.

### 9. Legal

Questions related to legal affairs and problems among the survey respondents dealt, as we saw in Chapter 3, with the presence of legal problems, the use of a lawyer, and the presence of a lawyer upon whom a respondent could rely for legal assistance. With respect to use of a lawyer, Table 4.9-1 indicates that significant differences among groups in the sample occur only for different educational levels. Thus, almost two-thirds of the people in the highest educational category (16+ years) used a lawyer since their sixtieth birthday, but only about one-third of the people in the lowest educational category (0-7 years) did so. Educational differences emerge again with respect to presently having a lawyer. In this case, however, district of the county and monthly income also make a difference. (See Table 4.9-2.) Residents of the Highland-West 7th Street area are more likely to feel that they have a lawyer to whom they can go if legal problems arise. Residents of the Downtown/Dayton's Bluff/Riverview/Battle Creek area are least likely to feel that they have a lawyer. People with low monthly incomes and with low education are less likely to report having a lawyer than are people with high levels of income and education.

A Legal Problems Index was constructed to determine whether any significant variations exist in the incidence of the limited set of legal problems addressed in the interview. The items for this index appear in Table 4.9-3, and the distribution of scores on the index appears below.

LEGAL PROBLEMS INDEX SCORES

% of Sample (N=1,198)
57
27
2
12
2

Table 4.9-1

USE OF A LAWYER
SINCE TURNING AGE 60
BY DEMOGRAPHICS

	(N)	Used A Lawyer	Did Not Use A Lawyer
[ota]	(1,200)	42	58
Education			
0 - 7 years 8 years 9 - 11 years 12 years 13 - 15 years 16+ years	(82) (239) (204) (306) (217) (146) 1,194	32 35 38 41 49 60	68 65 68 59 51 40
	1,10,		

Table 4.9-2
PRESENTLY HAVE A LAWYER
BY DEMOGRAPHICS

Have A   Have A   Lawyer						
District   Macalester   (151)   64   36   Summit/Univ.   (126)   68   32   Highland/7th   (113)   74   26   DTDBRVBC   (136)   47   53   ARYTDRCE   (116)   52   48   MNCTY   (155)   70   30   East Side   (171)   59   41   Inner Suburbs   (134)   62   38   Outer Suburbs   (87)   61   39   1,189		(N)	Α	Have A	- 10 - 10	
Macalester (151) 64 36 Summit/Univ. (126) 68 32 Highland/7th (113) 74 26 DTDBRVBC (136) 47 53 ARYTDRCE (116) 52 48 NWCTY (155) 70 30 East Side (171) 59 41 Inner Suburbs (134) 62 38 Outer Suburbs (87) 61 39  1,189  Monthly Income  1 - 300 (110) 43 57 301 - 600 (299) 59 41 601 - 900 (164) 63 37 901 - 1200 (88) 66 34 1201+ (160) 70 30 Don't know (170) 62 38 Refused (172) 67 33  Education  0 - 7 years (83) 41 59 8 years (237) 51 49 9 - 11 years (202) 51 49 12 years (302) 64 36 13 - 15 years (214) 70 30 16+ years (145) 79 21	<u>Total</u>	(1,189)	62	38		
Summit/Univ.       (126)       68       32         Highland/7th       (113)       74       26         DTDBRVBC       (136)       47       53         ARYTDRCE       (116)       52       48         NWCTY       (155)       70       30         East Side       (171)       59       41         Inner Suburbs       (134)       62       38         Outer Suburbs       (87)       61       39         1,189         Monthly Income         1 - 300       (110)       43       57         301 - 600       (299)       59       41         601 - 900       (164)       63       37         901 - 1200       (88)       66       34         1201+       (160)       70       30         Don't know       (170)       62       38         Refused       (172)       67       33         Education         0 - 7 years       (83)       41       59         8 years       (237)       51       49         9 - 11 years       (302)       51       49         9 - 19 years       (302)       6	<u>District</u>					
1 - 300	Summit/Univ. Highland/7th DTDBRVBC ARYTDRCE NWCTY East Side Inner Suburbs	(126) (113) (136) (116) (155) (171) (134) (87)	68 74 47 52 70 59 62	32 26 53 48 30 41 38		
301 - 600 (299) 59 41 601 - 900 (164) 63 37 901 - 1200 (88) 66 34 1201+ (160) 70 30 Don't know (170) 62 38 Refused (172) 67 33    Education  0 - 7 years (83) 41 59 8 years (237) 51 49 9 - 11 years (202) 51 49 12 years (302) 64 36 13 - 15 years (214) 70 30 16+ years (145) 79 21	Monthly Income					
0 - 7 years       (83)       41       59         8 years       (237)       51       49         9 - 11 years       (202)       51       49         12 years       (302)       64       36         13 - 15 years       (214)       70       30         16+ years       (145)       79       21	301 - 600 601 - 900 901 - 1200 1201+ Don't know	(299) (164) ( 88) (160) (170) (172)	59 63 66 70 62	41 37 34 30 38		
8 years       (237)       51       49         9 - 11 years       (202)       51       49         12 years       (302)       64       36         13 - 15 years       (214)       70       30         16+ years       (145)       79       21	Education					
	8 years 9 - 11 years 12 years 13 - 15 years	(237) (202) (302) (214) (145)	51 51 64 70	49 49 36 30		

Table 4.9-3
LEGAL PROBLEMS INDEX

Question Number	Wording	Response Which Increases Index Score	Index Value
46	Do you feel that you had a "legal need" during the past year?	Yes	1
49	Could you tell me whether any of the following things have occurred during the past five years?		·
a.	You had trouble obtaining Social Security or Medicare benefits.	Yes	1
b.	You had a dispute with a landlord.	Yes	1
c.	You needed to write or revise a will.	Yes	1
d.	You felt that someone was trying to take away part of your property or belongings.	Yes	1

None of the six demographic attributes examined in this chapter prove significantly related to the Legal Problems Index. It might also be noted that no significant relationship emerged between the demographics and the types of problem for which people who consulted a lawyer had done so. <sup>26</sup>

### 10. Housing

The majority of respondents have lived in their present residence for quite some time, and most have no plans to move. 27 Two survey items, however, show that there is some variation in how people feel about the place where they are living. Table 4.10-1 shows that liking for one's neighborhood is not uniform across districts of the county and for all educational levels. Residents of the northwestern part of St. Paul are more likely than other people to report that they like their neighborhood "very much." Residents of the Summit-University neighborhood and the Downtown/Dayton's Bluff/Riverview/ Battle Creek neighborhoods and the Mt. Airy/Thomas-Dale/Rice Street neighborhoods are much more likely than other people to say that they like their neighborhood "not at all" or "a little." Suburbanites seem to feel positively about their neighborhoods in that 82 percent of those in the inner suburbs and 78 percent in the outer suburbs say that they like their neighborhood "very much." The less one's education, the more likely he or she is to dislike a neighborhood.

Responses to the question as to whether a person prefers to live where he or she does now or elsewhere produced an interesting pattern of responses across neighborhoods. (See Table 4.10-2.) People in the Summit-University area are least likely to prefer to live where they do now (74%), while people in the inner suburbs are most likely to express the preference to live where they do currently (93%). The Downtown/Dayton's Bluff/Riverview/Battle Creek district and the Mt. Airy/Thomas-Dale/Rice Street district have relatively large proportions of persons who prefer to live elsewhere. What is surprising is that

The types of problem for which people consulted a lawyer was ascertained in Question 47b. Chapter 3 contains the distribution of responses for this question.

<sup>&</sup>lt;sup>27</sup>Question 1 revealed that 74 percent of the sample had spent 11 or more years in their present residence. Question 25 revealed that 85 percent of the sample had no plans to move during the next few years.

Table 4.10-1

DEGREE OF LIKING FOR NEIGHBORHOOD BY DEMOGRAPHICS

			Liking For Neigh	borhood
		Not At All Or A		
	(N)	Little	Pretty Well	Very Much
Total District	(1,184)	6	24	69
Macalester Summit/Univ. Highland/7th DTDBRVBC ARYTDRCE NWCTY East Side Inner Suburbs Outer Suburbs	(155) (123) (114) (137) (114) (154) (164) (135) (88)	4 14 6 11 14 1 4 2	19 32 18 45 29 15 28 16 18	77 55 75 45 57 84 68 82 78
Education	19104			
0 - 7 years 8 years 9 - 11 years 12 years 13 - 15 years 16+ years	(80) (233) (201) (304) (212) (148)	10 9 8 4 4 5	31 33 26 21 22 16	59 58 66 75 74 79

Table 4.10-2

# PREFERENCE TO LIVE IN PRESENT HOUSEHOLD OR ELSEWHERE BY DEMOGRAPHICS

		Prefer to	Prefer to Live:	
		In Present Household	Elsewhere	
<u>Total</u>	(1,187)	84	16	
District				
Macalester Summit/Univ.	(156) (125)	88 74	12	
Highland/7th	(114)	85	26 15	
DTDBRVBC ARYTDRCE	(136) (114)	78 78	22 22	
NWCTY	(156)	88	12	
East Side	(164)	85	15	
Inner Suburbs	(135)	93	7	
Outer Suburbs	<u>(87)</u> 1,187	78	22	

the outer suburbs, in contrast to the inner suburbs, also have a good proportion of persons who would prefer to live elsewhere (22% in the outer suburbs, compared with 7% in the inner suburbs).

Table 4.10-3 shows differences among groups of respondents with respect to problems doing repairs, remodeling, or redecorating. Greater likelihood of reporting such problems occurs among: females; persons living alone or with "others" (not including a spouse); and persons of lower income.

A Housing Dissatisfaction Index was created, comprised of the items shown in Table 4.10-4. However, none of the demographic attributes was significantly related to this index. The distribution of scores on the Housing Dissatisfaction Index appears below.

Score	% of Sample (N=1,172)
0	63
1,2	14
3	14
4	7
5	2
6+	1

#### 11. Economics

Questions in the survey related to economics ascertained the sources of respondents' incomes, the respondents' feelings about the adequacy of their present and future incomes, and financially related problems which respondents experienced.

Table 4.11-1 shows that, for the three most common sources of income—wages, Social Security, and other pension benefits—differences exist among groups in the sample with different demographic characteristics. Younger aged people, as might be expected, are more likely to receive wages and less likely to receive Social Security benefits and other pension benefits than are older people. The big declines in the proportions of wage earners occur at age 65 and at age 75. Even in the 80+ age group, however, four percent of the respondents report receiving wages. The proportion of persons receiving Social Security and pension benefits increases as age increases, with the notable exception of a decrease for the 80+ category.

Table 4.10-3

PROBLEMS DOING REPAIRS, REMODELING,
OR REDECORATING BY DEMOGRAPHICS

	•	Percent o	of Group Who
	(N)	Reported Problems	Did Not Report Problems
Sex			
Male Female	(449) (734) 1,183	12 20	88 80
Living Arrangements			
Alone Spouse Spouse+ Others	(354) (557) (130) <u>(141)</u> 1,182	23 13 9 26	77 87 91 74
Monthly Income			
1 - 300 301 - 600 601 - 900 901 - 1200 1201+ Don't know Refused	(111) (290) (161) (87) (162) (171) (172) 1,154	23 25 16 14 10 12	77 75 84 86 90 88 85

Table 4.10-4
HOUSING DISSATISFACTION INDEX

Question Number	Wording	Response Which Increases Index Score	Index Value
5	Would you say that the place where you are living is too big, too small, or just about right for you?	Too big Too small	1
10	Generally speaking, how do you like living in this neighborhood? Would you say you like it not at all, a little, pretty well, or very much?	Not at all Don't know	2 1
23	If you had your choice, would you prefer to live where you do now or somewhere else?	Somewhere else Don't know	2
25	Do you have any plans to move during the next few years?	Yes	1
121	Presently, what are the biggest problems that you have in your day-to-day life?	Housing	2

Table 4.11-1

TYPES OF INCOME BY DEMOGRAPHICS

	Percent of Group Who Receive Each Type of Income:			
	(N)	Wages	Social Security	Other Pension
Age				
60 - 64 65 - 69 70 - 74 75 - 79 80+	(320) (328) (229) (161) (160) 1,198	50 28 18 7 4	58 92 96 94 89	48 66 60 62 52
Sex				
Male Female	(458) (740) 1,198	32 .22	N.S.	N.S.
Living Arrangements				
Alone With Spouse Spouse+ Others	(350) (569) (132) (117) 1,168	12 33 49 14	89 83 72 79	N.S.
District				
Macalester Summit/Univ. Highland/7th DTDBRVBC ARYTDRCE NWCTY East Side Inner Suburbs Outer Suburbs	(156) (127) (115) (139) (116) (155) (171) (133) (86)	23 19 24 16 19 28 22 47 42	N.S.	N.S.

Table 4.11-1 (Continued)

I				
			of Group Who Rece	ive
	(N)	Wages	Social Security	Other Pension
Monthly Income				
1 - 300 301 - 600 601 - 900 901 - 1200 1201+ Don't know Refused	(116) (296) (163) (89) (164) (171) (172)	10 11 17 36 64 33 24	89 93 90 88 56 80 83	30 58 75 79 46 58 60
<u>Education</u>				
0 - 7 8 9 - 11 12 13 - 15 16+	(84) (237) (203) (306) (214) (146) 1,190	10 19 23 29 29	N.S.	N.S.

Males are more likely than females to receive wages. People living alone or with "others" are less likely to receive wages than are other people; and people living alone are more likely than those not living alone to receive Social Security.

With respect to district, the suburbs clearly have the largest proportion of wage earners, but there are no differences among districts with respect to Social Security and other pension benefits. Understandably, people with higher incomes are more likely than those with lower incomes to be wage earners, and less likely to be receiving Social Security benefits. As well, the higher educated are more likely than the lower educated to be receiving wages.

Age makes no difference in the respondents' feelings about having enough money to meet everyday needs. However, as Table 4.11-2 illustrates, living arrangements, district of the county, and monthly income are related to the perceptions of adequacy. People living with "others" are the least likely to feel that they have enough money to meet everyday needs. People in the Summit-University area are less likely to feel that they have enough money than are people in other geographic groups; while virtually everyone in the suburbs feels that he or she has enough money to meet everyday needs. Lower income individuals are less likely to feel that they have enough money than are higher income individuals. Those with lower incomes are also less likely to feel that they can afford extras and recreation. (See Table 4.11-2.) Educational differences do not appear with respect to feelings of having enough money to meet everyday needs, but they are related to feelings about affording extras and recreation: people with higher education are more likely to feel that they can afford such items.

Responses to the survey question concerning ability to take care of future money needs are significantly related only to income. (See Table 4.11-3.) Persons with a monthly income of \$600 or less are more likely than people with higher incomes to state either that they will not be able to take care of future needs or that they are uncertain of this ability.

Two composite indices related to economics were constructed: one, to measure respondents' feelings of financial inadequacy; the other, to measure the extent to which respondents mentioned finances as a problem or impediment. Items which comprise the Financial Inadequacy Index appear in Table 4.11-4, and the distribution of scores on the index appears below.

Table 4.11-2

ENOUGH MONEY TO MEET EVERYDAY
NEEDS BY DEMOGRAPHICS

		· · · · · · · · · · · · · · · · · · ·			, , , , , , , , , , , , , , , , , , ,	
		Have En Money F Everyday	or		Can Usua Afford I And Reco	Extras
·	(N)	Yes	No	(N)	Yes	No
Living Arrangemen	ts					
Alone Spouse Spouse+ Others	(351) (560) (127) (112) 1,150	89 94 91 82	11 6 9 18		N.S.	
District					,	
Macalester Summit/Univ. Highland/7th DTDBRVBC ARTYDRCE NWCTY East Side Inner Suburbs Outer Suburbs	(155) (123) (113) (133) (112) (156) (167) (134) (87)	95 82 86 87 91 95 93 96	5 18 14 13 9 5 7 4		N.S.	
Monthly Income  1 - 300 301 - 600 601 - 900 901 - 1200 1201+ Don't know Refused	(113) (293) (163) (87) (162) (173) (172) 1,163	74 87 96 96 97 94	27 13 4 5 3 6 5	(73) (245) (147) (82) (150) (154) (146)	59 72 78 92 97 83 85	41 28 22 9 3 17 15
2.1						

Table 4.11-2 (continued) ENOUGH MONEY TO MEET EVERDAY NEEDS BY DEMOGRAPHICS

		Have E Money Everday	for	Affor	sually d Extras ecreation
	(N)	Yes	No (N)	Yes	No
ucation					
0 - 7 years 8 years 9 - 11 years 12 years 13 - 15 years 16+ years		N.S.	( 61) (194) (172) (258) (191) (131)	66 68 80 84 86 95	34 33 20 16 14 5
			1,007		

Table 4.11-3

# ABILITY TO TAKE CARE OF FUTURE MONEY NEEDS BY DEMOGRAPHICS

			Group Who Express ility, or Uncertain	-
	(N)	Able	Not Able	Don't Know
Monthly Income				
1 - 300 301 - 600 601 - 900 901 - 1200 1201+ Don't know Refused	(109) (293) (163) ( 88) (162) (173) (170)	61 75 83 85 86 75	12 6 1 2 3 2 4	28 19 16 13 11 23 21
Retused	<u>(170)</u> 1,158	75	4	2:

Table 4.11-4
FINANCIAL INADEQUACY INDEX

Question Number	Wording	Response Which Increases Index Score Val	
69 <sup>1</sup> c	Do you feel that you worry about money matters now more than you did before you retired?	Yes 1	
111	Do you feel you have enough money to meet your everyday basic needs such as food, utilities, housing, clothes and transportation?	No 2	
112	Do you ever have to go without some things in order to pay for others?	Yes 1	
114	Do you feel that you will be able to take care of your future money needs?	No 2 Don't know 1	
116	Do you think that financially you are better off, worse off, or about the same as other people your age?	Worse off 1	

FINANCIAL INADEQUACY INDEX SCORES

Score	<pre>% of Sample (N=1,156)</pre>
0	53
1	21
2	3
3	12
4	6
5	1
6	2
7	<sup>2</sup> <b>2</b> ,
8	1
9	1

Significant differences, displayed in Table 4.11-5, appear among people different living arrangements and among people with different incomes. People living with "others" have a higher average score than do people in other living arrangements. Interestingly, people living with a spouse plus others or with "others" only are likely to score in the higher ranges of the index more so than persons living alone or with a spouse only. People with lower incomes are more likely to feel inadequate than are people with higher incomes.

Items which comprise the Money Problems Index appear in Table 4.11-6. This index summarizes information from questions throughout the survey form for which it was possible for respondents to indicate a financial problem. The distribution of scores on the index appears below.

MONEY PROBLEMS INDEX SCORES

<u>Score</u>	<pre>% of Sample (N=1,166)</pre>
0	59
1	17
2	1
3	4
4	12
5	2
6+	5

Two-thirds of the sample has a score of "O" on the index, indicating that the majority do not see money as a major problem or impediment to doing things which they want to do. Individuals who are more likely than others to score high on the index are, expectably, those with lower incomes. (See Table 4.11-7.)

### 12. Employment/Volunteer Activities

As we saw in Chapter 3, 75 percent of the survey respondents considered themselves retired, and 81 percent did not work for pay. Demographic variations exist among people in the various employment/retirement categories. Older

Table 4.11-5
FINANCIAL INADEQUACY INDEX
BY DEMOGRAPHICS

	(N)	Perce 0	ent of	Group 2	With 3	Index	Score 5	of: 6+	Average Score
Living Arrangeme	nts								
Alone With Spouse Spouse+ Others	(340) (554) (126) (134) 1,154	54 55 49 50	17 23 24 17	4 2 3 2	9 12 13 10	9 4 6 6	1 0 0 2	8 3 11 14	1.51 1.19 1.36 1.95
Monthly Income									
1 - 300 301 - 600 601 - 900 901 - 1200 1201+ Don't know Refused	(106) (292) (161) (87) (162) (168) (166)	37 48 55 67 65 53 54	15 18 26 22 22 24 19	4 2 3 0 1 2 5	11 14 11 8 10 13 11	9 8 3 2 2 6 5	3 0 1 0 1 0	22 11 2 1 1 2 4	2.79 1.78 1.05 .74 .76 1.19 1.21
<u>Total</u>	(1,156)	53	21	3 .	12	6	1	6	1.39

Figure 4.11-1
FINANCIAL INADEQUACY INDEX

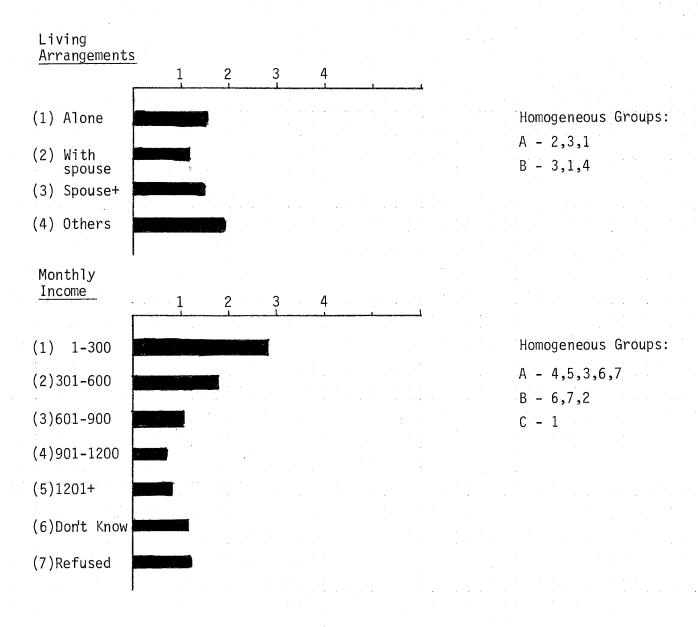


Table 4.11-6
MONEY PROBLEMS INDEX

Question Number	Words	Response Which Increases Index Score	Index Value
6b	What problem did you have doing repairs, remodeling, or redecorating that you needed to do?	Can't afford	1
68b	What is it that has kept you from taking a course which you want or need to take?	Can't afford	1
76b	Why are you no longer able to do certain activities?	Can't afford	1
96b	What keeps you from getting to the dentist?	Can't afford	1
108	Is paying your N.S.P. bill a big problem, a small problem, or no problem at all?	Small Big	1 2
121	Presently, what are the biggest problems that you have in your day-to-day life?	Inadequate income, can't pay bills	2

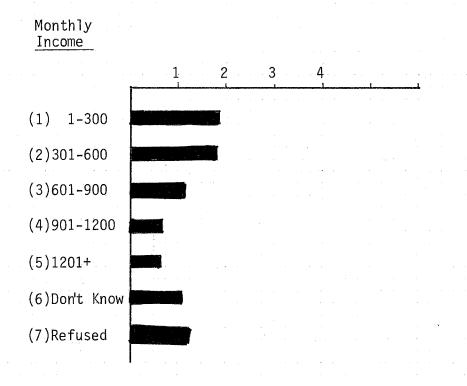
Table 4.11-7

MONEY PROBLEMS INDEX
BY DEMOGRAPHICS

			Per	cent of	Grou	p With	Index	Score	of:	Average
		(N)	0	1	2	3	4	5	6+	Score
Monthly Incom  1 - 300 301 - 600 601 - 900 901 - 1200 1201+ Don't know Refused	<u>ie</u>	(108) (290) (163) (87) (162) (170) (167)	45 49 58 72 74 62 58	16 18 22 15 15 17	1 1 1 0 0	7 4 4 2 3 2 8	19 13 12 8 7 13	3 4 1 0 0 4 2	21 11 3 1 1 2 2	1.86 1.81 1.09 .67 .62 1.09 1.20
<u>Total</u>		(1,166)	59	17	1	4	12	2	5	1.25

Figure 4.11-2

# MONEY PROBLEMS INDEX



## Homogeneous Groups:

A - 5,4,6,3,7

B - 6,3,7,2,1

people, as can be seen in Table 4.12-1, are less likely than younger people to be employed. About one-fourth of the youngest cohort (60-64 year olds) are employed full time. After age 65, full-time employment is much rarer. More males than females report themselves as employed, both full-time and part-time. People living alone are the most likely to report that they are not employed, while people living with a spouse plus others are the least likely to make such a report. Employment, full-time and part-time, is most common in the suburbs. It is least common in the Mt. Airy/Thomas-Dale/Rice Street district, where 91 percent of the older people interviewed reported that they were not employed. A greater proportion of persons with higher incomes than with lower incomes reported full-time employment. However, eight percent to 18 percent of all of the income groups reported part-time employment. With respect to education, as education increases, the percentage not employed decreases, while the percentages of full-time and part-time workers increase.

Table 4.12-1 shows that the self report of retirement status is related to age, sex, living arrangements, and income. Older people more often report themselves as retired than do younger people; males consider themselves retired to a greater extent than do females; people living alone are the most likely to consider themselves retired, while people living with a spouse plus others are the least likely; and persons with the highest incomes (\$1,201+) are least likely to report themselves as retired. A comparison of the columns headed "not employed" and "retired" in Table 4.12-1 makes apparent the fact that many people who are not working for pay do not consider themselves retired. (For example, 95 percent of the 80 and older age group are "not employed," but only 84 percent are "retired." In large part, these differences occur because many women are not working for pay, but they continue their work in the home to such an extent that they do not feel they have retired. In some cases, women taking part in the survey commented that they "retired" when their husband formally left paid employment, and that the point at which the husband made this move constituted a major change in these women's activities. Other women commented that they were non-retired homemakers even though their husbands had retired from the formal labor force. 28

<sup>&</sup>lt;sup>28</sup>In this connection, therefore, it must be kept in mind that classification of a respondent's retirement status is based upon his or her self-report of that status.

Table 4.12-1
EMPLOYMENT AND RETIREMENT STATUS
BY DEMOGRAPHICS

Percent of Group Retired or Not Retired Retired Not Retired	24	48 17 15 13	18 28	17 25 38 23
Percent Retired on Retired	76	52 83 87 84	82 72	83 75 77
(N)	(1,209)	(320) (332) (236) (162) (159)	(465) (744) 1,209	(354) (574) (134) (145) 1,207
in Category Employed Full-time	∞	24 25 8 H H	14 5	20 6 6
Percent of Group ified Employment t Employed E oyed Part-time F	10	11 19 45 4	13	11 5 8
Percen Specified Not Employed	82	66 81 95 95	73 88	87 80 75 86
(N)	(1,217)	(322) (333) (238) (163) (161) 1,217	(464) (753) 1,217	(357) $(575)$ $(134)$ $(149)$ $(1,215)$
				<u>igements</u>
	<u>Total</u> Age	60 - 64 65 - 69 70 - 74 75 - 79 80+	Sex Male Female	Living Arrangements Alone Spouse Spouse+ Others

Table 4.12-1 (Continued) EMPLOYMENT AND RETIREMENT STATUS BY DEMOGRAPHICS

	21 15 17 15 15 29 26
Ś	
ž	79 85 83 85 71 74
	(114) (298) (165) (163) (171) (171) (175)
10 7 10 17 7 17	38 7 38 7
0 0 0 10 0 H 0 H 0	
	10 8 11 11 11 11
82 80 82 82 72	88 73 51 82
(157) (128) (117) (142) (116) (158) (176) (135) (135)	(116) (300) (165) (189) (173) (173) (174)
istrict acalester ammit/Univ. ighland/7th rDBRVBC RYTDRCE VCTY ast Side nner Suburbs ater Suburbs	Monthly Income 1 - 300 301 - 600 601 - 900 901 - 1200 1201+ Don't know Refused
	(157) 82 9 (128) 84 9 (117) 80 9 (142) 89 5 (116) 91 8 (158) 82 11 (176) 86 10 (135) 69 14 (135) 69 14

Table 4.12-1 (Continued) EMPLOYMENT AND RETIREMENT STATUS BY DEMOGRAPHICS

		Percent of Group in Specified Employment Category	Percent of Group Retired or Not Retired
	(N)	Not Employed Employed Employed Part-time Full-time (N	(N) Retired Not Retired
Education			
0 - 7 years 8 years 9 - 11 years 12 years 13 - 15 years	(87) (238) (206) (312) (217)	94 5 1 86 9 5 86 8 6 83 10 7 80 11 10	.S.N
16+ years	(148) 1,208	15	

Volunteer activities are related to age and education, as Table 4.12-2 indicates. About one-fourth of each age cohort is involved in volunteer work, with the clear exception of the 80+ group within which only seven percent of the cohort members engage in such work. With respect to education, the percentage of volunteers increases as level of education increases.

The desire to do volunteer work (or additional volunteer work  $^{29}$ ) is also related to age and education. As age increases, the proportion of persons who report that they would like to do volunteer work decreases. (See Table 4.12-2.) However, as education increases, the proportion of persons who would like to do volunteer work increases.

#### 13. Nutrition

A Nutrition Problems Index, comprised of six items shown in Table 4.13-1, reveals that 59 percent of the older people surveyed have no significant problems with respect to eating or diet. The distribution of scores for the total sample appears below.

### NUTRITION PROBLEMS INDEX SCORES

Score	% of Sample	(N=1,171)
0	59	
2	20	
3	11	
4	0	
5	7	
6+	3	

Higher scores indicate a greater number of reported nutrition problems.

Differences appear between males and females and among income levels. These differences are displayed in Table 4.13-2. Females are more likely than males to report nutrition problems; and lower income individuals are more likely to report such problems than are higher income individuals.

Recall that Question 73, "Is there any kind of volunteer work that you would like to do?" was asked of both volunteers and non-volunteers. Therefore, some people responded in terms of new work; others responded in terms of new and/or continuing work.

Table 4.12-2

PRESENTLY DOING VOLUNTEER WORK AND DESIRE TO DO VOLUNTEER WORK BY DEMOGRAPHICS

_				
	Group ke To Work Would Not Like To Do Work	80	71 75 84 90 92	88 85 85 76 72
	Percentage of Group Who Would Like To Do Volunteer Work Would Like To Would	20	30 25 16 10 9	12 15 15 24 28
	(N)	(1,165)	(313) (318) (223) (158) (153) 1,165	(83) (236) (198) (297) (204) (140)
	Percentage of Group Who Are Doing/Not Doing Volunteer Work ing Work Not Doing Work	23 77	23 78 26 74 26 74 29 71 7 93	8 15 19 82 27 31 69 31
	(N) Doi	(1,215)	(320) (332) (238) (163) (162) 1,215	(86) (239) (205) (312) (216) (148) 1,206
		Total (	Age 60 - 64 65 - 69 70 - 74 75 - 79 80+	Education  0 - 7 years  8 years  9 - 11 years  12 years  13 - 15 years  16+ years

Table 4.13-1
NUTRITION PROBLEMS INDEX

Question Number	Wording	Response Which Increases Index Score	Index Value
95	Do you now have any problems with your teeth or dentures?	Yes	1
95a	Do these problems (with your teeth or dentures) keep you from eating the way you would like?	Yes	1
99	During the past year, have you had any trouble eating the way you would like to eat?	Yes	1
101	Are you satisfied with your present cooking arrangements?	No	1
102	Has a doctor prescribed a special diet for you?	Yes	1
102b	Do you have any trouble follow-ing (the special diet)?	Yes	1

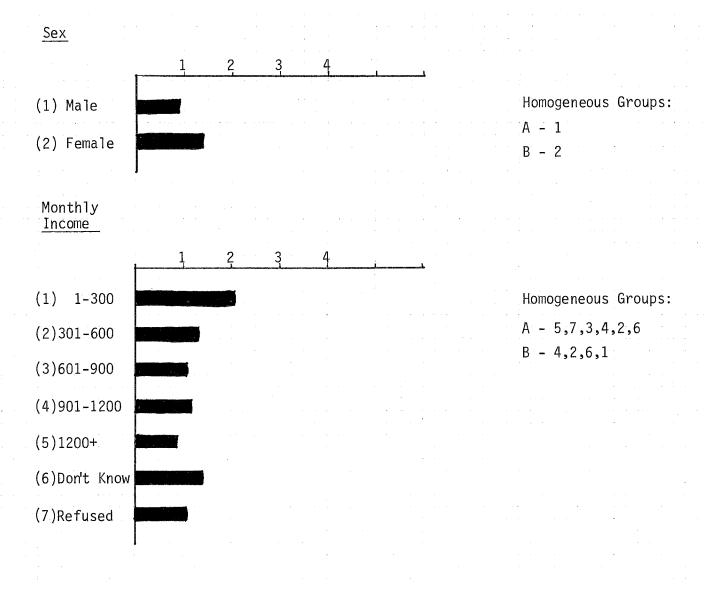
Table 4.13-2

NUTRITION PROBLEMS INDEX SCORES
BY DEMOGRAPHICS

	Per	A				
	(N) O	2-3	4-5	6-7	8+	Average Score
<u>Sex</u>						
Male Female	(440) 63 (731) 56	31 32	4 9	1 2	0 1	.98 1.41
	1,171	,				
Monthly Income						
1 - 300 301 - 600 601 - 900 901 - 1200 1201+ Don't know Refused	(104) 40 (292) 57 (163) 62 (87) 56 (161) 69 (170) 55 (172) 65	40 33 31 37 26 33 27	12 8 5 5 4 8 6	5 2 2 1 1 2 1	3 0 0 1 1 2 1	2.02 1.32 1.14 1.20 .83 1.41 1.07
<u>Total</u>	(1,171) 59	32	7	2	1	1.30

Figure 4.13-1

### NUTRITION PROBLEMS INDEX



### 14. Education

The survey form contained only a few questions having to do with formal educational activity. One of these concerned the amount of formal schooling and the degrees received by respondents. The educational background characteristics which these questions ascertained were reviewed in Chapter 3; and the ways in which years of formal schooling are related to other demographics were revealed in the first section of this chapter. Two additional questions in the educational domain determined the number of courses respondents had taken during the year previous to the interview and the number of courses which respondents had some interest to take in the future.

Table 4.14-1 reveals that the younger groups (60 to 69) are more likely than the older groups (70 and above) to have taken one or more courses. Persons in the suburbs are more likely to have taken courses than are persons in St. Paul, although almost one-fifth of the residents of the Macalester, Highland/West 7th, and Northwest parts of the city report having taken one or more courses. The likelihood of taking a course is related to income, with upper income people reporting more course work than lower income people. Level of formal education is similarly related to taking courses: the higher one's education, the more likely he or she has taken one or more courses during the year previous to the interview.

Age, income, and education are also related to the desire to take courses. (See Table 4.14-1.) The proportion of persons who express such a desire decreases as age increases; but it increases as levels of income and education increase.

### 15. Recreation

Recreational activities of the aging individuals who were interviewed vary widely in their content. They include sports, card playing, playing music, taking classes, and so on. A large set of items, described in Table 4.15-1, combines to form an index which measures how withdrawn each respondent is from recreational activities. The distribution of scores from this Withdrawal From Recreational Activities Index appears below.

Table 4.14-1

# COURSES TAKEN AND COURSES DESIRED BY DEMOGRAPHICS

			·			
	Group Who a Specified Courses	<b>5</b> +	15	26 16 9 7		
	oup No Poperi					
	Gre Gre Cou	<b>←</b>	13	1223 1233 124		
	ot of Take					S Z
	Percent of Want To Take Number of	None	29	52 69 88 88		
		(N)	(1,186)	(317) (327) (232) (159) (151)		
-	er		(1			
	Percent of Group Who Took a Specified Number Courses During Past Year	2+	4	∞ m 4 m N		849222177
ļ	Grou fied ng P		·			
	t of Gr Specifi During	<b>—</b>	10	117		11 11 11 11 13 13
	Percent Took a S Courses	Ф				
	To To	None	85	76 86 87 94 94		883 944 7888 7888 81
		(N)	(202)	(321) (332) (235) (161) (158)		(157) (126) (115) (141) (141) (16) (156) (172) (136) (88)
	÷.		(1,207)	1, 0,000		
			,			
	-					ir 11v. 77th urbs urbs
			ı	64 69 74 79	ict	este t/Un and/ WBC WBC RCE Side Sub Sub
			Total Age	60 - 65 - 70 - 75 - 80+	District	Macalester Summit/Univ. Highland/7th DTDBRVBC ARYTDRCE NWCTY East Side Inner Suburbs Outer Suburbs
					<b>□</b> 1	

Table 4.14-1 (continued) COURSES TAKEN AND COURSES DESIRED BY DEMOGRAPHICS

$\parallel$			<b>1</b>		
			•		
	-				
	no Fied	2+		221 221 15 15	27399
	Group Who a Specifie Courses				7 7 7
	rou Sp our				
	of G ike a of C	<b>←</b>		11 16 10 10 11 11 11 11 11 11	10 113 122 22 28 28
	nt ( Tal				
	Percent of Want to Take Number of	None		79 61 61 67 67	84 81 76 66 47
	Pe Mant	2			
		(N)		109) 296) 162) 86) 171) 171) 173)	83) 234) 200) 304) 147) 182
	٤				(234 (200 (200 (304 (214 (147 (147
	up Who d Number Past Year	aL-			· .
	Who Numb ast	2+		20202020	10 10 10
	Group Who ified Numb ring Past				
	f Gr Sifi Irin	$\vdash$			1 00 h : 00 -t n )
	Percent of G Took a Specif Courses Duri	<b>,</b> -,		10 10 10 10 10	13 7 3 1 1 2 2 2 2 2 2 2 3 3 3 3 3 3 3 3 3 3
	cen a rse				
	Perc Took Cour	None		96 90 73 86 79	97 98 98 68 68
	1 0f				
			,	8 (33,000)	
		2		(114) (302) (302) (164) (164) (173) (173)	(240 (240 (204 (310 (215) (215) (215) (215) (215) (215)
				, <b>, , , , , , , , , , , , , , , , , , </b>	
			,		
			ome		, s
			Inc	000 300 1200 (now	years tars years tars 5 year ears
			J	300 - 600 - 120 + t kno sed ation	7 years years 11 years years - 15 years - years
			Monthly Income	1 - 300 301 - 600 601 - 900 901 - 1200 1201+ Don't know Refused	0 - 7 8 y 9 - 1 12 y 13 - 16+
			žΙ	<u></u>	0 0 13 13 13 13 13 13 13 13 13 13 13 13 13

Table 4.15-1
WITHDRAWAL FROM RECREATIONAL ACTIVITIES INDEX

Question		Response Which Increases Index	Index
Number	Wording	Score	Value
. 66	During the past year have you taken a class of any kind, for example, home maintenance, physical fitness, retirement planning, literature, and so on?	No	1
74	Do you play a musical instrument, paint pictures, do crafts, or have any other favorite hobby or pastime?	No	1
75	Now I would like to read a list of some recreational activities. For each could you tell me whether you never do it, sometimes do it, or do it very often?		
a	take walks around your neighborhood	Never	1
<b>b</b> .	go jogging	Never	1
С	go to movies	Never	1
d <sub>,</sub>	go to music concerts, plays, ballet	Never	1
e	go to ball games or to other sports events	Never	1
f	play sports, like bowling or tennis	Never	1
g	sew or do handcrafts	Never	1
h	go out dancing	. Never	1
i	watch T.V.	Never	1
j	play cards or go to card parties	Never	1
k	read a book	Never	1
1	do gardening	Never	1
81c	On the average, about how often do you attend meetings or take part in activities of (an organization or club)?	Never	1

# WITHDRAWAL FROM RECREATIONAL ACTIVITIES INDEX SCORES

Score	% of Sample (N=1,207)
0,1	2
2	4
3	16
4	13
5	26 ·
6	13
7	. 17
8	5
9	4

It should be noted that this index is designed to demonstrate the extent to which individuals have restricted the types of recreational activity in which they are involved. Thus, those with low scores have expressed involvement in a wide variety of recreational pursuits; while those with high scores have expressed limited (or even no) involvement in recreation. Most respondents (52%) score in the middle of the range on the index, 4 to 6. However, many have scores at either the high or low extremes of the index range.

Table 4.15-2 reveals the demographic differences among respondents with respect to scores on the Withdrawal From Recreational Activities Index. Scores tend to increase as age increases. They are highest, on the average, for persons living with "others" (5.77), and lowest for persons living with a spouse or a spouse plus others (4.84, 4.86). Suburbanites score lower than city dwellers, indicating greater involvement (or less withdrawal). People in the Downtown/Dayton's Bluff/Riverview/Battle Creek district score highest. (In fact, 41 percent of the residents of DTDBRVBC score "7" or above on the index, indicating extremely high withdrawal from recreation.) As monthly income and years of education increase, withdrawal from recreational activities tends to decrease.

One question in the recreational domain assessed interest in the use of a camp by older individuals. Differences in the responses to this question appear only with respect to age. Table 4.15-3 shows that the proportion of persons with an interest in camping tends to decline as age increases.

### 16. Review

As a means of reviewing the analysis presented in this chapter, it is useful to organize a summary of the chapter with reference to the six demographics as they cut across the domains examined by the survey. By so doing, we can develop some understanding of the ways that certain problems and

Table 4.15-2
WITHDRAWAL FROM RECREATIONAL
ACTIVITIES INDEX SCORES BY DEMOGRAPHICS

+									<u> </u>			
		(N)	Per 0-1	cen	t of	Gro	up W 5	ith 6	Index	x Scc 8	ore of: 9+	Average Score
	Age 60 - 64 65 - 69 70 - 74 75 - 79 80+	(320) (330) (234) (161) (162) 1,207	4 1 3 1 0	7 6 3 1 0	22 21 15 8 2	16 13 15 9 6	27 29 28 26 19	10 13 13 19 15	11 12 17 27 30	3 3 7 14	1 2 3 4 16	4.43 4.74 5.05 5.79 6.71
	Living Arrangem Alone Spouse Spouse+ Others	(352) (570) (134) (149) 1,205	2 2 2 2	3 5 5 1	8 21 19 13	13 13 16 10	29 26 27 19	17 12 9 13	20 14 13 25	6 3 5 10	3 3 5 7	5.41 4.84 4.86 5.77
	Macalester Summit/Univ. Highland/7th DTDBRVBC ARYTDRCE NWCTY East Side Inner Suburbs Outer Suburbs	(156) (127) (112) (142) (115) (157) (174) (136) (88)	3 2 1 0 0 3 2 4 7	1 5 6 1 1 5 5 8 3	18 12 15 9 12 19 14 23 22	15 13 12 8 13 15 14 10 16	26 22 27 22 28 31 25 27 32	14 13 13 20 13 10 13 13 7	14 19 18 25 23 10 21 10 13	5 9 5 10 4 5 2 3 1	5 6 4 6 1 5 2	5.19 5.41 5.12 5.91 5.57 4.69 5.17 4.56 4.37

### Table 4.15-2 (continued) WITHDRAWAL FROM RECREATIONAL ACTIVITIES INDEX SCORES BY DEMOGRAPHICS

<del> </del>							<del></del>				
	. :	Per	cent	of	Grou	p Wi	th In	dex	Score	e of:	Λ
	(N)	0-1	2	3	4	5	6	7	8	9+	Average Score
					· ' "						
Monthly Income											
1 - 300 301 - 600 601 - 900 901 - 1200 1201+ Don't know Refused	(114) (301) (163) (88) (160) (173) (173)	1 1 2 5 4 0 5	0 1 5 2 6 5 8	5 9 18 26 33 12 18	4 13 17 13 10 15 15	25 28 28 30 33 24 21	23 16 10 15 6 12 12	19 23 12 7 8 25 15	12 5 4 3 1 6 2	11 3 4 0 0 1 5	6.25 5.49 4.88 4.48 4.13 5.32 4.74
	1,172										
Education								4			
0 - 7 years 8 years 9 - 11 years 12 years 13 - 15 years 16+ years	(85) (238) (205) (309) (215) (147) 1,199	0 0 1 3 3 6	0 3 3 6 6 3	2 7 12 18 22 29	7 10 14 12 17 17	15 24 28 31 23 31	25 15 20 11 9 5	29 28 15 13 15 5	12 9 6 2 3	9 5 3 4 2 0	6.48 5.85 5.30 4.82 4.60 4.17
<u>Total</u>	(1,207)	2	4	16	13	26	13	17	5	4	5.17
	·								74		

Figure 4.15-1
WITHDRAWAL FROM RECREATIONAL ACTIVITIES INDEX

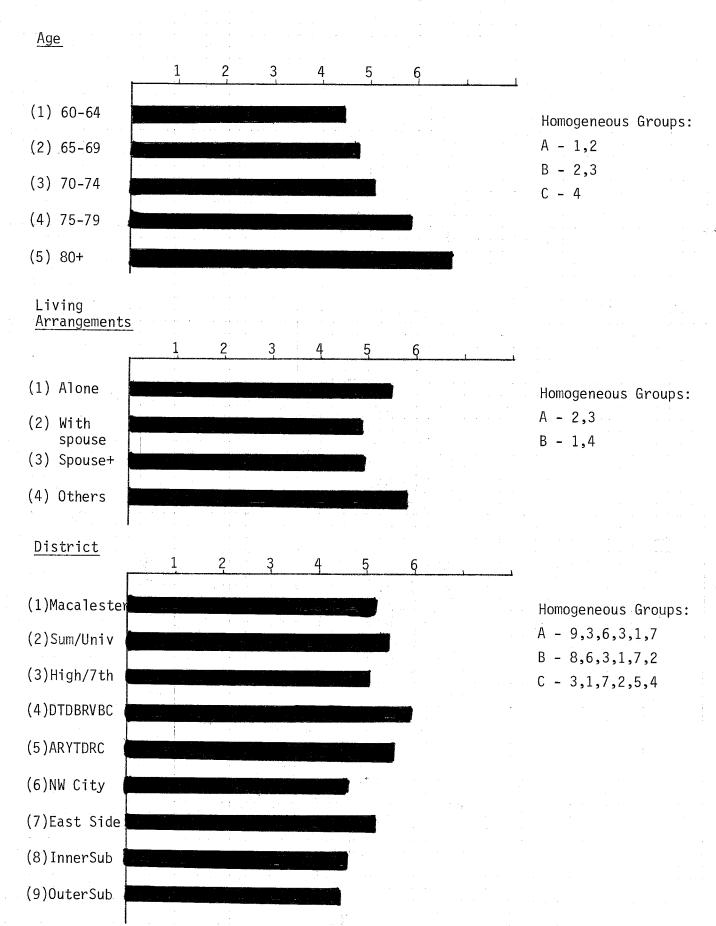


Figure 4.15-1

## WITHDRAWAL FROM RECREATIONAL ACTIVITIES INDEX (Continued)

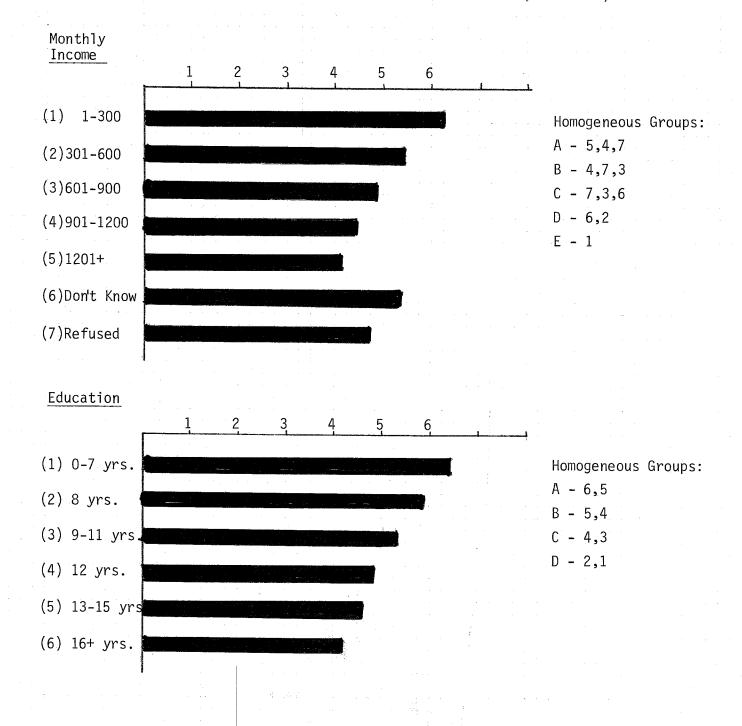


Table 4.15-3
INTEREST IN USING A CAMP
BY DEMOGRAPHICS

	(N)	Interest I Have Interest	n Camp Have No Interest
<u>Total</u> Age	(1,158)	34	66
60 - 64 65 - 69 70 - 74 75 - 79 80+	(315) (314) (225) (158) (146) 1,158	44 39 31 25 15	56 62 69 75 85

disabilities cluster together for certain types of people. In this section, therefore, we will briefly highlight significant findings with respect to age, sex, living arrangements, district of the county, income, and education.

Age

Older people, especially those 80 and over, tend to know less than younger people about services available to them in the community. One exception to this is that the youngest cohort (i.e., individuals aged 60 to 64) scores slightly higher than the middle-aged cohorts--perhaps because members of that cohort have not yet begun to consider themselves in the market for "elderly services." Older people are more likely than younger people to report that they don't know how to find services which might help them. They are also more likely than younger people to report a reliance upon family and friends as a link to human service agencies. On the other hand, persons 75 and older have used, on the average, more services than have people younger than age 75. 30

Older people have greater difficulty with each of the nine activities of daily living about which the survey inquired. The differences are most pronounced for grocery shopping, and cleaning the house. For these two activities, a steady decline in the proportion of able persons occurs from the youngest to the oldest cohorts. For many activities (e.g., climbing the stairs, going for walks, using the bathtub) the decline occurs between the 75 to 79 year old cohort and the 80 and older cohort. Scores on the Index of Difficulty With Activities of Daily Living tend to increase with age, with the 80+ cohort having a very high average score. Older people, compared to younger people, report more health problems, as measured by the Health Problems Index. However, they do not score significantly higher on the Health Care Index.

Predominant means of transportation tend to shift from the younger to the older cohorts. Persons in their sixties are very likely to rely upon driving themselves in order to get around; whereas those 70 and older are likely to ride with someone or to take the bus. Transportation problems (as measured by the Transportation Problems Index) increase as age increases.

<sup>30</sup> That is, they are more likely to have used each of the services described in Question 40 and they have, on the average, used a larger number of services.

The extent of social isolation tends to increase with age. Average scores on the Social Isolation Index rise steadily from the 60 to 64 cohort to the 80+ cohort. Fewer living children were reported by older people than by younger people; and withdrawal from recreational activities increases as age increases.

Thus, differences between the "young-old" and the "old-old" manifest themselves throughout this chapter. In part, these differences offer a cross-sectional perspective on the aging process. They reflect the changes which individuals experience as they age. For example, the low incidence of disability within the youngest cohort can be expected to increase as that cohort becomes older. However, the differences between the "young-old" and the "old-old" also arise due to the different historical contexts through which these groups have lived. The younger group is much better educated than is the older group; and the younger group seems to have more family and social resources. To the extent that persons now in their sixties will carry their educational and social supports with them as they become the next generation of the "old-old," service providers will want to remain attentive to the ways in which the expectations and levels of need fulfillment of these cohorts differ from those of their predecessors.

Females, in contrast to males, score higher on the Index of Difficulty with Activities of Daily Living. They get out of the house less frequently than do males; they have more transportation problems; and they are more likely than males to rely upon a mode of transportation other than driving. Females are less likely to know how to look for an agency to help them with problems. They are more likely to be fearful and dissatisfied with their perceived level of safety. They are more likely to feel socially deprived; and finally, they are move likely to report nutritional difficulties than are males.

### Living Arrangements

With respect to living arrangements, it is generally the "others" category which stands out from the alternative categories; or it is both the "others" and the "living alone" categories which differ from the "spouse" and "spouse plus others" categories.  $^{31}$  Persons living with "others" tend to know the least about services available to them in the community. They, in addition to persons

<sup>&</sup>lt;sup>31</sup>Recall that the "others" category includes those individuals who live with one or more other people, none of whom is a spouse.

living alone, are less likely to know how to contact an agency for help, and more likely to report reliance upon family or friends for finding an agency to help them. People living alone are most likely to report having used meals—on-wheels and congregate dining. With respect to the total number of services used, people living alone or with "others" have the highest averages. People in the "others" category report greater difficulty with activities of daily living than do people living alone, with a spouse, or with a spouse plus others.

Social isolation tends, on the average, to be higher among those living alone or with "others" than among those living with a spouse or a spouse plus others. Persons living alone report the greatest social deprivation, that is, the greatest dissatisfaction with the extent of their social contacts. People living alone and with "others" have fewer living children and fewer close friends than do people living with a spouse or a spouse plus others.

Getting out of the house is a less frequent occurrence for people in the "others," category than for people in any other living arrangement. People living alone or with "other," in contrast with people who live with a spouse or a spouse plus others, rely less upon driving themselves, more upon the bus, and more upon rides from other people. Those living alone and with "others" have the highest average scores on the Transportation Problems Index.

Household vulnerability is higher for people living alone and with "others" than it is for people living with a spouse or a spouse plus others. Feelings of financial inadequacy are highest for the people living with "others" and second highest for people living alone. Scores on the Withdrawal from Recreational Activities Index are higher for people living with "others" or alone than they are for people living with a spouse or a spouse plus others. District

For the purpose of this analysis, Ramsey County was divided into nine districts. Whenever the analysis of the domains revealed significant differences among districts, certain districts tended to have higher levels of reported problems and higher levels of dissatisfaction, while other districts consistently tended to have lower levels. The former group includes the areas of: Summit-University, Downtown/Dayton's Bluff/Riverview/Battle Creek, and Mt. Airy/Thomas-Dale/Rice Street. The latter group includes the inner and outer suburbs.

Insufficiency of service knowledge is highest in the Downtown/Dayton's Bluff/Riverview/Battle Creek area and in the Summit-University area. However,

service usage tends to be higher in Summit-University than in any of the other eight districts. Use of health care is highest in the two suburban districts and lowest in the Mt. Airy/Thomas-Dale/Rice Street district.

Social isolation is high in Summit-University and low in both the inner and outer suburbs. Summit-University residents report having the fewest living children; while suburbanites report having the most living children. Contact with religious institutions tends to be higher in the suburbs, the Northwest part of St. Paul, and the Macalester area; while it is low in the Downtown/ Dayton's Bluff/Riverview/Battle Creek area. Suburban residents get out of the house more often than do residents of other areas. Residents of Highland/7th, Downtown/Dayton's Bluff/Riverview/Battle Creek, and Mt. Airy/Thomas-Dale/Rice Street get out of the house less frequently than do residents of other areas.

The suburbs include the greatest proportion of people who drive and the lowest proportion of people who use the bus. Mt. Airy/Thomas-Dale/Rice Street and the East Side of St. Paul have greater proportions of bus riders than do other districts of the county. Downtown/Dayton's Bluff/Riverview/Battle Creek has the smallest proportion of drivers and the largest proportion of persons who rely upon walking to get to places where they wish to go.

Household vulnerability is high in the Downtown/Dayton's Bluff/Riverview/Battle Creek and Mt. Airy/Thomas-Dale/Rice Street districts; while it is low in the Northwestern part of St. Paul. Experience with crime and dissatisfaction with safety are higher in the Summit-University area than elsewhere, and they are lower in the suburbs than elsewhere.

### Income

Lower income individuals are more likely than those with higher incomes to report that they don't know how they would find an agency to help them with a problem. However, the low income categories report having used a higher average number of services than do the higher income categories. Aversion to service use is highest for the group with the highest income, although weak evidence appears in the analysis that the relationship between aversion to service and income may be curvilinear (that is, that the highest and lowest income groups may have more aversion to using services than do the middle income groups).

Difficulty with activities of daily living is higher for those with lower incomes. In contrast, the use of health care increases among those with higher incomes.

Social isolation, social deprivation, and overall dissatisfaction with life are all greater among the low income groups than among the high income groups.

Income is positively related to the frequency of getting out of the house. Lower income people, in contrast to upper income people, are more likely to use the bus, less likely to drive themselves, and more likely to report transportation problems.

Household vulnerability decreases as income increases. Experience with crime is higher for the lower and upper income groups than it is for the middle groups. Safety dissatisfaction is higher among those with low incomes than among those with high incomes.

Persons with low incomes, in contrast to those with high incomes, expectably report more financial inadequacy and more money problems. They also report more nutritional problems and greater withdrawal from recreational activities.

### Education

Of all the demographics, education was least often related to indices or items within each domain. Nevertheless, some differences do exist among educational categories.

Level of health problems is curvilinear in its relationship to education. That is, people in the highest and lowest education categories tend to report more problems than those in the middle. The extent of social isolation tends to be higher among those in the lowest educational levels. Getting out of the house is less frequent among those with low education than among those with high education; and transportation problems tend to decrease as education increases. The better educated, in contrast with the less educated, more frequently rely upon driving a car, less often rely upon the bus, and less often rely upon walking as a means for getting places where they wish to go. Withdrawal from recreation is greater among the poorly educated groups than among the highly educated groups.

### CHAPTER 5

### EXAMINATION OF MET AND UNMET NEEDS

### 1. Introduction

This chapter carries forward the effort begun in previous chapters to report and analyze the interview data collected from the aging population in Ramsey County. The goal of this effort is to construct an accurate, comprehensive portrait of the living conditions and needs of older people in the county.

Chapter 3 documented the responses of a sample of 1,228 aging county residents to a set of interview questions designed to examine 14 separate domains of community life. The 14 domains were defined intuitively to represent the living conditions and needs of older people. Two types of information were gathered within each domain. One type of information was "descriptive," including, for example, data on an individual's means of transportation (from the transportation domain), safety features in the household (from the safety domain), visits to the doctor (from the health domain), etc. The other type of information was "evaluative," including such data as the individual aging person's level of satisfaction with his or her present condition and the individual's account of problems which he or she faced in accomplishing necessary activities. These two types of information—descriptive and evaluative—were assembled, by domain, within Chapter 4 in a way which identified differences among groups of older people with different demographic attributes.

In Chapter 5, we depart from the task of comprehensive, descriptive reporting, and pursue several, special analyses directed toward understanding three simple, yet critical, questions regarding the service needs of older people: (1) How are different problems among the aging related to one another? For example, how do health problems and transportation problems relate to one another? If an aging community resident has one type of problem, is he or she likely to have others? Is their any regular pattern of occurrence among problems? (2) What are the characteristics of older people whose needs are not being met? If a person has one type of unmet need, is he or she likely to have any other particular types of unmet needs? What are the social characteristics of persons with particular types of unmet needs? (3) What is the pattern of usage of health and human services among people with different types

of unmet needs? We will turn to each of these questions after defining four important terms used in the analysis described in this chapter.

### 2. Definitions of Important Terms

In beginning this chapter, we define clearly four terms which we have been using. These terms are: "domain;" "need;" "problem;" and "problem index." <a href="Domain">Domain</a>:

A "domain," for the purpose of this study, is an intuitively derived, conceptual category used to distinguish a significant, discernible facet of everyday life. The establishment of domains provides a tool for dissecting human behavior, with all of its complexity, subtlety, and idiosyncrasies. For our purposes, then, we refer to the set of 14 domains as guides for ordering the data collection and data analysis activity of this study.

Need:

This study assumes that every older individual has "needs" within each of the 14 domains. That is, within every domain, there exist general, psychophysical conditions of life which require fulfillment if an individual is to sustain a healthy posture in the community. For example, everyone has needs for adequate housing, health care, knowledge about services, etc. When we establish a minimum level at which a condition must be fulfilled, we have established "what a person needs" in a domain. Needs, as so defined, can be either "met" (viz., when a person's level of fulfillment equals or exceeds the minimally adequate level) or "unmet" (viz., when a person's level of fulfillment falls short of the minimally adequate level).

What operations must be applied to the survey data in order to discover the existence of met and unmet needs among the older people who were interviewed? We will return to that important question later in this chapter. At this point, however, it should be noted that the definition and measurement of the concept of need are extremely complex. Long et al. (1970) noted that many needs assessment studies had not even provided any definition of need. They also noted that many studies had employed a multitude of terms ("problem," "want," "concern," etc.) interchangeably with the

<sup>&</sup>lt;sup>1</sup>Definition of "adequacy" may differ among different groups of people, of course.

that the meanings of all of the terms were ambiguous. This report spells out procedures used to reveal the existence of met and unmet needs among the aging residents of Ramsey County. Data are presented in such a way, however, that persons who feel they can improve upon all or some of these procedures are enabled to do so.

### Problem |

A "problem," as the term is used in this analysis, refers to any reported or observed impediment to the fulfillment of a need. For example, a person who reported that arthritis keeps her from accomplishing as much work as she used to accomplish has reported a health problem; a person who reported that the inability to drive keeps her from getting to the doctor has reported a transportation problem; etc.

### Problem Index:

Statistically, a "problem index" constitutes the sum of all problems of one particular type (e.g., health problems). The sum or total score for the index is then converted to a position on a scale which ranges from 0 (lowest possible amount of problems of that type) to 10 (highest possible amount of problems of that type). It is, therefore, simply an aggregation of the problems experienced by an individual. In this sense, each individual has a score on every problem index. Comparisons of scores among individuals reveal those who have greater and lesser amounts of problems of specific types.

The reader should recall that problem indices were introduced in Chapter 4 as a means of condensing the large amount of information available for analysis within the domains. However, each domain did not have a corresponding index because the information produced by the survey for many of the domains was inappropriate for summary in a statistical index.

The problem indices constructed for this study (all of which first appeared in Chapter 4) are:

Household Vulnerability Index
Safety Dissatisfaction Index
Experience with Crime Index
Social Isolation Index
Social Deprivation Index
Transportation Problems Index
Insufficiency of Service Knowledge Index

Legal Problems Index
Withdrawal from Recreational Activities Index
Difficulty with Activities of Daily Living Index
Health Problems Index
Nutrition Problems Index
Financial Inadequacy Index
Money Problems Index
Overall Dissatisfaction Index
Housing Dissatisfaction Index

In this study, the problem indices play an important role in the determination of whether an older individual is meeting his or her needs. Before we discuss issues related to met and unmet needs among the aging residents of Ramsey County, however, we will turn to this chapter's first set of questions, for which the problem indices provide some answers.

### Relationships Among Types of Problems Experienced by Aging Persons

The first, analytic question which this chapter addresses is: How are different problems among the aging related to one another? For example, how do health problems and transportation problems relate to one another? Are people who experience the former likely to experience the latter? This first question can be answered by applying two statistical procedures, correlation analysis and factor analysis, to the problem indices. Correlation analysis was used to reveal the level of association between each possible pair of the 16 problem indices. Factor analysis made it possible to move beyond an investigation of the relationship between distinct pairs of indices and to examine the underlying dimensions of response across the total group of 16 problem indices. Both statistical methods speak to the important issue of whether different types of problems among the elderly tend to be associated with, i.e., to vary with, one another.

Table 5.3-1 contains a list of inter-index correlations which are significant at the .001 level of probability or less, and which have magnitudes equal to or greater than (+/-) .15. It is useful, when reviewing the table, to keep in mind that each reported correlation coefficient implies that the level of association for a given pair of indices would not occur by chance once in a thousand such statistical tests. So, for example, to look at the first entry in the table--a correlation of .22 between household vulnerability and social isolation--there is a highly reliable correlation and likelihood that persons

whose households are more vulnerable to unsafe influences tend to be persons who are more isolated from family and community ties. (Correlation coefficients, it should be noted, can be either positive or negative; and they can range from -1.0 to +1.0. When a coefficient is positive, it indicates that, as scores on one index increase, scores on the correlated index increase. When a coefficient is negative, it indicates that, as scores on one index increase, scores on the correlated index decrease.)

Since there are 16 problem indices, the largest possible number of significant correlations for any index is.15 (i.e., a significant correlation with every index other than itself). Two indices have ten significant correlations with other indices. These are the Transportation Problems Index and the Nutrition Problems Index.

People with documented transportation problems tend more than those without such problems to be dissatisfied with their level of safety both at home and in their neighborhood. They tend to be isolated from contacts with kin, friends, and other community supports; and they express greater amounts of social deprivation (loneliness, desire for more contact with neighbors, family, etc.) than do persons whose interview responses did not reveal transportation problems. In contrast to persons without transportation problems, those with them report more withdrawal from recreational pursuits, more difficulty with activities of daily living (shopping, cleaning house, preparing meals, etc.), more health problems, and more nutritional problems. In addition, those with transportation difficulties are less likely to feel that they can cope with financial demands, more likely to report specific money problems, and more likely to be generally dissatisfied with their lives. Transportation problems clearly appear, from this evidence, to be linked with adaptation among the aging.

To compare those aging county residents who reported nutrition problems with those who did not report such problems, the former tend to be more dissatisfied with their level of safety, and they report more experience with

<sup>&</sup>lt;sup>2</sup>Some items (e.g., grocery shopping, going for walks) in the Index of Difficulty with Activities of Daily Living would seem to be transportation-related. However, the Transportation Problems Index and the Index of Difficulty with Activities of Daily Living were computed from two distinct sets of items, the common variance of which is empirically investigated by correlational and factor analytic methods in this chapter.

crime than people without nutrition problems. They express greater social deprivation, more transportation problems, and more withdrawal from recreation than do those who report less difficulty with nutrition. Those who score high on the Nutrition Problems Index, in comparison with those who score low, have more difficulty with activities of daily living, and they report more health problems. They also feel less able to cope with financial demands; and they report more money problems. Finally, persons with nutritional problems tend to be more dissatisfied with their lives than do people without nutritional problems.

Nutrition, much like transportation, appears to be highly related to community adjustment among the aging. Most likely, the observed correlations of these two types of problems with many other types of problems evinces the pivotal influences of transportation and nutrition upon the abilities of older people to sustain themselves in the community. Although causality cannot be ascribed from correlation coefficients (that is, the correlation between transportation problems and other types of problems does not, in and of itself, specify which causes which), it is probably safe to conclude that transportation and nutrition have catalytic effects—enabling and disabling individuals to accomplish the activities which meet their needs in many domains.

Readers with an interest in any problem index not addressed here in detail can inspect that index in Table 5.3-1 for its correlations with other study indices. The table portrays in a very simple, yet fundamental, way the relationships among the different types of problems experienced by aging persons. Although it is not the final word on such relationships (i.e., cause and effect cannot be imputed), it does provide straightforward evidence as to the covariance among the problem realms for which data were organized in this study.

The second means employed in this study for identifying relationships among the problems and for reducing the large number of problem indices to a lesser, more manageable number is that of factor analysis. Factor analysis is not an elementary statistical procedure. Nevertheless, its basic purposes with respect to this study are easy to understand. First, factor analysis was employed to determine whether the problem indices could be aggregated statistically to a smaller number of meaningful combinations. Second, factor analysis was employed to determine whether the statistically derived combinations of indices (called factors) were actually independent measures of adjustment.

Table 5.3-1

### INTER-INDEX CORRELATIONS: PROBLEM INDICES

Index	Correlated W	<u>ith</u>		Correlation Coefficient
Household Vulnerability	Social Isola Social Depri Withdrawal f		Activities	.22 .17 .15
Safety Dissatisfaction	Experience W Social Depri Transportati Health Probl Nutrition Pr Financial In Money Proble	vation on Problems ems oblems adequacy		.33 .16 .28 .17 .19 .20
Experience With Crime	Safety Dissa Nutrition Pr			.33 .15
Social Isolation	Household Vu Social Depri Transportati Withdrawal f Overall Diss Housing Diss	vation on Problems rom Recreation atisfaction	:	.22 .25 .16 .37 .17
Social Deprivation	n Household Vu Safety Dissa Social Isola Transportati Legal Proble Difficulty w Health Probl Nutrition Pr Overall Diss	tisfaction tion on Problems ms ith ADC ems oblems		.17 .16 .25 .32 .15 .20 .16 .22
Transportation Problems	Safety Dissa Social Isola Social Depri Withdrawal f Difficulty w Health Probl Nutrition Pr Financial In Money Proble	tion vation rom Recreation ith ADL ems oblems adequacy ms		.28 .16 .32 .26 .32 .34 .24 .18 .15

# Table 5.3-1 (Continued) INTER-INDEX CORRELATIONS

Insufficiency of Service Knowledge	Withdrawal from Recreation Difficulty with ADL	29 .18
Legal Problems	Social Deprivation	.15
Withdrawal From Recreational Activities	Household Vulnerability Social Isolation Transportation Problems Insufficiency of Service Knowledge Difficulty with ADL Health Problems Nutrition Problems Overall Dissatisfaction	.15 .37 .26 .29 .40 .29 .18
Difficulty With Activities of Daily Living(ADL)	Transportation Problems Insufficiency of Service Knowledge Withdrawal from Recreation Health Problems Nutrition Problems Overall Dissatisfaction Social Deprivation	.32 .18 .40 .43 .23 .23
Health Problems	Safety Dissatisfaction Transportation Problems Withdrawal from Recreation Difficulty with ADL Nutrition Problems Financial Inadequacy Overall Dissatisfaction Social Deprivation	.17 .34 .29 .43 .35 .20 .24
Nutrition Problems	Safety Dissatisfaction Experience with Crime Social Deprivation Transportation Problems Withdrawal from Recreation Difficulty with ADL Health Problems Financial Inadequacy Money Problems Overall Dissatisfaction	.19 .15 .22 .24 .18 .23 .35 .22 .19
Financial Inadequacy	Safety Dissatisfaction Transportation Problems Health Problems Nutrition Problems Money Problems Overall Dissatisfaction	.20 .18 .20 .22 .48 .28

# Table 5.3-1 (Continued) INTER-INDEX CORRELATIONS

Money Problems	Safety Dissatisfaction Transportation Problems Nutrition Problems Financial Inadequacy		.20 .18 .19 .48
Overall Dissatisfaction	Social Isolation Social Deprivation Transportation Problems Withdrawal from Recreation Difficulty with ADL Health Problems Nutrition Problems Financial Inadequacy		.17 .25 .19 .17 .23 .24
Housing Dissatisfaction	Safety Dissatisfaction Social Isolation	and the second s	.14 .19

A factor analysis of the 16 problem indices revealed four clusters of indices (shown in Table 5.3-2): Factor 1, entitled an Ill Health/Lack of Mobility Factor, which includes the indices of Health Problems, Difficulty with Activities of Daily Living, and Transportation Problems; Factor 2, labelled a Social Isolation Factor, which includes the indices of Withdrawal from Recreation, and Social Isolation; Factor 3, entitled a Financial Inadequacy Factor, which includes the indices of Financial Inadequacy and Money Problems; and Factor 4, designated a Victimization Factor, which includes the indices of Experience with Crime and Safety Dissatisfaction. Each of these mathematically derived factors brings together what appear to be statistically related problem indices. Thus, the attempt to reduce the various problem indices to a lesser number of dimensions has resulted in combining nine indices into four, with seven indices remaining independent. An examination of the four new factor combinations generally reflect a degree of face validity. However, further factor analytic investigation was pursued to determine the independence of these combinations.

The results presented in Table 5.3-2 were produced using two factor analysis methods. The first method (an orthogonal analysis) assured in its treatment of data that whatever factors (or clusters of indices) were to emerge would be unrelated. In fact, the orthogonal analysis forced the factors to be mathematically unrelated. (Factor loadings from this analysis appear in the column labelled, "orthogonal.") In order to test the independence of the four factor solution, the indices were submitted to a second form of factor analysis (an oblique analytic model). This method not only permitted us to cross check whether the same four factors would surface, but also allowed whatever factors emerged to relate freely to one another. The same four clusters emerged, with only slight fluctuations in the size of the factor loading for each index. (This latter set of loadings appears in Table 5.3-2 in the column labelled, "oblique.") The correlations between pairs of factors, when allowed to vary naturally in this model, suggest that the four factors identified are associated to a small degree, but are essentially independent of one another.

The method used was the SPSS version of principal components analysis with VARIMAX orthogonal rotation. Specifics on the procedure and its output can be obtained from Planning and Development Office staff.

<sup>&</sup>lt;sup>4</sup>The method was SPSS OBLIQUE.

Table 5.3-2

FACTOR ANALYTIC RESULTS:

ORTHOGONAL AND OBLIQUE ROTATIONS

				Factor Loadings		
Factor	Index		<u>Orthogonal</u>	<u>Oblique</u>		
Factor 1:	Health Proble Difficulty Wi Transportatio	th ADL	.66 .60 .45	.62 .59 .41		
Factor 2:	Social Isolat Withdrawal fr	ion com Recreation	.63 .59	63 49		
Factor 3:	Financial Ina Money Problem		.71 .66	.76 .69		
Factor 4:	Experience Wi Safety Dissat		.60 .52	.62 .51		
	Inter-Factor	Correlations (C	Oblique Rotation)			
	Factor 2	Factor 3	Factor 4			
Factor 1	22	.22	.10			
Factor 2	- -	21	07			
Factor 3	<del>-</del>	_	.28			

Thus, we can state, with confidence, that the statistical analysis has identified four sets of problem indices which seem to "hang together" and which are sufficiently independent of one another to think of them as discrete elements of adjustment of older community residents. The remaining indices, which do not fall into these four sets, are not discarded. They must be retained and considered as we explore issues related to need in this and the next chapter. Although detailed interpretation of these and other study findings is reserved for the final chapter, it is worth noting that the factor analysis results may define working modules for the planning of treatment activities for older persons. That is, the existence of the four factors (comprising nine indices) and of the seven remaining indices may provide program administrators and clinicians with interesting hypotheses regarding treatment and care programs. For example, the data just reported suggest that programs directed toward the reduction of transportation problems could be useful in ameliorating health problems and reducing difficulty with activities of daily living. (All of these maladjustments were shown to be related to Factor 1, the Ill Health/ Lack of Mobility Factor.) Whether, in fact, such programs would have such useful consequences can be ascertained through research within the service delivery system for the aging in Ramsey County.

### 4. Characteristics of Persons with Unmet Needs

The second, analytic question which this chapter addresses is: What are the characteristics of the aging Ramsey County residents whose needs are not being met? The analysis presented in this section of the chapter treats two aspects of this question. First, do people who have one type of unmet need generally have other, specific kinds of unmet needs? Second, how do older persons with unmet needs look with respect to their demographic and family characteristics?

To respond to the questions just posed, it was necessary to establish operational definitions of the terms, "met need" and "unmet need." That is, these terms had to become measurable within the context of this study and with respect to the data produced by the county-wide survey of 1,228 persons aged 60 and older. Recall the study premise that all individuals have needs and that one can think of these needs as conditions of life which require fulfilment. These needs are "met" when an individual achieves an adequate level of fulfillment and are "unmet" when an individual does not achieve an adequate level of fulfillment.

In this chapter, the problem indices are used to indicate whether or not an individual is meeting his or her needs. An aging individual is defined as:

- a) Not meeting a need, if that individual has a score within the highest range of the problem index related to that need; or
- b) Meeting a need, if that individual has a score which does not fall within the highest range of the problem index related to that need.<sup>5</sup>

For example, a person who scores within the highest range of the Transportation Problems Index is classified as having an unmet transportation need. Persons outside of the highest range are classified as having met their transportation needs. A significant implication of applying this definition to the Transportation Problems Index is that everyone experiences a certain amount of difficulty with transportation, but that only those with severe difficulty (defined by a high score on the Transportation Problems Index) truly have an unmet need. Stating this in another way, one's level of fulfillment with respect to transportation may not be perfect, but it still may be adequate. Therefore, people with only a few transportation problems, as registered on the Transportation Problems Index, would be classified as meeting their transportation needs; whereas persons with many problems, as registered on that index, would be classified as not meeting their transportation needs.

These definitions of met and unmet need have three characteristics which should be noted. First, since the definitions are based upon the respondents' statements of problems, they are intrinsically subjective. They reflect the problems which the older residents of the county see for themselves, irrespective of what others might see. Second, these definitions depend upon our establishment of cutting scores on the problem indices for the purpose of classifying needs as met or unmet. The proportion of people who fall into the highest range on a problem index (and who, consequently, are defined as having an unmet need) is a function of the value of the cutting scores. Third, classification of needs as met or unmet does not directly take into account an individual's use of services (provided either formally by agencies or informally

<sup>&</sup>lt;sup>5</sup>Chapter 4 contains discussions of how the problem indices were computed from the survey data.

by family and friends). The use of services will influence and will be influenced by the type and quantity of problems experienced by an individual; but the fact that an individual makes use of service from others does not in and of itself indicate either that a need is being adequately met or that a need is unmet.

What score must an individual equal or surpass on any given index in order to be designated as having an unmet need? That question has no satisfactory answer, since the establishment of an absolute cutting score to distinguish between met and unmet needs depends too much on the values of the people who will interpret the survey data. All such interpreters will not share a common perspective on a "minimally adequate level of fulfillment" as a standard against which to judge whether an aging person's needs are met or unmet. To avoid the frustrating, and probably moot, debate over precisely how to label a need as met or unmet, this chapter takes a practical, conservative stance and looks only at the individuals who fall into the top five percent and the top ten percent of the scorers on the problem indices. 6 These top scorers clearly have unmet needs under any but the most Spartan criteria for determining "minimally adequate levels of fulfillment" and for establishing cutting scores on the problem indices. Consequently, these top scorers are clearly people who can use some help; and they are people whom human service agencies may wish to consider serving.

Thus, we employ in this section of the report a statistical definition of unmet need which enables us to respond to the difficult questions posed earlier. The definition leads us first to examine the top five percent of the scorers on each problem index. Service agencies who wish to use this report as a reference document to assist in program planning may reasonably be expected to approach the county's aging population in a parallel fashion—first attempting to serve those who are "worst off" and then, if resources still exist, attempting to serve those who are doing just slightly better than the "worst off."

Readers can on their own inspect the problem indices in detail (in Chapter 4) to decide whether, for some indices, the inclusion of the top five percent and ten percent of scorers in the unmet need category is too liberal. However, the nature of the indices is such that we feel confident in asserting that these top scorers are not meeting their needs.

 $<sup>^{7}</sup>$ Whether or not they, themselves, would like to receive service is another issue.

Table 5.4-1 lists: the 11 indices which are used to indicate met and unmet needs among the aging survey respondents; the number of persons in the sample for whom each index score was computed; the percentages of persons who fall into the "approximately five percent" and "approximately ten percent" categories for each index; the cutting scores for the categories; and the number of persons in each of the two categories for each of the eleven indices.

Note that the results of the factor analysis, presented in Section 3 of this chapter, are put to use in Table 5.4-1. The first four indices which appear in the table are actually the four factors which bind together sets of two or more of the original problem indices. The other seven indices are those which remained unbound as a result of the factor analysis. The four factors are referred to as indices, although it should be kept in mind that they are mathematical composites of original indices. Scores on these factors (called "factor scores") are appropriate for determining met and unmet need in line with the approach of this chapter. However, their units of measurement are of a different order from the units of measurement which belong to the other seven problem indices. Hence, in the columns of Table 5.4-1 labelled "cutting scores," the entries in the first four rows look different from the entries in the last seven rows.

Note also that the categories in Table 5.4-1 approximate, but do not always equal, five percent and ten percent. This occurs because the distributions of scores on indices cannot always be cleanly partitioned at the five percent and ten percent marks. For the first four indices, clean breaks were possible to establish, as the table indicates. Of the remaining seven indices, only three have distributions which could easily be partitioned close to the top five percent (Household Vulnerability, Social Deprivation, Overall Dissatisfaction). Top scorers on four of the indices had to be demarcated by cutting scores which include less than five percent of the total distributions. In this respect, the analysis of the "top five percent" becomes even more conservative than originally intended.

<sup>&</sup>lt;sup>8</sup>Ideally, this number ought to be 1,228. However, due to some missing data, the actual numbers range from a low of 1,141 to a high of 1,198.

<sup>&</sup>lt;sup>9</sup>For example, the high portion of the distribution of scores on the Index of Insufficiency of Service Knowledge is: 10-3.2%; 8.3-5.5%; 8.0-.4%. It is impossible to obtain a clean break at 5%. Therefore, only 3.2% of the survey respondents who have a score of 10 on the index fall into the unmet need category.

Table 5.4-1

MET AND UNMET NEED DEFINED AS THE TOP 5 PERCENT AND TOP 10 PERCENT OF SCORES ON PROBLEM INDICES

Index	Non Missing (N)		5% Cutting Score	(N)	<u>%</u>	10% Cutting Score	(N)
Health-Mobility Factor	1,164	5.0 1	1.408	58	10	1.0057	116
Social Isolation Factor	1,169	5.0 1	1.183	58	10	.861	116
Financial Factor	1,141	5.0	1.622	57	10	1.065	117
Victimization Factor	1,155	5.0	1.278	58	10	.903	116
Household Vulnerability	1,196	5.1 8	3.000	61	25.7	6.0000	307
Social Deprivation	1,160	4.9 3	3.500	57	8.8	2.7000	102
Insufficiency of Service Knowledge	1,185	3.2 10	0.000	38	9.1	8.0000	108
Legal Problems	1,198	2.2 5	5.000	26	14.0	4.0000	168
Nutrition Problems	1,171	2.6	5.000	30	9.6	4.0000	110
Overall Dissatisfaction	1,160	4.5 2	2.500	52	10.3	2.2000	120
Housing Dissatisfaction	1,172	3.2 5	5.000	38	10.2	3.3000	120

At the ten percent level, only two indices have distributions which make analysis difficult (Household Vulnerability and Legal Problems). Persons defined as having unmet needs on both of these indices comprise larger proportions of the total distributions than ten percent. In the case of the Household Vulnerability Index, this proportion (25.7%) is much larger than ten percent. However, inspection of the index, as it was described in Chapter 4, reveals the tendency for the majority of older people to reside in houses or apartments which are poorly equipped with safety-promoting devices. Therefore, for this one index, the inclusion of the top quarter scorers is most likely justified. All of those included fall within the range of the index which indicates unmet need. However, users of the study data who look unfavorably upon the inclusion of that number of persons in the unmet need category defined by the Household Vulnerability Index can simply ignore the data on that index which appear in this section of the report. 10

Let us return now to the question: Do people who have one type of unmet need generally have other, specific kinds of unmet needs? Table 5.4-2 indicates the proportions of persons in the top five percent of scorers on each index who also fall into the top five percent of scorers on the other ten indices. To take the first entry in that table as an example, it indicates that, of the 58 persons who comprise the top five percent on the Ill Health/Lack of Mobility Index, five percent also fall into the top five percent on the Social Isolation Index. Or, to state it in another way, five percent of the people with an unmet need related to health and mobility also have an unmet need related to social contacts. Similarly, to look at the second entry, ten percent of those with an unmet need related to health and mobility also have an unmet need related to finances. Examination of each row in Table 5.4-2 brings interesting information to light. 11

Ill Health/Lack of Mobility: More than one of every five individuals afflicted by an unmet need related to health and mobility also has an unmet need identified by the Social Deprivation Index. Almost one in five of these

<sup>&</sup>lt;sup>10</sup>The same is true, of course, with an index. Readers who favor an interpretation or use of anyindex which differs from its interpretation and use in this report can revise or ignore those portions of the report with which they disagree.

<sup>&</sup>lt;sup>11</sup>Note that, if scores on the indices were completely independent of one another, we would expect all of the entries in Table 5.4-2 to equal five percent.

Table 5.4-2

# PERCENT OF PERSONS WITH AN UNMET NEED WHO HAVE ANOTHER TYPE OF UNMET NEED: NEED DEFINED AT TOP 5 PERCENT OF PROBLEM INDICES

	(N)	III Health/Lack  of Mobility	Social Isolation	Financial  Inadequacy	Victimization	Household  Vulnerability	Social Deprivation	Insufficiency of Service Knowledge	Legal Problems	Nutrition Problems	Overall  Dissatisfaction	Housing Dissatisfaction
Ill Health/Lack of Mobility	58	-	5	10	10	10	23	5	7	14	17	0
Social Isolation	58	5	_	10	14	19	1,1	10	3	3	16	14
Financial Inadequacy	. 57	11	11	-	7	9	9	4	7	7	14	5
Victimization	58	10.	14	7	-	5	14	5	5	5	9	10
Household Vulnerability	61	10	18	8	5	-	8	5	2	8	8	7
Social Deprivation	5 <b>7</b>	23	11	10	15	9	· -	5	9	13	19	4
Insufficiency of Service Knowledge	38	8	16	5	8	8	9	_	5	3	13	3
Legal Problems	26	15	8	15	12	4	19	8	-	4	15	8
Nutrition Problems	30	. 27	7	13	10	17	23	3	3	- -	20	7
Overall Dissatisfaction	52	19	17	15	10	10	20	10	8	12	-	10
Housing Dissatisfaction	38	0	21	8	16	11	6	3	5	5	13	-

has an unmet need related to life satisfaction, as indicated by the Overall Dissatisfaction Index. Ten percent of the individuals with unmet health and mobility needs also have unmet needs related to finances, protection from victimization, and/or household security.

Social Isolation: Almost one in five of the extremely isolated has unmet needs related to household security. Sixteen percent have unmet needs as defined by the Overall Dissatisfaction Index. Fourteen percent have unmet needs related to protection from victimization and housing. Eleven percent have unmet needs as defined by the Social Deprivation Index; and ten percent have unmet needs as defined by the Financial Inadequacy Index and the Insufficiency of Service Knowledge Index.

Financial Inadequacy: Fourteen percent of those with an unmet need of this type also have an unmet need as defined by the Overall Dissatisfaction Index. Ten percent have unmet health and mobility needs; and ten percent have unmet social contact needs.

Victimization: Noteworthy unmet needs among those with unmet needs for protection from victimization appear with respect to the Social Isolation Index (14%), the Social Deprivation Index (14%), and the Housing Dissatisfaction Index (10%).

Household Vulnerability: Eighteen percent of those with unmet needs have unmet social contact needs; and ten percent have unmet needs related to health and mobility.

Social Deprivation: Almost one in four individuals with an unmet need identified by the Social Deprivation Index has an unmet health and mobility need. Nineteen percent have unmet needs defined by the Overall Dissatisfaction Index; and 15 percent have unmet needs related to the Victimization Index, the Household Vulnerability Index and/or the Nutrition Problems Index. Eleven percent have an unmet need indicated by the Social Isolation Index; and ten percent have unmet needs related to Financial Inadequacy.

Insufficiency of Service Knowledge: Those aging individuals with an unmet need for service knowledge are also likely to have unmet needs as indicated by the Social Isolation Index and the Overall Dissatisfaction Index.

Legal Problems: At least 15 percent of those persons with unmet legal needs also have unmet needs as indicated by one or more of the following: Ill Health/Lack of Mobility Index; Financial Inadequacy Index; Social Deprivation

Index; Overall Dissatisfaction Index. Twelve percent of those persons with unmet legal needs also have unmet needs indicated by the Victimization Index.

Nutrition Problems: Substantial proportions of persons with unmet nutrition needs have other types of unmet needs. One in four has unmet health and mobility needs and/or needs related to social deprivation. One in five has an unmet need as indicated by the Overall Dissatisfaction Index. Other unmet needs reflected in the data appear with respect to the Household Vulnerability Index (17%), the Financial Inadequacy Index (13%), and the Victimization Index (10%).

Overall Dissatisfaction: Interestingly, at least one in ten persons with an unmet need as indicated by the Overall Dissatisfaction Index has an unmet need with respect to each of the other indices, with the exception of the Legal Problems Index. Notable proportions of these individuals have unmet needs as indicated by the Social Deprivation Index (20%), the III Health/Lack of Mobility Index (19%), the Social Isolation Index (17%), and the Financial Inadequacy Index (15%).

Housing Dissatisfaction: Twenty-one percent of those with an unmet need as indicated by the Housing Dissatisfaction Index also have an unmet need as indicated by the Social Isolation Index. Sixteen percent have an unmet need for protection from victimization; 13 percent have an unmet need as indicated by the Overall Dissatisfaction Index; and 11 percent have an unmet need as indicated by the Household Vulnerability Index.

Thus, Table 5.4-2 increases our understanding of the "worst off" among the aging residents of Ramsey County. We learn from it not just whether various types of problems are correlated with one another (an issue examined in section 3 of this chapter) but whether people with one type of unmet need are likely to have other types of unmet needs.

Table 5.4-3 has the same focus, but it enlarges the scope of the analysis to persons with the top ten percent of scores on each of the problem indices. Table 5.4-3 will not be discussed in detail, but it can inform the users of the study findings who wish to know the likelihood that a given individual whose unmet need they would like to satisfy also has unmet needs of other types (when such needs are defined by the top ten percent of scores on each problem index).

Table 5.4-3

PERCENT OF PERSONS WITH AN UNMET NEED WHO HAVE ANOTHER TYPE OF UNMET NEED:
NEED DEFINED AT TOP 10 PERCENT OF PROBLEM INDICES

Ill Health/Lack	<u>(N )</u>	III Health/Lack of Mobility	Social Isolation	Financial  Inadequacy	Victimízation	Household  Vulnerability	Social Deprivation	Insufficiency of Service Knowledge	Legal Problems	Nutrition Problems	Overall  Dissatisfaction	Housing  Dissatisfaction
of Mobility	116	· -	22	21	18	31	25	18	23	26	28	10
Social Isolation	116	21	_	16	19	31	17	20	17	14	22	24
Financial Inadequacy	117	21	16	-	16	36	15	15	22	22	26	17
Victimization	116	18	19	16	_	28	13	10	19	26	16	18
Household Vulnerability Social	307	12	12	14	11	-	12	9	12	10	12	10
Deprivation	102	28	19	18	16	34	_	9	27	21	28	13
Insufficiency of Service Knowledge	108	19	21	16	11	26	9	-	19	10	13	10
Legal Problems	168	16	12	16	13	21	17	13	-	16	15	17
Nutrition Problems	110	27	14	23	27	27	19	10	23	_	21	19
Overall Dissatisfaction	120	27	22	25	15	32	24	12	21	19	_	12
Housing Dissatisfaction	120	10	23	17	18	26	11	9	23	18	12	-

The second part of the question regarding characteristics of persons with unmet needs concerns their demographic and social makeup. Chapter 4, of course, has already contributed something to our understanding of this issue by presenting data on the relationships between six demographic variables and the problem indices constructed for the study domains. This chapter offers a different perspective by presenting data on the demographic and social characteristics of persons identified as having unmet needs by virtue of their high scores on the problem indices. (Readers who wish to review the construction of the problem indices should consult Chapter 4.)

Table 5.4-4 partitions the aging survey respondents with unmet needs into categories based upon: age; sex; living arrangements; district of the county; income; and number of children in the Twin Cities area. <sup>12</sup> To take the first row of entries as an example, Table 5.4-4 indicates that, of the 58 individuals defined as having unmet needs by the III Health/Lack of Mobility Index, 14 percent are 60 to 64 years of age; 16 percent are 65 to 69; 12 percent are 70 to 74; etc. <sup>13</sup> Readers can consult this table to obtain a portrait of the aging individuals whom they would like to serve. In this chapter, we will make just a few observations based upon the table.

With respect to the total set of indices, persons with unmet needs are not necessarily any more likely to be old (e.g., 70 or older) than they are to be young (e.g., 69 or younger). One clear exception is the group with unmet needs as defined by the Ill Health/Lack of Mobility Index, where 35 percent of the group are 80 or older, and more than two-thirds of the group are 70 or older. A majority of persons with unmet needs related to victimization and social isolation are 70 years of age or older. On the other hand, the majority of persons with unmet needs are in their sixties when those unmet needs are identified by the Financial Inadequacy Index, the Overall Dissatisfaction Index, the Housing Dissatisfaction Index, and the Legal Problems Index.

From approximately one-third to as many as three-fourths of the people with unmet needs live alone. Most notably, 77 percent of those with unmet needs related to social deprivation live alone; and 72 percent of those with unmet needs related to social isolation live alone. Generally, about one-third of the individuals with any type of unmet need live with a spouse only.

 $<sup>^{\</sup>overline{12}}$ Recall that the definitions of these terms appear in Chapter 4.

 $<sup>^{13}</sup>$ Note that this does not imply that 14% of the people aged 60 to 64 have this unmet need.

Table 5.4-4

PERCENTAGES OF PERSONS WITH UNMET NEEDS WHO HAVE SPECIFIC SOCIAL CHARACTERISTICS

	1		A	Sex				
111 Haalth /Lack	(N)	60-64	<u>65-69</u>	<u>70-74</u>	<u>75-79</u>	<u>80+</u>	<u>Male</u>	<u>Female</u>
Ill Health/Lack of Mobility	58	14	16	12	24	35	28	72
Social Isolation	58	17	19	21	17	26	52	48
Financial Inadequacy	57	33	40	14	5	7	32	68
Victimization	58	19	17	26	22	16	28	72
Household Vulnerability	61	23	23	23	8	23	39	61
Social Deprivation	57	18	21	28	14	19	26	74
Insufficiency of Service Knowledge	38	32	8	11	18	32	58	42
Legal Problems	26	23	35	19	15	8	42	58
Nutrition Problems	30	23	27	20	17	13	17	83
Overall Dissatisfaction	<b>52</b> .	35	21	19	15	10	33	67
Housing Dissatisfaction	38	34	18	13	16	18	29	71

Table 5.4-4 (Continued)

		1		In	come				Number of Children in Area					
	<u>(N)</u>	1-300	301-600	601-900	901-1200	1201 +	Don't Know	Refused	_0_	1	2	3+		
<pre>Ill Health/Lack of Mobility</pre>	58	18	32	7	2	5	23	13	28	26	16	30		
Social Isolation	58	28	32	9	. 2	2	7	21	83	7	9	2		
Financial Inadequacy	57	26	51	7	2	2	4	9	21	21	25	33		
Victimization	58	23	33	12	2	7	11	12	45	14	17	24		
Household Vulnerability	61	19	37	9	5	14	12	5	35	25	21	20		
Social Deprivation	57	33	27	9	6	2	13	11	41	18	20	22		
Insufficiency of Service Knowledge	38	20	20	14	3	11	14	17	36	22	22	20		
Legal Problems	26	8	28	20	16	4	4	20	38	23	23	15		
Nutrition Problems	30	27	23	10	7	7	20	7	38	14	14	35		
Overall Dissatisfaction	52	. <b>2</b> 8	29	12	6	4	12	10	41	22	26	12		
Housing Dissatisfaction	38	11	26	26	3	11	5	18	42	21	13	24		

Living Arrangements

Table 5.4-4 (Continued)

District of County

Highland/7th Summit/Univ Macalester DTDBRVBC ARYTDRCE Out Sub Others Spouse Spouse Alone (N) Ill Health/Lack 7 . of Mobility Social Isolation Financial Inadequacy Victimization Household Vulnerability Social Deprivation 57 Insufficiency of Service Knowledge Legal Problems Nutrition **Problems** 0veral1 Dissatisfaction Housing Dissatisfaction 3 ် 

Some districts of the county stand out as the locations of residence of sizeable proportions of the persons with unmet needs. The Summit-University area contains one-third of the people defined as having unmet needs by the Victimization and Knowledge Insufficiency indices; it contains about one-fourth of the people defined as having unmet needs by the Social Isolation and Nutrition Problems indices. The Downtown/Dayton's Bluff/Riverview/Battle Creek area contains one-third of the people with unmet needs related to household vulnerability; and the Mt. Airy/Thomas-Dale/Rice Street area contains one-fourth of the people with unmet needs related to social isolation. On the opposite end of the scale, the outer suburbs contain very small percentages of the people with unmet needs.

Persons with unmet needs are generally much more likely to have incomes below \$600 per month than they are to have incomes above that figure. Generally, at least a third of the people with unmet needs have no children living in the Twin Cities area. Notably, 83 percent of those with unmet needs related to social isolation have no children in the area.

5. Use of Formal Services by Aging Persons with Unmet Needs
The third, and last, analytic question which this chapter addresses is:
What is the pattern of health and human service usage among people with different types of unmet needs? To respond to this question, it is first necessary to recall that classification of persons into met and unmet need categories is based upon scores on the problem indices which were constructed for this study. It was postulated that, although it may be impossible to establish absolute cutting scores to demarcate met and unmet need, it is nonetheless defensible to assume that individuals who are among the top five percent and even the top ten percent of the scorers on each index do have unmet needs.

Before examining the data presented in this section, we should establish a clear understanding of two terms: human services; and use of human services. Human services, as they appear in this analysis, are 11 types of formal service which the survey examined. These services are: meals-on-wheels; congregate dining; senior health clinics; home nursing service, home help/chore service; transportation (special service, not ordinary bus, etc.); counseling; senior

centers; library; legal service; and health care services (doctor, dentist, nurse, hospital). <sup>14</sup> Figure 5.5-1 lists these services.

Use of a service was determined by the survey with reference to one of two different time periods, depending upon the type of service in question. For the first seven types of service listed in Figure 5.5-1, a user is anyone who took advantage of the service between the time of turning age 60 and the time of the interview. For the last four services, a user is anyone who took advantage of the service during the year previous to the interview. <sup>16</sup>

With the meanings of these terms clearly established, it is possible to classify every survey respondent with respect to every combination of need (met vs. unmet) and service utilization (used vs. not used). The generic model for clasification appears in Figure 5.5-1. Within that model, an individual falls into one of four categories:

- 1) Unmet need used a service;
- 2) Unmet need has not used a service;
- 3) Met need used a service;
- 4) Met need has not used a service.

Table 5.5-1 indicates the percentages of survey respondents who fall into these categories. <sup>17</sup> (The entries in Table 5.5-1 are percentages of persons in the met and unmet need categories who have used each service. The percentages of persons who have not used each service can be obtained by subtracting these table entries from 100 percent.) So, for example, four percent of those individuals who are meeting their health and mobility needs (as indicated in the "met" row for the III Health/Lack of Mobility Index) have used meals-on-wheels; 15 percent of those individuals have used congregate dining; etc. To take another

Note that senior health clinics constitute a form of health care service; and users of such clinics are recorded as users of health care service. However, users of senior clinics are also tallied separately because these clinics are considered a special service for the elderly.

<sup>&</sup>lt;sup>15</sup>For example, Question 40b is worded: Since you turned age 60, have you ever used home delivered "meals-on-wheels?"

<sup>&</sup>lt;sup>16</sup>For example, Question 78 is worded: Have you used the library during the past year? Note that the question on senior center use asks: "About how often do you go to the Center?" However, interviewers were instructed to obtain an answer based upon the past year.

<sup>&</sup>lt;sup>17</sup>In Table 5.5-1, met and unmet needs are defined with reference to the top ten percent of the scores on the problem indices. It was necessary to use the top ten percent, rather than the top five percent, in order to have enough cases to examine service usage.

Figure 5.5-1

# GENERIC MODEL FOR PROBLEM/SERVICE CLASSIFICATION

## Service Use

	Used	Did Not Use
.	1	2
İ	3	4

Need

Unmet

Met

Service Use Recorded for:

# Service

Meals-on-Wheels
Congregate Dining
Senior Clinics
Home Nursing Service
Home Help/Chore Service
Transportation
Counseling
Senior Center
Library
Health Services
Legal Services

# Time Period

Since Respondent Became 60 Years of Age
Since Respondent Decame 60 Years of Age
Year Previous to Interview
Year Previous to Interview
Year Previous to Interview

Year Previous to Interview

Table 5.5-1

#### USE OF SERVICES AMONG MET AND UNMET NEED GROUPS: TOTAL SAMPLE

example, 17 percent of those persons with unmet health and mobility needs have used meals-on-wheels; 16 percent have used congregate dining; and to move several columns to the right, 17 percent have used senior centers.  $^{18}$  The last column in Table 5.5-1 denotes the number of persons upon which the percentages in each row are based.

Tables 5.5-2 and 5.5-3 partition the data from Table 5.5-1 into two age groupings: persons aged 60 to 74; and persons aged 75 and older.

When we examine these three tables, we are immediately reminded that service usage, for the sample as a whole, is relatively low. (See the row labelled, "Total," in Table 5.5-1.) The only exception to the low service usage appears with respect to "Health Services" (contact with a doctor, nurse, or dentist, during the year previous to the interview), for which 93 percent of the total sample falls into the "user" group. Persons aged 75 and older are more likely than persons aged 60 to 74 to have used all of the services except health services, library services, and counseling. Health services and library services are less likely to have been used by older people than by younger people (89 percent vs. 94 percent for health services; and 18 percent vs. 38 percent for library services). Nevertheless, even among the older group, only small percentages of survey respondents reported using most of the services (e.g., mealson-wheels, 13 percent; congregate dining, 16 percent; senior centers, 25 percent; etc.).

As might be expected, people in the unmet need categories generally report more usage of certain services than do people in the met need groups. Comparison of the unmet need rows with the met need rows in Table 5.5-1 reveals, for example, that persons with unmet needs are generally more likely to have used meals-on-wheels, home nursing service, home help service, transportation service,

<sup>&</sup>lt;sup>18</sup>Keep in mind that these figures represent the percentages of persons in the met and unmet need categories who have used each service--not the converse. So, the fact that 17 percent of the persons with unmet health and mobility needs have used senior centers does not imply that 17 percent of the users of senior centers have unmet health and mobility needs.

 $<sup>^{19}</sup>$ Age differences in service utilization are described in Chapter 4.

Table 5.5-2

# USE OF SERVICES AMONG MET AND UNMET NEED GROUPS: PERSONS 60 - 74

Indicator of Met/Unmet Need

Type of Service

Met/Unmet Need			3° -6			Ty	pe o	f Se	rvic	e			
		Meals-on-Wheels	Congregate Dining	Senior Clinics	Nursing Service	Home Help/  Chore Service	Transportation	Counseling	Senior Center	Library	Health Services	Legal Services	<u>(N)</u>
TOTAL		3	14	12	2	1	3	3	21	38	94	40	889
Ill Health/Lack of Mobility	Met Unmet	2 13	14 17	12 19	1 8	1 5	3 11	3	21 19	39 23	95 9 <b>7</b>	41 42	802 64
Social Isolation	Met Unmet	3	14 8	12 14	2 3	1 2	3 5	3	22 11	39 21	96 86	41 25	804 63
Financial Inadequacy	Met Unmet	2 6	14 13	12 14	1 3	1 2	3 7	3	21 20	40 23	96 90	41 39	756 94
Victimization	Met Unmet	2 7	13 20	11 20	2	1 1	3 9	2 3	21 27	38 35	94 97	42 27	789 75
Household Vulnerability	Met Unmet	2 4	14 14	13 12	2 2	1	3 4	2 5	22 20	38 37	95 93	41 37	659 216
Social Deprivation	Met Unmet	2 10	14 16	12 10	1	1	3 3	2 6	20 33	37 49	95 94	40 48	791 70
Insufficiency of Service Knowledge	Met Unmet	3	15 8	13 3	2 2	1	3 2	3 2	22 13	39 24	95 91	41 32	814 .63
Legal Problems	Met Unmet	2 5	14 12	13 10	2	1 2	3 4	2 5	22 18	36 47	95 95	34 76	759 125
Nutrition Problems	Met Unmet	2 10	13 21	12 16	2 5	1 3	3 4	2 4	21 27	38 40	95 100	40 41	784 81
Overall Dissatisfaction	Met Unmet	3	15 8	12 13	2 1	1	3	2 6	22 15	38 38	95 95	40 46	777 87
Housing Dissatisfaction	Met Unmet	3	13 20	12 17	2	1	3	3	21 27	37 38	95 91	40 40	777 89

Table 5.5-3

## USE OF SERVICES AMONG MET AND UNMET NEED GROUPS: PERSONS 75 AND OLDER

Dissatisfaction

Unmet

and counseling. However, there are also certain services which persons with unmet needs appear equally or less likely to use than persons with met needs. These include senior centers, library services, health services, and legal services—the use of which, interestingly enough, was measured with reference to the year preceding the interview.

Many comparisons can be made from the data in Tables 5.5-1 to 5.5-3. These tables make it possible for readers to examine the complete profile of service utilization for persons in any met or unmet need group (i.e., to determine the proportion of individuals in the group who have used each of the services listed in the tables). Readers can also examine only the use of services which might be considered appropriate interventions for people with a particular, unmet need (e.g., to look at the proportion of transportation service users among persons with unmet mobility needs).

For purposes of illustruation, let us look at the use of health services by persons in the met and unmet need categories of each of the 11 indices. Table 5.5-1 reveals that use of health service among people with met and unmet needs is essentially equivalent for each of the indices with the exceptions of: Insufficiency of Service Knowledge and Social Isolation. <sup>20</sup> The individuals which these indices characterize as having unmet needs tend to report less health service usage than the sample as a whole (87% and 86%, respectively, as opposed to the total percentage of 93%). Table 5.5-3 reveals that health service use among persons aged 75 and older with unmet needs related to Insufficiency of Service Knowledge drops even more, to 82 percent. Thus, from these tables, we can see that, although only one aging person in 20 failed to make use of health services during the year preceding the interview, more than one in ten with unmet needs related to social isolation and/or insufficient service knowledge did not use such service, Moreover, among the older group in the sample (i.e., aged 75 or more), almost one in five with unmet needs for service knowledge was not a health service user.

The number of need/service combinations which can be generated from these tables is plentiful. Readers should, on their own, use the tables in whatever way best contributes to their understanding of met and unmet need among the aging residents of Ramsey County. The fact that the majority of older people,

<sup>&</sup>lt;sup>20</sup>It should be recalled that the reference period for use of health services is the year preceding the interview.

whether or not their needs are being met, do not use "services for the elderly" (as the first seven services are often labelled) is evident. It is also evident that services alone do not remedy the unmet needs which many people have. (If they did so, there would be no service users with unmet needs.) However, many persons with unmet needs seem to be reaching out for service to help themselves. For example, 42 percent of the respondents aged 75 and older with unmet needs indicated by the Social Deprivation Index have used meals-on-wheels; 32 percent of this older group with unmet nutrition needs have used congregate dining; about one-third of the socially deprived have used a senior center; etc. In short, many of the people who have unmet needs are presenting themselves for service, although that service may not presently be designed either to help them meet their needs or even to identify them as having unmet needs. Program managers may wish to consider shaping elements of their programs to detect, refer, and/or treat the people whose unmet needs a program is not designed to address but who tend to request service from that program.

#### CHAPTER 6

#### TRANSLATING THE STUDY FINDINGS INTO ACTION

#### 1. Introduction

How should the massive amount of data produced by the survey and the information derived from the data be employed? The prospect of using these data to make effective decisions to improve service programs for the aging in Ramsey County can be an engaging challenge for program managers and funding bodies. It can also be a source of great dismay. The intelligent use of research findings to guide the modification of existing service programs entails many complex tasks, including: interpretation of research findings to see fully their programmatic implications; discussion of findings among staff members whose programs may change; analysis of the relative advantages and disadvantages of replacing current programs with new programs; reconciliation of "ideal" programmatic strategies with political and economic realities; and deliberations by committees and boards to establish new agendas and goals. None of these activities (or of many other activities which enter into the process of program alteration) is facile. Yet, hopefully, the dissemination of this study's results will catalyze productive change within the system of service delivery to aging residents of Ramsey County.

To date, even before report publication, many individuals and organizations have made use of portions of the study findings. Users have included: funding agencies which used the results as a basis for making decisions regarding the appropriateness of certain grants; grant applicants who have cited study findings to support their requests for funds; agencies which needed baseline data to assist them in establishing program goals; individuals who wanted to bring information to legislative groups or other government decision-makers; and service agency staff who wanted to apprise themselves and their advisory boards of the current living conditions of Ramsey County's older residents.

This concluding chapter has three purposes. First, it presents a summary of the results of the survey of aging residents of Ramsey County. Second, if identifies and discusses several dilemmas which confront the agency administrator determined to implement change. Third, it offers recommendations as orienting principles for improving the service delivery system for the aging in Ramsey County.

# 2. The Survey of 1,228 Older Residents of Ramsey County: A Summary

This section of Chapter 6 summarizes both the information collected in the survey of persons 60 and older in Ramsey County as well as the effort to analyze the survey information. To offer a practical perspective on the living conditions and needs, this summary provides an "accounting" of the numbers of people in the free community in Ramsey County who may be in need of service. By dealing with numbers of people, the magnitude of many problems becomes more tangible than if we were to document the incidence of such problems only by the deceptively small percentages of the sample found in the survey. For this summary, the estimate of the total number of Ramsey County residents aged 60 and older who live in the free community is 65,000.

# Knowledge and Use of Services

Data from none of the other domains of study produced as many surprises and insights as did the information regarding knowledge and use of human services by the older residents of Ramsey County. The survey data indicate that:
----A large number of older people are unaware of the "services for the elderly" available to them, with the greatest insufficiency of knowledge existing among people who are in their late 70's and 80's, living in a residence with someone other than a spouse, or residing in a central city neighborhood.

Extensiveness of problem: Survey data indicate that at least 37,600 Ramsey County residents aged 60 and older know about fewer than half of the available "services for the elderly."

The "free community" refers to non-institutional housing. This report assumes that approximately 4,000 of the approximately 69,000 residents of Ramsey County aged 60 and older live in institutions, such as nursing homes. At the time of this writing, 1980 census figures for Ramsey County have not become available. The figure of 65,000 is likely to be very close to the actual number of residents in the free community, but probably lower. Thus, the figures provided in the summary are conservative. (See: Minnesota State Demographer, 1975; and U.S. Department of Health, Education, and Welfare; 1976.)

<sup>&</sup>lt;sup>2</sup>As defined earlier, such services include: meals-on-wheels; congregate dining; senior clinics; home nursing service; home help/chore service; transportation; and senior centers. They do not include private physicians, dentists, etc. Use of the latter is described in the section on health.

- ----Large proportions of older people do not know how to find out about or make use of available services, especially those who are "old-old" who are living alone or in the care of others, or who have low incomes.

  Extensiveness of problem: Survey data indicate that at least 22,770 older residents of Ramsey County have no idea how they would obtain the assistance of a human service agency if the need arose to do so.
- ----Most older people do not take advantage of the "services for the elderly."

  Even among those with higher than normal amounts of problems or with unmet needs, for whom service might be beneficial, the majority are not service users.

Extensiveness of problem: Survey data indicate that at least 46,230 older residents of Ramsey County have never used any "services for the elderly." Moreover, non-users of such services number, at a minimum: 2,650 of those with unmet needs related to ill health and lack of mobility; 2,750 of those with unmet needs related to social isolation; 2,500 of those with unmet needs related to financial inadequacy; and 2,250 of those with unmet needs related to victimization. 3

# Health

- A. Activities of Daily Living
- ----Of nine activities of daily living, it was grocery shopping which the largest proportion of older people (17%) were unable to accomplish without help. Inability to do grocery shopping was most likely to be a problem for the very old (51% of those 80 years of age and older), females, people living with someone other than a spouse, residents of the Downtown, Highland-7th and East Side neighborhoods, and persons with low income and low education.

Extensiveness of problem: Survey data indicate that at least 11,000 older residents of Ramsey County cannot do grocery shopping without assistance.

----Housecleaning is the second most prevalent disability (13%). Other activities, and the percentages of persons who could not accomplish them without

These figures do overlap. That is, as we saw in Chapter 5, certain proportions of people with each of these types of unmet need have other types of unmet needs. Unmet need is defined with reference to the top ten percent of scores on the problem indices. (See section 4 of Chapter 5.)

help are: going for walks (8%); using the bathtub (7%); preparing meals (5%); climbing stairs (5%); taking medications (3%); using the phone (3%); and dressing (2%).

Extensiveness of problem: Survey data indicate that the number of older residents of Ramsey County with each of these disabilities is at least: housecleaning (8,400 persons); going for walks (5,200 persons); using the bathtub (4,500 persons); preparing meals (3,200 persons); climbing stairs (3,200 persons); taking medications (1,950 persons); using the phone (1,950 persons); and dressing (1,300 persons).

----Overall levels of difficulty with activities of daily living are greater among older age groups, persons living with someone other than a spouse, females, and persons with low income.

#### B. Health Problems

- ----Most older people, even many of those with severe disabilities or functional impairments, consider their health to be good or at least average; six percent consider their health to be poor.
  - Extensiveness of problem: Survey data indicate that at least 3,900 older residents of Ramsey County consider their health to be poor.
- ----Most older people see their health as better or the same as that of other people of the same age.
- ----Most older people do not consider health to be a major problem; but at least 16 percent do report health problems or physical disabilities as their major problems.
  - Extensiveness of problem: Survey data indicate that at least 10,400 older residents of Ramsey County consider health problems or physical disabilities to be their major problems.
- ----Sixty-three percent of the older people interviewed reported having at least one chronic illness or chronic health problem. The illnesses most often reported were high blood pressure, arthritis, and heart trouble.

  Extensiveness of problem: Survey data indicate that at least 40,950 older residents of Ramsey County have a chronic illness or chronic health problem.

- -----Twenty-nine percent of the older people interviewed felt that their health prevents them from doing things which they would like to do.

  Extensiveness of problem: Survey data indicate that at least 18,850 residents of Ramsey County feel that their health prevents them from doing things which they would like to do.
- ----Health related problems or complaints tend to be more frequent among older age cohorts and among persons with low education.

#### C. Health Care

- ----Most older people maintain contact with health care providers, although a noticeable tendency exists for individuals with unmet needs related to social isolation, knowledge insufficiency, and household vulnerability (especially if those individuals are aged 75 or older) to lose contact with the health care system.
  - Extensiveness of problem: At least 3,900 older residents of Ramsey County have less than yearly contact with health care providers.
- ----Persons likely to have less contact than others with health care providers are those with significant difficulty accomplishing activities of daily living, residents of Mt. Airy, Thomas-Dale, Rice Street and Downtown, Dayton's Bluff, Riverview, Battle Creek neighborhoods, and persons with low income or low education.
- ----Most older people feel that they have someone to take care of them in case of sickness or disability; and many have, in fact, relied upon family members for care during periods of illness or rehabilitation after a stay in the hospital.

# Family/Social Ties

- ----Eighty percent of Ramsey County's older population have at least one living child; 71 percent have at least one child who lives in the Twin Cities area.
- ----Ninety percent of the older individuals with children have contact with one or more of those children at least once per week. The majority of persons with children report involvement in social activities and exchange of aid with their children.
- ----Most older people have one or more "close friends."

----Persons more likely than others to be socially isolated are: persons living alone, persons living with someone other than a spouse, residents of Summit-University, and persons with low income and/or low education. Feelings of social deprivation are greater among persons living alone, persons living with someone other than a spouse, and persons with low incomes than they are among other persons.

## Life Satisfaction

- ----Older people tend to be relatively happy and satisfied with their lives; but overall dissatisfaction is a problem for about 18 percent of them.

  Extensiveness of problem: Survey data indicate that at least 11,700 older residents of Ramsey County are dissatisfied with or troubled about their lives.
- ----Dissatisfaction tends to be higher among low income groups than it is among other people.
- ----Thirty percent of the older people interviewed reported that some particular aspect(s) of their lives worried them. Worries were most often related to health.

Extensiveness of problem: Survey data indicate that at least 19,500 older residents of Ramsey County worry about some particular aspect(s) of their lives.

# Spiritual Status

- ----Eighty-three percent of the older people interviewed reported membership in a church or synagogue. Contact with churches is high, with the average frequency of attendance at services being 45 times per year, and with more than half of the respondents reporting weekly or more frequent attendance.
- ----At least 14 percent of the older people interviewed have trouble attending services as often as they would like; about three percent feel that available religious activities in their neighborhoods are inadequate.

  Extensiveness of problem: Survey data indicate that at least 9,100 older residents of Ramsey County encounter obstacles to attending religious services and that at least 1,950 feel that local religious activities are inadequate.
- ----Problems attending religious services are more often expressed by persons 75 and older, women, people with low incomes, and people with low education than they are by other persons.

## Transportation

- ----About five percent of Ramsey County's older population leave the house no more than once per week. About half of these people would like to get out of the house more often.
  - Extensiveness of problem: Survey data indicate that at least 3,450 older residents of Ramsey County do not get out of the house more often than once per week. Survey data also indicate that at least 1,590 of these housebound individuals would like to get out more often.
- ----Getting out of the house is a greater problem for persons 80 and older, women, persons living with someone other than a spouse, residents of several city neighborhoods, and people with low income and/or education than it is for other persons.
- ----Driving a car is the favored means of transportation for older people, especially males and persons in their sixties.
- ----Transportation is highly problematic for about 16 percent of the older people interviewed.
  - Extensiveness of problem: Survey data indicate that at least 10,400 older residents of Ramsey County have highly limiting transportation problems.
- ----Transportation problems are more likely to exist among persons 75 and older, persons living alone, persons living with someone other than a spouse, women, and persons with low income and/or education than they are to exist among the older people.

#### Safety

- -----Vulnerability of older persons' households to crime, fire, and other unsafe influences is relatively high.
  - Extensiveness of problem: Survey data indicate that at least 33,800 older residents of Ramsey County do not have deadbolt locks on their doors; 29,900 do not have smoke detectors; 5,850 do not have phone numbers for police and fire departments posted near their phone.
- ----The greatest vulnerability exists among older persons who live alone, residents of center city districts of St. Paul, and low income individuals.
- ----Dissatisfaction with safety is higher among women than among men, higher in the Summit-University area than in other areas, and higher among the poor than among the wealthy.

#### Legal

- -----Forty-one percent of the older people surveyed had used a lawyer since turning age 60. About one-third reported that they do not have an attorney whom they would contact if legal problems arose.

  Extensiveness of problem: Survey data indicate that at least 26,650 older residents of Ramsey County have not used a lawyer since turning age 60; at least 24,050 do not have a lawyer to whom they would readily turn for assistance.
- ----Knowledge of a lawyer to whom to turn for needed assistance is least likely for residents of the Downtown, Dayton's Bluff, Riverview, Battle Creek area, for low income individuals, and for persons with low education.

## Housing

- ----Most older people are satisfied with their neighborhood and housing arrangements; about one-sixth would prefer to live in a different residence.

  Extensiveness of problem: Survey data indicate that at least 11,040 older residents of Ramsey County would prefer to live somewhere other than their present residence.
- ----Dissatisfaction with present residence is greatest among residents of Summit-University and the outer suburbs.
- ----Sixteen percent of the older people interviewed had experienced problems doing repairs, remodeling, or redecorating of their homes or apartments.

  Extensiveness of problem: Survey data indicate that at least 10,400 older residents of Ramsey County have problems doing repairs, remodeling, or redecorating.
- ----Problems with repairs, etc., are most likely among females, persons living alone or with someone other than a spouse, and persons with low incomes.

#### Economics

- ----Social Security, wages, and other pension benefits are the most common sources of income for persons 60 and older.
- ----Nine percent of the older people interviewed felt that they lack enough money to meet everyday needs; about 22 percent are uncertain about their ability to meet furture financial needs.
  - Extensiveness of problem: Survey data indicate that at least 5,850 older residents of Ramsey County feel that they lack enough money to meet every-day needs. At least 14,300 have doubts about their future financial ability.

----Inability to meet everyday financial needs is most likely felt by persons living with someone other than a spouse, persons living in the Summit-University area, and persons with low incomes.

# Employment/Volunteer Activities

- ----Most older people do not work full or part-time for pay; and most have no interest in finding employment.
- ----Persons in their early sixties are more likely than older persons to be employed for pay.
- ----Twenty-two percent of the elderly individuals interviewed served as volunteers; 19 percent would like to find new or additional volunteer work to do.

#### Nutrition

- ----At least 16 percent of the older persons interviewed had difficulties related to eating or diet.
  - Extensiveness of problem: Survey data indicate that at 10,400 older residents of Ramsey County have nutrition difficulties.
- ----Nutrition problems are greater among women and among persons with low incomes.

#### Education

- ----About 54 percent of the people aged 60 and older who were surveyed had at least a high school education. Only ten percent had completed college.

  Extensiveness of problem: Survey data reveal that at least 28,600 older residents of Ramsey County do not have a high school education.
- ----Fifteen percent of the older persons interviewed had taken a course during the year previous to the interview.
- -----Twenty-seven percent of the respondents felt that some obstacle had kept them from taking a course which they wanted or needed to take.

  Extensiveness of problem: Survey data indicate that at least 17,550 older residents of Ramsey County encountered obstacles to taking courses which they wanted or needed to take.

#### Recreation

- ----About 63 percent of the older population have a favorite hobby or pastime.
- ----Virtually all older people watch television at least occasionally.

  Reading, gardening, and crafts are also popular, recreational pursuits.

# Relationships Among Domains

- ----Transportation problems and nutrition problems appear highly related to many other types of problems among the aging.
- ----At least 20 percent of the individuals with unmet needs related to health and mobility, nutrition, and/or social deprivation have other unmet needs. Thus, transportation, nutrition, and levels of social contact appear to be significant elements in the adjustment of aging persons.

The summary presented in this section provides some indication of the numbers of people represented in the findings from this study. As noted earlier, the numbers of people affected by problems and unmet needs of various types are not insignificant, even though the percentages of such people in the total population may appear small. The small percentages are gratifying in their implication that most aging individuals adjust to the demands of life in the community. The large numbers of persons with problems and unmet needs reflect more than enough maladjustments for Ramsey County service agencies to attempt to remedy. A vast amount of work exists to be accomplished, without any fear that agency efforts will produce "duplication of service."

Many data appear in Chapters 2 through 5 of this report which have not been summarized in this chapter. In addition, the results of supplementary analyses (e.g., tabulation of all interview information by respondent demographics, such as age, sex, etc.) are available for use in the Planning and Development Office of the Wilder Foundation; and individuals with an interest in determining whether such results might suit their data needs are encouraged to contact project staff.

#### 3. Dilemmas and Problems

Before turning to a set of recommendations derived from the study findings, let us discuss briefly several dilemmas which confront the agency administrator who is determined to implement change. Implementing change as a result of a study such as this is not easy. No good model exists for transforming information from a needs assessment into concrete programmatic

<sup>&</sup>lt;sup>4</sup>To the extent that some older people were reluctant to mention all of their problems during an interview, the numbers reported in this chapter should be considered conservative.

initiatives for human service settings.<sup>5</sup> In addition, staff in human service organizations rather typically face many complexities when they ponder the opportunity for organizational change. Ideally, staff members in human service organizations can employ needs assessment information to explore their service environment and to shape their service activities to conform to the needs of community residents. In practice, however, organizations are somewhat refractory with respect to feedback received from their environs. Thus, organizational inertia often intrudes itself in the form of staff resistance, which tends to block or impede change efforts.

We turn now to discuss three of the perplexing questions which staff in human service agencies face while comtemplating the possible implementation of results from a needs assessment study. The discussion of each question contains a consideration of a strategy derived from this study which may be useful for resolving the question.

#### 1) How is need defined?

As discussed in Chapter 5, there is no generally accepted definition of the term, need. Nor are there commonly accepted procedures for determining whether an individual's needs are met or unmet. Long et al. (1970) identified the conceptual confusion which has resulted from interchangeable and imprecise use of terms like "need," "problem," "want," and "concern." Siegel et al. (1978) stated that need definition is difficult for at least three reasons: first, "needs are relative to the perceiver and are based on values, culture, past history, and experiences of the individual and the community;" second, "human social-service needs are not singular, easily identifiable entities, but are diffuse and interrelated;" and third, "communities and their needs are dynamic and in a state of constant flux." It is tempting, therefore, to give credence to the agency staff member who argues that to identify unmet needs within the community is to travel on treacherous seas.

Nonetheless, this study has been premised upon the proposition that all individuals have needs and that one can think of these needs as conditions of life which require fulfillment. Further, the indices constructed for the study

The bibliography of this report contains references to a number of needs assessments of older people which have been conducted throughout the nation. Such reports are not plentiful (because there have not been a multitude of studies); but they are nevertheless much easier to uncover than reports on the ways that needs assessment data lead to changes either within entire service delivery systems or within the component human service organizations of those systems.

were used to identify persons who, under all but extremely conservative criteria, could be considered to have unmet needs. Thus, the study not only provides a means for treating the matter of need definition, but also establishes a method for the measurement of need fulfillment. The study may be said to accomplish these tasks in a way which enables its readership and the community to use the study findings meaningfully. In addition, effort has been made to present data in such a way as to allow users of the study findings to apply their own definitions of need and to interpret the study findings according to their own purposes if the author's methods prove to be ill-conceived.

2) After unmet needs have been identified within a community, how do organization staff determine whether to act?

There is no easy answer to this question. Organizations ostensibly act in response to the missions which their directorate and/or staff establish for them. They decide which unmet needs they would like to remedy within their service areas; and they decide which programs they would like to operate to have an impact upon those needs. There may, of course, be several different strategies or approaches for an organization to deal with a particular unmet need. For example, to assist people who are unable to accomplish their household chores by themselves, an organization could choose to operate a home chore service or it could build housing, with provisions for household services. As another example, assistance to people with worries about losing their independence due to physical disability could be rendered through individual counseling programs or through mutual help groups. Multiple options are usually available to organization staff who may want to address particular unmet needs in the community. On the other hand, organizations which have not endorsed a particular unmet need as one which they would like to address will likely not explore options for correcting that need if it is revealed in a research study. For example, if an organization does not embrace the goal of providing transportation services to older people, it will typically not react to the identification of unmet transportation needs within a community unless it wishes to change its goals.

Even if an organization recognizes a problem situation among older people in a community to be one which may be appropriate for an organizational response, judgment still must be exercised concerning the costs and benefits of the organization's using its resources to contribute to solving the problem versus having

families or individuals solve the problem on their own. There is also the larger issue of how the community will choose to allocate responsibility among formal and informal groups regarding the alleviation of unmet needs. There may be questions, for example, concerning which of the several agencies is the most appropriate for tackling a specific problem; and there may be negotiation to evolve strategies by which various agencies with common goals could coordinate their activities.

Ultimately, the most fruitful use of the findings of this study will probably require collective action by local agencies and a willingness to collaborate in setting priorities and agendas for the improvement of the quality of life of Ramsey County's residents. No statistical formulae exist which can dictate optimal allocations of independent and conjoint activities by agencies to reach established goals. However, the existence of well-founded study findings can serve as a reference base from which agencies can cautiously set out to tackle the problems of the aging and to remedy, as much as possible, the unmet needs which exist among aging community residents.

Some of the analytic results presented in Chapter 5 may prove helpful to service agencies who wish to think about assigning priorities to the unmet needs which they can address. For example, agency staff can determine the characteristics of aging county residents with unmet needs who are not now receiving service. Those people might then be defined as a priority target group for whom the agency staff will want to develop new service or to redirect existing service. Agency staff can also determine which types of people with unmet needs are currently receiving service; and they can decide whether to address the unmet needs through activities which supplement the services being received. For example, since a large proportion of the individuals who have taken part in the meals-on-wheels program feel socially deprived, it may be more efficient for an agency which wants to remedy feelings of social deprivation to do so by adding a social outreach component to a meals-on-wheels program than by starting a wholly new program.

There are, however, provocative opportunities for simulation studies to predict how one or another means of allocating service responsibilities across agencies can produce a desired result in a community.

3) How does an agency deal with the fact that change is disconcerting, tension producing, and often times opposed?

Agency administrators and staff like to feel that they are doing the best they can for their clients and for the community, and their intentions are generally sincere. As human beings, however, they become comfortable with established roles and practices, and they seek to avoid grappling with any issues or problems which are apt to produce distressing innovations. One means of forestalling organizational change is simply for staff to insulate themselves from forces which might lead to such change. For example, Brager and Holloway (1978) have suggested that many service agencies accommodate to the pressures of their environments by consciously choosing to operate in a "crisis" mode. Operating in this mode enables them to blind themselves to any inputs which might lead to doubt about the appropriateness of agency goals or agency practices, and which, consequently, might lead to changes in the agency's structure and function.

A National Institute of Mental Health publication, <u>Planning for Creative Change in Mental Health Services</u>, listed a number of reasons for resistance to change within organizations, including: cultural beliefs; inertia; sense of over-commitment; feared economic loss; and fears about personal security. There is also, of course, a desire by agencies to preserve their autonomy and to retain the ability to make their own decisions.

Yet we know enough about the organizational change process to establish some guidelines for work to alter the existing community service structures for aging residents of Ramsey County--if such alterations seem necessary as a result of this needs assessment study. For example, Klein (1968) has indicated that resistance to change can be decreased: if persons affected by the change have an opportunity to participate in decision-making regarding the change and its implementation; if the change is not perceived as a threat; if the change is promoted by individuals whose judgement is respected; and if those involved in the change are able to foresee how they will establish a new pattern of activity which is as good or better than the status quo.

A possible means for working within these guidelines to foster productive change within the service delivery system for the aging in Ramsey County is for service agencies to work collaboratively to install small innovations within parts of that system. Conjoint effort to use study data selectively

to improve the effectiveness of services for the aging will enable persons affected by changes to participate in molding such changes through a non-threatening, collaborative, goal-oriented process. The economics of change may also be easier to bear if agencies share their resources. Likewise, within individual service organizations, change may be more fruitful if it is effected as a result of collaborative effort on the part of staff whom it is most likely to affect than if it results from one administrator's unilateral pronouncements.

The discussion of these three questions and their attendant issues should indicate that the agency administrator and the organization-oriented researcher who seek a partnership in installing and/or maintaining an innovative, responsive system of service delivery do not have a simple job. No prepackaged solutions will emerge from the computer which analyzed the needs assessment data. However, it is necessary only to deal with these questions openly and honestly, not searching for definitive responses, but simply establishing intelligent guidelines for community planning to meet the needs of the aging. Although these questions (and others) will continually produce ambiguity, we need, nonetheless, to experiment with solutions to problems among the aging and to refine the solutions as a result of new insight or information.

# 4. Implications/Recommendations

This section includes a set of recommendations which grow out of the study findings. It is difficult to write recommendations concerning human service during a period when government and private industry are encouraging substantial budget-cutting and fiscal austerity. As money becomes scarce, program proponents and opponents become more strident; and issues are displaced by ideologies. Those who favor particular programs make "more of" recommendations. That is, they call for more transportation for older people, or more home help services to keep the elderly in their own homes, and so on. Those opposed to particular services, or to all services, make "less of" recommendations. They lobby for cutting back the amount of money spent on human services, or on a certain type of service.

The recommendations included in this report do not clamor for "more of" or "less of." Nevertheless, the report does provide informational means for estimating desirable increases or decreases in the amount of service provided to Ramsey County's aging population. For example, study users can, with the data presented in this report, estimate the number of people with a particular

problem or disability as well as the number of those same people who are receiving service. The difference between these two numbers could be used as evidence of a need for more service, for maintenance of a current level of service, or for curtailment of service which is thought to be overabundantly supplied. Such analysis and the formulation of "more of" and "less of" recommendations are not the focus of this chapter.

The recommendations in this chapter essentially concern generic features of the service delivery system. While some of them have a "more of" quality, their intent is not simply to call for more service, but rather to propose that a few organizational dimensions of the service delivery system be altered or enhanced in order to improve the efficiency of that system. Many of the recommendations overlap in their implications and/or in the types of action which they engender. Each, however, has a unique emphasis. The costs associated with the recommendations are not explicitly considered, but they are expected to be minimal. In fact, some of the recommendations, will undoubtedly lead to reduced costs, or at least to more "bang" for every expended service dollar.

It is assumed that these recommendations should be considered and deliberated jointly by human service agencies in Ramsey County before they can effectively be implemented. Each agency must decide independently where it stands on issues of change and improvement; but the recommendations from this study require community response which can most appropriately be effected by conjoint agency activity.

Recommendation 1: That greater information about human services for older people be made available. That every human service agency consider public education about its services to be a definite organizational responsibility.

The notion of providing more information about services to older people is a very simple one. Yet, as the study data demonstrate, knowledge about services has been very inadequately conveyed to Ramsey County's older residents. Making information available does not require massive capital expenditures. It may not even require very much in the way of personnel costs. It does require that human service professionals recognize: that familiarity with the services is necessary for human service products just as it is for commercial products; and that new strategies need to be pursued for establishing linkages

with older people which they can use as a means of communication when they feel a need for assistance from an agency.

Provision of information about available services is not an end in itself. It is a means toward the goal of increasing the speed with which aging individuals who could benefit from service will approach the appropriate agencies and receive it. The study's finding of ignorance among aging persons concerning both the availability of service and the channels for effectively requesting service are supplemented informally by many reports from project interviewers who found themselves assisting older individuals to make contact with human service agencies. In some cases, people reported that the survey itself provided their first notification of the existence of programs and services for the aging.

This recommendation may cause some apprehension among those who feel that human service agencies are already overburdened and who see that greater awareness and information will open the flood gates with service applicants. It is very probable, if not essential, that greater awareness will cause more requests for service from needy individuals. It is even likely that greater awareness will lead to early identification of problems and will dispose some individuals, who would not otherwise have seen themselves to be needy, toward requesting service to see what they can obtain for themselves. Nevertheless, blinding ourselves to community needs and evading contact with needy residents of Ramsey County by denying the necessity of public education and increased awareness is an irresponsible posture for the community to assume.

# Recommendation 2: <u>That volunteer programs receive greater emphasis within</u> the system of service delivery to aging persons.

The survey data clearly reveal both the need for the kinds of services which volunteers can provide (e.g., household work, grocery shopping, counseling/social contact, transportation, and many others) and the existence of a potential volunteer labor force among older people (i.e., almost one in every five persons interviewed expressed a desire to begin or increase voluntary work). A Minnesota State Planning Agency report (1980) suggests that the volunteer labor force of aging individuals may increase into the 1990's.

The positive features of volunteer programs are many. They produce benefits for volunteers, for service-recipients, for human service organizations, and for the general public. They are easily installed in any existing human service setting; and they can also be developed in novel settings. Services offered via voluntary means can be wide ranging and innovative. The constituent volunteers in the programs can be younger people (particularly family members) who serve the aging; or they can be older people who serve themselves and their peers. Volunteer programs put to good use the abilities of older people who participate and who might otherwise have little opportunity to offer their still-productive competencies to society; they can help older volunteers to preserve their vitality; they can build upon existing informal neighborhood networks, including those which might already be tied to churches or other organizations; and, in cases where younger volunteers work with older individuals, they build intergenerational bridges.

The financial aspect (low cost) of volunteer programs may render them especially, if not exclusively, appealing to agency administrators and government officials during the 1980's. Thus, Ramsey County could benefit socially and economically, from a solid, cooperative organizational strategy, which builds upon already instituted volunteer programs, to recruit, train, and reward volunteers, as well as to assist agencies to use volunteers more effectively. 7

Recommendation 3: <u>Mutual help groups for aging persons should be organized</u> on a broader scale.

Mutual help groups, which are a form of voluntary association, can contribute significantly to effective resolutions of many of the problems uncovered by the survey. Large numbers of older individuals have worries, concerns, or needs for information, companionship, and support which mutual help groups are very well suited to provide. Such groups enable older people with similar problems to recognize and deal with those problems. They can preserve and increase the vitality which older people have. They can also promote the exchange of services on a voluntary basis as group members with particular skills offer to help other members whom these skills might benefit.

Once established, such groups operate "on their own," for the most part. They require some early organizational support and sponsorship, as well as later, occasional, technical assistance. However, they have very few costs

The use of volunteers might be especially productive for realizing the objectives of Recommendations 1, 3, 4, 5, and 6.

and can easily be established in conveniently accessible, neighborhood settings.  $\ensuremath{^{8}}$ 

Recommendation 4: That prevention of problems among the aging, not just cure, be a major part of the orientation of the service delivery system.

Three aspects of the survey findings lead to this recommendation. First, most older people are quite intact. They adapt relatively well to their living situations. Second, most older people have no contact with the formal, human service delivery system. Third, older people with the most problems and unmet needs tend more than other older people to be service users.

Why does the service delivery system tend to ignore older people until they become disabled and/or desperate? Why can't programs be oriented toward staving off serious problems? Prevention of problems among the aging will likely occur as a result of the activities associated with other recommendations. For example, dissemination of information about available services will hopefully bring people in for service before their problems become extreme; and volunteer programs should provide a means for maintaining physical health, mental acuity, and social functioning. However, agencies ought to make the goal of prevention manifest, not simply treating it as a fortuitous byproduct of some of their ordinary activities.

Innovative strategies for prevention of problems (and promotion of need fulfillment) among the elderly may involve emphasizing nutrition and transportation programs. This appears sensible in light of the study findings that deficits in the transportation and nutrition domains are highly associated with deficits in other domains. An hypothesis worth testing is that early intervention, when aging persons are beginning to experience nutritional and/or transportation problems, reduces the likelihood of the development of problems of other types. To work toward prevention would result in an enriched quality of life for aging individuals in Ramsey County; and it is likely to greatly increase the efficiency of the entire service delivery system.

Recommendation 5: That churches be more fully utilized for providing information and human services to older persons.

The survey data clearly indicate heavy involvement of older people in church activities. Churches thus constitute an obvious focal point for

<sup>&</sup>lt;sup>8</sup> Two variations on the mutual help theme--a caregiver support program and a senior information service--have been implemented recently as innovative programs by the Wilder Foundation; and they are being evaluated.

disseminating information, making referrals, offering direct service, and organizing voluntary efforts on behalf of older people. From the study, however, there is no evidence that many older people look toward churches as important sources of human service assistance or that people receive much other than spiritual support from their churches. Bringing churches into fuller partnership with human service agencies is a means for improving the efficiency of service delivery which can be easily and accurately evaluated over time.

Recommendation 6: That special, innovative techniques be developed for reaching and serving disadvantaged groups among the aging in Ramsey County.

Programs for the aging, including many of those entailed in the previous recommendations, may need to be adapted to suit the special circumstances of specific, disadvantaged groups within the older population. For example, the study findings indicate less use of health services among low income and low education groups than among other groups. 9 Prevention, early detection, and/ or effective treatment of health problems among these groups may not be attainable through normal channels of advertising and delivering health services. To take some other examples from the study, residents of the Summit-University district and of the Downtown/Dayton's Bluff/Riverview/Battle Creek district tend to be relatively ignorant of available services, even to the extent that many of them are completely unaware of the major senior citizens' centers located in their areas; and residents of the Mt. Airy/Thomas-Dale/Rice Street district use fewer health care services than do residents of any other district of the county. Thus, in disadvantaged neighborhoods, effective outreach and advocacy on behalf of the elderly may be necessary in order to improve their access to service. Outreach may also be necessary for persons in their seventies and eighties who reported problems and unmet needs, as indicated by the survey data, but who rely only upon themselves or their families, and do not receive any formal, human services. (Such outreach could well be effected by older volunteers who locate individuals who need service.)

Recall that this occurs despite a greater incidence of self-reported health problems among the disadvantaged.

Note that this recommendation is not intended to promote the dependency of the aging upon human service organizations. Rather, it is intended to complement Recommendation 1 (dissemination of information) and Recommendation 4 (prevention). It emphasizes that if this community is to ferret out and overcome the problems of its aging residents and to enhance their ability to meet their needs, it must employ a variety of techniques which are suited to reaching special, disadvantaged groups.

Recommendation 7: That conjoint agency activity be fostered for testing innovative techniques for providing services to the aging.

Mention of conjoint agency activity has been made several times in this report. The most efficacious means for implementing these concluding recommendations and for initiating new programs to serve the aging may be for groups of agencies within the county to work collectively. Collaboratively, agencies could experiment with several different techniques for providing service and could jointly determine which, if any, is most productive. Conjoint activity could assist agencies to establish their priorities with commentary and advice from other agencies. Decisions could be made concerning the merits of complementarity versus duplication of service among several agencies. Although this recommendation is not derived from the survey findings per se, it is a recommendation which seems necessary to make if the response of the community to the study findings is to be maximally beneficial.

Recommendation 8: That the Wilder Foundation and other local foundations support the innovative and experimental aspects of the recommendations which emanate from this study.

Most of the recommendations presented in this chapter have few associated costs. However, in a period of shrinking allotments of funds to the social services, most agencies have difficulty thinking about even minimal expansion of their budgets. Local foundations, however, have the resources and the flexibility to promote innovation and to foster experimentation with service modes which are not proven but which may have tremendous impacts upon the quality of life of the aging residents of Ramsey County. There may also be a role for foundations in funding the placement of geriatric practitioners (nurses, counselors, etc.) throughout the county. Training (including internships) for such practitioners requires an outlay of money, as does the

establishment of positions for such specialists within agencies which currently do not have them. The funding of these specialists would be especially worthwhile if their training and professional activity encompassed work inherent in the Recommendations from this study (for example, if such practitioners learned not just how to diagnose and treat the problems of the aging but also how to do effective outreach with disadvantaged groups of older people).

#### 5. Conclusion

The preceding recommendations reflect only some of the many implications of the study findings; but they are recommendations which the project staff consider especially important. As noted earlier, they involve improvements in the quality and efficiency of service structures for the aging in Ramsey County, and they are not merely exhortations for greater quantities of service. Users of this report, however, may well draw from the data in Chapter 3 through 5 the conclusion that service of certain type(s) urgently needs to be increased in quantity. New recommendations cast in this light would certainly be justifiable, although their feasibility is another issue.

This report provides a basis upon which service agencies can collaboratively set out to modify the system of service delivery to the aging in Ramsey County and to evaluate the impacts of such modification. Agencies can and should formulate hypotheses about the effectiveness of service innovations and then test those hypotheses to determine whether the innovations are truly worthwhile.

Most likely, substantial change in the system of service delivery to the aging will only occur as a result of conjoint effort among service agencies. Thus, it may be necessary for agencies to come together to discuss the findings of studies such as this one and to determine a joint plan of action. Such action will be refined and adjusted in accordance with new information which comes to light concerning the aging population in Ramsey County and the service structures for that population.

As mentioned in Chapter 1, this report is not an end-product. Rather, it is part of a long-term process with immediate results (e.g., the development of a body of knowledge about the aging); with middle range results (e.g., improvement of existing services, start up of new programs, etc.); and with long range results (e.g., the continued monitoring and assessment of the older population and the enhancement of the quality of life of that population).

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#### APPENDIX A

#### Governance Committee Members

- Dr. David Berger, Director, Planning and Development Office, Amherst H. Wilder Foundation
- Mr. Gerry Bloedow, Director, Minnesota Board on Aging
- Ms. Margaret Hall, member of the Board of Directors, United Way of St. Paul
- Mr. David Hozza, past-President, St. Paul City Council
- Mr. Ed McClure, Director, United Way of St. Paul
- Rev. Mary Bigelow McMillan, member of the Board of Directors, Amherst H. Wilder Foundation; Assistant Pastor, House of Hope Presbyterian Church
- Mrs. Lu M. Molberg, past-President, Minnesota Gerontological Society
- Mr. Richard Moore, President, St. Paul Foundation; senior partner, Moore, Costello, and Hart
- Dr. Wendell Swenson, Chief, Psychology Section, Department of Psychiatry, Mayo Clinic
- Mr. Paul Verret, Executive Director, St. Paul Foundation
- Ms. Jean West, member of the Distribution Committee, St. Paul Foundation; member of the Board of Directors, Northwest Area Foundation
- Mr. Leonard H. Wilkening, President, Amherst H. Wilder Foundation
- Mr. Ralph E. Young, retired Chairman and Chief Executive Office, Western Life Insurance Company

## APPENDIX A (Continued)

## Technical Advisory Committee Members

- Dr. Alan Abramson, Manager, Health Information Services, Metropolitan Health Board
- Mr. James Brusseau, Program Officer, St. Paul Foundation
- Mr. Dexter Clark, Economic Development Specialist, Ramsey Action Program
- Dr. Peter Falkman, Chair, Department of Sociology, Hamline University
- Mr. James Franczyk, Human Resources Planner, Minnesota State Planning Agency
- Dr. Hal Freshley, Research and Data Analyst for Aging Program, Metropolitan Council
- Ms. Maridee Galloway, Project Director, Hallie Q. Brown Comprehensive Senior Citizen Program, Martin Luther King Center
- Dr. Reuben Hill, Regents Professor of Family Sociology, Minnesota Family Study Center, University of Minnesota
- Ms. Jean Hunter, Director, Planning, Evaluation and Research Division, United Way of St. Paul
- Mrs. LaRhae Knatterud, Aging Program Planner, Metropolitan Council
- Dr. John O'Brien, Visiting Professor of Sociology, University of Minnesota
- Mr. Robert Peterson, Director, Divison of Services to the Elderly, Amherst H. Wilder Foundation
- Mr. Ronald Reed, Executive Director, Family Service of St. Paul
- Mr. Erik-Paul Sallmen, Supervisor of Human Services, St. Paul Housing Authority
- Mrs. Mona Schneider, former Associate Executive Director, Amherst H. Wilder Foundation
- Dr. David Tenenbaum, past-President and current Board Member of Jewish Family Service
- Mr. Larry P. White, Director, Greater St. Paul Retired Senior Volunteer Program
- Mrs. Jan Wiessner, Coordinator, Roseville Area Senior Citizens Program

#### APPENDIX B

## Volunteer Interviewers

Murrie Abas Kathleen Anderson Diane Badalich Herman Bailey Ruth Bank Craig Barton Ellen Bauer Suzanne Becker Mae Berg David Berger Denise Bernatz Sarah Brodt Curtis Byron Edith Calhoun Kathy Champion -Tom Chittenden Vernon Christianson Liz Coakley Sandy Curphy Rodney Dannehl William Davies Lydia Delger Marty Denn Miriam Dethmers Charlene Dickerson Ginger Dittrick Ruth Doeltz Clem Effertz Helen Effertz John Engfer Helen Fears Carolyn Finegan Liz Froehle Frances Frommer

Kris Fuller

Joanna Gallagher Una Gillespie Terry Ginter Jim Groskopf Henrietta Hallgren Josephine Hanson Ruth Hartman Bonnie Hickey Arlene Hinks Nancy Hoffman Pam Horazdovsky Hilmer Hoving Paul Johnson Freda Jordan Carol Juelfs Margaret Keenan Etta Keller Bob Kirkeeide Ed Langman Gertrude Lechtman Connie Lindahl Jane Lindberg Laura Lindow Virginia Manion Kay Martin William McAulev Victoria McCown Barb Mesich Sylvia Meitrodt Debbie Meyer Ester Meyers Jean Milton Geri Minton Augusta Murphy

Vicki Novak

Angelo Palermo Pam Roberto Clare Rocco Charles Rogers Pat Rogers Teresa Satter Carol Schmidt Diane Schwindel Elmer Scott Roberta Sokola Frank Somers Mary Sontag Rose Speigel Lori Speiss-Burrell Helen Stanger Hugh Stapp Margaret Sutton Mary Jean Thompson Etna Thompson Ernest Thomson Jane Toeniskoetter Corrine Tschida Lillian Tvenge Jill Vance Cornelius Van Doren Gordon Vars Wilma Venchi Carol Vittem Lillian Wagner Barbara Waterbury Jan Wiessner Thelma Wigen LaRay Wilson Peter Yin

Ted Olson

APPENDIX C
Metropolitan Health District Participation Rates

MHD	Number of Persons 60+ Contacted	Participants	Non-Participants	Participation Rate
601	25	14	11	56
602	162	73	89	45
603	103	52	51	50
604	175	93	82	53
605	45	28	17	62
606	17	12	5	71
607	105	59	44	56
608	86	45	39	52
609	32	18	14	56
610	185	125	60	68
611	90	55	35	61
612	263	158	105	60
613	191	128	63	67
614	17	16	3	94
615	100	54	46	54
616	93	58	35	62
617	77	45	30	58
618	11	7	4	64
720	24	20	4	83
722	116	76	40	65
723	69	40	28	58
724	10	8	2	80
725	18	12	6	67
726	12	7	5	58
727	12	4	8	33
728	15	11	4	73
729	0	0	0	0
730	10	7	3	70
731	5	2	3	40
732	38	30	8	79
311	2	2	0	100

### APPENDIX D

# OTHER ANALYTIC RESULTS AVAILABLE IN THE PLANNING AND DEVELOPMENT OFFICE

In addition to the results of analyses reported in this volume, the results of other analyses of survey data are available for reference in the Planning and Development Office.

1. Responses to every survey item (i.e., Questions 1 to 130, and the Interviewer's Report) are partitioned into categories based upon:

age income
sex education
living arrangements marital status
district of the county

2. For a select set of items, the responses to each item have been cross-tabulated with the responses to every other item in the set. The list of items included in this set of cross-classified survey questions appears below. (The complete wording of each question appears in Chapter 3.)

Item Number	<u>Topic</u>	Item <u>Number</u>	<u>Topic</u>
1 4 5 7 10 12 13 14 15 20 22a, c 23 25 27 29, 30 32 37 38 39 40	Length of residence Household members Size of house Need for household help Neighborhood satisfaction Talk with neighbors Satisfaction with neighbors Can call on neighbor Safety during day Friend's house burglarized Burglary; harrassment Residential preference Plans to move Frequency of leaving house Transportation modes Transportation problem Knowledge of services Contacting agency Source(s) of information Total number of services	42 45 46 47 51 51c 51d 52 52a 52b 54a 54c 54d 55 57a 58a 58b 58c	Aversion to service Decisions about purchases Legal need during year Use of lawyer Knowledge of senior center Senior center attendance Problems attending center Knowledge of Wilder Center Visited Wilder Center Wilder membership card Religion Discussed problems with clergy Participate in church activities Church attendance Problems attending church Number of children Children in Twin Cities
40c, e	Senior clinic; congregate dining	58d	Adequacy of children's help

## APPENDIX D (Continued)

62a Length of widowhood questions	lding understanding
66 Courses taken IR5 Impediments 69¹ Retirement status IR6b Respondent a 69¹b Things missed since retirement 70 Employment status 72 Volunteer status 74 Have a hobby 75 Recreation (a, d, j, 1) 76a Activities once enjoyed 77 Trouble attending shows 78 Used library 80 Desire to use camp 81 Organizational memberships 82 Activities of daily living 83f Use of dentures 84 Health prevents activity 85 Health care activities 86a, b Problems seeing; problems     hearing 87 Days ill 88 Days in hospital 90 Care if disabled 91 Number of illnesses 93 Self-rating of health 99 Trouble eating 100 Eating arrangements 102 Special diet 108 Problem paying N.S.P. 109 Own/rent home 110 Income from salary,     Social Security 11 Meet everyday financial needs 112 Go without buying items 114 Meet future financial needs	
118 Life satisfaction 119 Best or worst time of life 120 Level of happiness 121 Biggest problems 123 Worries 124 Loneliness 129 Liking of interview	