

Area IV Agency on Aging & Community Action Programs, Inc.

2013

Report of Results DRAFT



Community Assessment Survey
for Older Adults™



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Contents

Introduction	1
Area IV CASOA Methods	1
Structure of CASOA Report.....	2
“Don’t Know” Responses and Rounding	3
Key Findings	5
CASOA Survey Results.....	8
Overall Community Quality	8
Community and Belonging	11
Community Information	13
Productive Activities	15
Health and Wellness	27
Community Design and Land Use	35
Community Readiness.....	38
Area IV Opportunities and Challenges	39
Older Resident Needs in Area IV	40
Populations at High Risk	42
Responses to Area IV’s Custom Questions.....	43
Appendix A: Complete Set of Survey Responses.....	44
Appendix B: Survey Methodology.....	67
Appendix C: References	76
Appendix D: Survey Materials.....	77

Introduction

The Community Assessment Survey for Older Adults™ (CASOA) provides a statistically valid survey of the strengths and needs of older adults as reported by older adults themselves in communities across America. Used in conjunction with the CASOA Strategies and Resources Handbook (provided under separate cover), this report is intended to enable local governments, community-based organizations, the private sector and other community members to understand more thoroughly and predict more accurately the services and resources required to serve an aging population. With this report, Aging and In-Home Services of Northeast Indiana stakeholders can shape public policy, educate the public and assist communities and organizations in their efforts to sustain a high quality of life for older adults. The objectives of the CASOA are to:

- Identify community strengths in serving older adults
- Articulate the specific needs of older adults in the community
- Estimate contributions made by older adults to the community
- Determine the connection of older adults to the community

The results of this exploration will provide useful information for planning and resource development as well as strengthen advocacy efforts and stakeholder engagement. The ultimate goal of the assessment is to create empowered communities that support vibrant older adult populations.

The CASOA questionnaire contains many questions related to the life of older residents in the counties served by Area IV Agency on Aging & Community Action Programs, Inc. (Benton, Carroll, Clinton, Fountain, Montgomery, Tippecanoe, Warren and White Counties). Survey participants were asked to rate their overall quality of life, as well as aspects of quality of life in Area IV. They also evaluated characteristics of the community and gave their perceptions of safety. The questionnaire assessed the individual needs of older residents and involvement by respondents in the civic and economic life of Area IV.

Area IV CASOA Methods

The CASOA survey and its administration are standardized to assure high quality survey methods and comparable results across communities. Participating households with residents 60 years or older were selected at random and the household member who responded was selected without bias. Multiple mailings gave each household more than one prompt to participate with a self-addressed and postage-paid envelope to return the survey. Results were statistically weighted to reflect the proper demographic composition of older adults in the entire community.

The survey was mailed in March 2013 to a random selection of 1000 older adult households in Benton, Carroll, Clinton, Fountain, Montgomery, Tippecanoe, Warren and White Counties. Older adult households were contacted three times about participation in the survey. A total of 294 completed surveys was obtained, providing an overall response rate of 29% and a margin of error of plus or minus 6% around any given percent and three points around any given average rating for the entire sample.

For additional methodological information, refer to *Appendix B: Survey Methodology*.

Figure 1: CASOA Methods and Goals



Structure of CASOA Report

This report is based around six community dimensions (Figure 2):

- Overall Community Quality
- Community and Belonging
- Community Information
- Productive Activities
- Health and Wellness
- Community Design and Land Use

Each section discusses older adult ratings of the community, participation in activities and potential problems faced by older adults as related to each of the six dimensions. The final section of the report, Community Readiness, summarizes these dimensions as index scores and provides an overall picture of the these eight counties as a livable community for older adults.

Figure 2: Community Dimensions Assessed through CASOA



“Don’t Know” Responses and Rounding

On many of the questions in the survey, respondents could provide an answer of “Don’t know.” The proportion of respondents giving this reply is shown in the full set of responses included in *Appendix A: Complete Set of Survey*. However, these responses have been removed from the analyses presented in the body of the report, unless otherwise indicated. In other words, the majority of the tables and graphs in the body of the report display the responses from respondents who had an opinion about a specific item.

For some questions, respondents were permitted to select multiple responses. When the total exceeds 100% in a table for a multiple response question, it is because some respondents are counted in multiple categories. When a table for a question that only permitted a single response

does not total to exactly 100%, it is due to the customary practice of rounding percentages to the nearest whole number.

Key Findings

Not all older adults complain, nor does every community leave older adults raving about the quality of community life or the services available for active living and aging in place. Communities that assist older adults to remain or become active community participants provide the requisite opportunities for recreation, transportation, culture, education, communication, social connection, spiritual enrichment and health care.

Older adults, more than others, face difficulties with aspects of everyday life. For many older adults these difficulties vastly exceed the minor physical pains or small losses of function that characterize almost everyone's circumstances after a certain age. When individual problems are added together, through responses to the CASOA survey, a group picture emerges that provides a useful description of the entire community.

The results of this survey describe Area IV as a livable community for older adults within six community dimensions of Overall Community Quality, Community and Belonging, Community Information, Productive Activities, Health and Wellness and Community Design and Land Use. The extent to which older adults experience difficulties and problems within these dimensions is also described.

Overall Community Quality

Overall Community Quality explores how older residents view the community overall, how connected they feel to the community and how well they can access information and services offered by Area IV Agency on Aging & Community Action Programs, as well as how likely residents are to recommend and remain in the community.

- Most of Area IV's older residents gave high ratings to the community as a place to live.
- Over three-quarters of older adults said they would recommend their community to others.
- About three-quarters of respondents had lived in the community for more than 20 years and almost 9 in 10 plan to stay in the area throughout their retirement.

Community and Belonging

A "community" is often greater than the sum of its parts, and having a sense of community entails not only a sense of membership and belonging, but also feelings of emotional and physical safety, trust in the other members of the community and a shared history.¹ Older residents of Area IV rated several aspects of Community and Belonging, including their sense of community and overall feelings of safety, as well as the extent to which they felt accepted and valued by others.

- Two-thirds of respondents reported "excellent" or "good" overall feelings of safety and between 5% and 14% had experience safety problems related to being a victim of crime or abuse.
- About 5 in 10 older residents rated the sense of community as "excellent" or "good"; similar ratings were provided for the area's neighborliness and valuing of older residents.

Community Information

Keeping a large community of older adults informed is not simple, but when more residents are made aware of attractive, useful and well-designed programs, more residents will benefit from becoming participants.

- About 6 in 10 survey respondents reported being somewhat or very informed about services and activities available to older adults.
- About 2 in 5 of older adults felt the agency had “excellent” or “good” information about resources for older adults and financial or legal planning services.
- Over half of the respondents had problems with not knowing what services were available and feeling like their voice was heard in the community.
- About one-third reported having problems with finding meaningful volunteer work.

Productive Activities

Productive activities such as traditional and non-traditional forms of work and maintenance of social ties combine with health and personal characteristics to promote quality of life in later life and contribute to active aging.² In the Productive Activities section the extent of older adults’ engagement was examined along with participation in social and leisure programs and their time spent attending or viewing civic meetings, volunteering or providing help to others.

- About three-quarters of respondents felt Area IV had “excellent” or “good” volunteer opportunities, but only about 4 in 10 participated in some kind of volunteer work.
- About 2 in 10 respondents had used a senior center in their community.
- About one-quarter of seniors said that they had at least “minor” problems having interesting social events or activities to attend.
- Over half of older residents (52%) rated the recreation opportunities in the community as “excellent” or “good.”
- Over half of older residents said they were caregivers; respondents averaged between 8 and 11 hours per week providing care for children, adults and older adults.
- About one in five older adults in Area IV felt physically, emotionally or financially burdened by their caregiving.
- Over 7 in 10 of respondents were fully retired, but over one-third of respondents (38%) experienced at least minor problems with having enough money to meet daily expenses or to pay their property taxes.
- The value of paid (part- and full-time work) and unpaid (volunteering, providing care) contributions by older adults in Area IV totaled about \$713 million in a 12-month period.

Health and Wellness

Of all the attributes of aging, health poses the greatest risk and the biggest opportunity for communities to ensure the independence and contributions of their aging populations. Health and Wellness, for the purposes of this study, included not only physical and mental health, but issues of independent living and health care.

- Overall, the older adults in Area IV rated aspects of physical health positively. About 69% of respondents felt they were in “excellent” or “good” physical health and over half felt they had “excellent” or “good” fitness opportunities in their communities.
- About half of the survey respondents reported having problems with maintaining their homes (45% at least a “minor” problem) and maintaining a healthy diet (48%). Slightly

more respondents reported at least “minor” problems with doing heavy or intense house work (54%) and staying physically fit (62%).

- About one-quarter of older residents felt there was “excellent” or “good” availability of mental health care in Area IV while almost 9 in 10 rated their overall mental health/emotional well being as “excellent” or “good.”
- The most commonly cited mental health issues included feeling bored (51%), feeling depressed (41%) and experiencing confusion or forgetfulness (37%), while the least cited issues included figuring out which medications to take and when (13%) and having friends or family to rely on (29%).
- About 4 in 10 of respondents reported at least “minor” problems with having adequate information or dealing with public programs such as Social Security, Medicare and Medicaid and finding affordable health insurance.
- About one-quarter of respondents reported spending time in a hospital, and over one-third had fallen and injured themselves (36%) in the 12 months prior to the survey.
- About 4 in 10 of respondents reported having problems with performing regular activities, including walking, eating and preparing meals.

Community Design and Land Use

The movement in America towards designing more “livable” communities – those with mixed-use neighborhoods, higher-density development, increased connections, shared community spaces and more human-scale design – will become a necessity for communities to age successfully. Communities that have planned for older adults tend to emphasize access – a community design that facilitates movement and participation.

- Respondents rated the ease of getting to the places they usually have to visit, ease of car travel and ease of walking most positively with about 7 in 10 rating each as “excellent” or “good.”
- About 5 in 10 respondents felt the city had “excellent” or “good” availability of affordable quality housing and variety of housing options.
- Some older adults experienced problems with having safe and affordable transportation available (28%) while others experienced problems with having housing to suit their needs (14%) or having enough food to eat (14%).
- Over three-quarters of older residents (84%) rated their overall quality of life as “excellent” or “good.”

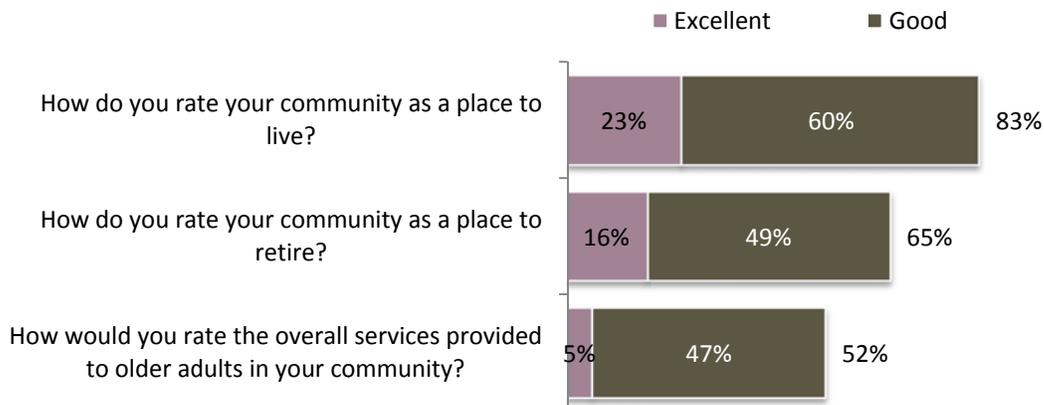
CASOA Survey Results

Overall Community Quality

CASOA contained a number of questions related to the life of older residents in the community. This section of the report explores aspects of the overall quality of the community by examining how older residents view the community overall, how connected they feel to the community and how well they can access information and services offered by Area IV Agency on Aging & Community Action Programs. Survey participants were asked to rate their community as a place to live and to retire as well as the overall quality of services provided to older adults. As further testament to the quality of the community respondents indicated how likely they would be to not only recommend the eight counties of Area IV to other older adults but also how likely they would be to remain in the area throughout their retirement.

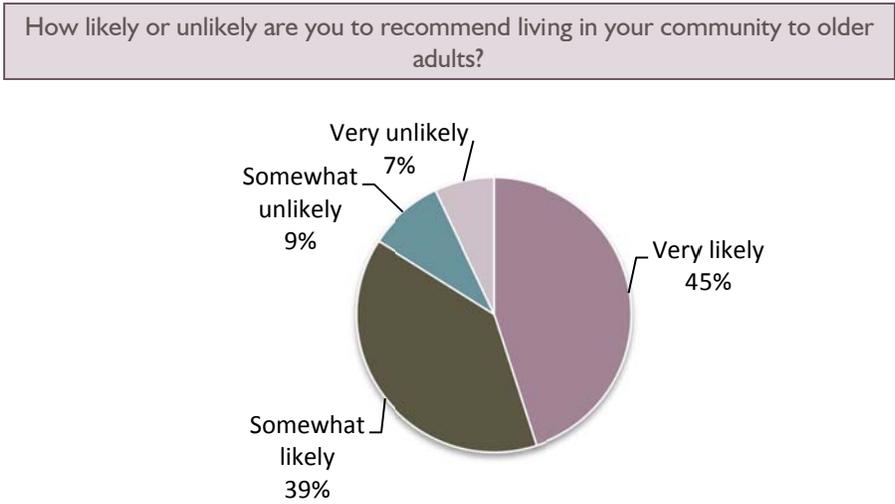
Most of Area IV's older residents gave high ratings to the community as a place to live and many rated Area IV as a place to retire as "excellent" or "good." Services offered to older adults were considered "excellent" or "good" by about half of the older residents in Area IV.

Figure 3: Area IV as a Place for Older Residents



Generally, residents will not recommend a community to friends unless that community is seen to be offering the right services with optimal effectiveness. Just how successful the Area IV counties have been in creating an attractive setting for older adults can be sensed by the number of older residents that say they will recommend it to others. Overall, over three-quarters of older adults said they would recommend their community to others.

Figure 4: Older Residents' Likelihood of Recommending the Community to Others



Residential Stability

According to a survey by AARP, more than 8 in 10 adults over age 45 want to live roughly where they live now “as long as possible.”³ In fact, Census Bureau data indicate that fewer than 5% of people 55 and older move in any given year, and the bulk of those do not go very far: 49% of movers stay within the same county and only 25% move to a different state. Of those who do cross state lines, the major lure is not weather, tax relief or a new adventure: people usually move to be closer to family.⁴

In different communities, older adults have different intentions, so it is essential to understand what older adults in Area IV are anticipating in their retirement. The largest proportion of Area IV’s older residents had lived in the community for more than 20 years. Further, 89% of seniors planned to remain in the community throughout their retirement.

Figure 5: Length of Residency in Area IV

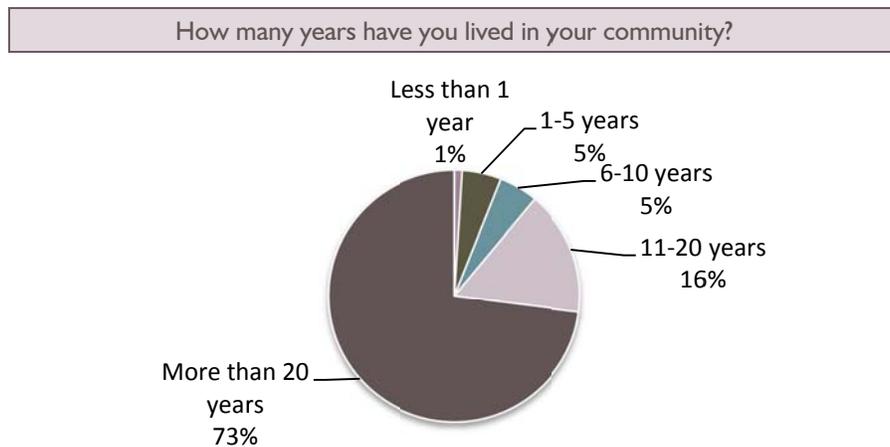
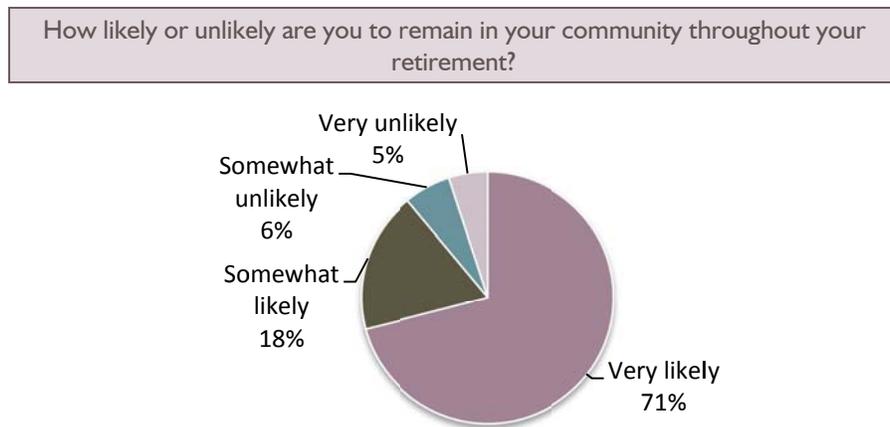


Figure 6: Likelihood of Remaining in Community throughout Retirement

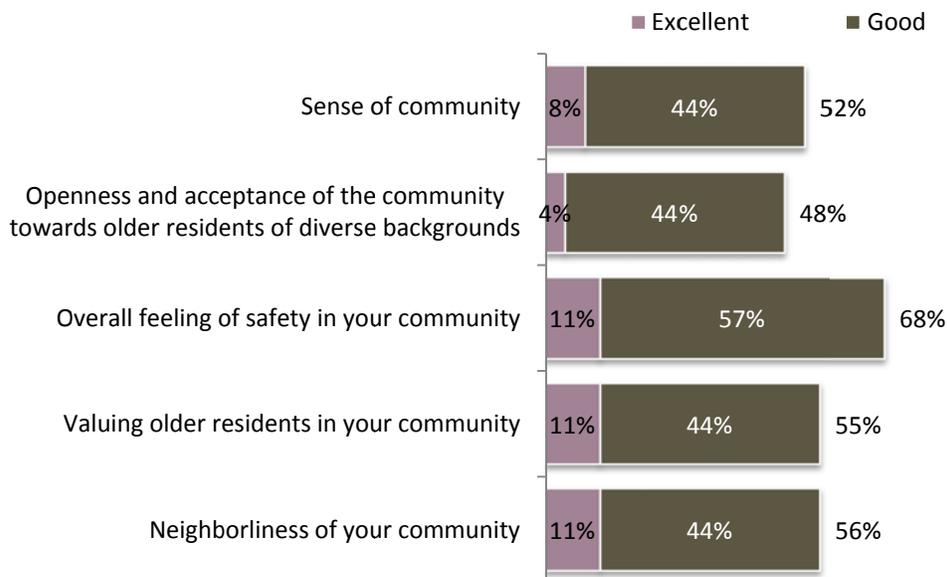


Community and Belonging

A “community” is often greater than the sum of its parts, and having a sense of community entails not only a sense of membership and belonging, but also feelings of emotional and physical safety, trust in the other members of the community and a shared history.¹ Older residents of Area IV rated several aspects of Community and Belonging, including their sense of community and overall feelings of safety, as well as the extent to which they felt accepted and valued by others.

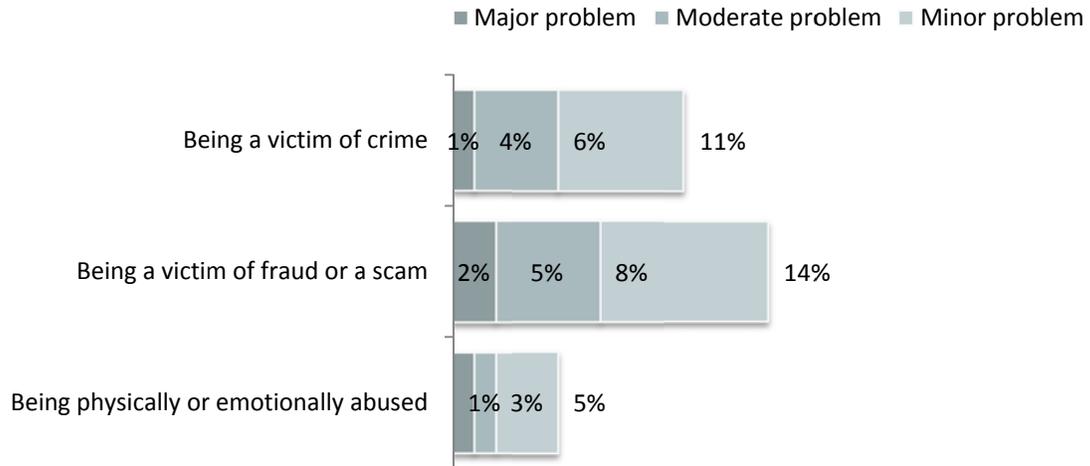
Overall, older residents rated Community and Belonging neutrally as only 52% had an “excellent” or “good” sense of community. Feelings of safety in Area IV were higher, with 68% rating their overall feeling of safety in the community as “excellent” or “good.” About half felt the community valued older residents and slightly fewer felt their community was open and accepting of diverse older residents.

Figure 7: Older Adult Ratings of Community and Belonging in Area IV



The extent to which older residents have been victims of crimes can threaten their feelings of safety and overall sense of community. A small proportion of seniors in Area IV reported problems with crime or abuse in the 12 months prior to the survey.

Figure 8: Safety Problems in Area IV



Community Information

Sometimes residents of any age fail to take advantage of services offered by a community just because they are not aware of the opportunities. Informing a large community of older adults is not simple, but when more residents are made aware of attractive, useful and well-designed programs, increasing numbers of residents will benefit from becoming participants. In the communities served by Area IV, about 59% of survey respondents reported being somewhat or very informed about services and activities available to older adults. A lower proportion of older adults rated the availability of information about resources for older adults and financial or legal planning services as “excellent” or “good.”

Figure 9: Awareness of Older Adult Services and Activities

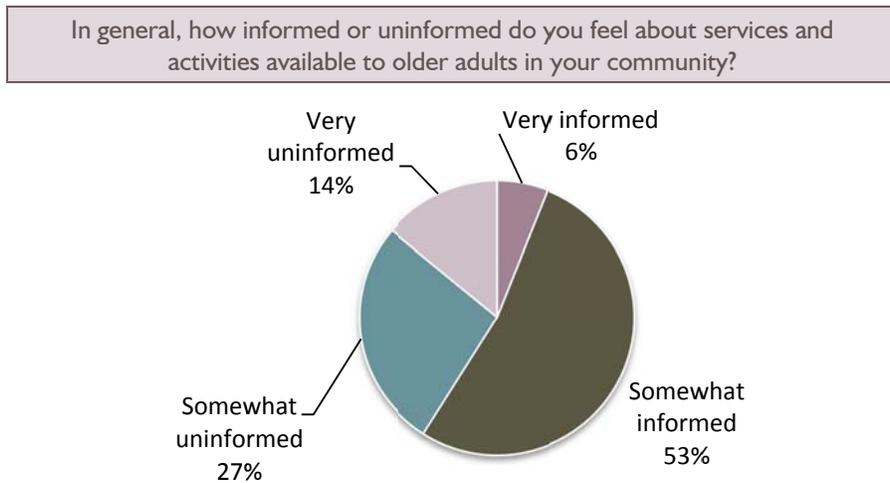
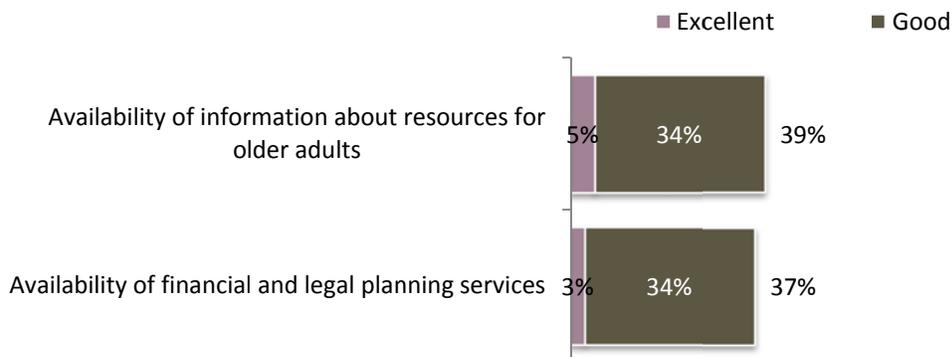
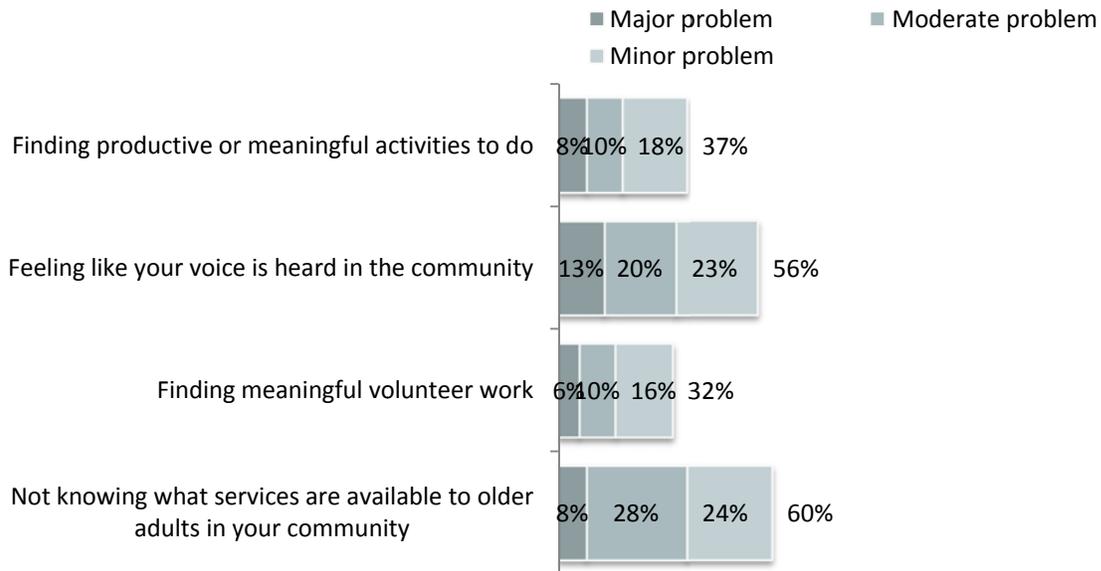


Figure 10: Availability of Information about Older Adult Resources in Area IV



Older residents who may not know how to access services may have troubling finding ways to contribute to the community. In Area IV, over half (60%) had problems with not knowing what services were available. Fewer reported having problems with finding meaningful volunteer work and feeling like their voice was heard.

Figure 11: Meaningful Activities Problems of Older Residents in Area IV



Productive Activities

Productivity is the touchstone of a thriving old age. Productive Activities such as traditional and non-traditional forms of work and maintenance of social ties combine with health and personal characteristics to promote quality in later life and contribute to active aging.² This section of the report examines the extent of older adults' engagement in the Area IV community as determined by their participation in social and leisure programs and their time spent attending or viewing civic meetings, volunteering or providing help to others. The economic value of these contributions to the community is explored as well.

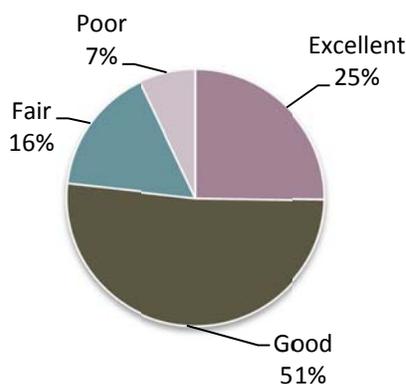
Civic Engagement

In communities where residents care about local politics and social conditions, where they feel engaged and effective, there is greater social, economic and cultural prosperity. This results in more trust of local government officials, support for community-wide solutions recommended by elected council members, re-election of those councilors⁵ and collective self-restraint in the face of community need.^{5,6} Researchers even have discovered that American states with the highest levels of resident civic engagement are “more effective and more innovative.”⁷ Where there is strong civic engagement, researchers have seen less crime, less poverty, more employment, better and more sustainable policies and more frequent resident cooperation.⁸ Civic activity, whether volunteering, participating in religious or political groups or being active in community decision-making, not only provides benefit to communities but also serves seniors themselves.

Studies have found that volunteering in later life is associated with better physical and mental health, and civically engaged seniors are less likely to become injured or to die prematurely.⁹ In Area IV older residents rated the volunteer opportunities favorably. Over 7 in 10 felt they had “excellent” or “good” volunteer opportunities.

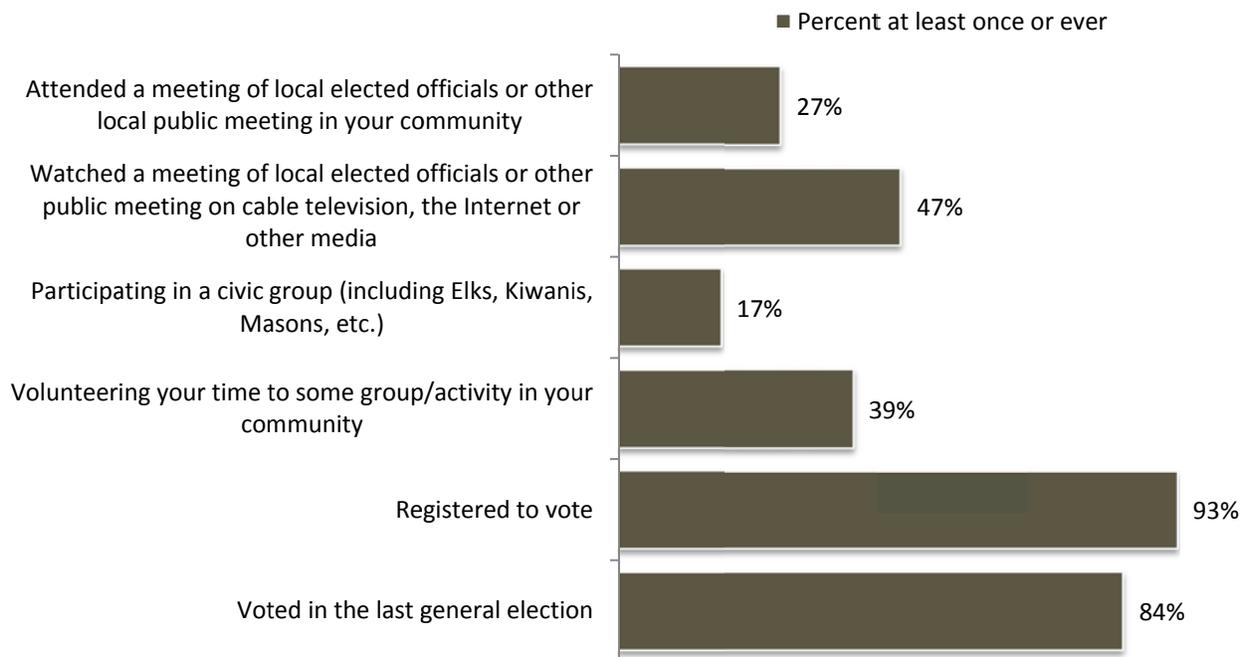
Figure 12: Volunteer Opportunities in Area IV

Please rate opportunities to volunteer as it relates to adults age 60 or older in your community



In terms of civic engagement, about one-quarter of respondents reported attending a public meeting of local elected officials or other local public meeting in their community, and many more reported having watched such a meeting on television, the Internet or other media in the past year. Additionally, about 4 in 10 respondents participated in some kind of volunteer work.

Figure 13: Participation in Civic Activities in Area IV



Note: This chart combines the results of survey questions 13 and 14 and demographic questions 15 and 16, which use different response scales. Complete response frequencies for these questions can be found in Appendix A: Complete Set of Survey Responses

Social Engagement

Communities are the foundation for social life. Sociologist Eric Klinenberg describes communities as “the soil out of which social networks grow and develop or, alternatively, wither and devolve.”^{10,11} Area IV Agency on Aging & Community Action Programs has a great potential to strengthen the community by fostering increased social engagement of its older residents. About two-thirds of Area IV older residents rated the opportunities to attend social activities in their community as “excellent” or “good,” and a higher proportion rated opportunities to attend religious or spiritual activities this way.

Older residents in Area IV exhibited a high level of participation in social and religious activities. Older residents preferred to spend their time engaged in religious or spiritual activities over clubs. About 2 in 10 used a senior center, which can often serve as a social hub for many seniors.

Figure 14: Social Engagement Opportunities in Area IV

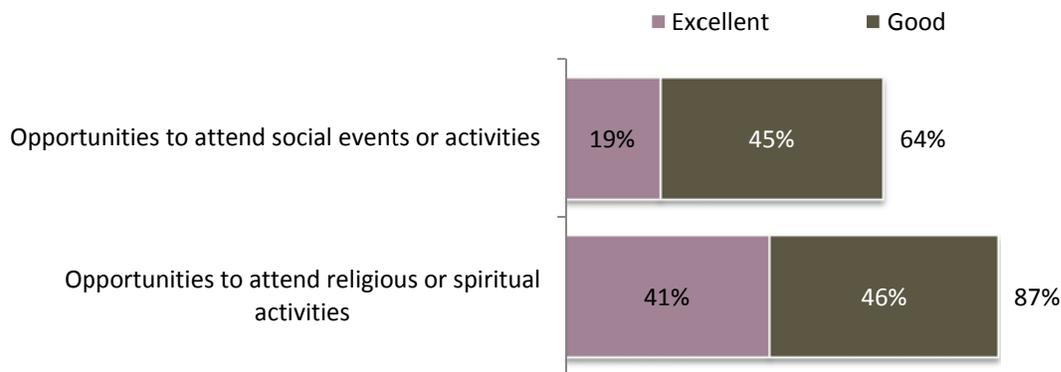
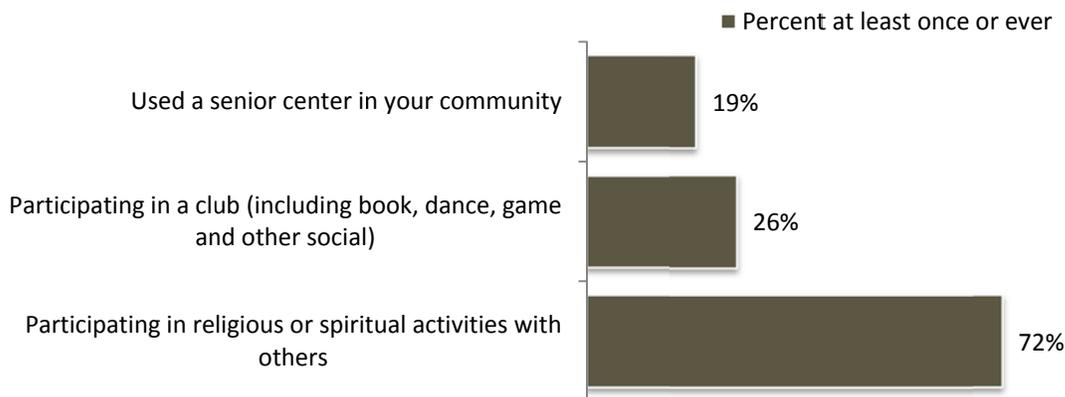


Figure 15: Participation in Social Activities in Area IV

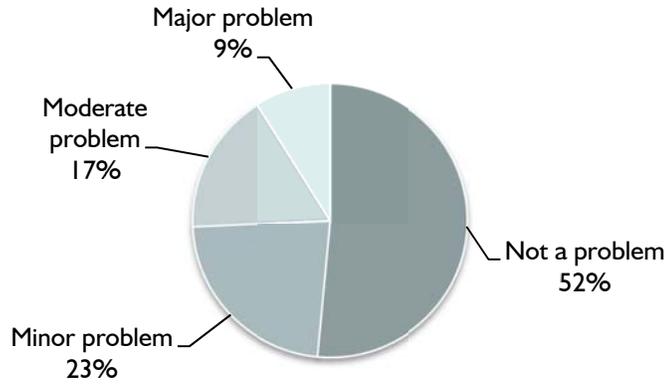


Note: This chart combines the results of survey questions 13 and 14, which use different response scales. Complete response frequencies for these questions can be found in Appendix A: Complete Set of Survey Responses.

Close to half of Area IV seniors said that they had at least “minor” problems finding interesting social events or activities to attend.

Figure 16: Social Engagement Problems in Area IV

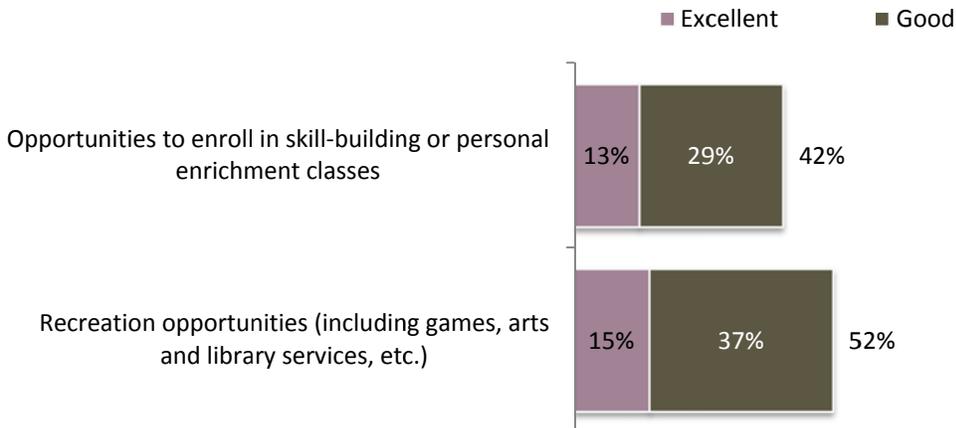
Thinking back over the last 12 months, how much of a problem has having interesting social events or activities to attend been for you?



Recreation

Once work becomes a part-time endeavor or thing of the past, residents have the time for and require the health benefits from regular leisure activities, including the stimulation derived from personal enrichment. Recreation and enrichment often replace work as the primary activity that brings older residents in contact with the outside world, and ample opportunities for these activities make a community more attractive to its residents. About half of the older residents in Area IV viewed both recreation opportunities favorably, while about 42% viewed opportunities to enroll in skill-building or personal enrichment classes favorably.

Figure 17: Recreational and Personal Enrichment Opportunities in Area IV



Respondents indicated how much time they spent participating in various recreation- and enrichment-related activities. Generally, older residents in Area IV were most likely have visited a neighborhood park and used a public library and least likely to have used a recreation center in the community.

Figure 18: Participation in Recreational and Personal Enrichment Activities in Area IV

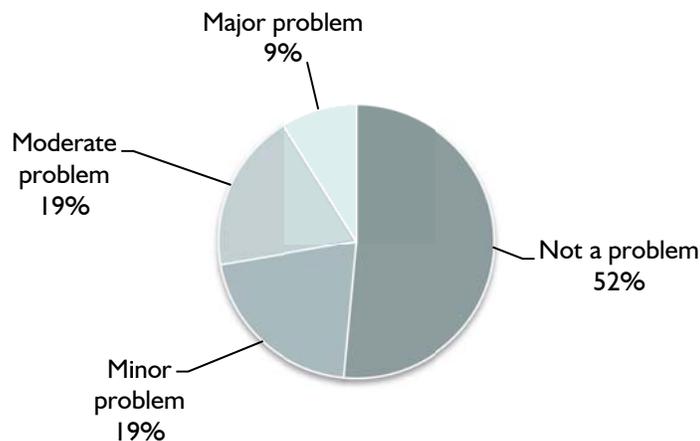


Note: This chart combines the results of survey questions 13 and 14, which use different response scales. Complete response frequencies for these questions can be found in Appendix A: Complete Set of Survey Responses.

Close to half of the survey respondents said that they had at least “minor” problems having interesting recreational or cultural activities to attend.

Figure 19: Recreational Problems in Area IV

Thinking back over the last 12 months, how much of a problem has having interesting recreational or cultural activities to attend been for you?

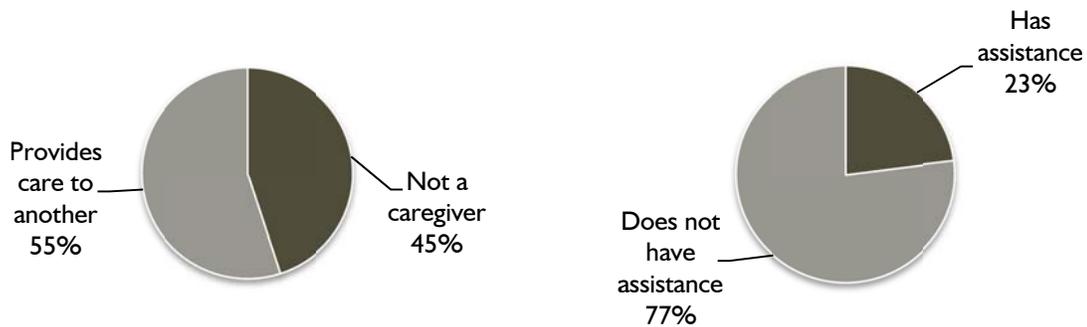


Caregiving

More than 10 million people nationwide have disabling conditions that affect their ability to live independently¹² and almost 80% of these residents are seniors. Those who provide care to a loved one or friend with such a condition often feel a sense of contribution and personal worth despite the physical, emotional and financial burden such care can produce. While care is most often provided by family members and is unpaid, its value has been estimated at \$350 billion annually.¹³

Respondents indicated the number of hours they spent in a typical week providing care to children under age 18, adults age 18 to 59 and adults age 60 and older. Overall, 55% older residents in Area IV said they were providing care for others (most likely for adults age 60 or older) and 23% were the recipients of care.

Figure 20: Providers and Recipients of Care in Area IV



Note: Caregivers were identified by examining the number of hours spent providing care to children under 18, adults age 18 to 59 and adults age 60 and older as described in question 15 of the survey.

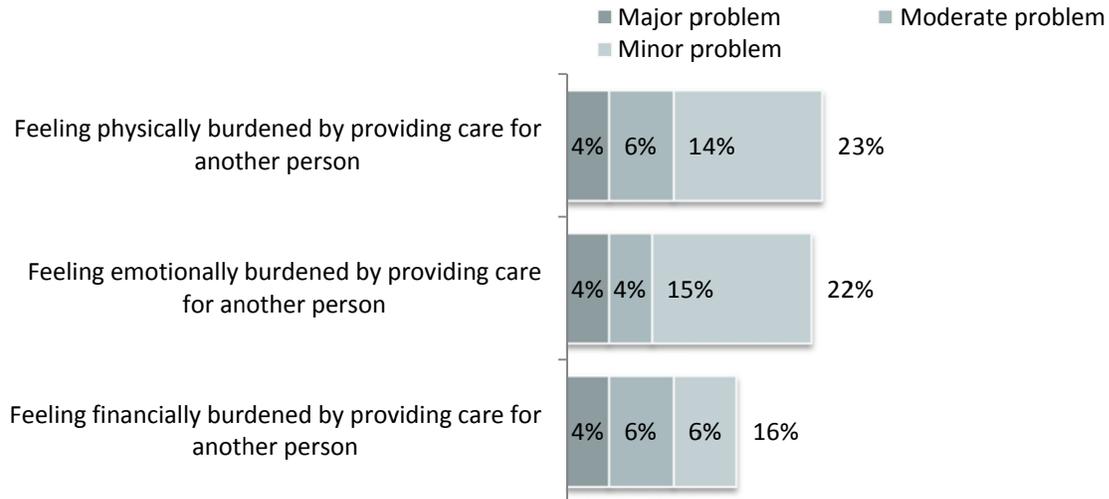
Figure 21: Caregiving Hours of Older Resident in Area IV

During a typical week, how many hours do you spend providing care for one or more individuals with whom you have a significant personal relationship (such as spouse, other relative, partner, friend, neighbor or child), whether or not they live with you?	1 Never (no hours)	2 1 to 3 hours	3 4 to 5 hours	4 6 to 10 hours	5 11 to 19 hours	6 20 or more hours	Average number of hours of those who provide care*
One or more individuals age 60 or older	21%	35%	12%	5%	3%	22%	11
One or more individuals age 18 to 59	63%	18%	9%	3%	1%	6%	8
One or more individuals under age 18	60%	17%	8%	5%	2%	8%	9

* Average number calculated from the mid-point of the ranges of those who provide care.

A “caregiving crunch” is predicted, where the average American will spend more years caring for parents than for their own children.¹⁴ Older adults in Area IV Agency on Aging & Community Action Programs’ service area rated the extent to which they experienced physical strain, emotional stress or financial hardship as a result of being a caregiver. Overall, older adults in Area IV were most likely to feel physically burdened by their caregiving and least likely to feel financially burdened.

Figure 22: Caregiver Burden in Area IV



Economic Contribution

Recent studies have estimated that 70-80% of those 45 and older plan to continue working in their “retirement” years.¹⁵ Financial stability is not the only reason; one study notes that pure enjoyment of work (35% of those questioned) or just a desire to try something new (5%) also will keep people on the job.¹⁵ Survey results showed that 25% of older residents were still working for pay and about 4% said they would like to find a job. For those respondents who had not retired, the average age of expected retirement was 71 years old.

Figure 23: Employment Status of Older Residents in Area IV

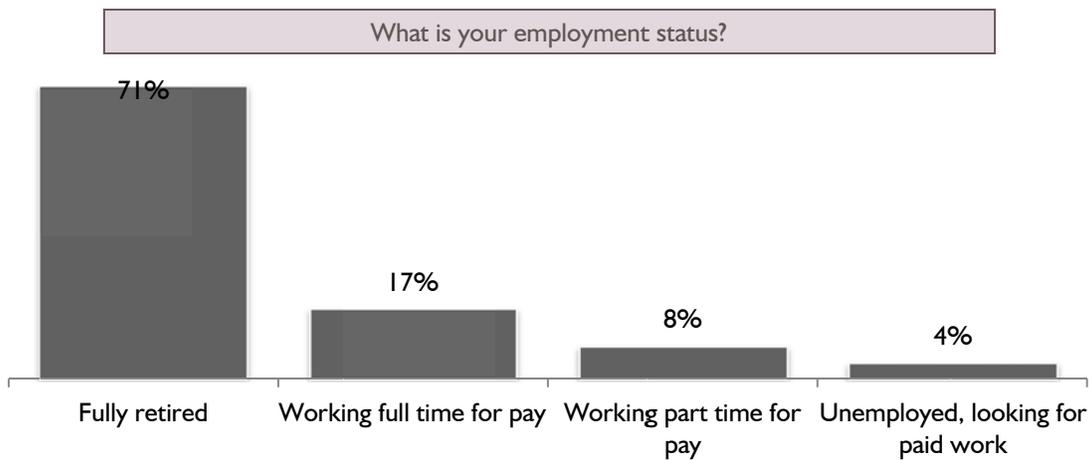


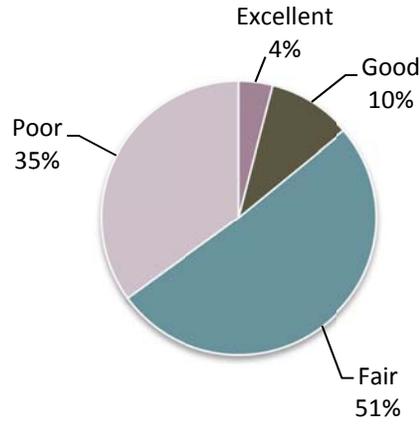
Figure 24: Expected Retirement Age of Older Residents in Area IV

[If not yet fully retired] At what age do you expect to retire completely and not work for pay at all?	Percent of respondents
60 to 64	8%
65 to 69	40%
70 to 74	15%
75 or older	38%
Total	100%
Average age of expected retirement (for those not yet fully retired)	71

In Area IV, only 14% of respondents rated employment opportunities as “excellent” or “good.”

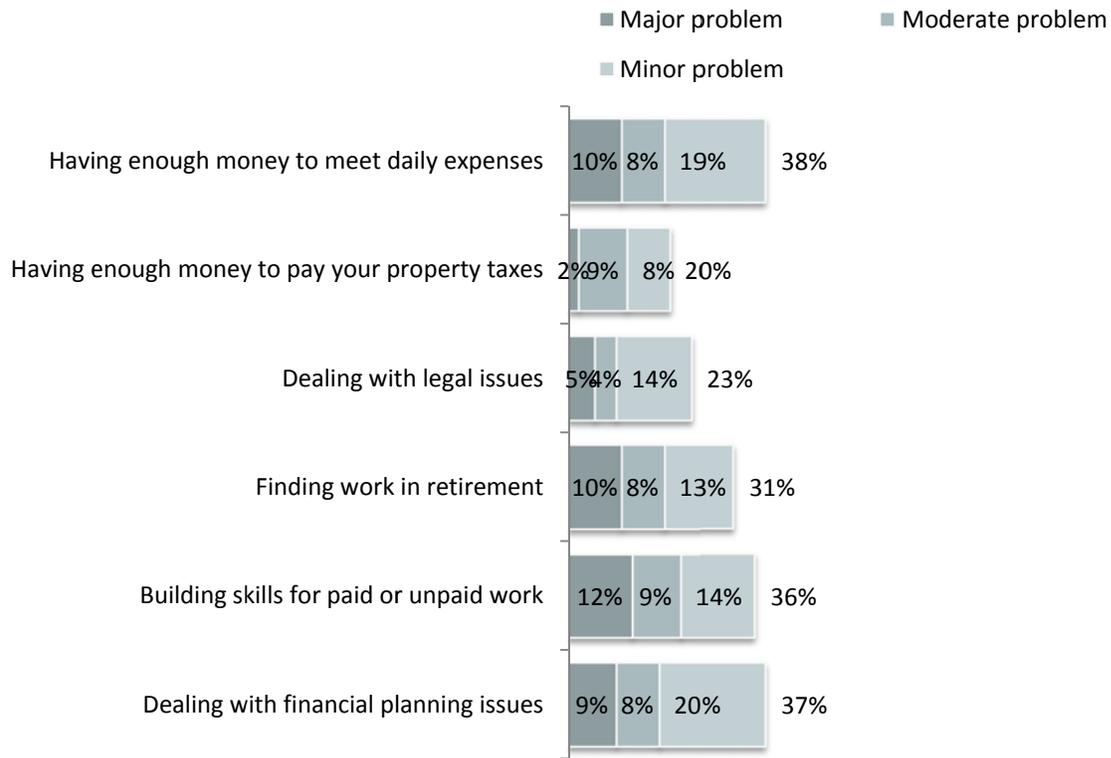
Figure 25: Employment Opportunities in Area IV

Please rate employment opportunities as it relates to adults age 60 or older in your community



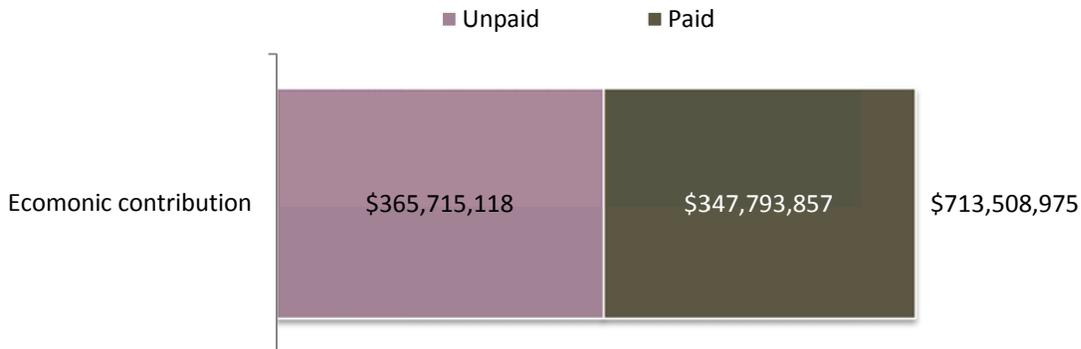
Regardless of residents' work, over one-third experienced at least "minor" problems with having enough money to meet daily expenses or dealing with financial planning issues. Further, about 3 in 10 had problems with finding work in retirement and slightly more had problems with building skills for paid or unpaid work.

Figure 26: Financial and Legal Problems of Older Residents in Area IV



Productive behavior is “any activity, paid or unpaid, that generates goods or services of economic value.”² Productive Activities include both paid and unpaid work of many kinds as well as services to friends, family or neighbors. Older adults provide significant contributions (paid and unpaid) to the communities in which they live. In addition to their paid work, older adults contributed to their communities through volunteering, providing informal help to family and friends and caregiving. The value of these paid and unpaid contributions by these older adults totaled nearly \$714 million in a 12-month period (see *Appendix B: Survey Methodology* for additional detail).

Figure 27: Economic Contribution of Older Adults in Area IV



Health and Wellness

The Centers for Disease Control and Prevention have argued, “Poor health is not an inevitable consequence of aging,”¹⁶ but community supports are needed to help maintain the health and independence of a growing senior population. Of all the attributes of aging, health poses the greatest risk and the biggest opportunity. If the community cannot assist the independence of residents who experience the inevitable decline in health that accompanies aging, the potential economic contribution of older residents will be lost to hospitals and nursing homes. Health and Wellness for the purposes of this study included not only physical and mental health, but issues of independent living and health care.

Physical Health

CASOA assessed a variety of physical issues commonly affecting people as they age as well as provided older residents the opportunity to rate health opportunities in their communities. About 5 in 10 older residents rated fitness opportunities (including exercise classes and paths or trails, etc.) positively in Area IV; the availability of quality physical health care was rated positively by 47%. Most older residents rated their overall physical health as “excellent” or “good” (see Figure 29).

Figure 28: Physical Health Opportunities in Area IV

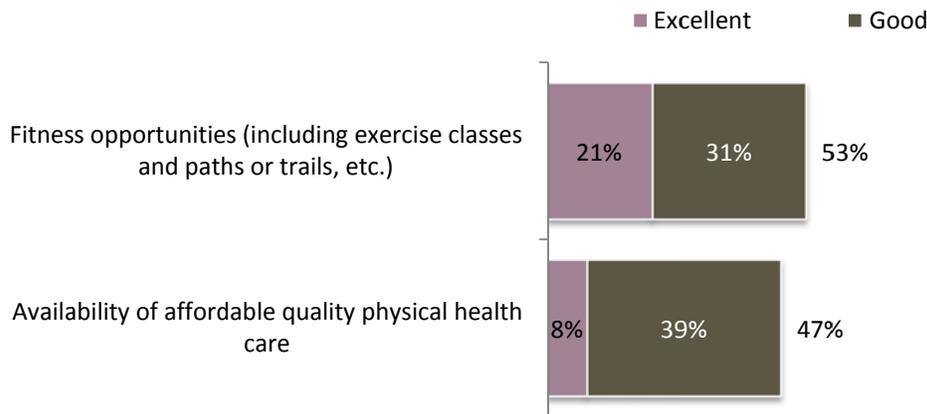
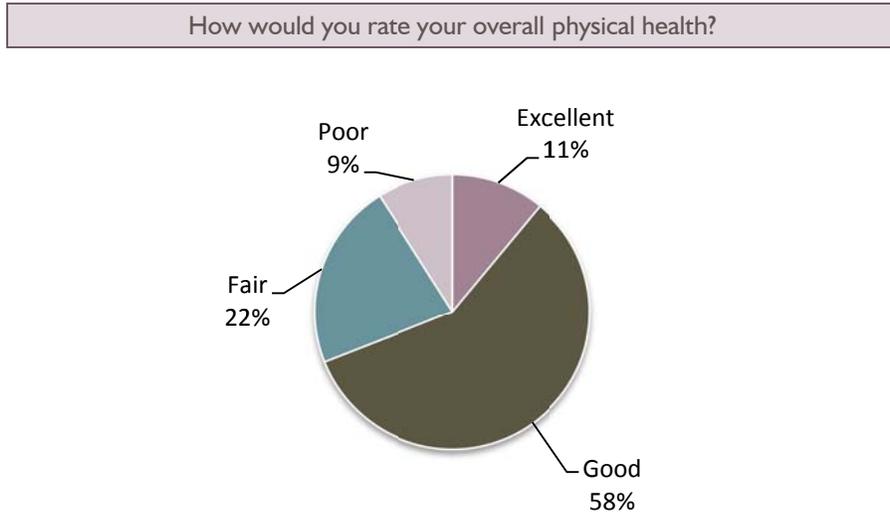
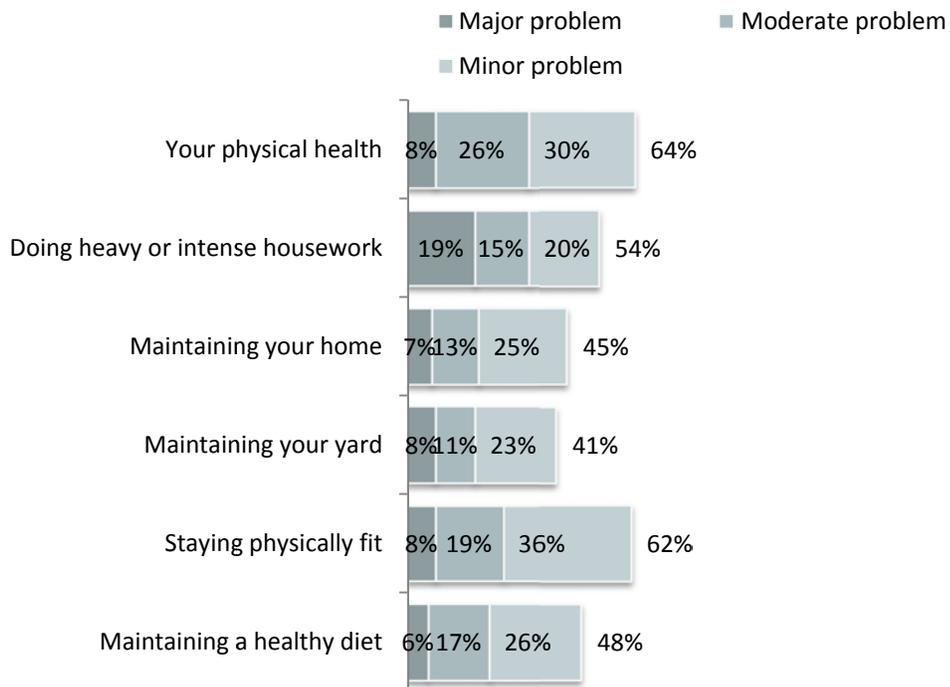


Figure 29: Overall Physical Health of Older Residents in Area IV



Respondents reported the extent to which they had experienced problems with various physical health-related issues in the 12 months prior to the survey. Physical health and staying physically fit were reported as the highest health needs in Area IV, while maintaining one’s yard and maintaining one’s home were reported by the fewest respondents.

Figure 30: Physical Health Problems of Older Residents in Area IV



Mental Health

In addition to rating aspects of physical health, older residents provided insight into aspects of their mental health. About 3 in 10 older resident felt there was “excellent” or “good” availability of mental health care in Area IV, while 9 in 10 rated their overall mental health/emotional well being as “excellent” or “good.”

Figure 31: Availability of Mental Health Care in Area IV

Please rate the availability of affordable quality mental health care as it relates to adults age 60 or older in your community

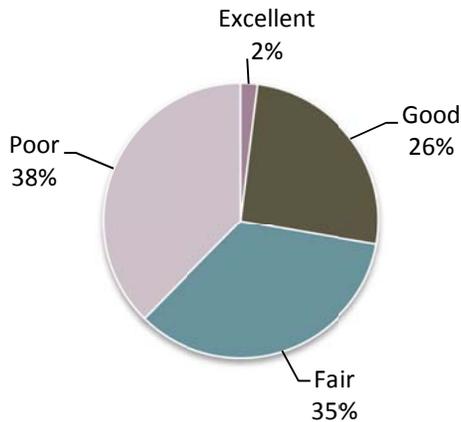
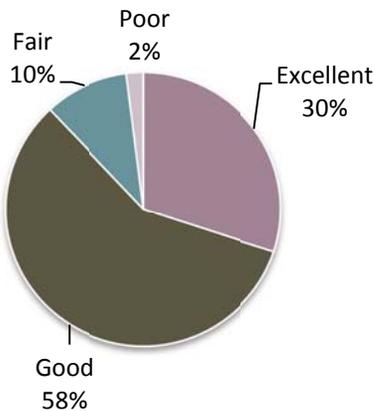


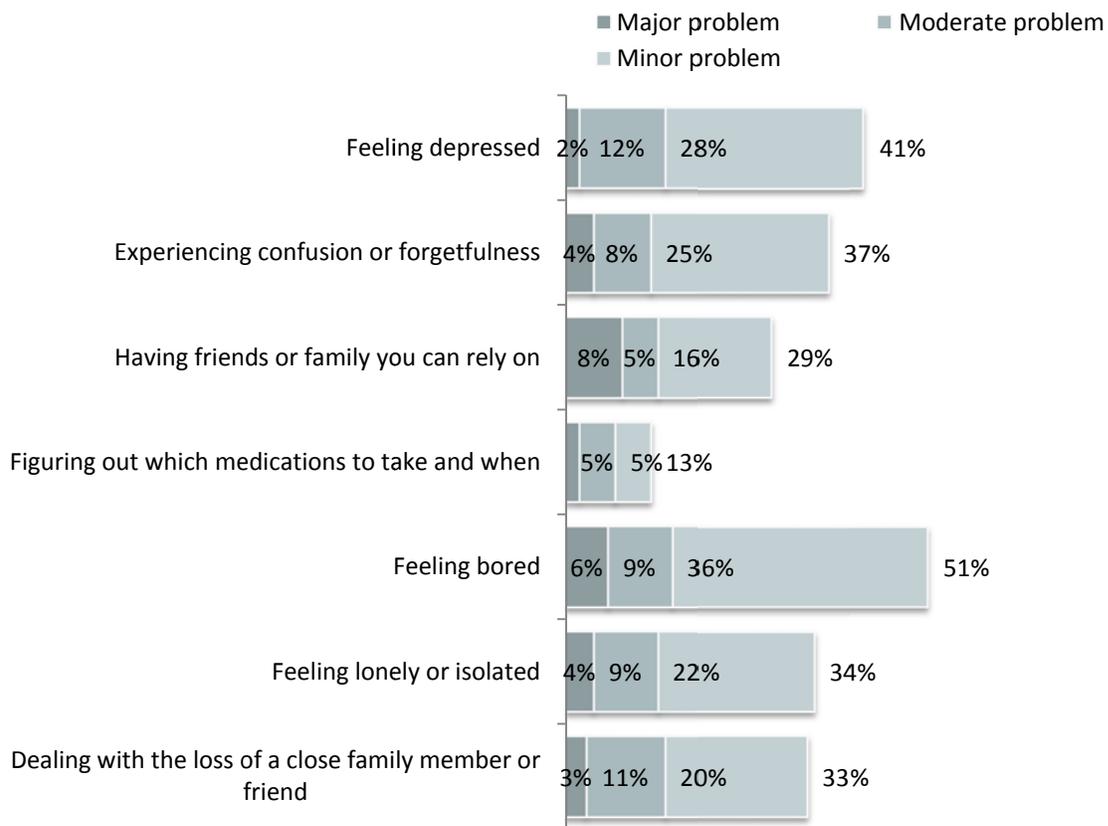
Figure 32: Emotional Wellbeing of Older Residents in Area IV

How do you rate your overall mental health/emotional wellbeing?



While few older adults in the agency’s service area reported poor emotional well being, they still reported at least “minor” problems with some aspects of their mental health. The most commonly cited mental health issues included feeling bored and feeling depressed, while the least cited issues included figuring out which medications to take and when and having friends or family to rely on.

Figure 33: Mental Health Problems of Older Residents in Area IV

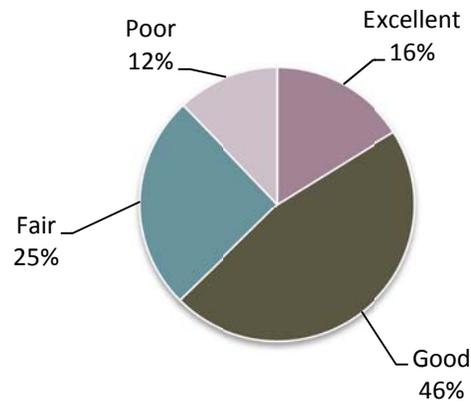


Health Care

Area IV's older residents rated the availability of preventive health services favorably; 62% felt the availability of these services were "excellent" or "good."

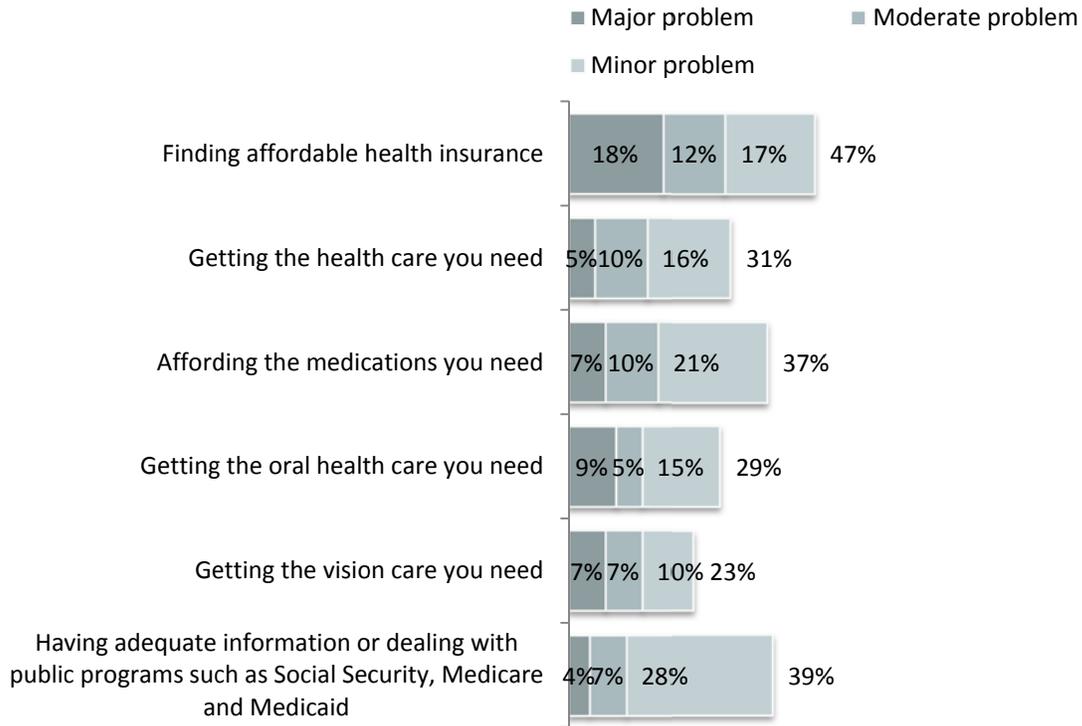
Figure 34: Availability of Preventative Health Care in Area IV

Please rate the availability of preventive health services (e.g., health screenings, flu shots, educational workshops) it relates to adults age 60 or older in your community



Older residents reported some problems with aspects of health care in their communities. The most commonly cited health care issues included finding affordable health insurance and having adequate information or dealing with public programs such as Social Security, Medicare and Medicaid, while the least cited issues included getting needed vision care and getting needed oral health care.

Figure 35: Health Care Problems of Older Residents in Area IV



Independent Living

For those unable to live independently (either temporarily or permanently), having care options available could mean the difference between remaining in or leaving the community. Area IV's older residents rated the availability of long-term care options negatively; only about 39% felt the availability was "excellent" or "good." The availability of daytime care options for older adults was rated even less favorably. Less than one-quarter respondents reported spending time in a hospital or nursing home, although 36% had fallen and injured themselves in the 12 months prior to the survey.

Figure 36: Care Options for Older Residents in Area IV

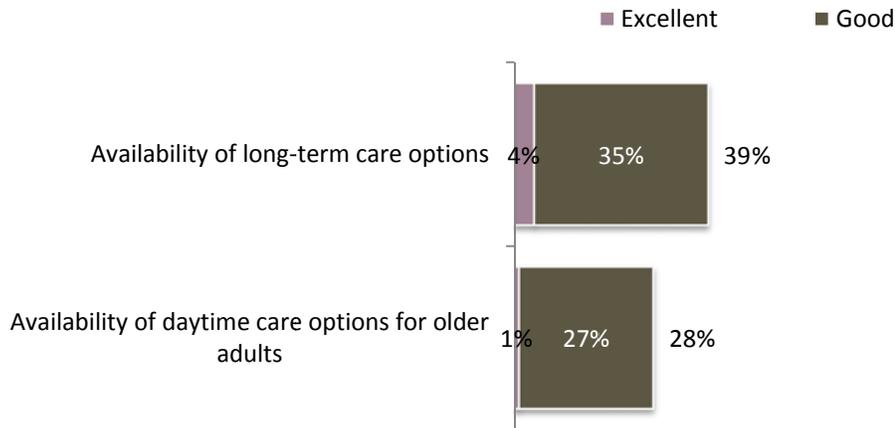
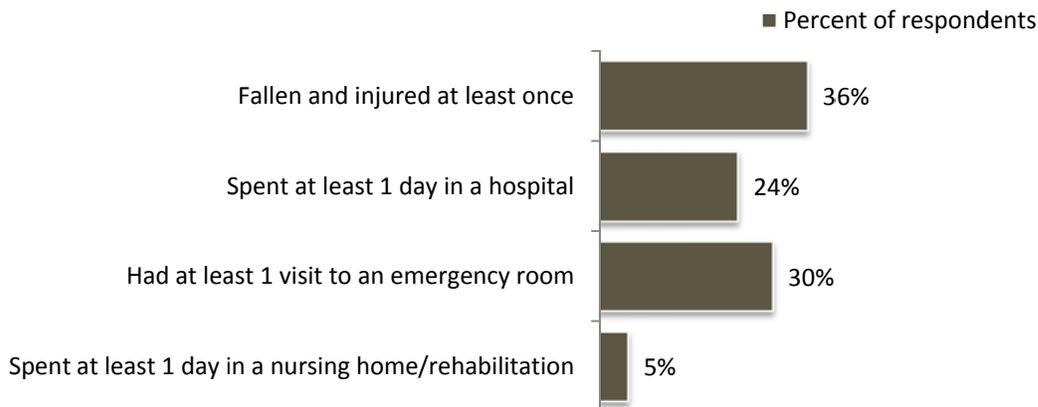
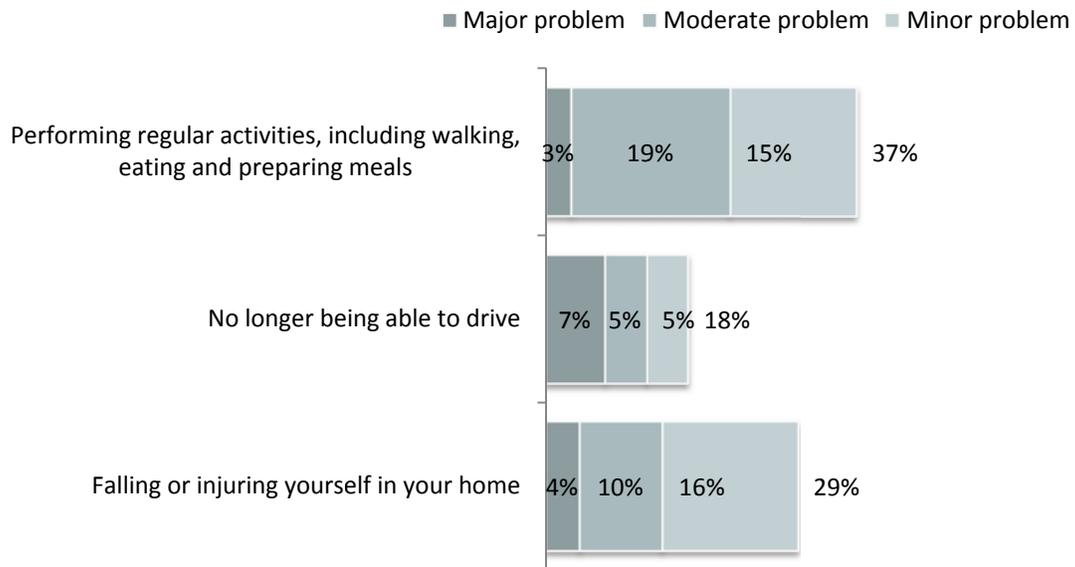


Figure 37: Falls, Hospitalizations and Institutionalizations of Older Residents in Area IV in Prior 12 Months



Activities of daily living (ADL) usually include bathing, dressing and moving from bed to chair. Other activities of daily living, usually referred to as instrumental activities of daily living (IADL), include doing laundry, preparing meals, managing the household and so on. Inability to do one or more ADL or IADL means less independence. Overall, about one-third of older adults reported at least “minor” problems with aspects of independent living. Most notably, 37% reported having problems with performing regular activities, including walking, eating and preparing meals.

Figure 38: Independent Living Problems Faced by Older Residents in Area IV



Community Design and Land Use

The movement in America towards designing more “livable” communities – those with mixed-use neighborhoods, higher-density development, increased connections, shared community spaces and more human-scale design – will become a necessity for communities to age successfully. “Smart growth” is not only beneficial for the environment, but holds great promise for the mobility, independence and civic life of its older residents. Generally, communities that have planned for older adults tend to emphasize access – a community design that facilitates movement and participation.

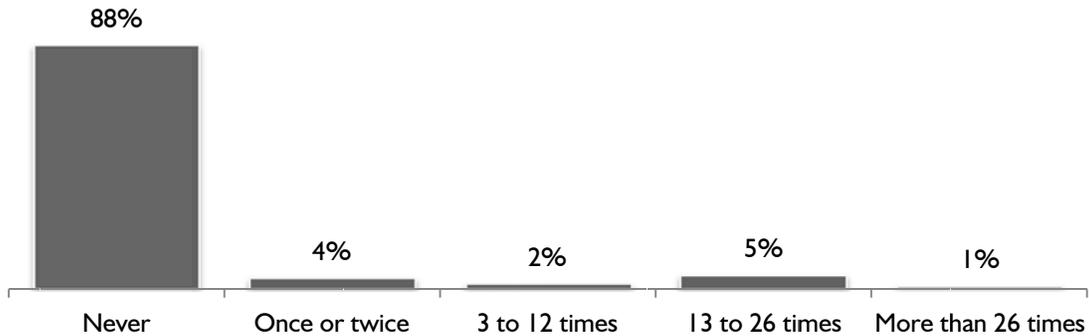
Area IV’s older adults evaluated a number of aspects of design and land use in the community. Respondents rated ease of car travel in the community and ease of getting to the places one usually has to visit most positively with at least 70% rating each as “excellent” or “good.” Availability of affordable quality food and ease of walking in the community were also assessed positively while variety of housing options and availability of affordable quality housing received the lowest ratings. Few respondents reported having used public transit within their communities (Figure 40).

Figure 39: Aspects of Design and Land Use in Area IV



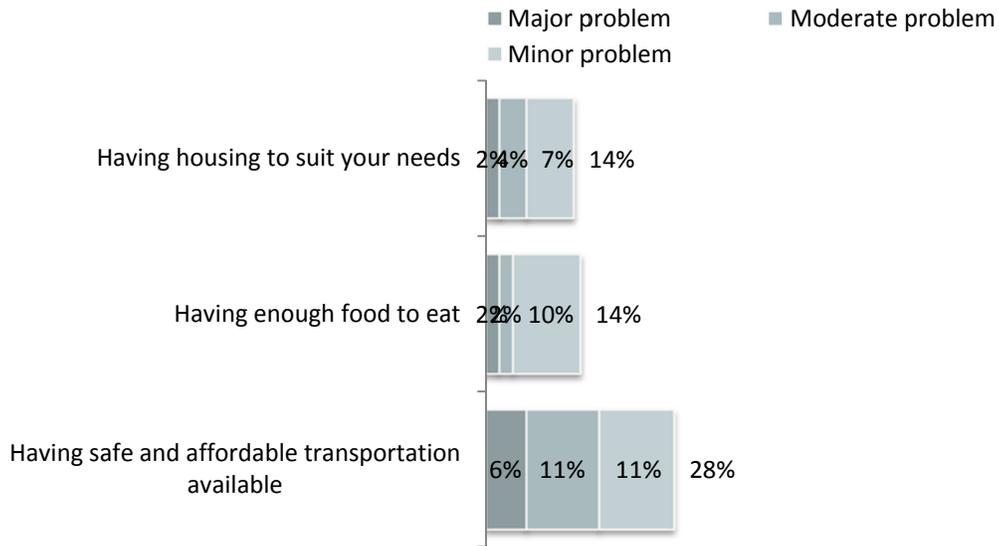
Figure 40: Public Transit of Older Residents in Area IV

In the last 12 months, about how many times, if ever, have you used public transportation (bus, rail, on-demand/senior transportation) within your community?



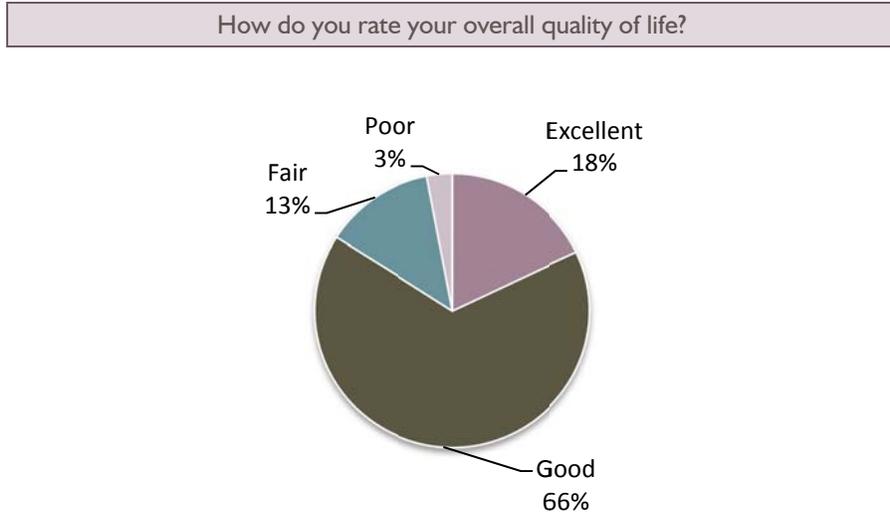
To help residents remain independent contributors to community quality, local government programs or policies can ease their participation in social and civic activities. This ease of participation comes from land use and economic planning that locates services in or close to residences, provides convenient transportation alternatives when services are too far to reach by walking and makes walking routes attractive. Some older adults experienced problems with having safe and affordable transportation available while fewer experienced problems with having housing to suit their needs.

Figure 41: Basic Needs Problems of Older Residents in Area IV



Ultimately, communities that have planned well by promoting mobility, independence and meaningful engagement of its older residents provide a high quality of life for their residents of all ages. In Area IV, over 8 in 10 of older residents rated their overall quality of life as “excellent” or “good;” few residents felt they had a “fair” or “poor” quality of life.

Figure 42: Overall Quality of Life of Older Residents in Area IV



Community Readiness

Communities that assist older adults to remain or become active community participants provide the requisite opportunities for recreation, transportation, culture, education, communication, social connection, spiritual enrichment and health care. It is not a package mix, so each community must identify what its older adults seek and what the community provides. The judgments of the residents for whom community planning takes place provide the elements of an equation that describes overall community quality in Area IV (Figure 43).

The following section of this report summarizes how older residents view their community as thriving environments for its older adults within the six community dimensions of Overall Community Quality, Community and Belonging, Community Information, Productive Activities, Health and Wellness and Community Design and Land Use.

Older adults, more than others, face difficulties with aspects of everyday life. For many older adults these difficulties vastly exceed the minor physical pains or small losses of function that characterize almost everyone's circumstances after a certain age. When individual problems are added together, a group picture emerges that provides a useful description of the entire community served by Area IV Agency on Aging & Community Action Programs. Nationally, areas where older adults face the largest share of life's challenges include caregiving, health and mental health, in-home support, nutrition and food security and transportation. This study also explored specific problems or stressors encountered by older adults in Area IV, such as physical and emotional difficulties and injuries that have compromised their independence. Within the five community dimensions of Community and Belonging, Community Information, Productive Activities, Health and Wellness and Community Design and Land Use, the magnitude of these individual-level needs is presented in Figure 44: Older Adult Needs in Area IV by Community Dimension, culminating in an exploration of high-risk populations (Figure 46: Needs of Older Population by Sociodemographic Characteristics, Percent and Number Affected (N=56,266)).

Area IV Opportunities and Challenges

Survey respondents were asked to rate a number of aspects of the community which were converted to an average scale of 0 (the lowest rating, e.g., “poor”) to 100 (the highest rating, e.g., “excellent”) and then combined to provide one overall rating (index¹) for each of the six dimensions of Community Readiness. (For more information on how the summary scores were calculated see *Appendix B: Survey Methodology*.)

Summary scores provide a broad picture of the perceived fit between what Area IV offered to older adults and what older residents needed:

- Older residents felt the areas of Overall Community Quality and Productive Activities best met their needs
- The areas of Community Design and Land Use and Community and Belonging received slightly lower, but good average ratings
- Community Information and Health and Wellness were rated less favorably and received the lowest average ratings

Figure 43: Area IV Community Readiness Chart



Scale: 0=Lowest/most negative, 100=Highest/most positive

¹ These ratings are not to be understood like ratings from school tests. Because they are summaries of several questions that range from 0 as “poor,” 33 as “fair,” 66 as “good” and 100 as “excellent”, a score of 58, as one example, should be interpreted as closer to “good” than “fair” (with the midpoint of the scale, 50, representing equidistance between “good” and “fair”).

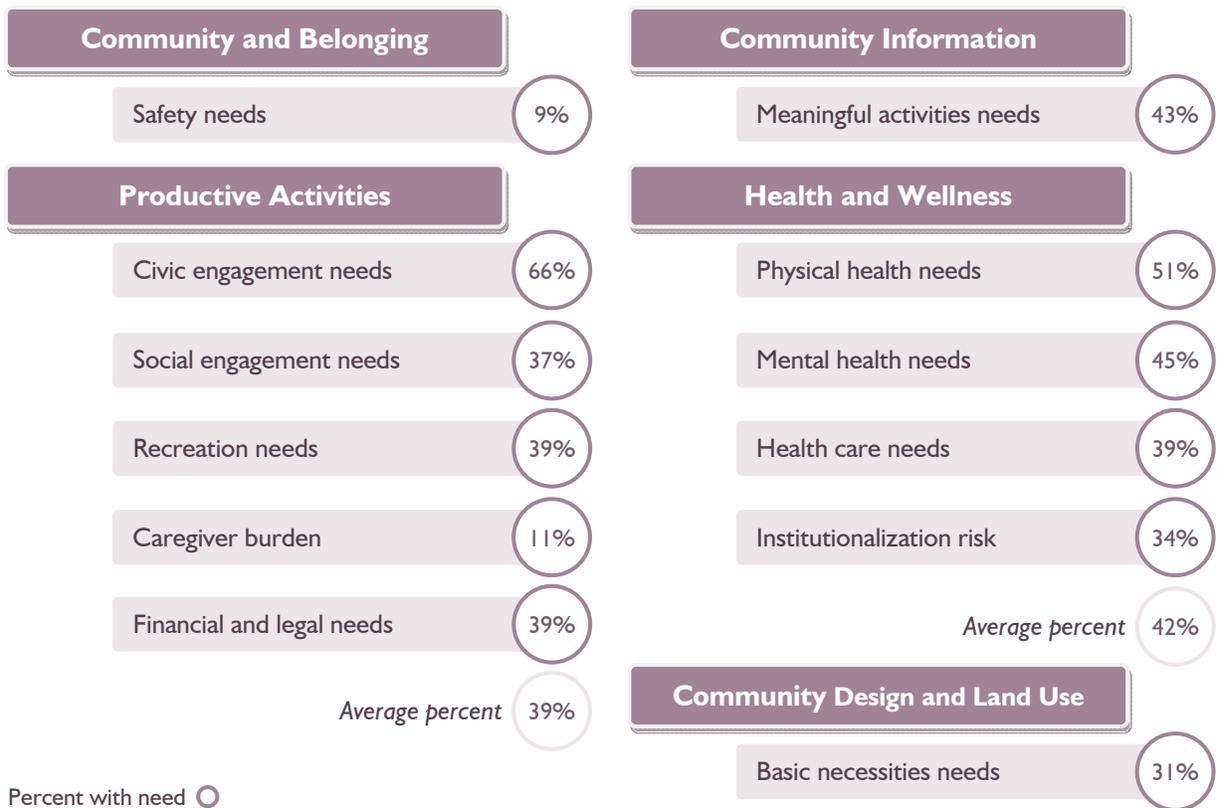
Older Resident Needs in Area IV

Over 40 individual survey questions about specific problems faced by older community members, as well as participation levels and community engagement were summarized into 12 larger areas to provide a broad picture of older resident needs in Area IV. Summary scores are based on the average percent of respondents who experienced problems or had low levels of participation and engagement. *Appendix B: Survey Methodology* provides detailed information on the criteria used to identify respondents as having a need in a specific area. These 12 areas have been organized into five community dimensions of Community and Belonging, Community Information, Productive Activities, Health and Wellness and Community Design and Land Use (no needs areas have been defined for the community dimension of Overall Community Quality).

Typically, it is understood that the self-reported needs of older adults represent a minimum level, a conservative estimate attenuated by respondents' strong desire to feel and appear self-reliant and further reduced by the silent voice of some older adults who, no matter how sensitive the attempt, are too frail to participate in any survey enterprise. Nonetheless, clear patterns of needs and strengths emerged from this assessment:

- Older residents had the largest needs in the areas of civic engagement and physical health
- A significant portion had needs in the areas of mental health and meaningful activities
- Few reported needs in the areas of safety and caregiver burdens

Figure 44: Older Adult Needs in Area IV by Community Dimension



While older residents reported the lowest prevalence of need in the areas of safety and caregiver burdens, needs can be quite serious for those affected. It should be understood that the percent of the population that experiences a problem is not a measure of how difficult a problem is to endure for the people who share it. Some needs or opportunities, though rare as a percent of residents, have a particularly devastating impact on residents' quality of life – for example, needing help transferring from bed to wheelchair or having a problem with safety, so it is important to consider both the prevalence of the need or opportunity and its centrality to residents' sustained independence.

Figure 45: Older Resident Needs in Area IV

Area of need	Percent with need	Number affected ¹
Safety	9%	5,202
Civic engagement	66%	37,330
Social engagement	37%	21,029
Recreation	39%	21,729
Financial and legal	39%	21,777
Meaningful activities	43%	24,283
Caregiver burden	11%	6,461
Physical health	51%	28,601
Mental health	46%	26,054
Health care	39%	22,121
Institutionalization risk	34%	19,036
Basic necessities	31%	17,246

¹ Based on U.S. Census Bureau - 2010 Census; about 56,266 adults age 60 and over in Area IV Agency on Aging & Community Action Programs service area.