

THE ADVANTAGE INITIATIVE[®]

Improving Communities for an Aging Society

SURVEY NARRATIVE

2005 Community Survey of Adults Aged 65 and Older in St. Joseph County

Mia R. Oberlink
Michal D. Gursen

March 2006

COMMUNITY
FOUNDATION
OF ST. JOSEPH
C O U N T Y

Center for Home Care **Policy & Research**

TABLE OF CONTENTS

I.	Exhibit 1: Elements of An Elder-Friendly Community.....	1
II.	Exhibit 2: Indicators List: Essential Elements of an Elder-Friendly Community	2
III.	Introduction.....	3
IV.	Summary: Comparing Local Data to National Data.....	7
V.	Findings from St. Joseph County.....	13
VI.	Table: Demographic characteristics of community dwelling population age 65 and older.....	23
VII.	Appendix 1: Survey Methodology.....	25
VIII.	Appendix 2: Definition of Key Variables.....	26
IX.	The Center for Home Care Policy and Research.....	29

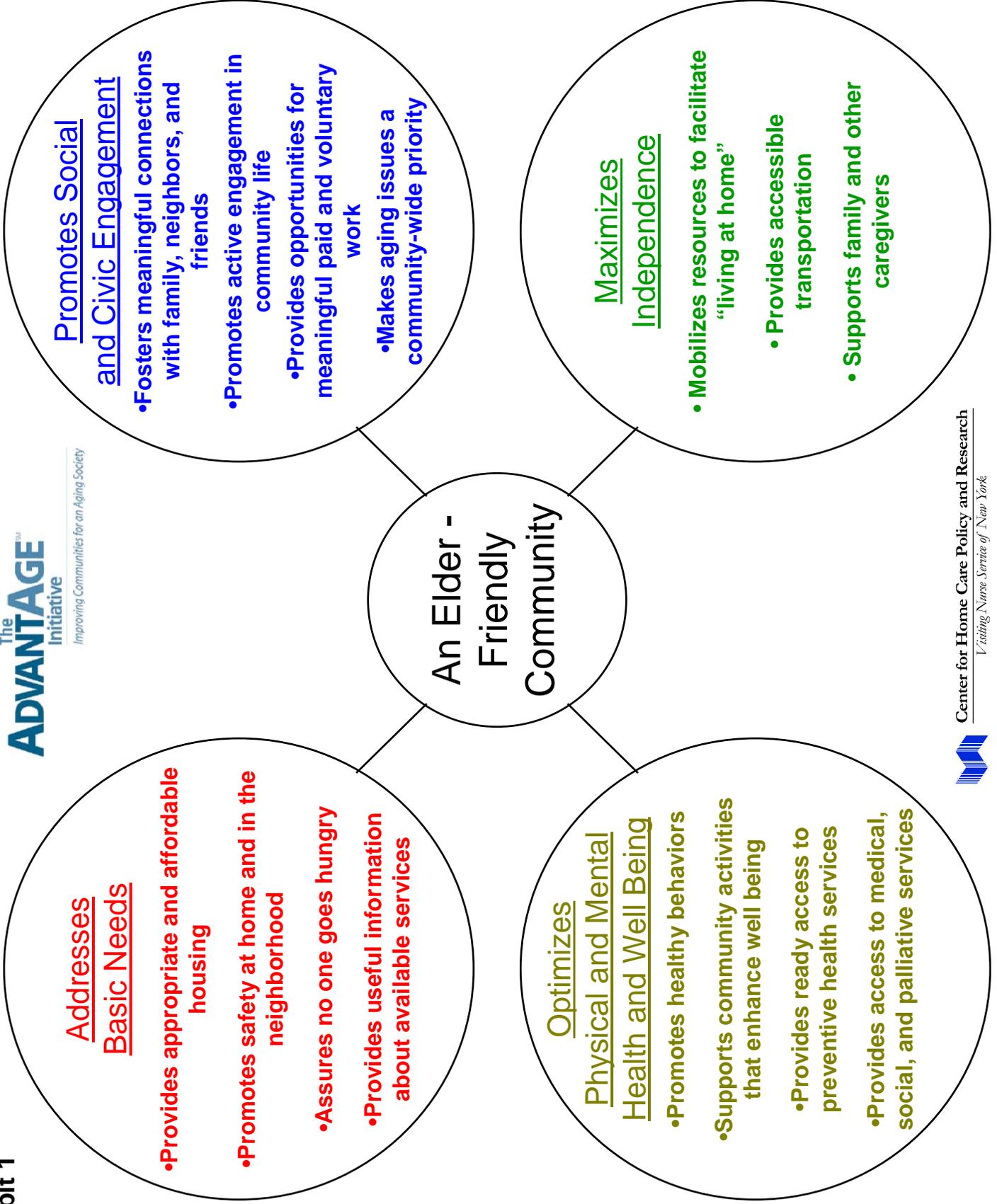


Exhibit 2

Indicators List: Essential Elements of an Elder Friendly Community

Percentage of people age 65+ who report their community is a good place to live

ADDRESSES BASIC NEEDS

- **Affordable housing is available to community residents**
 1. Percentage of people age 65+ who spend >30%/≤30% of their income on housing
 2. Percentage of people age 65+ who want to remain in their current residence and are confident they will be able to afford to do so
- **Housing is modified to accommodate mobility and safety**
 3. Percentage of householders age 65+ in housing units with home modification needs
- **The neighborhood is livable and safe**
 4. Percentage of people age 65+ who feel safe/unsafe in their neighborhood
 5. Percentage of people age 65+ who report few/multiple problems in the neighborhood
 6. Percentage of people age 65+ who are satisfied with the neighborhood as a place to live
- **People have enough to eat**
 7. Percentage of people age 65+ who report cutting the size of or skipping meals due to lack of money
- **Assistance services are available and residents know how to access them**
 8. Percentage of people age 65+ who do not know whom to call if they need information about services in their community
 9. Percentage of people age 65+ who are aware/unaware of selected services in their community
 10. Percentage of people age 65+ with adequate assistance in ADL and/or IADL activities

OPTIMIZES PHYSICAL AND MENTAL HEALTH AND WELL-BEING

- **Community promotes and provides access to necessary and preventive health services**
 11. Rates of screening and vaccination for various conditions among people 65+
 12. Percentage of people age 65+ who thought they needed the help of a health care professional because they felt depressed or anxious and have not seen one (for those symptoms)
 13. Percentage of people age 65+ whose physical or mental health interfered with their activities in the past month
 14. Percentage of people age 65+ who report being in good to excellent health
- **Opportunities for physical activity are available and used**
 15. Percentage of people age 65+ who participate in regular physical exercise
- **Obstacles to use of necessary medical care are minimized**
 16. Percentage of people age 65+ with a usual source of care
 17. Percentage of people age 65+ who failed to obtain needed medical care
 18. Percentage of people age 65+ who had problems paying for medical care
 19. Percentage of people age 65+ who had problems paying for prescription drugs
 20. Percentage of people age 65+ who had problems paying for dental care or eyeglasses
- **Palliative care services are available and advertised**
 21. Percentage of people age 65+ who know whether palliative care services are available

MAXIMIZES INDEPENDENCE

- **Transportation is accessible and affordable**
 22. Percentage of people age 65+ who have access to public transportation
- **The community service system enables people to live comfortably and safely at home**
 23. Percentage of people age 65+ with adequate assistance in activities of daily living (ADL)
 24. Percentage of people age 65+ with adequate assistance in instrumental activities of daily living (IADL)
- **Caregivers are mobilized to complement the formal service system**
 25. Percentage of people age 65+ who provide help to the frail or disabled
 26. Percentage of people age 65+ who get respite/relief from their caregiving activity

PROMOTES SOCIAL AND CIVIC ENGAGEMENT

- **Residents maintain connections with friends and neighbors**
 27. Percentage of people age 65+ who socialized with friends or neighbors in the past week
- **Civic, cultural, religious, and recreational activities include older residents**
 28. Percentage of people age 65+ who attended church, temple, or other in the past week
 29. Percentage of people age 65+ who attended movies, sports events, clubs, or group events in the past week
 30. Percentage of people age 65+ who engaged in at least one social, religious, or cultural activity in the past week
- **Opportunities for volunteer work are readily available**
 31. Percentage of people age 65+ who participate in volunteer work
- **Community residents help and trust each other**
 32. Percentage of people age 65+ who live in “helping communities”
- **Appropriate work is available to those who want it**
 33. Percentage of people age 65+ who would like to be working for pay

III.

INTRODUCTION

The AdvantAge Initiative, a project of the Center for Home Care Policy and Research, an independent research center within the Visiting Nurse Service of New York, has been working over the past six years with communities across the United States to help them measure their “elder-friendliness” and plan improvements to make their communities good places for older people and their families to live.

The AdvantAge Initiative team developed a set of tools to facilitate measurement of the status of older people in a community. The first of these tools is a framework or definition of an “elder-friendly” community, which was created after a set of focus groups with adults between the ages of 30 and 75+ were conducted in four different areas of the country. Participants in the focus groups were asked to describe the ideal community in which to grow old, and their responses were synthesized into the elder-friendly community framework in Exhibit 1. The framework defines an elder-friendly community as one that 1) addresses older people’s basic needs, 2) optimizes their physical and mental health and well-being, 3) maximizes independence for the frail and disabled, and 4) promotes older peoples’ social and civic engagement.

In addition to this framework, the AdvantAge Initiative team developed a corresponding set of 33 indicators (Exhibit 2) and consumer survey that allow communities to measure and report the status of their older residents and the elder friendliness of their communities. Together, these tools enable stakeholders to learn about older residents’ perceptions of and experiences in their communities and use that information, along with other data, to identify and prioritize aging issues and make plans to address them.

To date, the AdvantAge Initiative has worked with and conducted surveys in 25 communities in various parts of the country. Organizations that have commissioned the survey include Area Agencies on Aging, municipal planning organizations, and community foundations that fund or plan to fund aging programs and need baseline information about older residents in their communities to help them identify funding priorities. In addition, the AdvantAge Initiative conducted a national survey. The national survey findings represent “averages” or “norms” with which community survey results may be compared. For more information about the AdvantAge Initiative, please visit the website, www.advantageinitiative.org.

The AdvantAge Initiative Survey in St. Joseph County: Summary & Findings

The AdvantAge Initiative collaborated with the Community Foundation of St. Joseph County to conduct the survey in St. Joseph County, Indiana during October and November, 2005; additional interviews were conducted in February 2006. The survey consisted of 25-30 minute telephone interviews with residents aged 65 and older using a list-assisted random digit dial approach. The resulting survey data were weighted according to census data to adjust for non-response and for the varying probabilities of selection to produce representative results for the non-institutionalized population aged 65 and older in St. Joseph County. The survey sample of 466 respondents represents 34,805 people aged 65 and older in St. Joseph County¹ (see Appendix 1 for the methodology for the St. Joseph County survey).

The Community Foundation of St. Joseph County was particularly interested in looking at similarities and differences between the national AdvantAge Initiative survey results and St. Joseph County survey results, as well as similarities and differences among three geographic areas: Mishawaka, South Bend, and the rest of St. Joseph County. We also agreed to analyze the data in depth according to five additional demographic characteristics: age, education, health status, race, and household type as follows:

- Age: Age 65-74 versus Age 75+
- Education: More than high school level versus High school or less
- Health Status: Excellent/very good/good versus Fair/poor/very poor
- Race: White non-Hispanic versus Black non-Hispanic
- Household Type: Live Alone versus Live with Others (*Please note that the household type demographic was added after this narrative report was prepared. Therefore, it is not referenced in this report. The household type data, however, is available in the separate table and chart/graph PDF documents.*)

For the most part, the St. Joseph County findings are in line with the national findings.² However, there are times when the St. Joseph County results deviate from the national averages. For example,

- Among seniors who need assistance with ADL and/or IADL activities, seniors are more likely to have unmet needs in St. Joseph County than nationally.
- Seniors are less likely to have had a flu shot in the past year in St. Joseph County than nationally.
- Seniors are less likely to know whom to call for information about assistance services in St. Joseph County than nationally.
- Seniors are more likely to participate in regular leisure time physical activity (i.e., exercise) in St. Joseph County than nationally.
- Seniors are more likely to have attended church, temple, or other religious activities in the past week in St. Joseph County than nationally.

¹ The geographic area for the St. Joseph County survey was based on 18 zip codes covering Mishawaka, South Bend, and the rest of the county. The survey sample is weighted according to the 2005 Current Population Survey (CPS) from the U.S. Census Bureau, population figures within these 18 zip codes, as well as more recent Claritas data (i.e. accurate, up-to-date demographic data within any specific geographic market area in the United States, <http://www.claritas.com>). Since the definitions of the boundaries of South Bend City and Mishawaka may differ when using zip codes versus Census tracts or other methods of defining these areas, and more recent Census and Claritas figures were used, the population figures in this study may appear to be different from those of the 2000 Census.

² To view the national survey report, go to http://www.vnsny.org/advantage/AI_NationalSurveyReport.pdf

Similar to the findings from the national survey, a review of the St. Joseph County survey data indicates that the most vulnerable seniors are those with less than a high school education, those who rate their health status as fair or poor, minority seniors, and those aged 75+. While the survey results are reported separately here for each of these demographic sub-groups, it is important to note that these characteristics are likely to co-exist in one and the same person. In other words, it is likely that the most vulnerable elders in St. Joseph County are African Americans who are 75 years of age or older, in fair or poor health, with less than a high school education.

The results of the St. Joseph County survey are reported in three different ways in this document, progressing from general to more specific and using the AdvantAge Initiative's 33 indicators. First is a Summary that presents a broad snapshot of the status of older people living in St. Joseph County, with comparisons, when appropriate and possible, to the AdvantAge Initiative national survey results.

The next section contains Findings that present more details about the Summary's major points. Both the Summary and Findings sections are organized around the four domains of the elder friendly community framework and refer to the corresponding indicators. The subject headings are: 1) Addresses Basic Needs, 2) Optimizes Physical and Mental Health and Well-Being, 3) Maximizes Independence, and 4) Promotes Social and Civic Engagement. The Findings Section describes the general findings for the county as a whole, as well as comparisons according to geography, age, education, health status, and race, as bulleted above. The Findings also direct readers to relevant Tables, which provide the detailed results.

Reading and Understanding the Tables

There are 20 tables that display the detailed results of the survey in St. Joseph County. These tables are broken down by domain and demographic characteristics so that there are 4 tables for each of the 5 demographic characteristics mentioned above. For example, for the first demographic characteristic – geography – the tables are labeled as follows:

- Table 1a: Addresses Basic Needs by Geography
- Table 1b: Optimizes Physical and Mental Health and Well Being by Geography
- Table 1c: Maximizes Independence by Geography
- Table 1d: Promotes Social and Civic Engagement by Geography

This same template is used in reporting the results for the four remaining demographic characteristics (age, education, health status, and race). Each table includes both the “Unweighted N” and the “Weighted N.” The “Unweighted N” is also known as the “Community Sample” and indicates the actual number of respondents interviewed in St. Joseph County. The “Weighted N” is also known as the “Community Population” and indicates the total number of adults age 65 and older in St. Joseph County that the surveyed respondents represent.

The column headings display the Total Sample, and one of the five demographic characteristics analyzed. For example, Table 1a displays the Total Sample and the three geographic areas: Mishawaka, South Bend, and Other St. Joseph County. The second row in the table shows an “N” and a “W%” for each of the four headings. The footnote

alongside the “W%” informs the reader that the “N” represents the unweighted number of people who provided a valid response, and the “W%” represents the weighted population estimate. As a rule of thumb, the lower the N, the wider the margin of error, which is the reason that the N’s are listed. Percentages based on fewer than 20 respondents (i.e., N<20) should be interpreted with caution. ***When making comparisons among demographic subgroups, always use the percentages.***

The third row of the table shows that 466 respondents represent 100% of the weighted population estimate of 34,805 adults aged 65+ in St. Joseph County. Similarly, 111 respondents in Mishawaka represent 22% of the 34,805 adults aged 65+ in St. Joseph County, 181 respondents in South Bend represent 63% of the 34,805 adults aged 65+ in St. Joseph County, and 174 respondents in other parts of St. Joseph County represent 15% of the 34,805 adults aged 65+ in St. Joseph County.

The first column lists the domain, dimension, and indicator under analysis. For example, in Table 1a, the domain is “Addresses Basic Needs” and the dimension is “Affordable housing is available to community residents.” Indicator 1 is, “Percentage of people aged 65+ who spend >30%/≤30% of their income on housing.” Footnote three in the table describes how “annual expenditure” was calculated.

This indicator is analyzed according to three categories: “30 percent or less of income,” “More than 30% of income,” and “Expenditure unknown.” Looking at the category “30 percent or less of income” and moving across the row, we see that 118 respondents representing 27% of people age 65+ in St. Joseph County as a whole spend 30 percent or less of their income on housing. If we want to calculate the number of people this represents in St. Joseph County, we would take 27% of 34,805, which is 9,397 people age 65+.

Similarly, 30% of people aged 65+ living in Mishawaka spend 30 percent or less of their income on housing. To calculate the number of people this represents, we would take 22% of 34,805 (because 22% of people age 65+ in St. Joseph County live in Mishawaka) which is 7,657, and then calculate 30% of 7,657, which is 2,297. We can then say that 2,297 people aged 65+ living in Mishawaka spend 30 percent or less of their income on housing.

The tables are organized in ways that allow comparisons between the national survey results and the St. Joseph County survey results. Therefore, the tables may appear to have missing data for some indicators. In addition, it is important to note that analyses are generally not calculated for demographic subgroups if the N for the total population is small and therefore will yield fewer than 20 respondents in the subgroup categories.

Finally, we urge readers to pay careful attention to the footnotes in the tables as the footnotes provide useful information in understanding how the indicators were calculated.

The demographic table contains the demographic profile of the community dwelling population aged 65 and older in St. Joseph County as a whole and in Mishawaka, South Bend and “Other St. Joseph County.”

IV. SUMMARY: COMPARING LOCAL DATA TO NATIONAL DATA

ADDRESSES BASIC NEEDS

A. Housing (Indicators 1-3)

Nearly all adults aged 65 and older want to remain in their current residences for as long as possible in St. Joseph County (95%) as well as nationally (93%). In St. Joseph County, the majority (57%) of people who want to stay in their current homes are very confident that they will be able to afford to do so. People in better health are more likely than those in poorer health to be very confident. Older people living in other parts of St. Joseph County are more likely than those living in Mishawaka and South Bend to say they are very confident about being able to afford to stay in their current homes as they grow older.

The AdvantAge Initiative national survey tells us that the vast majority (86%) of elders in the U.S. do not feel that their homes need major repairs or modifications. Yet, in St. Joseph County, people aged 65 and older are more likely to need home modifications than the national average (21% vs. 14%). Furthermore, among people whose homes need modifications, those in St. Joseph County are slightly less likely than the national average (78% vs. 83%) to say they actually plan to make such modifications. In St. Joseph County, African Americans, people in poor health, those with lower education levels and people age 65-74 are all more likely than their counterparts to say that their homes need one or more modifications. Additionally, there is some indication that people in South Bend are more likely than those in Mishawaka and the rest of St. Joseph County to need modifications.

In St. Joseph County, 44% of respondents provided enough information to enable analysts to calculate their annual housing expenditure as a percentage of their income; 56% did not. Among people who provided this information, the findings were similar to those of the national survey. For example, people with less than a high school education, African Americans, and people in poorer health are all more likely than their counterparts to spend more than 30 percent of their income on housing. Additionally, in St. Joseph County, people age 65-74 are more likely than those age 75+ to spend more than 30% of their income on housing.

Questions related to planning for future housing and health needs were of particular interest to the Community Foundation of St. Joseph County. The majority (56%) of people aged 65+ say they would prefer to move into an assisted living community if they were unable to remain in their homes. Overall, 42% of people aged 65+ have given a little thought, and 29% of people aged 65+ have given no thought, to the question of how to pay for long-term care such as care in a nursing home or care at home. Nearly one of five (19%) people aged 65+ in St. Joseph County say they don't know how the bill would be paid if they needed to move to a nursing home or needed care at home.

B. Neighborhood perceptions (Indicators 4-6)

Overall, perceptions of good or excellent neighborhood safety are lower in St. Joseph County than the national average, with 60% of people aged 65 and older in St. Joseph County reporting neighborhood safety as excellent or very good versus 70% nationally. More important, perhaps, are the differences among the three areas surveyed: people in other parts of St. Joseph County and Mishawaka are more likely than those living in South Bend to say that neighborhood safety is excellent or very good. Striking differences were also found by age, health status, and race: people who are younger, those in better health, and people who are white, are all more likely than their counterparts to rate their community safety favorably. This finding is consistent with the findings from AdvantAge Initiative surveys in other communities as well as nationally.

In both the national survey and the St. Joseph County survey, crime, traffic, and people's "lack of involvement" are among the top four neighborhood problems reported by survey respondents. In the St. Joseph County survey, people in poorer health and African Americans are more likely than their counterparts to perceive crime and people's "lack of involvement" as problems in their neighborhoods. Seniors in South Bend are more likely than those in Mishawaka, who in turn are more likely than those living in other parts of St. Joseph County to perceive a problem with crime in the neighborhood.

Overall, three quarters (74%) of people age 65 and older in St. Joseph County are very satisfied with their neighborhoods as places to live, which is slightly lower than the national average (81%). Within St. Joseph County, people who are in better health, white, or aged 65-74, are all more likely than their counterparts to be very satisfied with their neighborhoods as places to live. Adults aged 65+ living in other parts of St. Joseph County are also more likely than those living in Mishawaka or South Bend to be very satisfied.

C. Access to assistance services (Indicators 7-10)

Overall, more than one third (36%) of people aged 65+ in St. Joseph County do not know whom to call for information about assistance services, whereas nationally, one of five (20%) people aged 65+ do not know whom to call. However, the majority of people in St. Joseph County are aware of *some* services in their area. Awareness of the following services was lower in St. Joseph County than nationally: senior center (68% vs. 84%), special transportation (63% vs. 78%), home health aide (65% vs. 75%), congregate meals (60% vs. 70%) and homemaker service (60% vs. 67%).

Overall, the percentage of people aged 65+ who need help with activities of daily living is slightly lower in St. Joseph County than nationally (14% vs. 19%). However, among older people needing such help, St. Joseph County has a higher percentage of men and women with one or more unmet needs than the national average (70% vs. 48%). Not surprisingly, seniors in poorer health are nearly three times as likely as those in better health to say they need assistance with one or more ADLs and/or IADLs (29% vs. 10%).

D. Health (Indicators 11-21)

The rates of vaccination and screening for various conditions is similar in St. Joseph County and across the nation, with the exception of flu shots. Whereas 53% of people in St. Joseph County had a flu shot in the past year, nearly three of four (73%) people age 65+ had a flu shot nationally. This substantially lower percentage of older people receiving flu shots in St. Joseph County may be due to the much publicized shortages of flu vaccine in 2005. Further investigation is needed to ascertain the true cause of this difference. In St. Joseph County, women and men in South Bend and “Other St. Joseph County” are more likely than women and men in Mishawaka to have had a mammogram and PSA blood test, respectively. In St. Joseph County, people aged 75+ are more likely than those aged 65-74 to have had an eye exam, flu shot, or hearing test; people aged 65-74 are more likely than those aged 75+ to have had a PSA blood test. People with higher levels of education are more likely than those with less education to have had a PSA blood test, flu shot, and hearing test. Seniors in better health are more likely than those in poorer health to have had a mammogram or PSA blood test; seniors in poorer health are more likely than those in better health to have had a physical exam.

Overall, in St. Joseph County, 12% of people aged 65+ say there was a time in the past year when they needed the help of a health professional because they felt depressed or anxious. This is slightly higher than the national average of 8%. People in St. Joseph County appear less likely to obtain needed help than nationally: in St. Joseph County, 43% obtained the professional help they thought they needed whereas nationally, 66% obtained such help.

St. Joseph County appears to do a little better than the national average when it comes to the number of unhealthy days in the past month. In St. Joseph County, one third (34%) of people aged 65+ had one or more “unhealthy” days in the past 30 days; the national average was 42%. Similarly, unhealthy days appear to interfere with activities less for people in St. Joseph County than nationally: in St. Joseph County, unhealthy days did not interfere with usual activities for seven of ten (70%) people, whereas nationally, unhealthy days did not interfere with usual activities for six of ten (60%) people.

On another positive note, people aged 65+ in St. Joseph County are more likely than those across the nation to report being in good to excellent health (83% vs. 75%). In St. Joseph County, people who are white, aged 65-74, and those with a higher level of education are all more likely than their counterparts to rate their health status more favorably. Seniors living in “Other St. Joseph County” and South Bend are more likely than those living in Mishawaka to rate their health status more favorably.

People aged 65+ in St. Joseph County seem to participate in regular leisure time physical activity (i.e., exercise) at a higher rate than they do nationally (57% vs. 43%).

In St. Joseph County, the following groups of people are more likely than their counterparts to engage in regular leisure time activity: those in better health, those who are white, people with more than a high school education, and those aged 65-74. People living in South Bend are also more likely than those living in “Other St. Joseph County” and Mishawaka to engage in regular leisure time physical activity.

Nearly all people aged 65+ have a place where they usually go when they are sick or need advice about their health – in St. Joseph County (94%) and nationally (95%). Doctors’ offices, clinics, and health centers are the places cited most frequently as sources of care.

Overall, only a small proportion of people aged 65+ report problems paying for medical care, prescription drugs, and dental or vision care in both St. Joseph County and across the nation.

Questions related to memory loss were of particular interest to the Community Foundation of St. Joseph County. More than one of ten (12%) people aged 65+ in St. Joseph County say that in the past five years a doctor told them that they have a problem with memory loss. Overall, 34% of people age 65+ are not too concerned about memory loss and 33% of people age 65+ are not concerned at all.

MAXIMIZES INDEPENDENCE

E. Transportation (Indicator 22)

The proportion of people aged 65+ in St. Joseph County (62%) who say that public transportation is available in their community is slightly higher than the national average (57%). More than one of four people aged 65+ say that public transportation does not exist in St. Joseph County (27%) and nationally (32%). Similarly, 4% of people in St. Joseph County and 6% nationally say that public transportation exists but is too limited to be useful. People aged 65+ say that driving a car is the means of transportation that they use most frequently in both St. Joseph County (84%) and nationally (75%). In St. Joseph County, people in better health, younger seniors, and those with higher education are all more likely than their counterparts to drive a car.

F. Caregiving (Indicators 25-26)

Overall, the proportion of people aged 65+ who provide help or care, or arrange for help or care, for a relative or friend who is unable to do some things for him/herself due to illness or disability is similar in St. Joseph County (22%) and nationally (19%). Interestingly, caregivers are more likely to provide care to a non-relative/friend than to a parent/in-law, spouse/partner, child, or other relative. Nearly one of two caregivers have been providing care for more than three years in St. Joseph County (47%) and nationally (46%). Similarly, more than seven of ten caregivers are able to get relief or time off from their caregiving responsibility in both St. Joseph County (72%) and nationally (73%).

PROMOTES SOCIAL AND CIVIC ENGAGEMENT

G. Social and Civic Engagement (Indicators 27-33)

Overall, about two thirds of people aged 65+ socialized with friends or neighbors in the past week in St. Joseph County (68%) and nationally (65%). Nearly six of ten attended movies, sports events, clubs, or group events in the past week in St. Joseph County (59%) and nationally (56%). Notably, seniors aged 65+ in St. Joseph County are more likely than older people nationally to have attended church, temple, or other religious activity in the past week (69% vs. 56%). Finally, approximately nine of ten people aged 65+ engaged in at least one social, religious, or cultural activity in the past week in St. Joseph County (92%) and across the nation (89%). In all cases, people in better health are more likely than those in poorer health to engage in these activities.

More than one of three people aged 65+ participate in volunteer work in St. Joseph County (35%) and nationally (36%). The amount of time spent volunteering is also similar in St. Joseph County and nationally. In St. Joseph County, people who are better educated, white, in better health are all more likely than their counterparts to participate in volunteer work. Seniors living in “Other St. Joseph” are more likely than those who live in South Bend and Mishawaka to volunteer.

The vast majority of people aged 65+ either strongly agree or agree with each of the following three statements about “helping communities”: a) Most people in the neighborhood are basically honest and can be trusted; b) If I have a problem there is always someone to help me in this neighborhood; and c) Most people in this neighborhood are willing to help if you need it. Approximately four of five strongly agreed or agreed with all three statements in St. Joseph County (78%) and nationally (83%).

Overall, more than four of five people aged 65+ are not currently working in St. Joseph County (82%) and nationally (85%). Among people who are not working, nearly one of four would like to work for pay in St. Joseph County (22%) and nationally (24%). In St. Joseph County, among those who are not working, African-American seniors are more than twice as likely as white seniors to want to work for pay; people in poorer health are twice as likely as those in better health to want to work for pay; and seniors age 65-74 are more likely than seniors age 75+ to want to work for pay.

V. FINDINGS FROM ST. JOSEPH COUNTY

ADDRESSES BASIC NEEDS

A. Housing (Indicators 1-3; for more information about how the findings were obtained see tables 1a, 2a, 3a, 4a, and 5a)

- Overall, 17 percent of people aged 65+ spend *more than 30%* of their income on housing; 27% of people spend *30% or less* of their income on housing; and 56% of people were classified in the category “expenditure unknown.”
 - People with a high school or lower level of education are three times as likely as those with more than a high school education to spend *more than 30%* of their income on housing (24% vs. 8%).
 - African Americans are more than twice as likely as whites to spend *more than 30%* of their income on housing (27% vs. 12%).
 - People in fair/poor/very poor health are more likely than those in excellent/very good/good health to spend *more than 30%* of their income on housing (27% vs. 16%).
 - People aged 65-74 are more likely than those age 75+ to spend *more than 30%* of their income on housing (21% vs. 14%).
- Overall, more than nine of ten (95%) people aged 65+ want to remain in their current residences for as long as possible. The majority (57%) of seniors who want to stay in their current homes are very confident that they will be able to afford to do so.
 - Among seniors who want to remain in their residences, those in excellent/very good/good health are more likely than those in fair/poor/very poor health to be very confident (61% vs. 35%).
 - Among seniors who want to remain in their residences, people living in other parts of St. Joseph County are more likely than those living in Mishawaka or South Bend to be very confident (65% vs. 56% vs. 55%).
- Overall, more than one of five (21%) people aged 65+ say their homes need one or more modifications. The majority (78%) of those whose homes need modifications say that they plan to make the changes over the next five years. The modification need mentioned most frequently was cosmetic or minor repairs such as painting or floor refinishing (14%).
 - African-American elders are more than three times as likely as white elders to say that their current residences need one or more modifications (48% vs. 15%).
 - People in fair/poor/very poor health are more than twice as likely as those in excellent/very good/good health to say that their current residences need one or more modifications (43% vs. 17%).

- People with a high school or lower level of education are twice as likely as those with more than a high school education to say that their homes need one or more modifications (26% vs. 13%).
- People aged 65-74 are more likely than those aged 75+ to say that their homes need one or more modifications (25% vs. 18%).
- There is some indication that people in South Bend are more likely than those in Mishawaka or the rest of St. Joseph County to need one or more modifications. Due to the small number of people in Mishawaka who say they need modifications, this finding should be interpreted with caution.
- Questions related to planning for future housing and health needs were added to the survey instrument at the request of the Community Foundation of St. Joseph County.
 - More than half (56%) of people aged 65+ say they would prefer to move into an assisted living community if they were unable to remain in their homes. Nearly one of five (19%) say they would prefer to move into their child's or another relative's home, and 17% say they don't know where they would prefer to go if they were unable to remain in their homes.
 - Nearly three of ten (28%) people aged 65+ say they have given a lot of thought to the question of how to pay for long-term care, such as care in a nursing home or care at home. More than four of ten (42%) say they have given it a little thought, and nearly three of ten (29%) say they have given it no thought.
 - Nearly one of five (19%) people aged 65+ say they don't know how the bill would be paid if they needed to move to a nursing home or needed care at home. One quarter (25%) say the bill would be paid by Medicare, Medicaid, or other government program; more than one of five (21%) say savings; and another one of five (20%) say private long-term care insurance. The remainder cited other sources or refused to answer the question.

B. Neighborhood perceptions (Indicators 4-6; for more information about how the findings were obtained see tables 1a, 2a, 3a, 4a, and 5a)

- Overall, six of ten (60%) people aged 65+ in St. Joseph County perceive personal safety in their neighborhoods as excellent or very good. More than one quarter (26%) say that safety is good, and 14% say it is fair or poor.
 - Seniors aged 65-74 are more likely than those aged 75+ to perceive safety as excellent or very good (70% vs. 51%).
 - Seniors living in other parts of St. Joseph County and Mishawaka are more likely than those living in South Bend to perceive safety as excellent or very good (69% vs. 67% vs. 55%).
 - Seniors in poorer health are more than three times as likely as those in better health to perceive neighborhood safety as fair or poor (33% vs. 9%).
 - African-American seniors are more than three times as likely as white seniors to perceive safety as fair or poor (27% vs. 8%).

- Overall, people aged 65+ perceive the following as the top four neighborhood problems: crime (42%), heavy traffic (32%), streets are too dark (32%), and people don't get involved (31%).
 - Crime: African-American elders and elders in poor health are more likely than their counterparts to perceive a problem with crime in the neighborhood (55% vs. 35%; 52% vs. 39%, respectively). Elders living in South Bend are more likely than elders living in Mishawaka, who in turn are more likely than elders living in other parts of St. Joseph County, to perceive a problem with crime in the neighborhood (49% vs. 37% vs. 21%).
 - Heavy traffic: African-American elders and people aged 75+ are more likely than white elders and people aged 65-74 to perceive a problem with heavy traffic in the neighborhood (45% vs. 29%; 39% vs. 24%, respectively). People in poor health and those with more than a high school education are more likely than people in better health and those with a high school or lower level of education to perceive a problem with heavy traffic in the neighborhood (40% vs. 31%; 37% vs. 29%, respectively).
 - Streets are too dark: African-American seniors are more likely than white seniors to perceive a problem with streets that are too dark (37% vs. 25%). Seniors living in South Bend are more likely than seniors living in the rest of St. Joseph County or Mishawaka to perceive a problem with streets that are too dark (36% vs. 28% vs. 22%).
 - People don't get involved: African-American seniors and seniors in poor health are more likely than white seniors and seniors in better health to perceive "people don't get involved" as a problem (59% vs. 30%; 45% vs. 28%, respectively). Seniors living in South Bend are more likely than seniors living in Mishawaka and "Other St. Joseph" to perceive "people don't get involved" as a problem (32% vs. 29% vs. 25%).
- Overall, about three of four (74%) people aged 65+ in St. Joseph County are very satisfied with their neighborhoods as places to live.
 - People in better health and whites are considerably more likely than their counterparts to be very satisfied (80% vs. 49%; 80% vs. 55%, respectively).
 - People aged 65-74 are more likely than those aged 75+ to be very satisfied (83% vs. 67%).
 - People living in other parts of St. Joseph County are more likely than those living in Mishawaka and South Bend to be very satisfied with their neighborhoods as places to live (86% vs. 76% vs. 71%).

C. Access to assistance services (for more information about how the findings were obtained: see tables 1a, 2a, 3a, 4a, and 5a for Indicators 7-10; see tables 1b, 2b, 3b, 4b, and 5b for Indicator 21; see table 1c, 2c, 3c, 4c, and 5c for Indicators 23-24)

- Overall, only four percent of people aged 65+ in St. Joseph County say that in the past 12 months they or another adult in their household cut the size of or skipped meals because there wasn't enough money for food.
- Overall, more than one third (36%) of people aged 65+ in St. Joseph County do not know whom to call if they need information about assistance services in their community. More than one quarter (27%) of adults aged 65+ mention city or county agencies as the best sources of information for services in their community. Eleven percent say they would turn to the phone book or other media, 10% mention a health care professional or a medical center, and 6% name a senior center as their source of information.
 - Seniors with a high school or lower education are more likely than those with a higher level of education to not know whom to call if they need information about services in their community (39% vs. 31%).
 - Seniors living in South Bend and "Other St. Joseph" are more likely than seniors living in Mishawaka to not know whom to call (38% vs. 36% vs. 30%).
- The majority of people are aware of some services in their area. Overall, three of four or more seniors are aware of Hospice (77%), Visiting nurse services (75%), and Meals-on-wheels (75%). About seven of ten are aware of Senior Centers (68%), and about two thirds are aware of Home Health Aide services (65%). Six of ten or more say that Special Transportation (63%), Homemaker services (60%) and Congregate meals (60%) are available. However, one third or more don't know whether Respite (39%) or Home Repair services (33%) exist in their area.
- Overall, more than one of ten (12%) people aged 65+ do not know whether palliative (end of life or hospice) care is available in their area. More than three of four (77%) seniors say that the service is available and more than one of ten (11%) say that it is not. Overall, 98% of people age 65+ say that they have not used palliative care in the last 12 months.
- Overall, 14% of people aged 65+ need assistance with one or more activities of daily living (ADL) and/or instrumental activities of daily living (IADL). Among people with activity limitations, seven of ten (70%) have one or more unmet needs.
 - Seniors in poorer health are nearly three times as likely as those in better health to say they need assistance with one or more ADLs and/or IADLs (29% vs. 10%).

OPTIMIZES PHYSICAL AND MENTAL HEALTH AND WELL-BEING

D. Health (Indicators 11-21; for more information on how the findings were obtained see tables 1b, 2b, 3b, 4b, and 5b)

- Overall, the majority of people aged 65+ received most of the preventive health services mentioned by survey interviewers in the past year. More than nine of ten (95%) had their blood pressure checked by a doctor, nurse, or other health professional. Three of four (74%) had an eye exam and two of three (67%) had a physical exam. Two of three (66%) women had a mammogram, and more than six of ten (62%) men had a PSA blood test. Fifty three percent of people aged 65+ had a flu shot. Nearly three of ten (28%) had a hearing test and only one quarter had a bone density test (26%).
 - Eye exam: White seniors are more likely than African-American seniors to have had an eye exam (73% vs. 62%). People aged 75+ are more likely than people aged 65-74 to have had an eye exam (79% vs. 70%).
 - Physical exam: Seniors living in “Other St. Joseph” are more likely than those living in Mishawaka and South Bend to have had a physical exam (73% vs. 67% vs. 65%). Seniors in poorer health are more likely than those in better health to have had a physical exam (74% vs. 66%).
 - Mammogram: Among females, those in better health are more likely than those in poorer health to have had a mammogram (70% vs. 49%). Additionally, women living in South Bend and other parts of St. Joseph County are more likely than those living in Mishawaka to have had a mammogram (71% vs. 66% vs. 50%).
 - PSA blood test: Among males, those in better health, aged 65-74, and those with a higher level of education are more likely than their counterparts to have had a PSA blood test (66% vs. 47%; 69% vs. 54%; 70% vs. 58%, respectively). Additionally, men living in South Bend and other parts of St. Joseph County are more likely than those living in Mishawaka to have had a PSA test (64% vs. 63% vs. 56%).
 - Flu shot: The following groups of people are more likely than their counterparts to have had a flu shot: whites (60% vs. 35%); people with more than a high school education (58% vs. 50%); and aged 75+ (56% vs. 49%). Additionally, people living in other parts of St. Joseph County are more likely than those living in South Bend or Mishawaka to have had a flu shot (66% vs. 52% vs. 49%).
 - Hearing test: People aged 75+ are more likely than those aged 65-74 to have had a hearing test (33% vs. 22%). Seniors with more than a high school education are more likely than those with a lower level of education to have had a hearing test (33% vs. 24%). Seniors living in South Bend are more likely than those living in “Other St. Joseph” and Mishawaka to have had a hearing test (30% vs. 26% vs. 23%).
 - Bone density: Seniors living in Mishawaka are more likely than seniors living in South Bend or other parts of St. Joseph County to have had a bone density test (31% vs. 24% vs. 23%).

- Overall, more than one of ten (12%) people aged 65+ say that there was a time in the past year when they thought they needed the help of a health professional or a counselor because they felt depressed or anxious. Of those, more than two of five (43%) obtained the professional help they thought they needed.
- Overall, one third (34%) of people aged 65+ had one or more “unhealthy” days in the past 30 days. Of those, 11% of people say that poor physical or mental health kept them from doing their usual activities, such as self-care, work, or recreation for seven or more days in the past 30 days. Seventeen percent say that poor physical or mental health interfered with their activities between one and six days in the past 30 days; 70% say that poor physical or mental health did not interfere with usual activities.
- Overall, more than four of five (83%) people aged 65+ report being in good to excellent health. Sixteen percent say that their health is fair or poor.
 - The following groups of people are more likely than their counterparts to say that their health is excellent/very good/good: people who are white (84% vs. 64%), aged 65-74 (87% vs. 79%), and those with more than a high school education (89% vs. 77%).
 - People living in other parts of St. Joseph County and South Bend are more likely than those in Mishawaka to say that their health is excellent/very good/good (85% vs. 84% vs. 77%).
- Overall, nearly six of ten (57%) people aged 65+ participate in regular leisure time physical activity. One of five (20%) engage in some activity, and nearly one quarter (23%) do not engage in any leisure time activity.
 - The following groups of people are more likely than their counterparts to engage in regular leisure time activity: people in excellent/very good/good health (62% vs. 26%), those who are white (55% vs. 36%), people with more than a high school education (65% vs. 51%), and those aged 65-74 (62% vs. 52%).
 - People in South Bend are more likely than those in other parts of St. Joseph County and Mishawaka to engage in regular leisure time activity (63% vs. 51% vs. 44%).
- Overall, more than nine of ten (94%) people aged 65+ have a place where they usually go when they are sick or need advice about their health. Five percent of people do not have a usual source of care. The source of care used most often is a doctor’s office (81%), followed by a clinic or health center (13%).
 - White seniors are more likely than African-American seniors to have a usual source of care (95% vs. 88%).
- Overall, nearly two of five (37%) people aged 65+ say that there was a time in the past year when they thought they needed medical care because they felt sick. Of those, nearly all (98%) have seen a medical professional for this reason.
- Overall, fewer than one of ten (6%) people aged 65+ say that there was a time in the past 12 months when they did not have enough money to follow up on tests or treatment recommended by a doctor.

- Overall, fewer than one of ten (7%) people aged 65+ say that there was a time in the past 12 months when they did not have enough money to fill a prescription for medicine.
 - African-American elders are five times as likely as white elders to say there was a time in the past 12 months when they did not have enough money to fill a prescription for medicine (26% vs. 5%).
- Overall, more than one of ten (14%) people aged 65+ say that there was a time in the past year when they did not have enough money to obtain dental care (including checkups) or eyeglasses.
 - People aged 65-74 are more likely than those aged 75+ to say there was a time in the past year when they did not have enough money to obtain dental care or eyeglasses (17% vs. 10%).
- Questions related to memory loss were added to the survey instrument at the request of the Community Foundation of St. Joseph County.
 - More than one of ten (12%) people aged 65+ say that in the past five years a doctor told them that they have a problem with memory loss. Nearly nine of ten (88%) have not been told that they have a problem with memory loss.
 - Only one of ten (10%) people aged 65+ in St. Joseph County are very concerned about memory loss. Nearly one of four (23%) are somewhat concerned, one of three (34%) are not too concerned, and another one of three (33%) are not concerned at all.

MAXIMIZES INDEPENDENCE

E. Transportation (Indicator 22; for more information about how the findings were obtained see tables 1c, 2c, 3c, 4c, and 5c)

- Overall, more than three of five (62%) people aged 65+ say that public transportation is available in their community; more than one of four (27%) say that public transportation does not exist in their community. Four percent say public transportation is too limited to be useful; eight percent do not know if public transportation exists. People aged 65+ use cars as their most frequent means of transportation – more than four of five (84%) people drive a car and more than one of ten (11%) ride in car. Only 3% of seniors use public transportation as their most frequent means of transportation.
 - People in excellent/very good/good health are more likely than those in fair/poor/very poor health to drive a car (87% vs. 73%).
 - People aged 65-74 are more likely than those aged 75+ to drive a car (91% vs. 78%).
 - People with more than a high school education are more likely than those with less education to drive a car (91% vs. 79%).

F. Caregiving (Indicators 25-26; for more information about how the findings were obtained see tables 1c, 2c, 3c, 4c, and 5c)

- Overall, more than one of five (22%) people aged 65+ provide help or care, or arrange for help or care, for a relative or friend who is unable to do some things for him/herself due to illness or disability. More than three quarters (77%) do not provide caregiving.
 - People aged 65-74 are more likely than those aged 75+ to provide help or care to the frail or disabled (29% vs. 17%).
 - Seniors living in South Bend are more likely than those living in Mishawaka and “Other St. Joseph” to provide caregiving (25% vs. 20% vs. 17%).
 - Among caregivers, one of two (50%) provide help to non-relatives.
 - Among caregivers, nearly one of two (47%) have been providing help for more than three years.
 - Among caregivers, more than one of three (35%) spend one to three hours per week providing help to the frail or disabled.
- Among caregivers aged 65+, more than seven of ten (72%) get relief or time off from this responsibility. Nearly three of ten (28%) get no respite.
 - Among caregivers, people aged 65-74 are more likely than those aged 75+ to get respite (82% vs. 58%)
 - Among caregivers, people with more than a high school education are more likely than those with a high school or lower level of education to get respite (85% vs. 64%).

PROMOTES SOCIAL AND CIVIC ENGAGEMENT

G. Social and Civic Engagement (Indicators 27-33; for more information about how the findings were obtained see tables 1d, 2d, 3d, 4d, and 5d)

- Overall, nearly seven of ten (68%) people aged 65+ socialized with friends or neighbors in the past week. Three of ten (31%) did not.
 - White seniors are more likely than African-American seniors to have socialized with friends or neighbors in the past week (73% vs. 52%).
 - Seniors aged 65-74 are more likely than seniors aged 75+ to have socialized with friends or neighbors in the past week (74% vs. 63%).
 - Seniors in excellent/very good/good health are more likely than those in poorer health to have socialized in the past week (71% vs. 63%).
- Overall, nearly seven of ten (69%) people aged 65+ attended church, temple, or other religious activity in the past week. Three of ten (30%) did not.
 - People in excellent/very good/good health are more likely than those in fair/poor/very poor health to have attended church, temple, or other religious activity in the past week (73% vs. 56%).
 - People aged 65+ living in South Bend and other parts of St. Joseph County are more likely than those in Mishawaka to have attended church, temple, or other religious activity in the past week (74% vs. 68% vs. 59%).
 - People with more than a high school education are more likely than those with a high school or lower level of education to have attended church, temple, or other religious activity in the past week (78% vs. 65%).
- Overall, nearly six of ten (59%) people aged 65+ attended movies, sports events, clubs, or group events in the past week. More than four of ten (41%) did not.
 - White seniors are more likely than African-American seniors to have attended movies, sports events, clubs, or group events in the past week (62% vs. 42%).
 - Seniors aged 65-74 are more likely than those aged 75+ to have attended movies, sports events, clubs, or group events in the past week (67% vs. 52%).
 - Seniors in excellent/very good/good health are more likely than those in fair/poor/very poor health to have attended movies, sports events, clubs, or group events in the past week (62% vs. 47%).
 - Seniors living in other parts of St. Joseph County are more likely than seniors in Mishawaka or South Bend to have attended movies, sports events, clubs, or group events in the past week (66% vs. 58% vs. 57%).
- Overall, more than nine of ten (92%) people aged 65+ engaged in one or more social, religious, or cultural activity in the past week. However, nearly one of ten (8%) did not engage in any social, cultural, or religious activities in the past week.
 - White elders are more likely than African-American elders to have attended one or more social, religious or cultural activity in the past week (94% vs. 84%).
 - Elders in better health are more likely than those in poorer health to have attended one or more social, religious or cultural activity in the past week (95% vs. 87%).

- Elders with higher levels of education are more likely than those with less education to have attended one or more social, religious or cultural activity in the past week (97% vs. 90%).
- Overall, more than one third (35%) of people aged 65+ participate in volunteer work. Of those, almost half (47%) spend less than five hours per week volunteering, more than one quarter (26%) spend five to nine hours, and one of five (20%) spend ten hours or more.
 - Seniors with more than a high school education are more likely than those with less education to volunteer (47% vs. 26%)
 - White seniors are more likely than African-American seniors to volunteer (41% vs. 27%).
 - Seniors in excellent/very good/good health are more likely than those in poorer health to volunteer (38% vs. 26%).
 - Seniors living in “Other St. Joseph” are more likely than those living in South Bend and Mishawaka to volunteer (41% vs. 35% vs. 31%).
- Overall, the vast majority of people aged 65+ either strongly agree or agree with each of three statements about “helping communities.” Between 86% and 89% either strongly agree or agree that most people in the neighborhood are basically honest and can be trusted; if they have a problem there is always someone in the neighborhood to help them; or, if needed, most people in their neighborhood are willing to help. Overall, nearly four of five (78%) agree with all three statements about helping communities; more than one of ten (11%) agree with two of the three statements; and 4% agree with only one of the statements about helping communities.
 - White seniors are more likely than African-American seniors to agree with all three statements about helping communities (85% vs. 55%).
 - People living in other parts of St. Joseph County are more likely than those in Mishawaka, who in turn are more likely than those in South Bend to agree with all three statements about helping communities (93% vs. 83% vs. 73%).
 - People aged 65-74 are more likely than those aged 75+ to agree with all three statements about helping communities (88% vs. 70%).
 - Seniors in excellent/very good/good health are more likely than those in fair/poor/very poor health to agree with all three statements about helping communities (81% vs. 69%).
- Overall, only 6% of people aged 65+ are working full time; more than one of ten (12%) are working part time; and more than eight of ten (82%) are not currently working. Of those not currently working, more than one of five (22%) say that they would like to work for pay; nearly four of five (78%) would not like to work for pay.
 - Among people who are not working, African-American elders are more than twice as likely as white elders to say that they would like to work for pay (49% vs. 18%).
 - Among elders who are not working, those in fair/poor/very poor health are twice as likely as those in excellent/very good/good health to say that they would like to work for pay (35% vs. 17%).
 - Among elders who are not working, people age 65-74 are more likely than those age 75+ to say that they would like to work for pay (29% vs. 17%).

VI. TABLE

Demographic Characteristics of Community Dwelling Population Age 65 and Older

Characteristics	Total Sample	Mishawaka	South Bend	Other St. Joseph County
Sample Size (Unweighted N) ¹	466	111	181	174
Population Size (Weighted N) ²	34,805	7,700	21,794	5,311
Percent (%) ³				
Gender				
Male	40	38	39	45
Female	60	62	61	55
Age				
65-74	46	45	44	54
75 and older	54	55	56	45
Race				
White Non-Hispanic	76	89	70	86
Black Non-Hispanic	12	--	18	2
All others/DK/RF ⁴	12	11	12	11
Marital Status				
Married	48	50	43	64
Not married	52	49	56	36
Education				
High school or less	57	65	57	46
Some college or higher	40	34	40	51
Poverty Status ⁵				
Less than 200 percent of poverty	30	28	31	27
200 percent of poverty or above	33	33	33	32
Poverty level unknown	37	39	36	41
Housing Expenditure as a Percent of Income				
30 percent of income or less	27	30	26	26
More than 30 percent of income	17	14	19	13
Expenditure unknown	56	56	55	61
Health Status				
Excellent/very good/good	83	77	84	85
Fair/poor/very poor	16	17	16	14
RF/DK	1	6	--	<1
Activities of Daily Living (ADL) Limitations				
None	93	89	93	96
One or more	7	11	7	4
Instrumental Activities of Daily Living (IADL) Limitations				
None	89	85	90	89
One or more	11	15	10	11
ADL or IADL Limitations				
None	86	84	86	89
One or more	14	16	14	11
Household Type				
Lives alone	47	46	51	34
Lives with others	53	54	49	66

Demographic Characteristics of Community Dwelling Population Age 65 and Older

Characteristics	Total Sample	Mishawaka	South Bend	Other St. Joseph County
Sample Size (Unweighted N) ¹	466	111	181	174
Population Size (Weighted N) ²	34,805	7,700	21,794	5,311
Percent (%) ³				
Number of Living Children				
None	12	13	13	9
One or more	88	87	87	91
Own/Rent Home				
Own	88	81	90	92
Rent	10	17	9	7
Number of Years in the Community				
Less than 10	8	8	7	15
10 or more	91	92	92	85
Number of Friends in the Community				
None	26	21	27	27
Some/quite a few/nearly all	73	78	71	71
Employment Status				
Working full time/part time	18	13	19	20
Not working	82	87	81	79

Source: *AdvantAge Initiative Community Survey in St. Joseph County, IN, 2005.*

Note: Percentages may not add up to 100% due to rounding and/or missing information.

¹ The unweighted N represents the actual number of adults age 65 and older interviewed.

² The weighted N represents the non-institutional population of adults aged 65 and older in St. Joseph County, and is based on Census 2000 data.

³ All percentages are based on the weighted N.

⁴ All others includes Hispanic of any race, American Indian or Alaska Native, Asian, other, mixed race, and people who refused to disclose their race.

⁵ A federal poverty measure based on poverty guidelines issued each year in the Federal Register by the U.S. Department of Health and Human Services. According to the 2004 guidelines, a person in a one-person household was considered below 200% of poverty if his/her annual income was below \$18,120.

VII. APPENDIX 1: SURVEY METHODOLOGY

The AdvantAge Initiative 2005 Community Survey of Adults Aged 65 and Older was conducted in St. Joseph, Elkhart, LaPorte, Kosciusko, and Marshall Counties in Indiana. A list-assisted random digit dial (RDD) telephone survey of a representative random sample of non-institutionalized adults aged 65 years and older was conducted by International Communications Research (ICR) from October 10, 2005 – November 4, 2005; additional interviews were conducted in February, 2006. Interviews were conducted in English from their telephone center in Reading, Pennsylvania.

The total survey sample of 977 respondents aged 65 and older includes 466 interviews in St. Joseph County, 125 in LaPorte County, 128 in Elkhart County, 131 in Kosciusko County, and 127 in Marshall County.

The interviews in St. Joseph County were broken down as follows: 111 interviews in South Bend, 111 in Mishawaka, and 174 in other areas of St. Joseph County. Within St. Joseph County, 70 oversample interviews were conducted among African Americans to ensure sufficient numbers for subgroup analysis of this low incidence group. The oversample was concentrated in South Bend, resulting in 181 total interviews in South Bend.

The survey data were weighted to adjust for selection probabilities and to compensate for disproportionality introduced by oversampling. The sample was also weighted by age, gender, and race using the 2005 Current Population Survey (CPS) from the U.S. Census Bureau and Claritas data to produce representative results for the 86,569 non-institutionalized adults aged 65 and older in the five counties.

The margin of error for the overall sample is +/-3.12%. The margin of error for each county is as follows: St. Joseph County +/-4.53%; Elkhart County +/-8.69%; LaPorte County +/-8.8%; Kosciusko County +/-8.59%; and Marshall County +/-8.73%. In analyses by subgroups the margin of error will be higher.

The response rate for this survey was 59.5%,¹ the cooperation rate, 86.7%.²

¹ The AAPOR (the American Association of Public Opinion Researchers) response rate formula RR3 was used to calculate the response rate for this study of 59.5%. The formula for RR3 is: $I/((I+P)+(R+NC+O)+e(UH+UO))$, where I = the number of completed interviews with adults aged 65 and older and short completes (1,624); P = partial interviews (0); R = the number of refusals and terminations (250); NC = non-contact (0); O = other (0); UH = unknown eligibility (472); UO = unknown other (808). The proportion of unknowns estimated to be eligible (e) was 0.667. In short, $1,624/([1,624 + 0] + [250 + 0] + 0.667[472 + 808])$. This formula divides the completes by the sum of the completes, refusals, and a percentage of the households that were not able to be reached. The percentage of households is based on the percentage of households that were successfully interviewed $((I+R)/(I+R+Not\ eligible))$.

² The cooperation rate refers to the percentage of completed interviews out of the number of eligible individuals who were contacted. Using the AAPOR CR3 formula $I/(I+R)$, the cooperation rate was calculated as follows: $1,624/1,624+250$.

VIII. APPENDIX 2: **DEFINITION OF KEY VARIABLES**

Housing expenses as a percent of income. The survey included questions about house tenure (owns his/her home, rents, lives with a child, or in some other living arrangement); monthly outlays on mortgage, real estate taxes, maintenance/condo/association fees, or rent; and monthly expenditure on utilities (telephone, water, sewer, electricity, heating oil, and gas). From responses to these questions and questions that assess household income, people were classified into three categories of housing expenses:

- ≤30 percent of income: people whose total housing expenses, including utilities, are less than or equal to 30 percent of their household income;
- >30 percent of income: people whose total housing expenses, including utilities, are greater than 30 percent of their household income;
- Expenditure unknown: people who did not provide sufficient information on housing expenses and/or income.

One or more Activities of Daily Living (ADL) limitations. People who answered *yes* to any of the following questions:

“Because of a physical or mental health condition, do you have any problems or need help?

- a. Taking a bath or a shower
- b. Dressing
- c. Eating
- d. Getting in and out of bed or a chair
- e. Using or getting to a toilet
- f. Getting around inside the home”

One or more Instrumental Activities of Daily Living (IADL) limitations. People who answered *yes* to any of the following questions:

“Because of a physical or mental health condition, do you have any problems or need help?

- a. Going outside the home to shop or visit a doctor’s office
- b. Doing light housework such as washing dishes or sweeping the floor
- c. Preparing meals
- d. Driving a car
- e. Using public transportation
- f. Taking the right amount of prescribed medication at the right time
- g. Keeping track of money and bills”

One or more ADL/IADL limitations. People with one or more ADL and/or IADL limitations.

Unmet need. For people who indicated that they needed help with any ADL and/or IADL, the survey asked whether they get help with each specific activity, and if *yes*, whether they get *enough help* with that activity. **Unmet need** was defined as not getting help or not getting *enough help* for one or more ADLs and/or IADLs for which assistance was needed.

Poverty Level. Respondents were classified into poverty levels according to the 2004 guidelines issued in the Federal Register by the U.S. Department of Health and Human Services based on the information about family income and family size. People who did not provide sufficient information about income were included in the category “**poverty unknown**,” a separate category in the poverty level breakdown

- **2-Category Poverty Level**
 - **Under 200 percent of poverty:** people in one-person households whose income was less than \$18,120.
 - **200 percent of poverty or above:** people in one-person households whose income was at or above \$18,120.
 - **Poverty unknown:** people whose information on income was missing or incomplete.

Race. An initial question asked respondents whether they were of Hispanic or Latino origin. Hispanic or Latino origin includes persons of Mexican, Puerto Rican, Cuban, Central and South American or Spanish origins. Persons of Hispanic or Latino origins may be of any race. Subsequent questions asked respondents to classify themselves into the following racial groups: white, black or African American, American Indian or Alaskan Native, Asian, Native Hawaiian or other Pacific Islander, and other. Respondents had an opportunity to select more than one group, leading to multiple race combinations.

From responses to these questions people were categorized into three mutually exclusive race/ethnicity categories according to whether they reported Hispanic or Latino ethnicity.

- **White non-Hispanic:** people who classified themselves as *white* and who reported they were not of Hispanic or Latino origins.
- **Black non-Hispanic:** people who classified themselves as *black or African American* and who reported they were not of Hispanic or Latino origins.
- **Other:** people classified themselves Hispanic of any race, Black/African American, Asian, other, and mixed race.

In all analyses, White means “White non-Hispanic,” Black (or African American) means “Black (or African American) non-Hispanic.”

Leisure-time physical activity. The survey included two questions about the frequency and duration of leisure-time physical activity shown below, preceded by an introductory phrase.¹

“The next questions are about physical activities (exercise, sports, physically active hobbies...) that you may do in your leisure time.

How often do you do VIGOROUS activities for AT LEAST 20 MINUTES that cause HEAVY sweating or LARGE increases in breathing or heart rate?

Never
Number
1-995
Unable to do this type of activity
Don't know Refused

TIMES PER DAY/WEEK/MONTH/YEAR

How often do you do LIGHT OR MODERATE activities for AT LEAST 30 MINUTES that cause only LIGHT sweating or SLIGHT TO MODERATE increases in breathing or heart rate?

Never
Number 1-995
Unable to do this type of activity
Don't know
Refused”

TIMES PER DAY/WEEK/MONTH/YEAR

From responses to these questions people were classified into three categories of leisure-time physical activities:

- **Regular leisure time activity:** people who engage in light or moderate activity five or more times per week for at least 30 minutes each time, and/or vigorous activity three or more times per week for at least 20 minutes each time.
- **Some leisure time activity:** people who engage in other combinations of frequencies and durations of the two types of physical activities.
- **No activity:** people who are unable to or never engage in physical activity.

¹ The questions assessing leisure-time physical activity were adapted from the National Health Interview Survey (NHIS) and modified for the AdvantAge Initiative questionnaire. For the description of the original questions see: Barnes PM, Schoenborn CA. Physical activity among adults: United States, 2000. Advance data from vital and health statistics; no. 333. Hyattsville, Maryland: National Center for Health Statistics. 2003.

IX. THE CENTER FOR HOME CARE POLICY AND RESEARCH

The Center for Home Care Policy and Research is an independent research center within the Visiting Nurse Service of New York and the only provider-based research organization in the nation focusing on home health care policy. Its mission is to promote the delivery of high quality, cost-effective care in the home and community, and support informed decision-making by policy makers, managers, practitioners, and consumers of home and community based services.