

ASSESSING THE NEEDS OF THE ELDERLY IN DISTRICT XI

prepared for:
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INTRODUCTION

In the Spring of 1987, the Area Agency on Aging contracted with the Center for Urban Studies to assist in conducting a needs assessment of the Agency's service population. Two surveys were completed as part of the needs assessment.

Approximately 700 persons, aged 60 or older, were interviewed by phone. Respondents were randomly selected from a listing provided by the Ohio Department of Aging (see Appendix A). Additionally, approximately 600 surveys were completed at 27 senior sites throughout the four county area.

An essentially identical questionnaire was utilized for both surveys; it covered various subjects including transportation, home maintenance, socialization, nutrition, health, and senior site usage. Analysis of the two surveys was, however, conducted separately. Aggregating the results of both surveys is not appropriate because they represent two separate populations--the general public and those who attend senior sites. The analysis will focus on the results of the phone survey, utilizing the senior site surveys for comparative purposes; unless otherwise stated, the reported results are those of the phone survey.*

In addition to the aggregate analysis of District XI, results of the survey were analyzed by county and by age category (under

* Given the relatively large percentage of non-responses on most questions for the senior site surveys, the percentages presented for comparison are based on the total number who responded to a given question.

75 vs 75+). Where results differed significantly within these classifications, the differences are reported. Differences by County are discussed within the general analysis section while differences by age are discussed in a following section (The 75+ Population). Next, the frequency with which multiple problems occur is presented followed by the final section, Conclusions and Policy Implications.

OVERVIEW

"It was the best of times, it was the worst of times..."; the often quoted opening line from Charles Dickens' A Tale of Two Cities is appropriate when discussing the needs of the senior citizen population. The 60 plus population is hardly a homogeneous group. For some--those in good physical condition, those with sufficient financial resources, those with caring friends and family--life is enjoyable. For others--the frail and physically suffering, the poor, the isolated and lonely--life can often be simply something to be endured.

Upon reflecting on the results of this research, it became apparent that the relative significance of a particular result depended on one's point of view. While five percent of the population may not seem like a large number to have a given problem, it is nonetheless a problem for those individuals, and a small proportion of a large population represents a substantial number of people in absolute terms. On the other hand, it is not realistic to expect problems to be completely solved for 100 percent of the population.

In keeping with this somewhat ironic theme, most major points presented in this report offer a positive and a negative side to a related set of phenomena.

GENERAL ANALYSIS

Although the majority of respondents own a car and are able to drive, transportation remains a problem for a substantial number of seniors.

The ability to get from one place to another is essential. Some trips--to buy groceries and seek medical care for instance--are necessities, while others, like those related to recreation or socialization, make life worth living. However, as individuals grow older, their access to transportation often declines.

Approximately 81 percent of the seniors in District XI own a car, and approximately 70 percent drive. Of the approximately 30 percent who do not drive, about one third find it either very or somewhat difficult to find transportation. Most of those who do not drive rely on relatives to transport them; only about 4 percent use public transportation or senior citizen vans.

Somewhat surprisingly, a significantly higher percentage of seniors in the two urban counties found it difficult to secure transportation compared to residents of the rural counties (See Table 1). Just over half of those surveyed in Trumbull County and more than one-third in Mahoning County found it very or somewhat difficult to find needed transportation. This compares with only about 15 percent in Columbiana County and 18 percent in Ashtabula County. The type of transportation utilized did not differ

significantly by county.

In comparison to phone survey respondents, a substantially smaller percentage of senior site respondents owned a car (55%) or drove (57%); a proportionally greater percentage of these individuals used public transportation (7%) or senior citizen vans (22%). There was no significant difference among counties in the perception of how difficult it is to find transportation, however. This indicates that those who attend senior sites are, at once, in greater need of transportation services and better "plugged in" to available public transportation services.

While most seniors are able to handle chores and home maintenance, either alone or with assistance, approximately one out of ten are not.

For most people, chores and home maintenance are a nuisance to be put up with. For others, such as the frail elderly or handicapped, these tasks become major problems with which they must cope.

Between 8 and 10 percent of the seniors in District XI are not able to take care of routine chores such as cleaning and laundry. Of these individuals, 81 percent have someone to help them. Nearly one-third could not take care of outside work [check home owner status]; of these, nearly 79 percent have someone to help. Approximately 16 percent would not be able to obtain major repairs (e.g. roof, plumbing, heating) if needed. Assistance is most often provided by relatives; agencies account for approximately 7 percent of the assistance with outside work and

for about 12 percent of the help with routine chores.

A significantly higher percentage of seniors from Trumbull County (93%) felt they would be able to obtain major repairs compared to residents of the other three counties (See Table 2). Trumbull County was also significantly different from the other counties in terms of who would perform the repairs, with friends and relatives making up a smaller proportion and contractors making up a larger proportion than was true elsewhere (See Table 3). These differences could be partly a function of income because Trumbull County respondents reported a higher income on average than did other respondents.

Proportionally fewer senior site respondents were able to handle chores and maintenance. Between 15 and 22 percent could not handle routine chores; over one-half were not able to take care of outside work or obtain major household repairs.

Although more than half of the seniors in the study area get daily calls or visits, approximately one in ten receive calls or visits once a month or less.

Contact with the outside world is important to senior citizens for two major reasons. First, like all human beings, seniors desire and need social interaction for its own sake. Second, a support network of friends and family can help a senior cope with problems they may face.

Most seniors in District XI get called or visited daily (53%) or weekly (31%). However, some receive calls or visits only monthly (5%) or less (5%). Of those who were seldom or never

called or visited, less than one-third felt such contact would be helpful, and about half initiated a call or visit at least once a week. As might be expected, seniors tend to initiate the calls or visiting less often than they are called or visited. Just over one-third call or visit someone daily; over 18 percent seldom or never call or visit someone.

Seniors residing in the urban counties were more likely to initiate calls or visits than their counterparts in the rural counties (See Table 4). Transportation is apparently not the reason for this difference (See pg. 3). Senior site respondents were called or visited less often, but initiated calls or visits more often, than did the general senior population (See Tables 5 and 6).

Relatives are the most common contacts for seniors. Over 80 percent of those responding mentioned a relative (either alone or in combination) when asked who they speak or visit with. Friends (60%) and especially neighbors (30%) were less frequently mentioned.

The vast majority of seniors appear to be getting proper nutrition but 5 percent feel they do not have enough money to buy the food they need.

As evidenced by the high priority placed on meal programs, proper nutrition is important for the elderly. Without a proper diet, the senior citizen has little chance of remaining healthy and active.

All but 3 percent of the seniors surveyed eat at least 2

meals a day and only 6 percent responded negatively when asked a question designed to determine whether they eat at least one nutritionally balanced meal per day. Nearly five percent felt that they did not have enough money to buy the food they need; among senior site respondents, nearly 25 percent felt that they did not have enough money for food.

While the vast majority (96%) of seniors are aware of meal services, only 8 percent use these services. Of those who attend meal sites, the majority do so once a month or less. Of those who are aware of meal services and do not have enough money to buy the food that they need, less than one-third (31.8%) either attend a meal site or receive a home delivered meal. [this is a point to be emphasized; continued, though better, from last time]

Awareness of meal services differed significantly by county. In Mahoning County, approximately 82 percent of the seniors were aware of meal services compared to 88 percent in Trumbull, 90 percent in Ashtabula, and 92 percent in Columbiana. Columbiana County appeared to have the highest meal site attendance rate (12%), Ashtabula the lowest (2%), though this difference was not statistically significant (at the .05 level). There was a significant difference between counties in the frequency with which people attended meal sites however. Few people from Columbiana attended more than once a month while about half of those from Mahoning and Trumbull did so (See Table 7).

Nearly all senior citizens in the district have access to basic health care but a substantial number rate their health as

less than good.

Health care is important to people of all ages but it is especially critical to the elderly who are more likely to have serious or chronic health problems.

Nearly 95 percent of the seniors in District XI have a doctor and at least 96 percent have some type of medical insurance. Access to specialty health care was slightly more restricted; approximately 18 percent of those who required physical therapy and 12 percent of those who required personal care were unable to obtain these services (mostly because of finances). Ability to pay for medication was also a problem, at least occasionally, for about 15 percent of those surveyed.

Despite what appears to be good access to basic health care for most seniors, only 11 percent of those surveyed rated their health as excellent. Most rated their health as good (51%) or fair (20%), while some (7%) rated it as poor. Nearly 18 percent have a health problem or disability which prevents them from getting around and doing normal daily activities; of these, approximately 21 percent do not have anyone to stay with them.

Columbiana County residents rated their health significantly worse, and a greater percentage cited disabilities or other problems which limited mobility, than residents of the other three counties (See Tables 8 and 9). A significantly higher percentage of residents in the urban counties (97%) had doctors compared to those in Ashtabula (89%) and Columbiana (92%) counties. Residents of rural counties also appeared to be more likely to need skilled

nursing care.

Senior site respondents rated their health as somewhat worse than did the general elderly population. Less than 6 percent rated their health as excellent, 34 percent as good, 46 percent as fair, and 12 percent as poor.

While the majority of seniors are familiar with senior citizen centers, relatively few participate in center activities or wish to volunteer at the center.

Senior citizen centers are designed to provide numerous services to seniors, including meals and the opportunity for socialization. These centers are especially important for individuals who lack the support of family or friends.

Most seniors (66%) in District XI are familiar with senior centers and what the centers have to offer. Of these, however, only about 19 percent participate in senior center activities. Less than 9 percent indicated a desire to volunteer at a senior citizen center.

Significantly fewer Mahoning County residents than other District residents were familiar with senior centers (See Table 10). Residents of Columbiana County appeared to be more inclined to volunteer at a senior center than was the case in the other counties (See Table 11).

Utilities and food are the greatest expenses faced by most senior citizens in District XI.

Approximately 38 percent of the seniors interviewed cited utilities as their single largest expense; food was mentioned by

22 percent and housing by 16 percent. No other item was mentioned by more than 10 percent.

Food was cited as the second largest expense by 33 percent of the seniors while utilities was cited by 22 percent.

A significantly higher percentage (61%) of Columbiana County residents cited utility costs as their greatest expense.

When asked about their number one problem, nearly one-quarter of the seniors mentioned their health; a nearly equal proportion, however, stated that they had no problem.

Approximately 22 percent of the respondents cited health related difficulties as the problem which most concerned them, while another 22 percent stated that they have no major problems. Approximately 12 percent mentioned financial concerns.

A significantly higher percentage (34%) of respondents from Columbiana County cited health problems as their major concern; this is consistent with the poorer health rating that Columbiana County residents gave themselves. Senior site respondents were also more likely to cite health problems as their number one problem.

A substantial proportion of seniors do not know where to call if they need assistance.

Approximately one-quarter of the seniors surveyed did not know where to call if they needed assistance. This varies significantly by county ranging from a low of 9 percent in Columbiana County to a high of 43 percent in Ashtabula. Over one-fifth (22%) of Mahoning County residents, and 32 percent of

Trumbull County residents did not know where to call for assistance.

The substantial number of individuals who did not know where to call is especially significant given the nature of the sample (See Appendix A).

THE 75+ POPULATION

As mentioned earlier, it is unrealistic to assume that the senior population is a homogeneous group. Although the very definition of senior citizen is dependent on age, a wide range of ages are included under the general label senior citizen. A 60 year old is likely to have a very different lifestyle and very different needs than a 90 year old.

This section is based on an analysis of the survey results by age. The respondents were divided into two groups: those under the age of 75 and those 75 years of age or older. As is demonstrated below, when these two groups are compared, significant differences are apparent.

Among the 75+ population:	% of 75+	% of <75
Fewer own a car	67	87
Fewer drive	54	78
More live alone	44	21
Fewer can do cleaning	81	93
Fewer can do laundry	87	94
Fewer can do other chores	81	93
More get help with chores	49	28
Fewer can do outside work	48	72

More get help with outside work	69	46
More rely on neighbors for help	27	10
Fewer rely on relatives for help	39	64
Fewer initiate calls or visits (daily or weekly)	59	81
Fewer prepare own meals	84	93
Fewer are aware of meal services	80	89
More receive home delivered meals	9	2
More need skilled nursing	12	3
More need personal care	12	4
Fewer do volunteer work	20	30

It is strikingly apparent that the 75+ population has a substantially greater need for services than do the younger elderly. As an individual ages, their physical and mental capabilities are likely to decline. At the same time, the individual's informal support network may be weakening through the death of spouse, relatives, and friends. In other words, just when they need help the most, the elderly person may have fewer people to turn to.

MULTIPLE PROBLEM ANALYSIS

Problems often come in clusters and are often interrelated. For example, a person who runs short of money at the end of the month may neglect their diet which in turn leads to medical problems. Prioritizing the need for services is made more difficult by the fact that the same individual often has multiple problems. Looking at aggregate percentages alone can obscure

this.

A set of 12 potential problems was analyzed to determine the prevalence of individuals having multiple problems. The problems covered the subjects of transportation, chores and home maintenance, socialization, nutrition, health and medical care, and ability to pay for food and medicine.

Approximately 73 percent of the respondents had at least one problem. Of these, more than two-thirds had multiple (two or more) problems. Nearly one-third had at least four problems while approximately 13 percent had six or more problems.

POLICY IMPLICATIONS AND SERVICE PRIORITIES

Translating survey results into policy implications and service priorities is not simply a matter of ranking the severity of various problems by their aggregate percentages. Some problems are, by nature, more serious than others, making such a simple ranking scheme inappropriate. Additionally, some problems are not uniformly distributed across the population so that one group of people may be severely impacted by a problem which does not strongly affect others.

Given the complexities mentioned above, determining service priorities is an inexact art requiring subjective judgements. The table presented below represents one interpretation of the survey results. Readers are encouraged to examine the data for themselves rather than relying solely on these conclusions.

In the table, service priorities are divided into three categories--priority A, priority B, and priority C--with priority

A representing the highest priority. Note that some problem areas occur in more than one category depending on the subpopulation considered. Priorities were assigned based on the relative seriousness of the problem to the subpopulation considered. Because of the varying sizes of the subpopulations involved, relative priority level should not be used by itself to judge program funding levels; the number of people affected or potentially affected should also be given some weight.

Priority A	Priority B	Priority C
Transportation (urban counties)	Transportation (rural counties)	
Nutrition (targeted)*		Nutrition (general pop.)
	Routine chores (75+)	Routine chores (under 75)
	Socialization (75+)	Socialization (under 75)
	Specialty health care (75+)	Specialty health care (under 75)
	Basic health care (rural counties)	Basic health care (urban counties)
		Senior Center activities
	Major repairs	
	Outreach/education	

Transportation

Elderly people without cars, especially those in the urban areas, have a difficult time finding transportation. Relatively

small numbers of people appear to be using public transportation or special transportation services. This indicates that there is either a problem with the services being offered or that there is a lack of awareness among the elderly of what services are available. One problem may be a lack of flexibility with many transportation services currently provided: many provide only trips related to a specific program or agency (e.g. Dept. of Human Services) while others have other requirements such as a 24 hour notice (e.g. Dial-a-Ride).

Nutrition

Although the vast majority of elderly appear to be obtaining a good diet, there is a relatively small percentage who are at risk nutritionally. Of special concern is the group who do not have enough money to buy the food they need; many of these individuals are aware of meal services but do not take advantage of them. Several factors may be acting as barriers: individual pride, a reluctance to get involved, difficulty in obtaining transportation, or some perceived problem with the service itself (e.g. place, time, food served). An effort to learn more about existing and potential barriers should be undertaken so that those who need meal services the most receive them.

Chores, Socialization, Specialty Health Care

Assistance with routine chores, opportunities for socialization, and access to specialty health care, are needs felt by a substantial number of the 75+ population. The vast majority of younger elderly do not require services in these areas.

Therefore, funds and programs related to these service areas should be targeted toward the 75+ population.

Major Repairs

A substantial proportion of the elderly would find it difficult to obtain major repairs. This was the case for the younger elderly as well as the 75+. Home maintenance programs, therefore, should not be targeted to the 75+ to the degree that other services (see above) should be.

Basic Health Care

The vast majority of elderly in District XI appear to have access to basic health care. However, residents of Ashtabula and Columbiana Counties are less likely to have a physician, and residents of Columbiana County rated their health worse, on average, than other residents. Strengthening existing outreach programs in the rural counties with an emphasis on medical concerns might improve this situation.

Outreach/Education

Outreach and education programs, generally, probably should be strengthened. Approximately one-quarter of the respondents did not know where to call if they had a problem or needed a social service. This figure is especially significant given that respondents were Golden Buckeye Card holders or recipients.

Senior Centers

There appears to be a lack of substantial interest in senior centers, even among those who are familiar with their programs. While senior centers provide essential services for some, the idea

of a large centralized center does not appear justified given the relatively low rate of usage, and other more pressing priorities. Opportunities for socialization and congregate meal services might be more effectively provided at smaller, less centralized sites.

While analyzing the results of the survey, several questions were raised which, although beyond the scope of this study, reflect important issues which should be considered when planning services for the elderly in District XI. Among these questions are:

*Why is transportation more difficult to obtain in the urban counties?

*Why do the majority of people who do not have enough money to buy the food they need, and who know about available meal services, decline to use them.

*How can the elderly be better informed about the availability of services.

*What should be the role of senior centers and (if appropriate) how can they be made more relevant and attractive to the average senior citizen.

Table 1

Difficulty in Finding Transportation by County
 (If Respondent Does Not Drive)

	<u>Ashtabula</u>	<u>Columbiana</u>	<u>Mahoning</u>	<u>Trumbull</u>
Very Difficult	11.1% (3)	3.7% (1)	14.0% (15)	17.6% (9)
Somewhat Difficult	7.4% (2)	11.1% (3)	21.5% (23)	33.3% (17)
Not Difficult	81.5% (22)	85.2% (23)	64.5% (69)	49.0% (25)

Table 2

Ability to Obtain Major Repairs by County
(If Respondent Owns Home)

	<u>Ashtabula</u>	<u>Columbiana</u>	<u>Mahoning</u>	<u>Trumbull</u>
Yes	79.3% (65)	78.8% (78)	77.2% (196)	93.4% (171)
No	15.9% (13)	21.2% (21)	21.3% (54)	6.0% (11)

Table 3

Who Makes Major Repairs by County
(If Respondent Owns Home)

	<u>Ashtabula</u>	<u>Columbiana</u>	<u>Mahoning</u>	<u>Trumbull</u>
Friend/ Relative	37.9% (25)	41.3% (33)	42.7% (82)	18.5% (31)
Contractor	19.7% (13)	37.5% (30)	40.1% (77)	48.2% (81)
Agency	3.0% (2)	---	1.0% (2)	5.4% (9)
Other	4.5% (3)	2.5% (2)	9.4% (18)	4.8% (8)
Combination	34.8% (23)	18.8% (15)	6.7% (13)	23.2% (39)

Table 4

Frequency of Calls or Visits Initiated by Senior, by County

	<u>Ashtabula</u>	<u>Columbiana</u>	<u>Mahoning</u>	<u>Trumbull</u>
Daily	31.3% (30)	34.1% (29)	44.2% (126)	31.2% (63)
Weekly	36.5% (35)	29.4% (25)	33.3% (95)	44.6% (90)
Monthly	9.4% (9)	7.1% (6)	5.3% (15)	7.4% (15)
Seldom	17.7% (17)	23.5% (20)	9.8% (28)	16.8% (34)
Never	5.2% (5)	4.7% (4)	7.4% (21)	---

Table 5

Frequency of Calls or Visits to Seniors, by Respondent Group

	<u>Senior Site</u>	<u>General Senior Population</u>
Daily	43.9% (209)	56.1% (371)
Weekly	36.8% (175)	33.1% (219)
Monthly	12.0% (57)	5.1% (34)
Seldom	3.8% (18)	5.0% (33)
Never	3.6% (17)	0.6% (4)

Table 6

Frequency of Calls or Visits by Seniors, by Respondent Group

	<u>Senior Site</u>	<u>General Senior Population</u>
Daily	46.1% (218)	37.1% (248)
Weekly	32.3% (153)	36.7% (245)
Monthly	6.6% (31)	6.7% (45)
Seldom	12.7% (60)	14.8% (99)
Never	2.3% (11)	4.5% (30)

Table 7

Frequency of Meal Site Attendance by County
 (If Respondent Attends Meal Site)

	<u>Ashtabula</u>	<u>Columbiana</u>	<u>Mahoning</u>	<u>Trumbull</u>
Daily	---	8.3% (1)	18.2% (2)	22.2% (2)
Several days per week	---	8.3% (1)	27.3% (3)	---
Weekly	---	---	9.1% (1)	22.2% (2)
Monthly	---	75.0% (9)	45.5% (5)	55.6% (5)

Table 8

Rate of Health by County

	<u>Ashtabula</u>	<u>Columbiana</u>	<u>Mehoning</u>	<u>Trumbull</u>
Excellent	14.4% (14)	6.7% (7)	12.7% (37)	10.8% (22)
Good	44.3% (43)	46.7% (49)	49.6% (141)	59.6% (121)
Fair	32.0% (31)	35.2% (37)	28.9% (82)	27.6% (56)
Poor	9.3% (9)	11.4% (12)	8.8% (25)	2.0% (4)

Table 9

Individuals with Health Problems which Limit Mobility by County

	<u>Ashtabula</u>	<u>Columbiana</u>	<u>Mahoning</u>	<u>Trumbull</u>
Yes	14.4% (14)	32.4% (64)	17.6% (51)	12.0% (24)
No	85.6% (83)	67.6% (71)	80.7% (234)	87.5% (175)

Table 10

Familiarity with Senior Sites by County

	<u>Ashtabula</u>	<u>Columbiana</u>	<u>Mahoning</u>	<u>Trumbull</u>
Yes	70.1% (68)	70.8% (75)	58.3% (168)	75.0% (150)
No	29.9% (29)	29.2% (31)	41.7% (120)	25.0% (50)

APPENDIX A

The phone survey sample was drawn from a listing of Golden Buckeye Card holders (as of Spring 1986) provided by the Ohio Department of Aging. This was the most comprehensive listing of the senior population available; it included approximately 60 percent of the entire senior (60+) population in the four county study area. The sample was stratified at the county level to insure proportional representation. This was especially important given that the comprehensiveness of the Golden Buckeye Card listing varied by county.

Because the Golden Buckeye listing is limited to those individuals who have accessed the human service delivery system at least to a limited degree, it could be argued that the sample is not truly representative of the general senior population. However, given the popularity of the program and the fact that it has been in existence for 11 years (a 70 year old who obtained a card at the program's inception would be 81 today), it was felt that the sample would be sufficiently representative for planning purposes. If anything, the sample probably leads to a slightly conservative estimate of need.