

Center for Home Care Policy & Research

**A TALE OF TWO OLDER AMERICAS:
COMMUNITY OPPORTUNITIES AND CHALLENGES**

AdvantAge Initiative

2003 National Survey of Adults Aged 65 and Older

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INTRODUCTION

The AdvantAge Initiative assists communities in collecting and using consumer-derived information to design plans for improving their elder-friendliness

Project Background

One of the basic principles of the field of public health is that healthy environments make for healthier people. This principle grew out of the work of pioneers in the public health field, such as Lillian Wald and Mary Brewster, who, in the late 1890's, co-founded the Henry Street Settlement Visiting Nurse Service—the precursor to the Visiting Nurse Service of New York. Visiting the homes of poor immigrant families living in squalor and ill health in New York City's Lower East Side neighborhoods to offer them health care in their homes, Wald and Brewster observed first hand the connections between living conditions and health. Their vision defined the public health nurse, who works not only to cure the sick patient, but also tries to alleviate the underlying causes of disease by improving public health standards and health education in the community.

The AdvantAge Initiative: Helping to Create Elder-Friendly Communities

The AdvantAge Initiative started with the notion that communities play a key role in enabling residents to live healthy and productive lives. As researchers working on aging issues at the Center for Home Care Policy and Research, part of the Visiting Nurse Service of New York, we wanted to know how well local communities are engaging and supporting their older residents, and what improvements could be made in the future to make these communities more “elder-friendly” so that they accommodate the aspirations and needs of the rapidly growing population of Americans aged 65 and older.

What makes a community elder-friendly? To answer this question, we conducted focus groups with older people in four U.S. cities—Allentown, PA, Asheville, NC, Chicago, IL, and Long Beach, CA—and asked them to critique the communities in which they currently live and describe the attributes that a community would need to have for it to be considered elder friendly. The descriptions of an ideal, elder-friendly community that the focus group participants gave us were remarkably similar across the four sites. We synthesized these descriptions into a framework that would guide our work throughout the project. The framework includes four broad areas where communities can have an impact. Thus, an elder-friendly community is one that 1) addresses older people's basic needs, 2) promotes social and civic engagement, 3) optimizes physical and mental health and well-being, and 4) maximizes independence for the frail and disabled (see Exhibit 1, p. xix).

Measuring Community Elder-Friendliness

How does a community go about measuring its elder-friendliness? There are potentially several sources that community stakeholders can turn to for information about older residents and how well they are faring in the community—health statistics collected by city or county offices, utilization data

collected by service providers, and research reports produced by non-profit organizations, to name just a few. The AdvantAge Initiative adds an important, and often overlooked, information source to this mix – older people themselves. In the AdvantAge Initiative, the objective is to survey older people to learn about their perceptions of and experiences in their communities and then use that information, along with other data, to create a “snapshot” of older people’s status in the community.

To help communities measure, interpret, and communicate this information, we identified a total of 33 indicators (Exhibit 2, p. xx) corresponding to the four areas of the Elder-Friendly Community Framework. For example, Indicator 9 (*Percentage of people age 65+ who are aware/unaware of selected services in their community*) tells stakeholders how many older people are aware of essential assistance services in the community. This, in turn, gives an indication of how effectively such information is being communicated to older residents. Indicator 22 (*Percentage of people age 65+ who have access to public transportation*) reports how readily available public transportation is in the community and the number of older people who actually use it. This tells us how accessible or useful a community’s public transportation system is for its older residents. Taken together, the set of 33 indicators reflects the overall elder friendliness of the community.

The AdvantAge Initiative Community Survey

To solicit older people’s input, we developed a survey instrument that asks consumers questions corresponding to the 33 indicators developed for the project. To test this survey questionnaire, in addition to the Elder-Friendly Community Framework and indicators, we teamed up with ten communities across the U.S. chosen on the basis of their diverse sizes, locations, and demographics, and their capacity to fulfill the requirements of the project. These communities include:

Northwest Chicago, IL
Indianapolis, IN
Jacksonville, FL
Lincoln Square Neighborhood, New York City
Maricopa County, AZ
Orange County, FL
Puyallup, WA
Santa Clarita, CA
Upper West Side, New York City
Yonkers, NY

We conducted the survey in each of the communities, analyzed the survey results, and reported the information back to the communities in an easy-to-use chart book format. We saw quite a bit of variation in survey results among the communities, but comparing such vastly different places with one another was a little like comparing apples and oranges

The AdvantAge Initiative National Survey

Soon after the community surveys were completed, we were fortunate to receive a grant from The Atlantic Philanthropies to conduct a *national* survey, using the same survey questionnaire we had used in the community surveys. The national survey results, which are presented in this report, provide a “snapshot” of the status of older people in the U.S overall. The national survey results represent “averages” or “norms” with which community survey results may be compared. Tables containing information about the demographic characteristics of people aged 65 and older living in the ten communities and in the U.S. as a whole can be found in Appendices 1 and 3. These tables provide a context in which to interpret the report’s comparative charts. For complete information on how the surveys were conducted, see Appendices 2 and 3.

Using Information to Plan and Stimulate Action

Each of the communities participating in the project formed a task force or leadership group responsible for studying their survey information and using it for one or more of the following purposes, to:

- Raise awareness about aging issues in the community
- Set priorities
- Design action plans
- Allocate resources
- Monitor progress

Each community has approached this endeavor in a different way. Here are a few examples.

In Lincoln Square, a large public housing complex on Manhattan’s West Side with a population of close to 600 seniors, the leadership group immediately focused on three critical issues – safety, hunger, and health. As the survey data graphically showed, Lincoln Square seniors were having problems in each of these areas. The leadership group decided to focus on safety first and convened a meeting that was attended by service providers, older residents of the housing complex, members of the police department, elected officials, clergy from local houses of worship, and representatives from other community-based organizations.

The police officer attending the meeting had seen the survey data, which showed that 26% of older people in Lincoln Square feel that safety in their neighborhood is fair or poor. At the meeting, the police officer contrasted the seniors’ “perception” with his “reality:” He pointed out that last year there was only one assault against a person over the age of 65 in that neighborhood and suggested that people’s fear may be groundless. But as the conversation progressed, he learned from the seniors that many more crimes involving older people happen, but the victims are afraid to report them to the police for fear of reprisals by the

perpetrators, and they told a number of heart-wrenching stories to support this contention.

One outcome of this meeting was the decision to continue holding forums on a regular basis to facilitate communication among the police department, the elected officials, and the seniors. Another outcome was a change in crime reporting policy. Before, seniors had to call the police themselves to report a crime. Now they report the crime to a third party who notifies the police, thereby removing the senior's identity from the transaction. And a third outcome was a series of sessions to train seniors in the proper way to report crimes so that police have a greater chance of identifying the culprits. There is still a long way to go, but the information Lincoln Square got from the AdvantAge Initiative survey certainly opened the door to understanding the root causes of fear of crime in the community and developing creative ways to address it.

In Jacksonville, there had been some talk of starting several new initiatives that depended on the involvement of older volunteers. The AdvantAge Initiative survey revealed that 33% of older people in Jacksonville engage in volunteer work – a lower percentage than planners had anticipated. This indicated that some upfront work to recruit additional volunteers needed to be done before starting any new initiatives. The task force in Puyallup noticed in the survey results that 20%, or one out of five seniors, said they do not know whom to call for information about supportive services, despite the presence of a dedicated information hotline that had been widely advertised in the community. Investigating a little further, the task force discovered that there was confusion among the older population about the area covered by this hotline, and people who could have benefited from it were not using it simply because they didn't think it applied to them. Once the source of the problem was identified, solutions were easier to find. Similar examples of information leading to action abound in the other AdvantAge Initiative communities.

By participating in this project, the communities tell us, they have had an opportunity to “hear the voices” of older people through the survey; organize and prioritize aging issues important to their constituents; bring stakeholders together and provide them with a “common language” to discuss these issues; and generate enthusiasm and momentum to address them.

One of the most striking findings from the surveys is that the vast majority of older people—an average of 91% in the ten communities—want to continue living in their own homes, in their own communities, for as long as possible. In other words, older Americans really do want to *age in place*. The ten AdvantAge Initiative communities are the first to participate in what could become a national movement to make *aging in place* a priority issue in local communities and transform them into environments where older people can maintain their health, well-being, and independence, and access a wide array of help and support whenever they are needed.

Overview of Survey Findings

America is aging. Our average life expectancy is now at a record high (77.2 years), our birth rate at a record low. Each year, the enormous baby boom generation inches closer to Social Security benefits. By 2030, with a projected 70 million people over the age of 65, the percentage of older adults in the country as a whole (approximately 20%) will be greater than it is in Florida today (about 18%).

This so-called “graying of America” will have profound effects on all aspects of our society—our families, our neighborhoods, our economy, our politics and public policies. There are obvious difficulties ahead—for example, how to ensure older adults’ income security and pay for their health and long-term care needs. But there are some under-appreciated possibilities as well. This next generation of older adults will be the healthiest, wealthiest, and most active of any group of elders in our country’s, indeed human, history. So, how well are older adults actually faring today, and what does that mean for the future? How well are our communities serving this increasingly diverse and dynamic group of people? Are we prepared for the serious challenges and, at the same time, positioned to take advantage of the opportunities ahead? Are we getting ready?

The AdvantAge Initiative National Survey: Listening to the Voices of Older Americans

To begin answering these questions, the AdvantAge Initiative conducted a national survey of over 1,500 people aged 65 and older from around the country. Both this national survey and the ten community surveys described in Appendices 2 and 3 sought older adults’ perspectives on how they and their communities are faring along 33 indicators developed for this project (see Exhibit 2, p. xx). These range from the affordability of their housing and the safety of their neighborhoods to the ready availability of health and supportive services and opportunities for social and cultural activities. The study also asked respondents to rate their own health and financial well-being, their ability to get around, and their participation in volunteer and other civic activities.

Survey Results Tell a Tale of Two Older Americas

What we found in the survey is that the story of older adults in the United States is really two quite different stories. The first is very positive. The majority of older adults are thriving. They’re in good health, connected to friends and family, and generally satisfied with their communities. For this sizable majority, the “golden years” are indeed golden.

Against this backdrop of general health, wealth, and satisfaction, there is a second, not-so-happy story. A smaller, though sizable minority—a “frail fraction” of older adults—are struggling, despite a lifetime devoted to work, family, and country. They are living in ill health with inadequate financial security, in what

they see as dangerous neighborhoods. And while the experiences of these two groups of older adults couldn't be more different, the active and the isolated can live side by side in neighborhoods and cities, sometimes just a few blocks or even houses apart.

Profile of the Frail Fraction

In examining the national survey data, we discovered over and over again that people with certain demographic characteristics seem to be the most at risk—people with incomes below 200% of poverty, those with less than a high school education, and people who rate their health status as fair or poor—and these are included in the "Frail Fraction." While the survey results are reported separately for each of these various demographic characteristics, in reality several of them are likely to co-exist in and describe one and the same person. For example, an older person with an income below 200% poverty is also more likely to rate his or her health as fair or poor. An older person with lower than a high school education is more likely to have fair or poor health status and to have limitations in activities of daily living. Looking closely at the two older Americas, we would also be more likely to find minority elders in the "frail fraction" than in the "fortunate majority" because minority elders are more likely than white elders to have one or more of the other characteristics mentioned above, such as low incomes or poor health.

Significant Disparities Apparent Between the Fortunate Majority and the Frail Fraction

The differences between the Fortunate Majority and Frail Fraction are evident in nearly all the findings described in this report. Here is a sampling:

Fortunate Majority

Members of this group give their communities high marks for safety and livability—83% are very satisfied with their communities.

Three quarters or more of people in this group believe that elected officials take their needs into account when making policies and feel they have influence in making their communities better places to live.

Frail Fraction

Hispanic (34%) and Black (30%) elders are more likely than Whites (16%) to be dissatisfied with their neighborhoods and to say that crime is a big problem.

Elders with incomes under 100% of poverty (67%), minority elders (65%), as well as those in fair or poor health (67%), are less likely to believe that elected officials pay attention to their needs.

Fortunate Majority

The vast majority of this group rates their health as good to excellent, with only one of five (20%) people rating their health status as fair or poor.

One of five (19%) elders with incomes at 200% of poverty or above spend more than 30 percent of their income on housing. Only one of twenty (5%) spend more than half of their income on housing.

The vast majority know how to access information about services, with only 19% or fewer not knowing whom to call.

Among the Fortunate Majority, two thirds or more get together with friends and family and attend cultural events on a regular basis.

Frail Fraction

Low-income, minority, and less educated elders are about twice as likely as their counterparts to say their health is fair or poor.

Members of this group are not only more likely to have lower incomes, but those with the lowest incomes are the most likely (78%) to spend over 30 percent of their income on housing. In addition a significant proportion (27%) of elders in this group spends half of their income on housing.

People in this group are often more likely to need supportive services. But a significant proportion of Hispanic (37%) elders, those with less than a high school education (28%), and those in poor health (28%) do not know where to turn for information about these services

People in the Frail Fraction are half as likely as their counterparts to participate in social or cultural activities.

The AdvantAge Initiative Prescription for Elder-Friendly Communities

Our data about the two older Americas suggest that federal, state, and local leaders need to develop policies that address the needs and aspirations of both groups of older Americans. New policies and programs must seek to energetically engage the large group of well elders as valuable community assets, promote wellness to help them stay independent and active for as long as possible, and accommodate their changing needs as they grow older. At the same time, communities must re-focus their resources to serve older adults who really need the help. This two-pronged strategy might mean:

Strategies for the Fortunate Majority

- Increasing meaningful leadership and volunteer opportunities for older adults

Strategies for the Frail Fraction

- Ensuring that services and information about services are provided at the most accessible locations and designed to fit the diverse cultural, linguistic, and educational backgrounds, as well as economic realities, of the people in need

Strategies for the Fortunate Majority

- Expanding cultural offerings and activities that older adults value
- Supporting community design that encourages physical exercise
- Promoting wellness activities that incorporate physical, spiritual, social, mental, and emotional well-being

Strategies for the Frail Fraction

- Expanding access not only to affordable public but also private transportation
- Facilitating independent living by increasing affordable housing stock and providing home care, transportation, home modification, and other needed services
- Increasing the availability of long-term care services in the community (as opposed to costly institutional care, such as nursing homes)

Towards a Community for All Ages

This prescription for an elder-friendly community will not only benefit older adults. Creating new volunteer service opportunities, for example, will allow elders to make a wide variety of contributions to children, schools, the stability of their neighborhoods, and a cleaner environment. Increasing affordable housing options will benefit young families as well as older people. Providing services for independent living will reduce the stress on younger caregivers and aid people of all ages with disabilities. These multiple benefits reflect the reality that older adults are connected to everyone else. They are critically important members of families and the communities in which they live. They are not, nor do they deserve to be, on the margins. Older adults must be challenged to continue to make important contributions to their neighborhoods and cities. At the same time, older adults who need them should receive the services and support that enable them to live out their lives—indeed *our* lives—with dignity and respect.

Addresses
Basic Needs

- Provides appropriate and affordable housing
- Promotes safety at home and in the neighborhood
- Assures no one goes hungry
- Provides useful information about available services

Promotes Social
and Civic Engagement

- Fosters meaningful connections with family, neighbors, and friends
- Promotes active engagement in community life
- Provides opportunities for meaningful paid and voluntary work
- Makes aging issues a community-wide priority

An Elder -
Friendly
Community

Optimizes
Physical and Mental
Health and Well Being

- Promotes healthy behaviors
- Supports community activities that enhance well being
- Provides ready access to preventive health services
- Provides access to medical, social, and palliative services

Maximizes
Independence for Frail
and Disabled

- Mobilizes resources to facilitate “living at home”
- Provides accessible transportation
- Supports family and other caregivers



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 FOR THE FRAIL AND DISABLED

- **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

SURVEY FINDINGS

Addresses Basic Needs

While many older Americans are thriving...

Nearly all (93%) adults aged 65 and older want to remain in their current residences for as long as possible. The majority—two of three elders—who want to stay in their current homes are very confident that they will be able to afford to do so (Table 2).

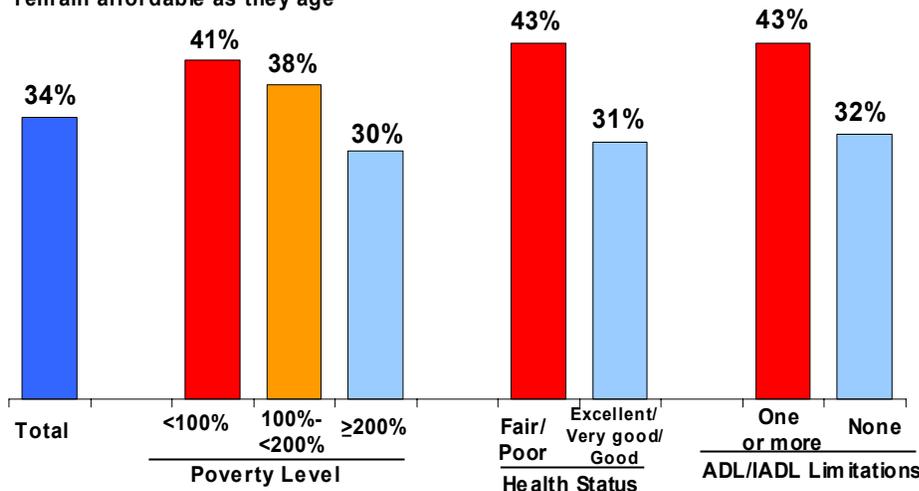
...a substantial proportion of elders are struggling to meet their basic needs

More than one third (34%), however, are *not very confident* that their current homes will remain affordable as they age. Elders with incomes under 100 percent of poverty, those in fair or poor health, and those with activity limitations are even more likely to have doubts about meeting their housing costs in the future. Two of five are *not very confident* that their housing will remain affordable (Figure 1).

Figure 1

Confidence About Housing Affordability by Selected Demographic Characteristics

Percentage of seniors who are *not very confident* that their current homes will remain affordable as they age*



* *Not very confident* includes those who said Somewhat confident, Not too confident, Not confident at all, Don't know, or Refused. Unweighted N=1,407
 Base includes those who want to remain in their current residences for as long as possible. Weighted N=31,206,975

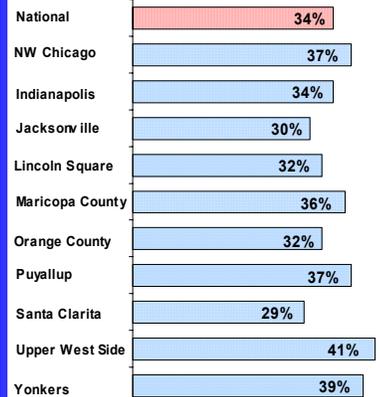
Source: *AdvantAge Initiative 2003 National Survey of Adults Aged 65 and Older*

How Do AdvantAge Initiative Communities Compare to the National Benchmark?

Figure 1.1

Confidence About Housing Affordability National Comparison

Percentage of seniors who are *not very confident* that their current homes will remain affordable as they age*



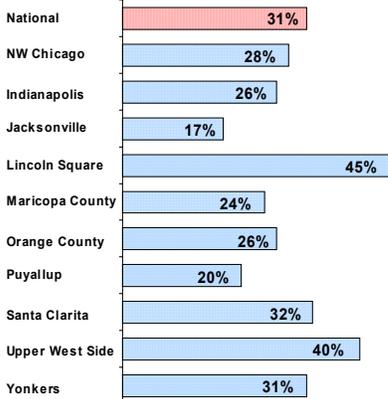
* Base includes those who want to remain in their current residences for as long as possible.
 Source: *AdvantAge Initiative 2002 Community Survey of Adults Age 65+*
AdvantAge Initiative 2003 National Survey of Adults Age 65+

How Do AdvantAge Initiative Communities Compare to the National Benchmark?

Overall, one of two (48%) older Americans spend 30 percent or less of their income on housing (Table 2),¹ which makes their housing “affordable,” according to the U.S. Department of Housing and Urban Development (HUD).²

Three of ten (31%) elders, however, spend more than 30 percent of their income on housing and are said to have housing cost *burden*.³ Minority elders, those who live alone, those in fair or poor health, and people with activity limitations are significantly more likely than their counterparts to have high housing expenses and to face housing cost *burden* (Figure 2).

Figure 2.1
Housing Cost Burden National Comparison
Percentage of seniors who spend more than 30 percent of their income on housing

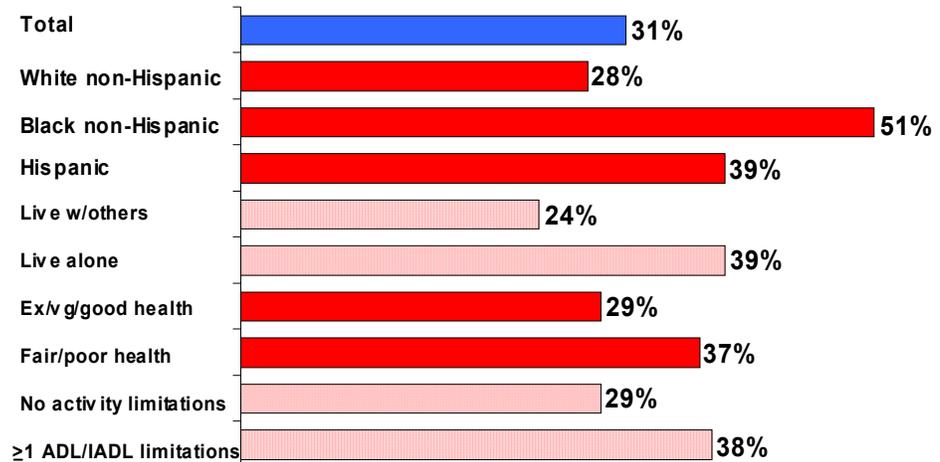


Source: AdvantAge Initiative 2002 Community Survey of Adults Age 65+
AdvantAge Initiative 2003 National Survey of Adults Age 65+

Figure 2

Housing Cost Burden by Selected Demographic Characteristics

Percentage of seniors who spend more than 30 percent of their income on housing¹



Unweighted N=1,512
Weighted N=33,575,435

Source: AdvantAge Initiative 2003 National Survey of Adults Aged 65 and Older

¹Housing Expenses were calculated as a percentage of income and are based on outlays for rent or mortgage, real estate taxes, association/condo fees, and utilities. Participants for whom sufficient information on income or expenditures was not available (22% of respondents) were classified in the category *expenses unknown*.

²See: <http://www.hud.gov/cpd/affordablehousing/index.cfm>

³People whose housing expenses exceed 30 percent of their income are said to have housing cost “burden.” according to a federally determined formula. See: U.S. Department of Housing and Urban Development, <http://www.hud.gov/cpd/affordablehousing/index.cfm>

Overall, more than two of five (44%) older Americans say that the amount of money they have takes care of their necessities *very well* (Table 3).¹ Among elders with housing expenses at or below 30 percent of their income, more than half (53%) say that the amount of money they have takes care of their necessities *very well*. The vast majority also had no problems paying for prescription drugs, medical care, or other basic needs in the past year.

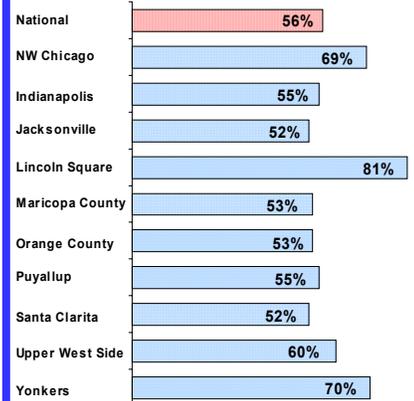
Nearly three of five (56%) older adults, however, say that the amount of money they have does not take care of their necessities *very well*. Among elders with housing expenses above 30 percent of income, the majority (69%) say that the amount of money they have *does not* take care of their necessities *very well*. They are also significantly more likely to have had a time in the past year when they did not have enough money to obtain medical care, prescription medication, food, or other basic necessities (Figure 3, Table 3).

How Do AdvantAge Initiative Communities Compare to the National Benchmark?

Figure 3.1

Taking Care of Basic Necessities National Comparison

Percentage of seniors who say that the amount of money they have does not take care of their necessities *very well*



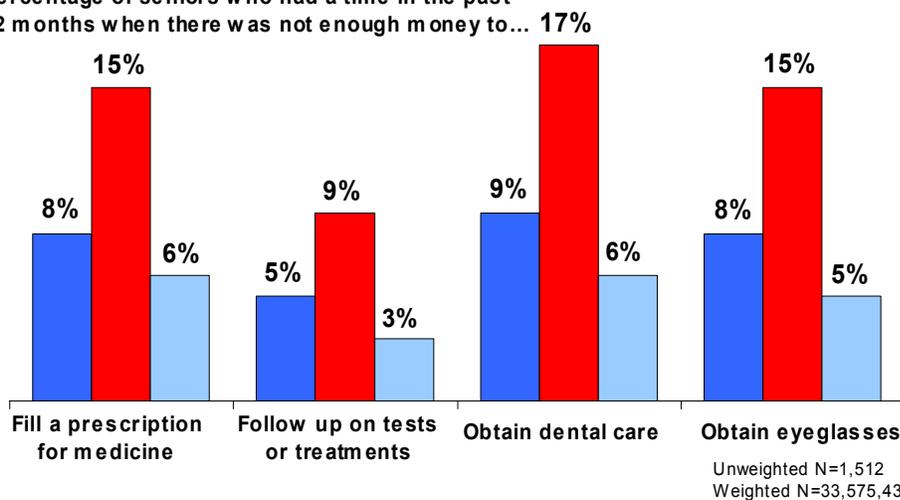
Source: AdvantAge Initiative 2002 Community Survey of Adults Age 65+
AdvantAge Initiative 2003 National Survey of Adults Age 65+

Figure 3

Problems Paying for Basic Needs by Housing Expenses

■ Total ■ >30 Percent of Income ■ ≤30 Percent of Income

Percentage of seniors who had a time in the past 12 months when there was not enough money to...



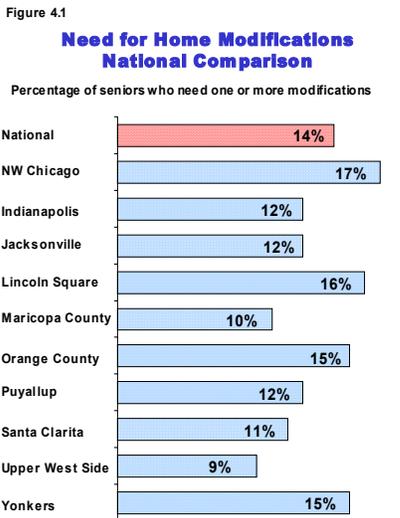
Source: AdvantAge Initiative 2003 National Survey of Adults Aged 65 and Older

¹ Respondents were asked: "How well does the amount of money you have take care of your necessities?" Response choices were: Very well, fairly well, not very well, not at all, don't know/refused. We created two categories: 1) Very well and 2) Not very well. *Not very well* includes all those who responded *fairly well*, *not very well*, *not at all*, or *don't know/refused*.

How Do AdvantAge Initiative Communities Compare to the National Benchmark?

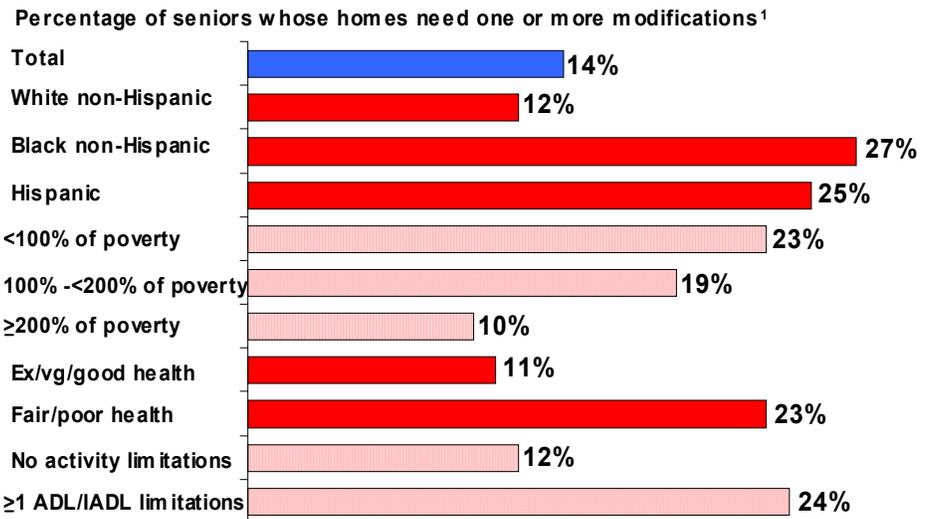
As the risk of disability increases with age, some older adults may need home modifications at some point in order to be able to continue living in their current residences as they age. The vast majority (86%) of older Americans do not feel a need for home modifications at this time.¹

One of seven (14%) elders, however, do see the need for significant, often costly, modifications to enable them to remain living in their homes over the next five years. Minority elders, those with low incomes, and those in poorer health are twice as likely as their counterparts to say that their homes need one or more modifications (Figure 4).



Source: AdvantAge Initiative 2002 Community Survey of Adults Age 65+
AdvantAge Initiative 2003 National Survey of Adults Age 65+

Figure 4
Need for Home Modifications by Selected Demographic Characteristics



Unweighted N=1,512
Weighted N=33,575,435

Source: AdvantAge Initiative 2003 National Survey of Adults Aged 65 and Older

¹ People were asked whether their current residence needs any significant repairs, modifications, or changes to improve their ability to live there over the next five years.

While the majority of older Americans give their neighborhoods high marks for safety and livability...

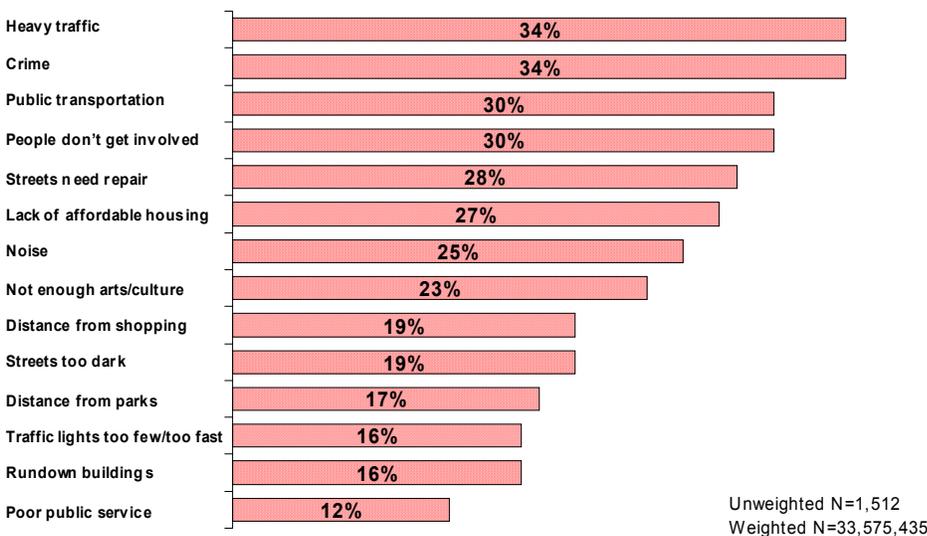
The vast majority of older Americans are very satisfied with their neighborhoods as places to live and feel that personal safety in their neighborhoods is excellent, very good, or good (Table 4). They generally do not perceive major problems in their communities.

...some groups express concerns about crime, traffic, and other neighborhood problems

When people do report neighborhood problems, heavy traffic and crime top the list (34%), followed by limited access to public transportation (30%), and lack of citizen involvement in civic affairs (30%) (Figure 5). Hispanic and Black elders and those in poorer health are more likely than their counterparts to rate their community safety unfavorably, and to be dissatisfied with their neighborhoods (Table 4). Crime is the top neighborhood problem identified by these groups.

Figure 5

Prevalence of Perceived Neighborhood Problems*



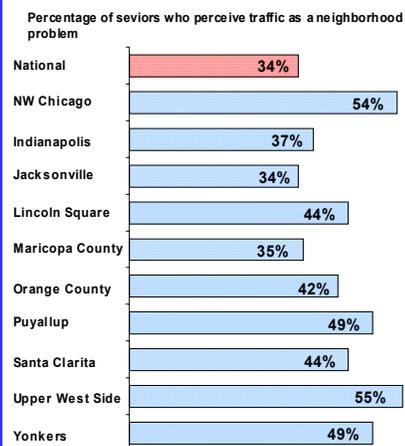
*Respondents were read a list of 14 potential neighborhood problems and asked to indicate whether each poses a "big problem," "small problem," or "no problem" in their neighborhood. Responses of "big problem" and "small problem" were combined to indicate a "problem."

Source: *AdvantAge Initiative 2003 National Survey of Adults Aged 65 and Older*

How Do AdvantAge Initiative Communities Compare to the National Benchmark?

Figure 5.1

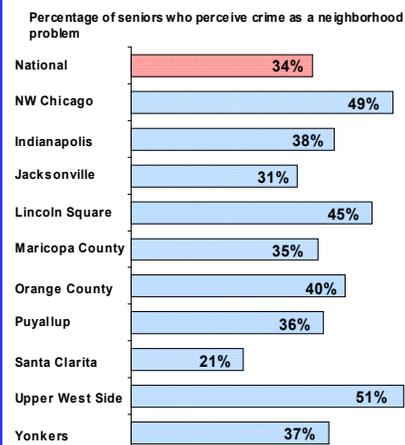
Neighborhood Problem-Traffic National Comparison



Source: *AdvantAge Initiative 2002 Community Survey of Adults Age 65+*
AdvantAge Initiative 2003 National Survey of Adults Age 65+

Figure 5.2

Neighborhood Problem-Crime National Comparison

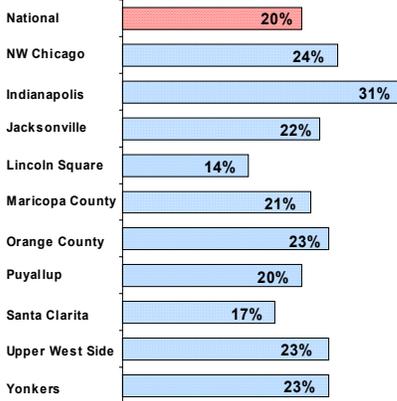


Source: *AdvantAge Initiative 2002 Community Survey of Adults Age 65+*
AdvantAge Initiative 2003 National Survey of Adults Age 65+

How Do AdvantAge Initiative Communities Compare to the National Benchmark?

Figure 6.1 **Accessing Information About Supportive Services National Comparison**

Percentage of seniors who do not know whom to call for information about supportive services



Source: AdvantAge Initiative 2002 Community Survey of Adults Age 65+
AdvantAge Initiative 2003 National Survey of Adults Age 65+

While four of five seniors can name a trusted source of information about supportive services in their community...

Elders name city and county offices on aging and other social service agencies (28%) as the best resource for information about supportive services, followed by medical centers or medical professionals (16%), and senior centers (13%) (not shown). The majority of older Americans are aware that senior centers, meals on wheels, and visiting nurse services are available in their area, but they are substantially less likely to know whether respite for caregivers and home repair services are available (Table 5).

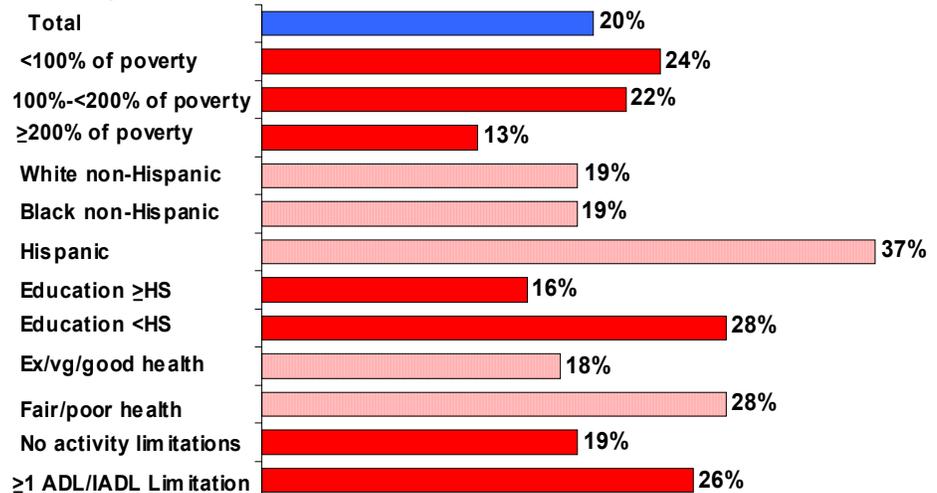
...fully 20% do not know where to turn to obtain such information

One of five (20%) older people do not know whom to call for information about supportive services in their community. Hispanic, low income, and less educated elders, those in fair or poor health, and those with activity limitations are most likely to say they “don’t know whom to call for information about services” (Figure 6).

Figure 6

Accessing Information About Supportive Services by Selected Demographic Characteristics

Percentage of seniors who do not know whom to call for information about supportive services*



*People were asked to indicate the best resource, such as a person or an organization in their city, town, or county to get information on various services.

Unweighted N=1,512
Weighted N=33,575,435

Source: AdvantAge Initiative 2003 National Survey of Adults Aged 65 and Older

Optimizes Physical and Mental Health and Well-Being

The majority of older Americans report being in good to excellent health...

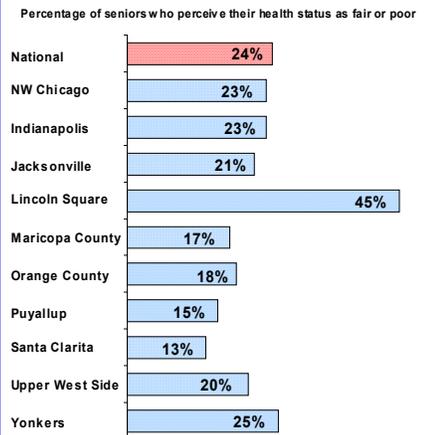
Three quarters (75%) of older Americans report being in good to excellent health despite the fact that chronic illness is widespread among them. Four of five (82%) elders report having been diagnosed with at least one chronic condition in the past five years; more than half (53%) with at least two. Hypertension and arthritis top the list (51% and 50%, respectively) (not shown).

...but disparities in health status exist between high and low income groups, white and minority elders, and those with higher and lower education

Overall, one of four (24%) elders report being in fair or poor health. Elders with incomes under 100% of poverty, minority elders, and those with less than a high school education are most likely to perceive their health status as fair or poor (Figure 7).

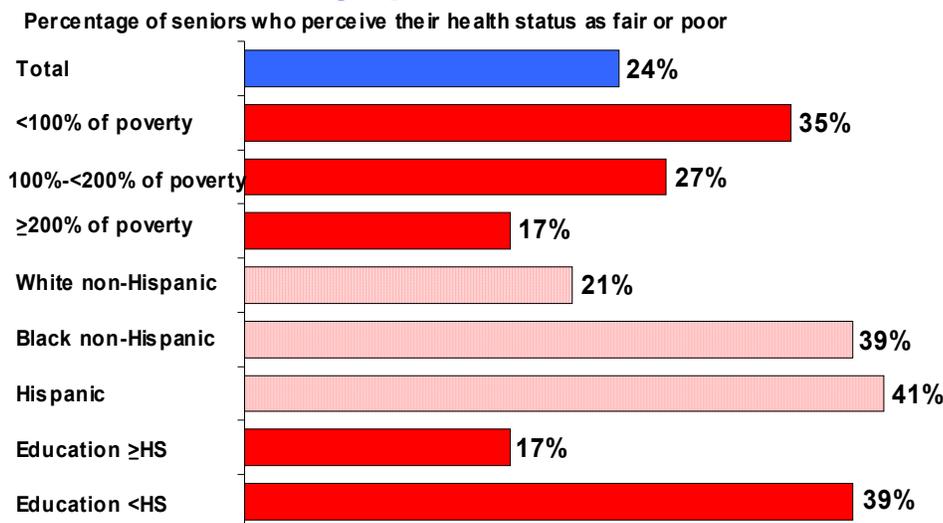
How Do AdvantAge Initiative Communities Compare to the National Benchmark?

Figure 7.1 **Fair or Poor Health Status* National Comparison**



*Self reported
Source: AdvantAge Initiative 2002 Community Survey of Adults Age 65+
AdvantAge Initiative 2003 National Survey of Adults Age 65+

Figure 7 **Fair or Poor Health Status* by Selected Demographic Characteristics**



*Self reported

Unweighted N=1,512
Weighted N=33,575,435

Source: AdvantAge Initiative 2003 National Survey of Adults Aged 65 and Older

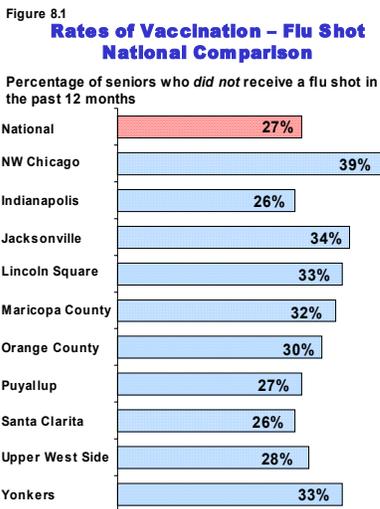
How Do AdvantAge Initiative Communities Compare to the National Benchmark?

While the majority of older Americans received a number of preventive health care measures in the past year...

...a considerable proportion of older adults did not get many of the Medicare covered preventive services

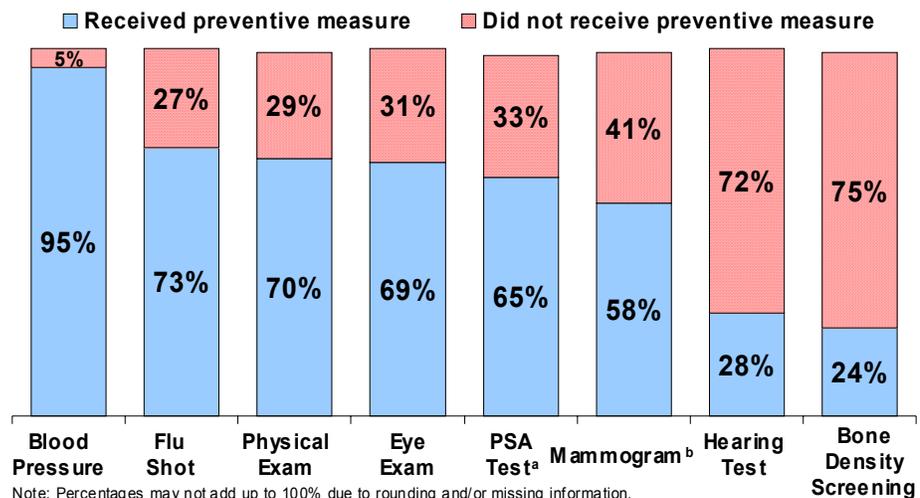
Nearly all (95%) elders had their blood pressure checked in the past 12 months. About three quarters (73%) received a flu shot; seven of ten (70%) received a physical exam; and about seven of ten (69%) had an eye exam in the past 12 months (Figure 8).

More than one of four (27%) elders did not get a flu shot; three of four (75%) did not get a bone density screening; and seven of ten (72%) did not get a hearing test. One third (33%) of men did not get a PSA test and two of five (41%) women did not get a mammogram. Disparities in preventive screening rates by income, race, and health insurance status are also noticeable. Elders covered by Medicare only were least likely to receive many of the services (Table 6).



Source: AdvantAge Initiative 2002 Community Survey of Adults Age 65+
AdvantAge Initiative 2003 National Survey of Adults Age 65+

Figure 8 **Rates of Vaccination and Screening for Various Conditions***



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

*People were asked whether they had any of the preventive measures or tests above in the past 12 months.

^aPSA test (prostate cancer screening) -men only

^bMammogram-women only

Unweighted N=1,512

Weighted N=33,575,435

Source: AdvantAge Initiative 2003 National Survey of Adults Aged 65 and Older

While the majority of older Americans engage in at least some physical activity...

Overall two of five (43%) older adults engage in regular leisure time physical activity, one of five (19%) engage in “some physical activity”¹ (Figure 9).

...a large proportion of older adults do not exercise in their leisure time

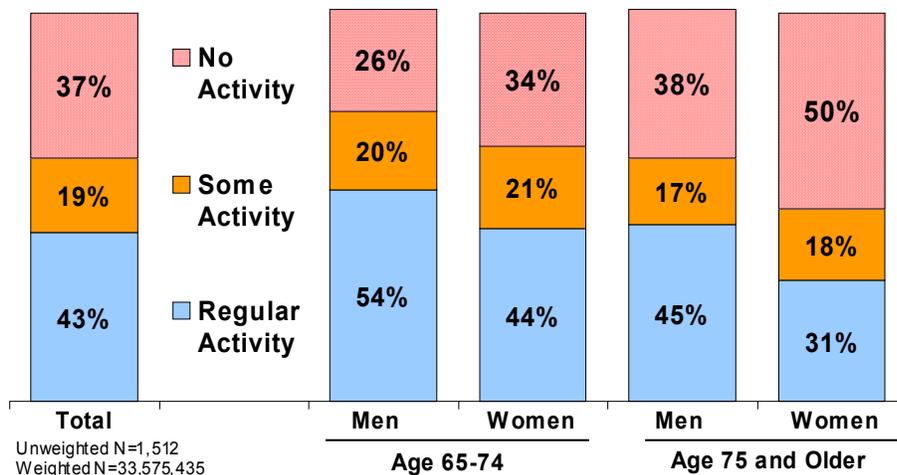
More than one third (37%) of elders, do not engage in any leisure time physical activity. Of those who do not participate in leisure time exercise, three of ten (30%) are physically unable. Elders who are physically able do not exercise for other reasons—laziness, lack of time, or interest, or perceived need among them. Women are significantly less likely than men to exercise. By age 75, nearly two of five (38%) men and one half (50%) of women do not exercise in their leisure time (Figure 9).

How Do AdvantAge Initiative Communities Compare to the National Benchmark?

Both the national and community surveys also asked respondents a more general question about how often they engage in regular physical exercise. The response choices were *seldom or never, 1 to 3 days per week, or more than 3 days per week*. The chart below shows the results for those who said they seldom or never engage in regular physical exercise.

Figure 9

Leisure Time Physical Activity* by Age and Gender



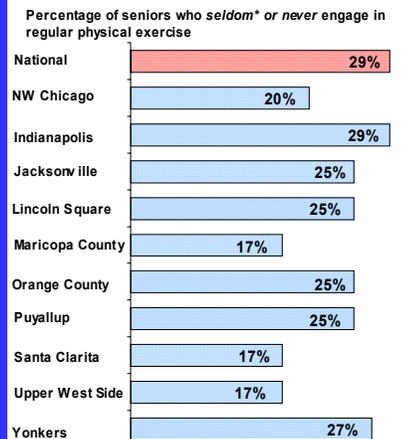
*“Regular leisure time activity” is defined as: 1) light or moderate activity that causes light sweating or a light to moderate increase in breathing or heart rate, and occurs five or more times per week for at least 30 minutes each time, and/or 2) vigorous activity that causes heavy sweating or large increases in breathing or heart rate, and occurs three or more times per week for at least 20 minutes each time. People who engage in other combinations of the two types of physical activities described above are included in the category “some activity.” Those who are unable to or do not engage in physical activity are included in the category “no activity.”

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

Source: AdvantAge Initiative 2003 National Survey of Adults Aged 65 and Older

Figure 9.1

Regular Physical Exercise National Comparison

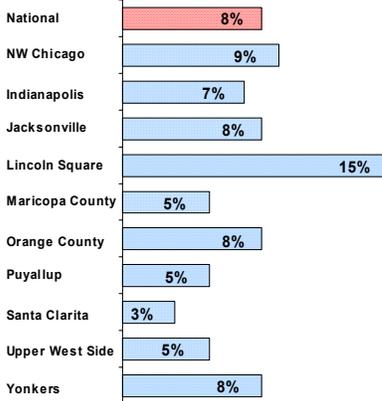


* Seldom/less than once/week
Source: AdvantAge Initiative 2002 Community Survey of Adults Age 65+
AdvantAge Initiative 2003 National Survey of Adults Age 65+

¹ The questions assessing leisure-time physical activity were adapted from the National Health Interview Survey (NHIS) and modified for the AdvantAge Initiative questionnaire. See Definitions of Key Variables in Appendix 2 for the questions used and the creation of the leisure time physical activity variable.

How Do AdvantAge Initiative Communities Compare to the National Benchmark?

Figure 10.1 **Problems Paying for Prescription Medication National Comparison**
 Percentage of seniors who report they had a time in the past 12 months when there was not enough money to fill a prescription for medicine



Source: AdvantAge Initiative 2002 Community Survey of Adults Age 65+
 AdvantAge Initiative 2003 National Survey of Adults Age 65+

See Appendix 3 for a description of this variable in the AI Community Survey

While overall only a small proportion of older Americans report problems paying for medication and other health care needs...

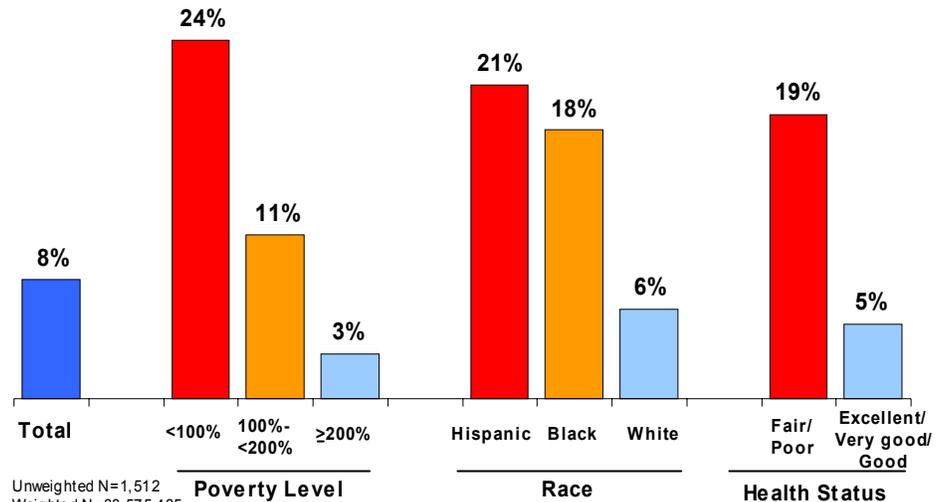
Overall, about one of twelve (8%) elders had a time in the past 12 months when they did not have enough money to fill a prescription for medicine. Nearly one of ten (9%) had problems paying for dental care and eight percent had problems paying for eye-glasses (Table 7).

...low income elders, minority elders, and those in poor health are significantly more likely than their counterparts to report such problems

Among elders with incomes under 100% of poverty, one of four (24%) report a time in the past year when there was not enough money to fill a prescription for medicine (Figure 10). Similarly, Black and Hispanic elders and those in fair or poor health are significantly more likely than their counterparts to have had problems paying for medication and other health care needs (Figure 10, Table 7).

Figure 10 **Problems Paying for Prescription Medication by Income, Race, and Health Status**

Percentage of seniors who report a time in the past 12 months when there was not enough money to fill a prescription for medicine



Source: AdvantAge Initiative 2003 National Survey of Adults Aged 65 and Older

Maximizes Independence for the Frail and Disabled

While overall a small proportion of older Americans need assistance with daily activities...

The vast majority of older Americans are able to live independently. About one of fourteen (7%) elders need assistance with activities of daily living (ADLs); one of six (17%) need assistance with instrumental activities of daily living (IADLs) (not shown).¹

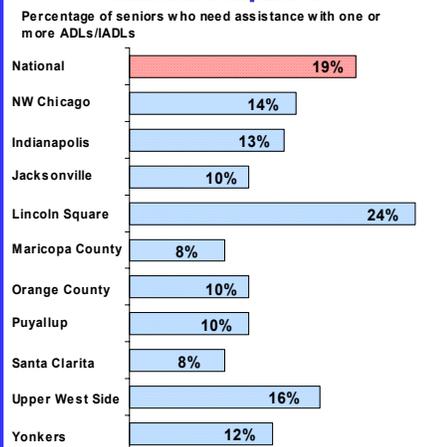
...low income elders, minority elders, and those with lower education are most likely to need such help

While overall one of five (19%) elders need assistance with ADLs and/or IADLs, low income elders, minority elders, and those with lower education, are significantly more likely than their counterparts to need such assistance to maintain independence in the community (Figure 11).

How Do AdvantAge Initiative Communities Compare to the National Benchmark?

Figure 11.1

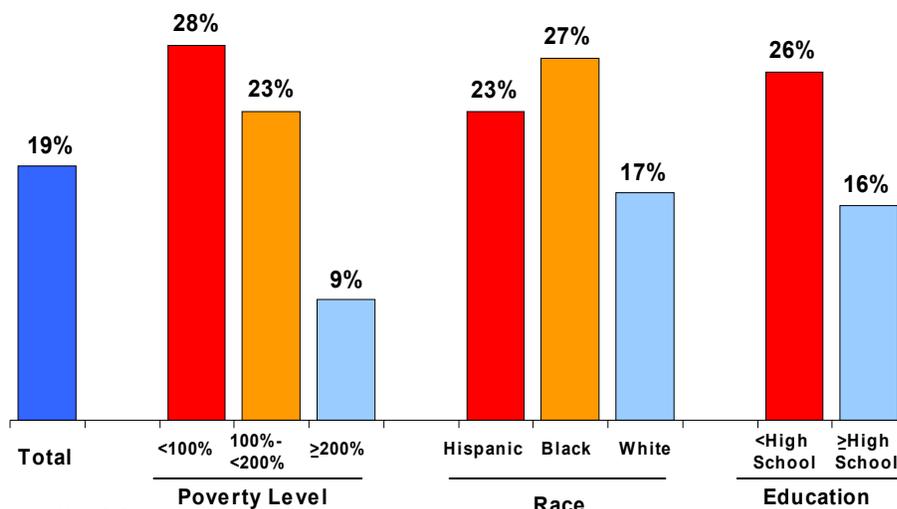
Limitations With Everyday Activities National Comparison



Source: AdvantAge Initiative 2002 Community Survey of Adults Age 65+
AdvantAge Initiative 2003 National Survey of Adults Age 65+

Figure 11 **Limitations With Everyday Activities by Income, Race, and Education**

Percentage of seniors who need assistance with one or more ADLs/IADLs



Unweighted N=1,512
Weighted N=33,575,435

Source: AdvantAge Initiative 2003 National Survey of Adults Aged 65 and Older

¹ People were asked whether they need assistance with the following activities of daily living (ADLs) – taking a bath or shower, dressing, eating, getting in/out of bed/chair, using/getting to a toilet, getting around inside the home, and with the following instrumental activities of daily living (IADLs) – going outside the home, doing light housework, preparing meals, driving a car/using public transportation, taking the right amount of prescribed medication, keeping track of money and bills.

How Do AdvantAge Initiative Communities Compare to the National Benchmark?

More than one half (52%) of seniors who need assistance with ADLs and/or IADLs get the help they need (Figure 12).

Nearly one of two (48%) elders with activity limitations, are not getting the help they need. While low income elders have higher rates of ADLs and/or IADLs, they are less likely than elders with higher incomes to have their needs met.

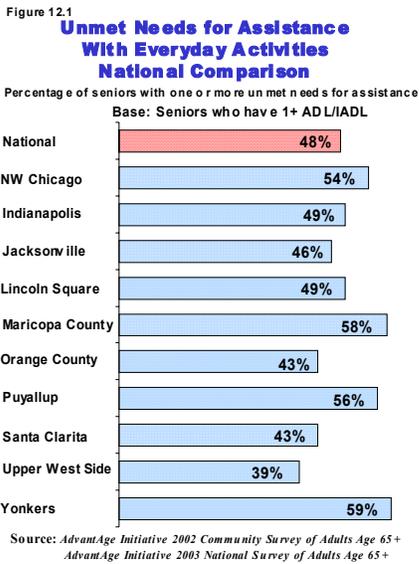
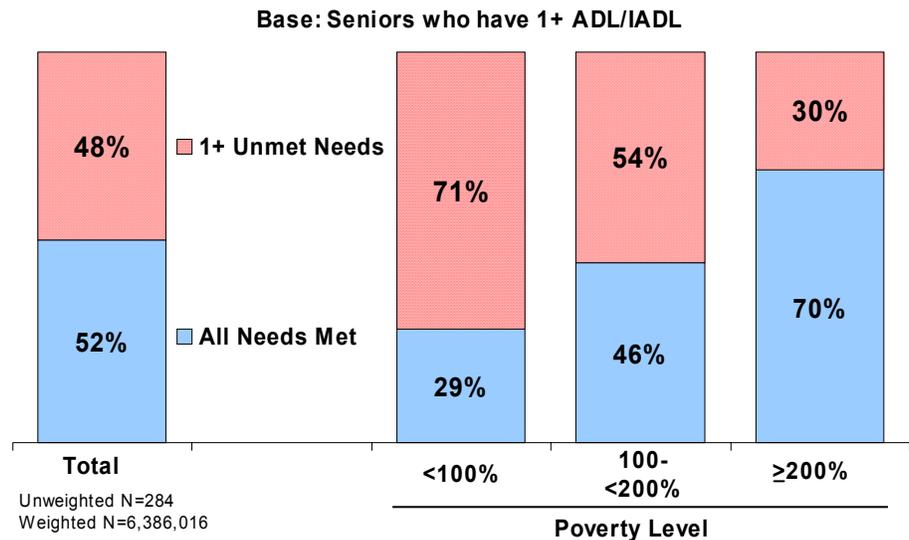


Figure 12
Unmet Needs¹ for Assistance with Everyday Activities by Income
Base: Seniors who have 1+ ADL/IADL



Source: AdvantAge Initiative 2003 National Survey of Adults Aged 65 and Older

¹Unmet 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.

The majority of older Americans are generally able to get to places they need to go...

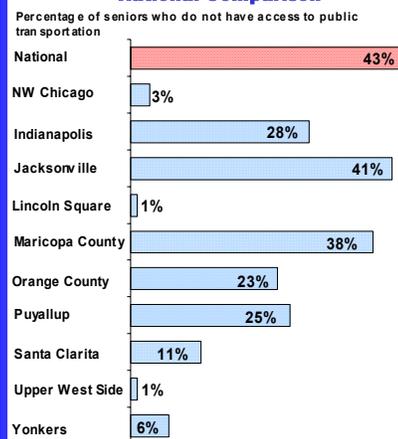
The car is the most frequently used mode of transportation. The majority of older people either drive (75%) or ride (18%) in a car to get around (not shown). More than half (57%) of elders say that public transportation is available in their community (Figure 13). Of those who have access to public transportation, thirteen percent use it on a regular basis (not shown).

...but a large proportion of older adults cannot rely on public transportation in their community

For more than two of five (43%) elders, public transportation is not accessible in their communities either because it does not exist (32%), or it's too limited to be useful (6%), or elders simply do not know if it exists (4%) (Figure 13). One of eight (13%) older people report a medical condition that makes it difficult for them to travel outside the home. Most of these people have made accommodations, such as reducing their travel, asking others for rides, and using special transportation services (not shown).

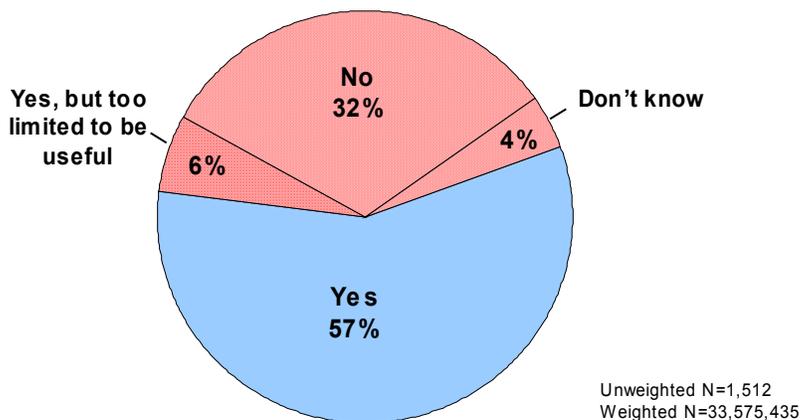
How Do AdvantAge Initiative Communities Compare to the National Benchmark?

Figure 13.1
Access to Public Transportation in the Community National Comparison



Source: AdvantAge Initiative 2002 Community Survey of Adults Age 65+
AdvantAge Initiative 2003 National Survey of Adults Age 65+

Figure 13 **Access to Public Transportation in the Community***



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

*People were asked whether public transportation is available in their community.

Source: AdvantAge Initiative 2003 National Survey of Adults Aged 65 and Older

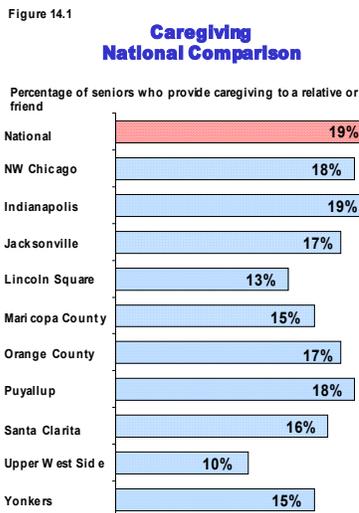
How Do AdvantAge Initiative Communities Compare to the National Benchmark?

Many older Americans devote numerous hours each week to caregiving for a family member or a friend...

...but a large proportion of caregivers do not get respite from this responsibility

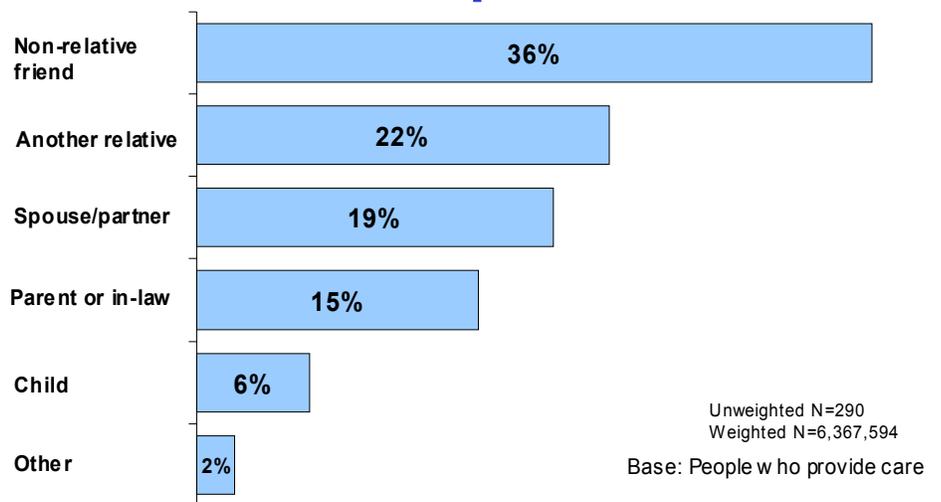
Overall, one of five (19%) elders provide help to a relative or friend who is unable to do some things for him or herself (not shown). More than one third of those who provide care provide help to a friend. But the majority of caregivers provide help to a family member, such as a spouse or partner, child, parent or in-law, or other relative (Figure 14).

Older caregivers dedicate on average 20 hours per week to helping their family or friends (not shown). When asked whether they sometimes get relief or time off from this responsibility, one of four (25%) caregivers say that they do not (not shown).



Source: AdvantAge Initiative 2002 Community Survey of Adults Age 65+
AdvantAge Initiative 2003 National Survey of Adults Age 65+

Figure 14
Relationship Between Caregivers and Care Recipients*



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

*People who said they provide care were asked "What is this person's relationship to you?"

Source: AdvantAge Initiative 2003 National Survey of Adults Aged 65 and Older

Promotes Social and Civic Engagement

By and large, older Americans are active and engaged members of their communities...

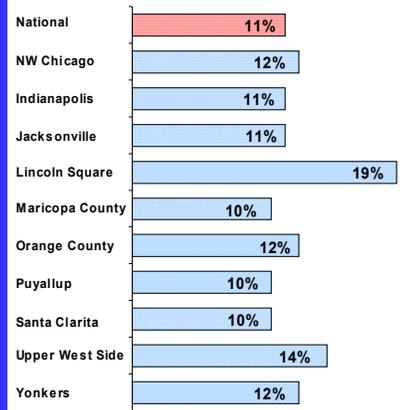
The vast majority (89%) of elders engaged in at least one of the following activities in the past week: socializing with friends, attending religious services, and participating in recreational activities. Nevertheless, nearly three of ten (28%) seniors would like to be doing more (Tables 8 and 9).

...however, low income elders, minority elders, and those in poor health are least likely to participate in social activities

Low income elders, minority elders, and those in poor health are substantially less likely than their counterparts to socialize with friends and neighbors and/or attend sports and cultural events (Tables 8 and 9). In fact, they are most likely to say they did not participate in any of these activities in the past week (Figure 15, Tables 8 and 9).

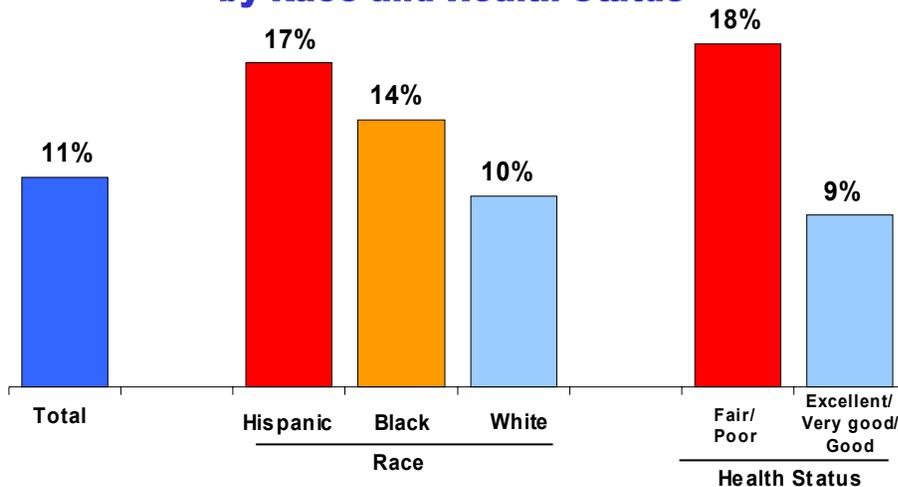
How Do AdvantAge Initiative Communities Compare to the National Benchmark?

Figure 15.1
Percentage of Seniors Who Did Not Engage in Any Social Activities in the Past Week National Comparison



Source: AdvantAge Initiative 2002 Community Survey of Adults Age 65+
AdvantAge Initiative 2003 National Survey of Adults Age 65+

Figure 15
Percentage of Seniors Who Did Not Engage in Any Social Activities in the Past Week* by Race and Health Status



*Respondents were asked whether in the past week they: (1) went to church, temple or to other worship services; (2) went to a movie, play, concert, sporting club, or other social activity; and (3) got together with friends and neighbors in any other setting.

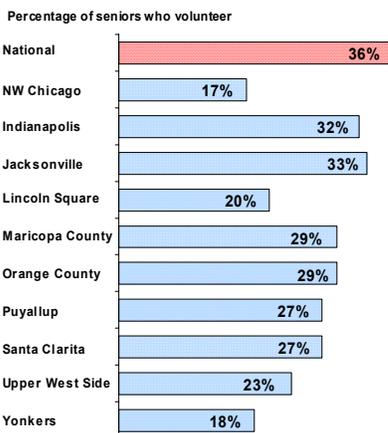
Unweighted N=1,512
Weighted N=33,575,435

Source: AdvantAge Initiative 2003 National Survey of Adults Aged 65 and Older

How Do AdvantAge Initiative Communities Compare to the National Benchmark?

Figure 16.1

Senior Volunteers National Comparison



Source: AdvantAge Initiative 2002 Community Survey of Adults Age 65+
AdvantAge Initiative 2003 National Survey of Adults Age 65+

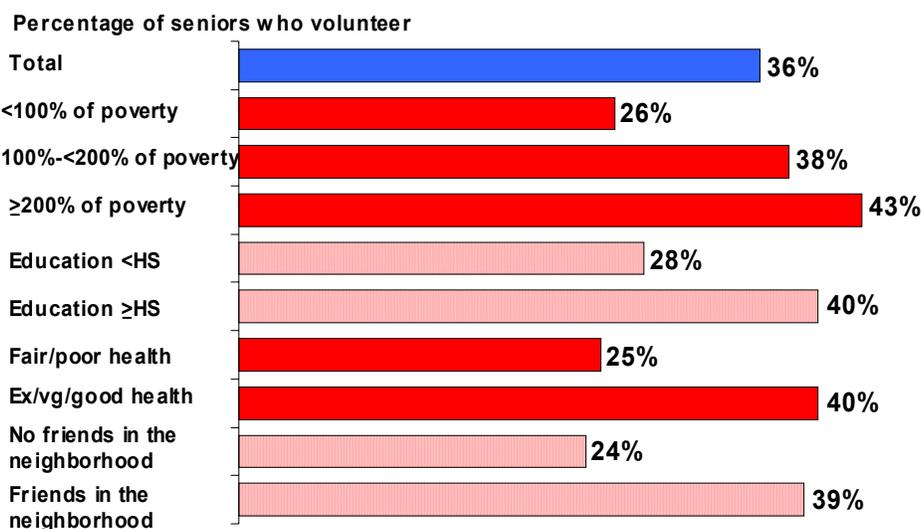
While a substantial proportion of older Americans provide numerous hours of unpaid services in their communities ...

Overall, more than one of three (36%) older people volunteer (Tables 8 and 9). Of those who volunteer, one third (34%) donate their time to religious groups, one of five (20%) to services for seniors, and one of five (20%) to a civic or social organizations. Other volunteers dedicate their time to hospitals, educational or cultural institutions, or other organizations (not shown).

...elders who have no friends in the neighborhood are much less likely to volunteer than those with larger social networks

Seniors without friends in the community are much less likely than those with larger networks of friends to volunteer. Low income elders, less educated elders, and those in poor health, are also significantly less likely than their counterparts to volunteer (Figure 15, Tables 8 and 9).

Figure 16 **Seniors Who Volunteer by Selected Demographic Characteristics**



Unweighted N=1,512
Weighted N=33,575,435

Source: AdvantAge Initiative 2003 National Survey of Adults Aged 65 and Older

While in general older Americans vote in local elections and are involved in other civic activities in their communities...

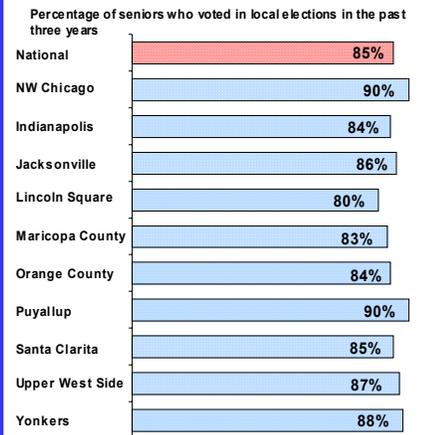
The vast majority of elders voted in local elections (85%) and made a donation of money or goods to charity (86%). One third (33%) contacted their elected representative; and one fifth (20%) notified the police or other government agency about a perceived problem in the past three years (Tables 8 and 9).

...Hispanic elders, low income elders, those with lower education, and those in poor health are least likely to be involved in such civic activities

Of the three racial groups, older Hispanics are the least likely to vote, make a charitable donation, and contact local officials or police about a neighborhood problem. Low income elders, those with less than a high school education, and those in fair or poor health are also less likely than their counterparts to engage in each of these civic activities (Figure 17, Tables 8 and 9).

How Do AdvantAge Initiative Communities Compare to the National Benchmark?

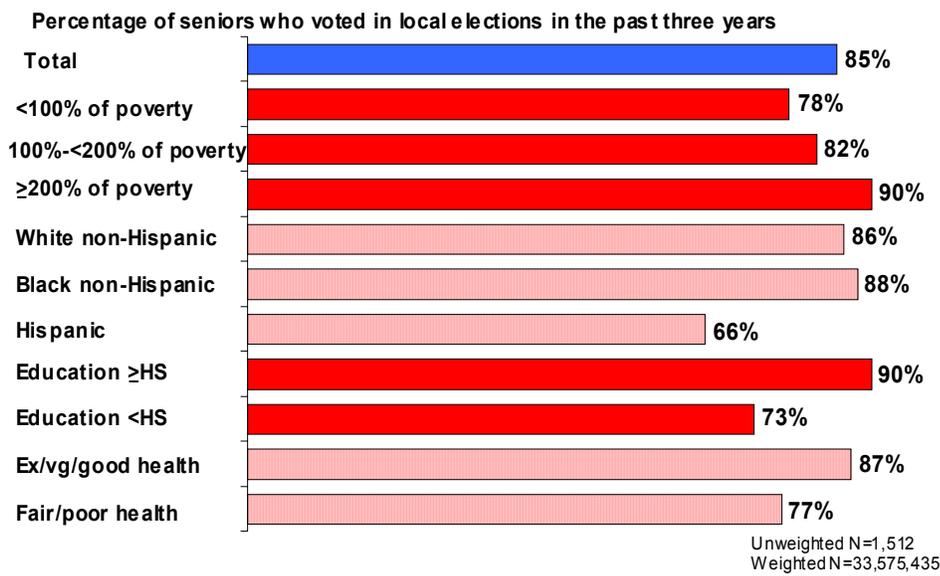
Figure 17.1
Seniors Who Voted in Local Elections National Comparison



Source: AdvantAge Initiative 2002 Community Survey of Adults Age 65+
AdvantAge Initiative 2003 National Survey of Adults Age 65+

Figure 17

Seniors Who Voted in Local Elections by Selected Demographic Characteristics

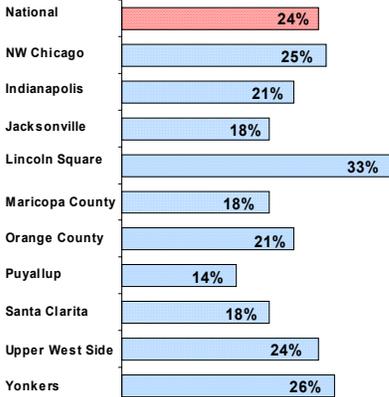


Source: AdvantAge Initiative 2003 National Survey of Adults Aged 65 and Older

How Do AdvantAge Initiative Communities Compare to the National Benchmark?

Figure 18.1
Seniors Who Would Like to Work for Pay
National Comparison

Percentage of seniors who are currently not working and would like to work for pay



*Base: People currently not working

Source: AdvantAge Initiative 2002 Community Survey of Adults Age 65+
AdvantAge Initiative 2003 National Survey of Adults Age 65+

Although paid employment is not desired by the vast majority of older Americans who are not currently working ...

Overall, only a small proportion of elders work full time (5%) or part time (10%). The vast majority (85%) do not work for pay and are not interested in working for pay (not shown).

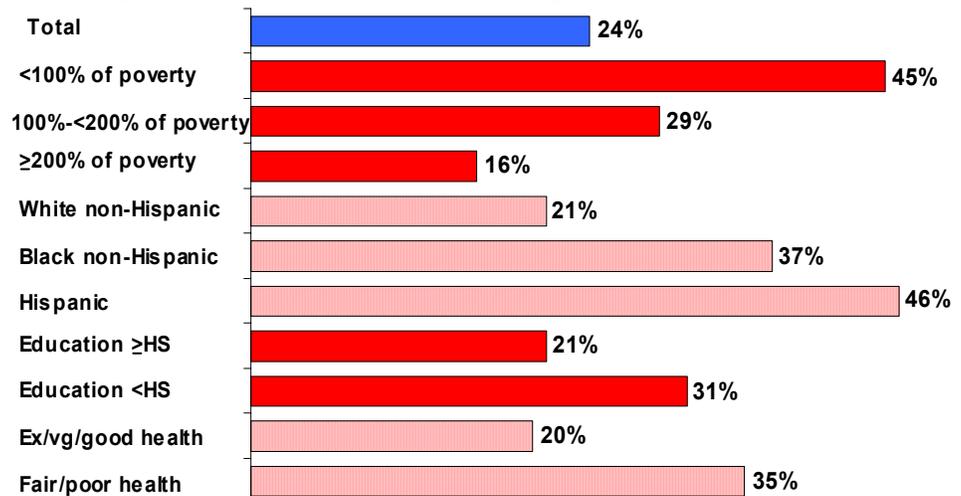
...some—particularly minority elders and low income elders—would like a paying job

However, of those currently not working, one quarter (24%) would like to work for pay. Among elders with incomes under 100% of poverty and Hispanic elders, nearly one half of those who are not currently employed would like to work for pay (Figure 18). Elders in fair or poor health and those with lower education are also more likely than their counterparts to desire paid employment.

Figure 18

Seniors Who Would Like to Work for Pay by Selected Demographic Characteristics

Percentage of seniors who are currently not working and would like to work for pay*



*Base: People currently not working

Unweighted N=1,275
Weighted N=28,529,047

Source: AdvantAge Initiative 2003 National Survey of Adults Aged 65 and Older

Older Americans are generally satisfied with their neighborhoods, feel their neighbors are trustworthy and helpful, and think they have influence in their community...

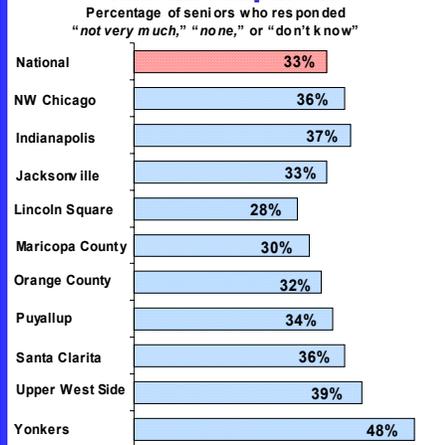
The vast majority of elders agree that most people in their neighborhoods are basically honest, can be trusted, and would be willing to help them if they needed it. The majority also believe that they have *a lot* or *some* influence in making their neighborhoods better places to live and that policymakers take their interests and needs into account *quite a lot* or *somewhat* (Table 10).

...not all, however, believe that they have a say in community affairs and that elected officials take their interests and needs into account when making policy decisions

Low income elders, Hispanic elders, as well as those in poorer health, however, are more likely to feel that they do not have influence in making their neighborhoods better places to live (Figure 19). They are also more likely than their counterparts to say that policymakers do not take the interests and concerns of older people into account (Table 10).

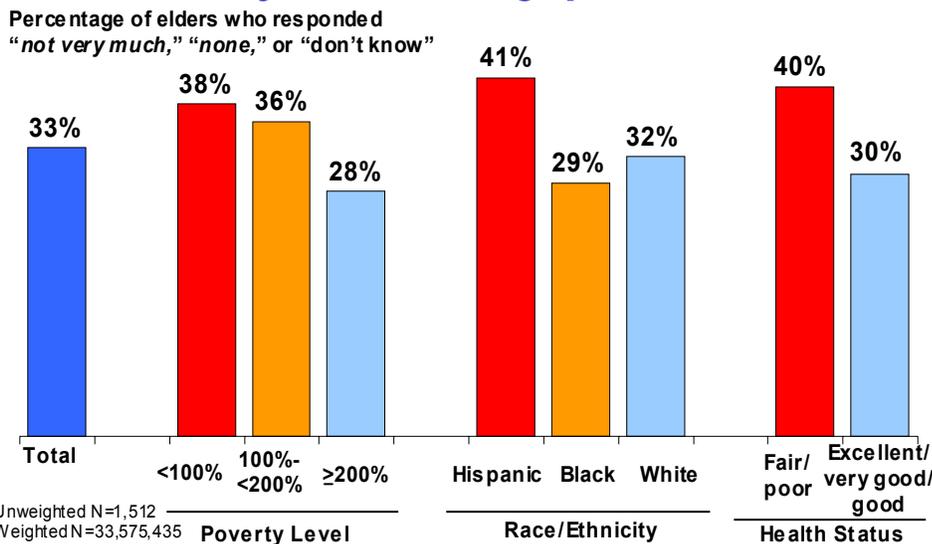
How Do AdvantAge Initiative Communities Compare to the National Benchmark?

Figure 19.1 Perceived Influence in Making the Neighborhood a Better Place to Live National Comparison



Source: AdvantAge Initiative 2002 Community Survey of Adults Age 65+
AdvantAge Initiative 2003 National Survey of Adults Age 65+

Figure 19 Perceived Influence in Making the Neighborhood a Better Place to Live by Selected Demographic Characteristics*



Unweighted N=1,512
Weighted N=33,575,435

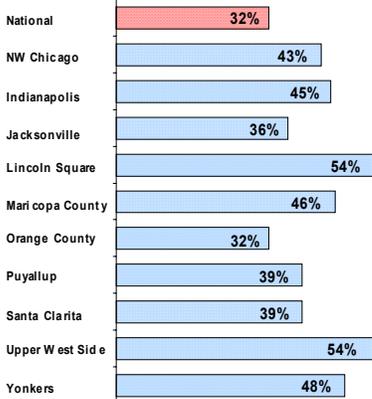
*People were asked: "How much influence do you think people like yourself can have in making this neighborhood a better place to live?" Responses included: *a lot*, *some*, *not very much*, *none*, *don't know*, and *refused*.

Source: AdvantAge Initiative 2003 National Survey of Adults Aged 65 and Older

How Do AdvantAge Initiative Communities Compare to the National Benchmark?

Figure 20.1
Lack of Confidence About Availability of Help for a Long Period of Time National Comparison

Percentage of seniors who responded "no" or "don't know" when asked if they can get help for a long period of time



Source: AdvantAge Initiative 2002 Community Survey of Adults Age 65+
AdvantAge Initiative 2003 National Survey of Adults Age 65+

The majority of older Americans feel that assistance would be available if they had a short-term illness or disability...

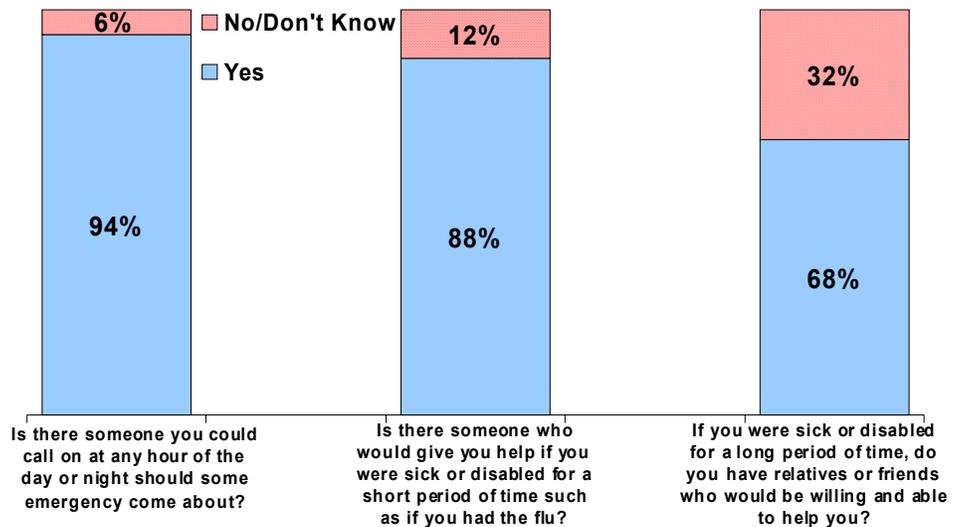
Nearly all elders (94%) say that there is someone they can call on at any hour of the day or night in case of emergency, and nine of ten (88%) are confident that there is someone who would help them if they were sick or disabled for a short period of time (Figure 20, Table 10).

...but are not so sure about long-term help if the need arises

Elders are less likely, however, to be confident about getting such help if they were sick or disabled for a long period of time, regardless of income, race, or health (Figure 20, Table 10). The more living children elders have, the more likely they are to express confidence that someone would take care of them if they were disabled for a long period of time (not shown).

Figure 20

Perceived Availability of Help in Time of Need



Unweighted N=1,512
Weighted N=33,575,435

Source: AdvantAge Initiative 2003 National Survey of Adults Aged 65 and Older

APPENDIX 1. TABLES

Table 1
Demographic Characteristics of Community Dwelling Population
Aged 65 and Older in the U.S.

| Characteristics | Total ¹ | White Non-Hispanic | Black Non-Hispanic | Hispanic |
|---|--------------------|-----------------------|-----------------------|-----------|
| Sample Size (Unweighted N) ² | 1,512 | 1,126 | 200 | 154 |
| Population Size (Weighted N) ³ | 33,575,435 | 27,696,964 | 2,758,990 | 1,880,036 |
| Percent (%)⁴ | | | | |
| Gender | | | | |
| Male | 42 | 44 | 28 | 46 |
| Female | 58 | 56 | 73 | 54 |
| Age | | | | |
| 65-74 | 53 | 51 | 63 | 67 |
| 75-84 | 34 | 35 | 30 | 30 |
| 85 and older | 12 | 13 | 7 | 3 |
| Race | | | | |
| White Non-Hispanic | 82 | | | |
| Black Non-Hispanic | 8 | | | |
| Hispanic | 6 | | | |
| Other | 3 | | | |
| Marital Status | | | | |
| Married | 46 | 48 | 26 | 45 |
| Not married | 54 | 52 | 73 | 55 |
| Education | | | | |
| Less than high school | 30 | 25 | 48 | 57 |
| High school or above | 69 | 74 | 52 | 43 |
| Poverty Status ⁵ | | | | |
| Under 100 percent of poverty | 14 | 11 | 30 | 24 |
| 100%-<200% percent of poverty | 22 | 22 | 26 | 23 |
| 200 percent of poverty or above | 37 | 40 | 26 | 24 |
| Poverty level unknown | 27 | 27 | 19 | 30 |
| Housing Expenditure as a Percent of Income | | | | |
| Less than or equal to 30 percent of income | 48 | 50 | 36 | 26 |
| More than 30 percent of income | 31 | 28 | 51 | 39 |
| Expenditure unknown | 22 | 22 | 13 | 22 |
| Less than or equal to 50 percent of income | 63 | 65 | 60 | 51 |
| More than 50 percent of income | 15 | 13 | 27 | 27 |
| Expenditure unknown | 22 | 22 | 13 | 22 |
| Health Status | | | | |
| Excellent/very good/good | 75 | 78 | 61 | 59 |
| Fair/poor/very poor | 24 | 21 | 39 | 41 |
| Activities of Daily Living (ADL) Limitations | | | | |
| None | 93 | 94 | 86 | 92 |
| One or more | 7 | 6 | 14 | 8 |
| Instrumental Activities of Daily Living (IADL) Limitations | | | | |
| None | 80 | 82 | 72 | 77 |
| One or more | 17 | 15 | 24 | 21 |
| ADL or IADL Limitations | | | | |
| None | 79 | 81 | 69 | 75 |
| One or more | 19 | 17 | 27 | 23 |

Table 1 (cont.)
Demographic Characteristics of Community Dwelling Population
Aged 65 and Older

| Characteristics | Total ¹ | White Non-Hispanic | Black Non-Hispanic | Hispanic |
|---|--------------------|-----------------------|-----------------------|-----------|
| Sample Size (Unweighted N) ² | 1,512 | 1,126 | 200 | 154 |
| Population Size (Weighted N) ³ | 33,575,435 | 27,696,964 | 2,758,990 | 1,880,036 |
| Percent (%)⁴ | | | | |
| Household Type | | | | |
| Lives alone | 42 | 42 | 47 | 33 |
| Lives with others | 57 | 57 | 53 | 65 |
| Number of Living Children | | | | |
| None | 9 | 8 | 17 | 6 |
| 1-2 | 37 | 39 | 27 | 31 |
| 3 or more | 53 | 52 | 56 | 63 |
| Own/Rent Home | | | | |
| Own | 79 | 82 | 64 | 63 |
| Rent | 17 | 14 | 32 | 23 |
| Other | 4 | 3 | 4 | 14 |
| Number of Years in the Community | | | | |
| Less than 20 | 30 | 29 | 24 | 33 |
| 20-39 | 26 | 24 | 33 | 32 |
| 40 or more | 44 | 46 | 42 | 34 |
| Number of Friends in the Community | | | | |
| None | 19 | 18 | 23 | 22 |
| Some/quite a few/nearly all | 80 | 81 | 76 | 77 |
| Employment Status | | | | |
| Working full time/part time | 15 | 15 | 16 | 11 |
| Not working | 85 | 85 | 84 | 89 |

Source: **AdvantAge Initiative 2003 National Survey**, a random digit dial (RDD) telephone survey of a nationally representative sample of 1,512 non-institutionalized adults age 65 and older. The study includes an oversample of non-institutionalized African-Americans and Latinos age 65 and older, and adults age 85 and older. The final data were weighted to the parameters of the adult population aged 65 and older using the U.S. Census Bureau's March 2002 Current Population Survey (CPS) to produce representative results for the 33,575,435 adults age 65 and older in the 48 contiguous states in the United States.

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

¹ The total sample is categorized into the following racial/ethnic groups: White non-Hispanic (82%), Black non-Hispanic (8%), Hispanic (6%), Other (3%), and Race unknown (1%). The category "Other" includes American Indian/Alaskan Native, Asian, Native Hawaiian/Other Pacific Islander, Mixed race, or some other race. In all analyses, White means "White non-Hispanic," Black means "Black non-Hispanic." Due to the small sample size in the category "Other" demographic analyses by this category are not performed. Therefore, the sample size and population size in the Total column is greater than the sum of those in the three demographic groups displayed.

² The unweighted N represents the actual number of adults age 65 and older interviewed.

³ The weighted N represents the non-institutional population of adults aged 65 and older in the United States, and is based on Census 2000 data.

⁴ All percentages are based on the weighted N.

⁵ The survey sample was categorized into three poverty levels: <100 percent of poverty, 100-<200 percent of poverty, and 200 percent or above. The federal poverty measure is based on poverty guidelines issued each year in the Federal Register by the U.S. Department of Health and Human Services. According to the 2002 guidelines, a person in a one-person household was considered below 100% of poverty if his/her annual income was below \$8,860. In the survey, 14% of seniors were classified below 100 percent of poverty, 22% at 100 to less than 200 percent of poverty, 37% at or above 200 percent of poverty, and 27% in the category "poverty unknown" due to incomplete information on income.

Table 2
Confidence About Housing Affordability and Housing Expenses by Income and Race
Community Dwelling Adults Aged 65 and Older

| | Total | Poverty Level ¹ | | | Race ² | | |
|--|-------|----------------------------|------------|---------------|-------------------|-------|----------|
| | | Under 100% | 100%-<200% | 200% or Above | White | Black | Hispanic |
| Do you agree or disagree with the following statement: "What I'd really like to do is stay in my current residence for as long as possible." | | | | | | | |
| Agree | 93% | 90% | 95% | 93% | 94% | 91% | 88% |
| Disagree | 5 | 5 | 3 | 6 | 4 | 6 | 9 |
| Neither agree/disagree/don't know/refused | 2 | 5 | 2 | 1 | 2 | 3 | 3 |
| "How confident are you that you will be able to afford to live in your current residence for as long as you would like?" ³ | | | | | | | |
| Very confident | 66 | 59 | 62 | 70 | 67 | 64 | 61 |
| Not very confident ⁴ | 34 | 41 | 38 | 30 | 33 | 36 | 39 |
| Housing expenses | | | | | | | |
| Less than or equal to 30 percent of income | 48 | 20 | 46 | 80 | 50 | 36 | 39 |
| More than 30 percent of income | 31 | 78 | 53 | 19 | 28 | 51 | 39 |
| Unknown | 22 | 2 | 1 | 1 | 22 | 13 | 22 |
| Less than or equal to 50 percent of income | 63 | 41 | 74 | 94 | 65 | 60 | 51 |
| More than 50 percent of income | 15 | 57 | 25 | 5 | 13 | 27 | 27 |
| Unknown | 22 | 2 | 1 | 1 | 22 | 13 | 22 |

Source: **AdvantAge Initiative 2003 National Survey**, a random digit dial (RDD) telephone survey of a nationally representative sample of **1,512** non-institutionalized adults age 65 and older. The study includes an oversample of non-institutionalized African-Americans and Latinos age 65 and older, and adults age 85 and older. The final data were weighted to the parameters of the adult population aged 65 and older using the U.S. Census Bureau's March 2002 Current Population Survey (CPS) to produce representative results for the **33,575,435** adults age 65 and older in the 48 contiguous states in the United States.

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

¹ The survey sample was categorized into three poverty levels: <100 percent of poverty, 100-<200 percent of poverty, and 200 percent or above. The federal poverty measure is based on poverty guidelines issued each year in the Federal Register by the U.S. Department of Health and Human Services. According to the 2002 guidelines, a person in a one-person household was considered below 100 percent of poverty if his/her annual income was below \$8,860. In the survey, 14% of seniors were classified below 100 percent of poverty, 22% at 100 to less than 200 percent of poverty, 37% at or above 200 percent of poverty, and 27% in the category "poverty unknown" due to incomplete information on income.

² The total sample is categorized into the following racial/ethnic groups: White non-Hispanic (82%), Black non-Hispanic (8%), Hispanic (6%), Other (3%), and Race unknown (1%). The category "Other" includes American Indian/Alaskan Native, Asian, Native Hawaiian/Other Pacific Islander, Mixed race, or some other race. Due to the small sample size in the category "Other" demographic analyses by this category are not performed. In all analyses, White means "White non-Hispanic," Black means "Black non-Hispanic."

³ Base includes only those who "agreed" with the statement in the previous question.

⁴ The category *Not very confident* includes those who said: "somewhat confident," not too confident," and "not confident at all."

Table 3
Problems Paying for Basic Needs by Housing Expenses
Community Dwelling Adults Aged 65 and Older

| | Housing Expenses ¹ | | |
|---|-------------------------------|---|--------------------------------------|
| | Total | Less than or equal to 30 percent of income | More than 30 percent of income |
| <i>How well does the amount of money you have take care of your necessities?</i> | | | |
| Very well | 44% | 53% | 31% |
| Not very well ² | 56 | 47 | 69 |
| <i>Were there any times in the past 12 months when you did not have enough money to...</i> | | | |
| | | (% Yes) | |
| Pay your rent, mortgage, or real estate taxes? | 3 | 1 | 7 |
| Pay your utility bill? | 5 | 2 | 10 |
| Fill a prescription for medicine? | 8 | 6 | 15 |
| Follow up on tests or treatment recommended by a doctor? | 5 | 3 | 9 |
| Obtain dental care (including check-ups)? | 9 | 6 | 17 |
| Obtain eyeglasses? | 8 | 5 | 15 |
| <i>In the last 12 months did you cut the size of a meal or skip a meal because there was not enough money for food?</i> | 4 | 2 | 9 |

Source: **AdvantAge Initiative 2003 National Survey**, a random digit dial (RDD) telephone survey of a nationally representative sample of **1,512** non-institutionalized adults age 65 and older. The study includes an oversample of non-institutionalized African-Americans and Latinos age 65 and older, and adults age 85 and older. The final data were weighted to the parameters of the adult population aged 65 and older using the U.S. Census Bureau's March 2002 Current Population Survey (CPS) to produce representative results for the **33,575,435** adults age 65 and older in the 48 contiguous states in the United States.

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

¹ *Housing Expenses* were calculated as a percentage of income and are based on outlays for rent or mortgage, real estate taxes, association/condo fees, and utilities. Participants for whom sufficient information was not available (22% of respondents) were classified in the category "*expenses unknown*" (not shown).

² The category *not very well* includes those who responded "fairly well," "not too well," or "not well at all."

Table 4
Neighborhood Safety, Neighborhood Problems, and Satisfaction With the Neighborhood by Race and Health
Community Dwelling Adults Aged 65 and Older

| Neighborhood safety, problems, and satisfaction | Total | Race ¹ | | | Health Status ² | | ADL/IADL Limitations | |
|---|-------|-------------------|-------|----------|-------------------------------|--------------|----------------------|-------------|
| | | White | Black | Hispanic | Excellent, Very Good, or Good | Fair or Poor | None | One or More |
| Personal safety in the neighborhood³ | | | | | | | | |
| Excellent/very good/good | 93% | 95% | 85% | 84% | 96% | 85% | 93% | 88% |
| Fair or poor | 7 | 5 | 15 | 16 | 4 | 15 | 6 | 12 |
| Neighborhood problems⁴ | | | | | | | | |
| Heavy traffic | 34 | 34 | 43 | 36 | 33 | 38 | 34 | 37 |
| Crime | 34 | 33 | 46 | 40 | 31 | 42 | 34 | 34 |
| Too far from parks and recreation | 17 | 15 | 28 | 27 | 15 | 22 | 15 | 25 |
| Noise | 25 | 23 | 39 | 29 | 23 | 31 | 25 | 26 |
| Streets and sidewalks need repair or don't exist | 28 | 26 | 39 | 29 | 27 | 30 | 28 | 29 |
| Streets are too dark | 19 | 17 | 28 | 31 | 19 | 20 | 18 | 21 |
| Rundown or abandoned buildings | 16 | 15 | 34 | 17 | 15 | 18 | 16 | 18 |
| Poor public services (i.e. schools, garbage, snow removal) | 12 | 10 | 21 | 23 | 10 | 17 | 11 | 14 |
| Public transportation too far, too limited, or not available | 30 | 30 | 31 | 32 | 29 | 35 | 29 | 32 |
| Traffic lights are too few or too fast | 16 | 15 | 24 | 23 | 16 | 18 | 16 | 18 |
| Too far from shopping, banks, or other needed services | 19 | 18 | 31 | 30 | 18 | 25 | 18 | 26 |
| Not enough arts or cultural activities | 23 | 22 | 32 | 25 | 22 | 28 | 23 | 25 |
| Not enough affordable housing | 27 | 26 | 34 | 41 | 25 | 32 | 27 | 26 |
| People don't get involved in efforts to improve the community | 30 | 28 | 46 | 34 | 28 | 34 | 30 | 30 |
| Satisfaction with the neighborhood⁵ | | | | | | | | |
| Very satisfied | 81 | 83 | 64 | 69 | 84 | 71 | 82 | 75 |
| Not very satisfied ⁶ | 19 | 16 | 34 | 30 | 16 | 28 | 17 | 24 |

Source: **AdvantAge Initiative 2003 National Survey**, a random digit dial (RDD) telephone survey of a nationally representative sample of **1,512** non-institutionalized adults age 65 and older. The study includes an oversample of non-institutionalized African-Americans and Latinos age 65 and older, and adults age 85 and older. The final data were weighted to the parameters of the adult population aged 65 and older using the U.S. Census Bureau's March 2002 Current Population Survey (CPS) to produce representative results for the **33,575,435** adults age 65 and older in the 48 contiguous states in the United States.

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

¹ The total sample is categorized into the following racial/ethnic groups: White non-Hispanic (82%), Black non-Hispanic (8%), Hispanic (6%), Other (3%), and Race unknown (1%). The category "Other" includes American Indian/Alaskan Native, Asian, Native Hawaiian/Other Pacific Islander, Mixed race, or some other race. Due to the small sample size in the category "Other" demographic analyses by this category are not performed. In all analyses, White means "White non-Hispanic," Black means "Black non-Hispanic."

² Self rated.

³ Respondents were asked whether personal safety in their neighborhoods was excellent, very good, good, fair, or poor.

⁴ Respondents were read a list of 14 potential neighborhood problems and asked whether each poses a "big problem," "small problem," or "no problem" in their neighborhood. Responses of "big problem" and "small problem" were combined to indicate a "problem."

⁵ Respondents were asked: "Overall, how satisfied are you with this neighborhood as a place to live?"

⁶ The category *Not very satisfied* includes those who said: "somewhat satisfied," "somewhat dissatisfied," and "very dissatisfied."

Table 5
Perceived Availability of Community Services by Region
Community Dwelling Adults Aged 65 and Older

| Service ¹ | Total | REGION | | | |
|---|-------|-----------|---------|-------|------|
| | | Northeast | Midwest | South | West |
| Senior Center | | | | | |
| Yes | 84% | 87% | 84% | 80% | 89% |
| No | 10 | 7 | 10 | 14 | 8 |
| Don't know | 6 | 6 | 6 | 6 | 3 |
| Chore or homemaker service | | | | | |
| Yes | 67 | 70 | 70 | 63 | 69 |
| No | 16 | 13 | 16 | 20 | 13 |
| Don't know | 16 | 17 | 14 | 17 | 17 |
| Congregate meals | | | | | |
| Yes | 70 | 71 | 73 | 65 | 76 |
| No | 16 | 13 | 15 | 21 | 10 |
| Don't know | 14 | 16 | 12 | 14 | 13 |
| Meals-on-wheels | | | | | |
| Yes | 79 | 87 | 80 | 73 | 80 |
| No | 13 | 7 | 12 | 18 | 10 |
| Don't know | 8 | 7 | 8 | 9 | 9 |
| Home repair service | | | | | |
| Yes | 44 | 41 | 45 | 43 | 47 |
| No | 28 | 28 | 28 | 31 | 25 |
| Don't know | 28 | 31 | 28 | 26 | 28 |
| Visiting nurse service | | | | | |
| Yes | 78 | 89 | 78 | 76 | 71 |
| No | 12 | 5 | 13 | 14 | 12 |
| Don't know | 10 | 6 | 9 | 10 | 17 |
| Home health aide | | | | | |
| Yes | 75 | 81 | 80 | 73 | 65 |
| No | 10 | 4 | 9 | 12 | 15 |
| Don't know | 15 | 15 | 11 | 15 | 20 |
| Respite | | | | | |
| Yes | 39 | 39 | 38 | 39 | 42 |
| No | 20 | 17 | 20 | 24 | 17 |
| Don't know | 40 | 44 | 41 | 38 | 40 |
| Hospice | | | | | |
| Yes | 77 | 77 | 78 | 78 | 73 |
| No | 10 | 6 | 11 | 11 | 12 |
| Don't know | 13 | 17 | 12 | 11 | 15 |
| Special transportation service for disabled | | | | | |
| Yes | 78 | 84 | 74 | 75 | 80 |
| No | 12 | 7 | 16 | 15 | 9 |
| Don't know | 10 | 8 | 10 | 10 | 12 |

Source: **AdvantAge Initiative 2003 National Survey**, a random digit dial (RDD) telephone survey of a nationally representative sample of **1,512** non-institutionalized adults age 65 and older. The study includes an oversample of non-institutionalized African-Americans and Latinos age 65 and older, and adults age 85 and older. The final data were weighted to the parameters of the adult population aged 65 and older using the U.S. Census Bureau's March 2002 Current Population Survey (CPS) to produce representative results for the **33,575,435** adults age 65 and older in the 48 contiguous states in the United States.

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

¹ Respondents were asked whether each of the above services is available in their area.

Table 6
Receipt of Preventive Care in the Past Year by Income, Race, and Health Insurance
Community Dwelling Adults Aged 65 and Older

| Preventive Care Measures ⁴ | Total | Poverty Level ¹ | | | Race ² | | | Health Insurance ³ | | |
|--|-------|----------------------------|------------|---------------|-------------------|-------|----------|-------------------------------|-----------------------|----------------------|
| | | Under 100% | 100%-<200% | 200% or Above | White | Black | Hispanic | Medicare | Medicare and Medicaid | Medicare and Private |
| Complete physical exam | 70% | 66% | 66% | 73% | 71% | 76% | 64% | 49% | 74% | 74% |
| Blood pressure check | 95 | 88 | 97 | 94 | 95 | 94 | 92 | 87 | 94 | 96 |
| Hearing test | 28 | 27 | 26 | 25 | 26 | 33 | 37 | 27 | 31 | 27 |
| Eye exam | 69 | 58 | 65 | 73 | 70 | 69 | 64 | 61 | 65 | 72 |
| Flu shot | 73 | 66 | 72 | 77 | 75 | 58 | 65 | 63 | 67 | 77 |
| Mammogram ⁵ | 58 | 52 | 50 | 63 | 57 | 63 | 62 | 42 | 54 | 61 |
| Prostate cancer screening (PSA) ⁶ | 65 | 53 | 56 | 71 | 66 | 60 | 62 | 43 | 58 | 72 |
| Bone density screening | 24 | 20 | 21 | 23 | 23 | 24 | 24 | 21 | 20 | 25 |

Source: **AdvantAge Initiative 2003 National Survey**, a random digit dial (RDD) telephone survey of a nationally representative sample of **1,512** non-institutionalized adults age 65 and older. The study includes an oversample of non-institutionalized African-Americans and Latinos age 65 and older, and adults age 85 and older. The final data were weighted to the parameters of the adult population aged 65 and older using the U.S. Census Bureau's March 2002 Current Population Survey (CPS) to produce representative results for the **33,575,435** adults age 65 and older in the 48 contiguous states in the United States

¹ The survey sample was categorized into three poverty levels: <100 percent of poverty, 100-<200 percent of poverty, and 200 percent or above. The federal poverty measure is based on poverty guidelines issued each year in the Federal Register by the U.S. Department of Health and Human Services. According to the 2002 guidelines, a person in a one-person household was considered below 100 percent of poverty if his/her annual income was below \$8,860. In the survey, 14% of seniors were classified below 100 percent of poverty, 22% at 100 to less than 200 percent of poverty, 37% at or above 200 percent of poverty, and 27% in the category "poverty unknown" due to incomplete information on income.

² The total sample is categorized into the following racial/ethnic groups: White non-Hispanic (82%), Black non-Hispanic (8%), Hispanic (6%), Other (3%), and Race unknown (1%). The category "Other" includes American Indian/Alaskan Native, Asian, Native Hawaiian/Other Pacific Islander, Mixed race, or some other race. Due to the small sample size in the category "Other" demographic analyses by this category are not performed. In all analyses, White means "White non-Hispanic," Black means "Black non-Hispanic."

³ The survey sample was categorized into mutually exclusive insurance categories: Medicare only, Medicare and Medicaid, Medicare and private supplemental insurance, Medicare and military health care plan, and private insurance only. We omit the analysis of the categories *Medicare and military health care plan* and *private insurance only* due to small sample sizes.

⁴ Respondents were asked whether they received each of the above preventive service in the past 12 months.

⁵ Women only.

⁶ Men only.

Table 7
Problems Paying for Health Care by Income, Race, and Health
Community Dwelling Adults Aged 65 and Older

| Had times in the past 12 months when did not have enough money to.... | Poverty Level ¹ | | | Race ² | | | Health Status ³ | | |
|---|----------------------------|------------|------------|-------------------|-------|-------|----------------------------|-------------------------------|--------------|
| | Total | Under 100% | 100%-<200% | 200% or Above | White | Black | Hispanic | Excellent, Very Good, or Good | Fair or Poor |
| Fill a prescription for medicine | 8 | 24 | 11 | 3 | 6 | 18 | 21 | 5 | 19 |
| Follow up on tests or treatment recommended by a doctor | 5 | 16 | 5 | 1 | 3 | 15 | 8 | 3 | 10 |
| Obtain dental care (including checkups) | 9 | 24 | 13 | 4 | 7 | 21 | 20 | 7 | 16 |
| Obtain eyeglasses | 8 | 25 | 11 | 1 | 6 | 23 | 14 | 6 | 16 |

Source: **AdvantAge Initiative 2003 National Survey**, a random digit dial (RDD) telephone survey of a nationally representative sample of **1,512** non-institutionalized adults age 65 and older. The study includes an oversample of non-institutionalized African-Americans and Latinos age 65 and older, and adults age 85 and older. The final data were weighted to the parameters of the adult population aged 65 and older using the U.S. Census Bureau's March 2002 Current Population Survey (CPS) to produce representative results for the **33,575,435** adults age 65 and older in the 48 contiguous states in the United States

¹ The survey sample was categorized into three poverty levels: <100 percent of poverty, 100-<200 percent of poverty, and 200 percent or above. The federal poverty measure is based on poverty guidelines issued each year in the Federal Register by the U.S. Department of Health and Human Services. According to the 2002 guidelines, a person in a one-person household was considered below 100 percent of poverty if his/her annual income was below \$8,860. In the survey, 14% of seniors were classified below 100 percent of poverty, 22% at 100 to less than 200 percent of poverty, 37% at or above 200 percent of poverty, and 27% in the category "poverty unknown" due to incomplete information on income.

² The total sample is categorized into the following racial/ethnic groups: White non-Hispanic (82%), Black non-Hispanic (8%), Hispanic (6%), Other (3%), and Race unknown (1%). The category "Other" includes American Indian/Alaskan Native, Asian, Native Hawaiian/Other Pacific Islander, Mixed race, or some other race. Due to the small sample size in the category "Other" demographic analyses by this category are not performed. In all analyses, White means "White non-Hispanic," Black means "Black non-Hispanic."

³ Self rated.

Table 8
Social, Civic, and Productive Activities by Income and Race
Community Dwelling Adults Aged 65 and Older

| Social, Civic, and Productive Activities | Total | Poverty Level ¹ | | | Race ² | | |
|---|-------|----------------------------|------------|---------------|-------------------|-------|----------|
| | | Under 100% | 100%-<200% | 200% or Above | White | Black | Hispanic |
| <i>In the past week...</i> | | | | | | | |
| Went to church, temple, or other worship for services or other activities | 56% | 53% | 52% | 60% | 55% | 69% | 68% |
| Went to a movie, play, concert, restaurant, sporting event, club meeting, card game, or other social activity | 56 | 33 | 54 | 67 | 60 | 31 | 41 |
| Got together with friends and neighbors in any other setting | 65 | 52 | 62 | 71 | 67 | 52 | 57 |
| Engaged in at least one social activity | 89 | 84 | 86 | 93 | 90 | 86 | 83 |
| Did not engage in <u>any</u> of the three social activities | 11 | 16 | 14 | 7 | 10 | 14 | 17 |
| Would like to be doing more social activities | 28 | 34 | 33 | 25 | 27 | 33 | 36 |
| <i>In the last three years....</i> | | | | | | | |
| Voted in local elections | 85 | 78 | 82 | 90 | 86 | 88 | 66 |
| Contacted elected representative | 33 | 29 | 27 | 43 | 34 | 33 | 22 |
| Notified the police or other government agency about a problem | 20 | 18 | 17 | 23 | 19 | 24 | 18 |
| Made a donation of money or goods to charity | 86 | 73 | 85 | 95 | 88 | 77 | 74 |
| Engaged in at least one civic activity | 96 | 92 | 96 | 98 | 96 | 97 | 89 |
| Did not engage in <u>any</u> of the four civic activities | 4 | 8 | 4 | 2 | 4 | 3 | 11 |
| Participates in volunteering | 36 | 26 | 38 | 43 | 38 | 34 | 24 |
| Current employment status: (Working full time/part time) | 15 | 11 | 11 | 23 | 15 | 16 | 11 |

Source: **AdvantAge Initiative 2003 National Survey**, a random digit dial (RDD) telephone survey of a nationally representative sample of **1,512** non-institutionalized adults age 65 and older. The study includes an oversample of non-institutionalized African-Americans and Latinos age 65 and older, and adults age 85 and older. The final data were weighted to the parameters of the adult population aged 65 and older using the U.S. Census Bureau's March 2002 Current Population Survey (CPS) to produce representative results for the **33,575,435** adults age 65 and older in the 48 contiguous states in the United States.

¹ The survey sample was categorized into three poverty levels: <100 percent of poverty, 100-<200 percent of poverty, and 200 percent or above. The federal poverty measure is based on poverty guidelines issued each year in the Federal Register by the U.S. Department of Health and Human Services. According to the 2002 guidelines, a person in a one-person household was considered below 100 percent of poverty if his/her annual income was below \$8,860. In the survey, 14% of seniors were classified below 100 percent of poverty, 22% at 100 to less than 200 percent of poverty, 37% at or above 200 percent of poverty, and 27% in the category "poverty unknown" due to incomplete information on income.

² The total sample is categorized into the following racial/ethnic groups: White non-Hispanic (82%), Black non-Hispanic (8%), Hispanic (6%), Other (3%), and Race unknown (1%). The category "Other" includes American Indian/Alaskan Native, Asian, Native Hawaiian/Other Pacific Islander, Mixed race, or some other race. Due to the small sample size in the category "Other," demographic analyses by this category are not performed. In all analyses, White means "White non-Hispanic," Black means "Black non-Hispanic."

Table 9
Social, Civic, and Productive Activities by Education and Health Status
Community Dwelling Adults Aged 65 and Older

| Social, Civic, and Productive Activities | Total | Education | | Health Status ¹ | |
|---|-------|-----------------------|----------------------|-------------------------------|--------------|
| | | Less than High School | High School or Above | Excellent, Very Good, or Good | Fair or Poor |
| <i>In the past week...</i> | | | | | |
| Went to church, temple, or other worship for services or other activities | 56% | 50% | 59% | 59% | 49% |
| Went to a movie, play, concert, restaurant, sporting event, club meeting, card game, or other social activity | 56 | 38 | 63 | 60 | 42 |
| Got together with friends and neighbors in any other setting | 65 | 52 | 70 | 69 | 52 |
| Engaged in at least one social activity | 89 | 82 | 92 | 91 | 82 |
| Did not engage in <u>any</u> of the three social activities | 11 | 18 | 8 | 9 | 18 |
| Would like to be doing more social activities | 28 | 33 | 26 | 24 | 42 |
| <i>In the last three years....</i> | | | | | |
| Voted in local elections | 85 | 73 | 90 | 87 | 77 |
| Contacted elected representative | 33 | 22 | 38 | 35 | 26 |
| Notified the police or other government agency about a problem | 20 | 16 | 21 | 20 | 19 |
| Made a donation of money or goods to charity | 86 | 72 | 92 | 88 | 76 |
| Engaged in at least one civic activity | 94 | 90 | 98 | 97 | 91 |
| Did not engage in <u>any</u> of the four civic activities | 4 | 10 | 2 | 3 | 9 |
| Participates in volunteering | 36 | 28 | 40 | 40 | 25 |
| Current employment status: (Working full time/part time) | 15 | 9 | 17 | 18 | 6 |

Source: **AdvantAge Initiative 2003 National Survey**, a random digit dial (RDD) telephone survey of a nationally representative sample of **1,512** non-institutionalized adults age 65 and older. The study includes an oversample of non-institutionalized African-Americans and Latinos age 65 and older, and adults age 85 and older. The final data were weighted to the parameters of the adult population aged 65 and older using the U.S. Census Bureau's March 2002 Current Population Survey (CPS) to produce representative results for the **33,575,435** adults age 65 and older in the 48 contiguous states in the United States.

¹ Self reported.

Table 10
Neighborhood Social Capital by Income, Race, and Health Status
Community Dwelling Adults Aged 65 and Older

| | Total | Poverty Level ¹ | | | Race ² | | | Health Status ³ | |
|--|-------|----------------------------|------------|---------------|-------------------|-------|----------|-------------------------------|--------------|
| | | Under 100% | 100%-<200% | 200% or Above | White | Black | Hispanic | Excellent, Very Good, or Good | Fair or Poor |
| Overall, how satisfied are you with this neighborhood as a place to live? | | | | | | | | | |
| Very satisfied | 81% | 76% | 79% | 83% | 83% | 64% | 69% | 84% | 71% |
| Not very satisfied ⁴ | 19 | 22 | 20 | 16 | 16 | 34 | 30 | 15 | 28 |
| How often do you and your neighbors do favors/chores for each other? | | | | | | | | | |
| Once a week or more often | 34 | 41 | 38 | 31 | 34 | 34 | 35 | 34 | 33 |
| Once a month or so | 22 | 13 | 23 | 26 | 22 | 22 | 24 | 22 | 23 |
| A few times a year | 26 | 25 | 23 | 28 | 26 | 26 | 15 | 26 | 23 |
| Less than once per year | 15 | 16 | 14 | 14 | 14 | 16 | 26 | 14 | 18 |
| Most people in this neighborhood are basically honest and can be trusted | | | | | | | | | |
| Strongly agree/agree | 92 | 86 | 91 | 95 | 93 | 77 | 88 | 92 | 90 |
| Disagree/strongly disagree | 5 | 12 | 6 | 3 | 4 | 12 | 7 | 5 | 6 |
| Don't know | 3 | 2 | 3 | 2 | 2 | 11 | 5 | 3 | 4 |
| If I have a problem there is always someone to help me in this neighborhood | | | | | | | | | |
| Strongly agree/agree | 91 | 93 | 89 | 93 | 92 | 84 | 90 | 92 | 88 |
| Disagree/strongly disagree | 7 | 5 | 10 | 5 | 7 | 11 | 8 | 6 | 10 |
| Don't know | 2 | 2 | 1 | 1 | 1 | 4 | 2 | 2 | 1 |
| Most people in this neighborhood are willing to help if you need it | | | | | | | | | |
| Strongly agree/agree | 91 | 88 | 91 | 94 | 93 | 83 | 89 | 92 | 91 |
| Disagree/strongly disagree | 6 | 6 | 8 | 4 | 5 | 13 | 6 | 5 | 7 |
| Don't know | 3 | 6 | 1 | 2 | 2 | 3 | 5 | 3 | 3 |
| How much influence do you think people like yourself can have in making this neighborhood a better place to live? | | | | | | | | | |
| A lot/some | 66 | 60 | 63 | 72 | 67 | 69 | 59 | 69 | 59 |
| Not very much/none | 30 | 34 | 34 | 26 | 29 | 27 | 35 | 27 | 36 |
| Don't know | 3 | 4 | 2 | 2 | 3 | 2 | 6 | 3 | 4 |
| To what extent do you think that local policy makers take into account the interests and concerns of older people? | | | | | | | | | |
| Quite a lot/somewhat | 73 | 67 | 72 | 79 | 75 | 65 | 64 | 75 | 67 |
| Not very much/not at all | 23 | 29 | 25 | 19 | 21 | 31 | 31 | 21 | 28 |
| Don't know | 4 | 4 | 3 | 2 | 4 | 4 | 5 | 4 | 5 |

Table 10 (cont.)
Neighborhood Social Capital by Income, Race, and Health
Community Dwelling Adults Aged 65 and Older

| | Total | Poverty Level ¹ | | | Race ² | | | Health Status ³ | |
|---|-------|----------------------------|------------|---------------|-------------------|-------|----------|-------------------------------|--------------|
| | | Under 100% | 100%-<200% | 200% or Above | White | Black | Hispanic | Excellent, Very Good, or Good | Fair or Poor |
| Is there someone you could call on at any hour of the day or night should some emergency come about? | | | | | | | | | |
| Yes | 94 | 91 | 93 | 94 | 94 | 95 | 95 | 94 | 92 |
| No | 6 | 9 | 6 | 6 | 6 | 5 | 5 | 5 | 8 |
| Don't know | 0 | 0 | 1 | 1 | 0 | 1 | 0 | 0 | 1 |
| Is there someone who would give you help if you were sick or disabled for a short period of time, such as if you had the flu? | | | | | | | | | |
| Yes | 88 | 82 | 86 | 92 | 90 | 87 | 77 | 90 | 84 |
| No | 9 | 15 | 11 | 6 | 8 | 12 | 18 | 7 | 14 |
| Don't know | 3 | 3 | 3 | 2 | 3 | 2 | 5 | 3 | 2 |
| If you were sick or disabled for a long period of time, do you have relatives or friends who would be willing and able to help you? | | | | | | | | | |
| Yes | 68 | 73 | 64 | 69 | 68 | 69 | 66 | 69 | 63 |
| No | 25 | 21 | 28 | 25 | 25 | 22 | 27 | 23 | 30 |
| Don't know | 7 | 7 | 8 | 5 | 7 | 8 | 7 | 7 | 7 |

Source: **AdvantAge Initiative 2003 National Survey**, a random digit dial (RDD) telephone survey of a nationally representative sample of **1,512** non-institutionalized adults age 65 and older. The study includes an oversample of non-institutionalized African-Americans and Latinos age 65 and older, and adults age 85 and older. The final data were weighted to the parameters of the adult population aged 65 and older using the U.S. Census Bureau's March 2002 Current Population Survey (CPS) to produce representative results for the **33,575,435** adults age 65 and older in the 48 contiguous states in the United States.

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

¹ The survey sample was categorized into three poverty levels: <100 percent of poverty, 100-<200 percent of poverty, and 200 percent or above. The federal poverty measure is based on poverty guidelines issued each year in the Federal Register by the U.S. Department of Health and Human Services. According to the 2002 guidelines, a person in a one-person household was considered below 100 percent of poverty if his/her annual income was below \$8,860. In the survey, 14% of seniors were classified below 100 percent of poverty, 22% at 100 to less than 200 percent of poverty, 37% at or above 200 percent of poverty, and 27% in the category "poverty unknown" due to incomplete information on income.

² The total sample is categorized into the following racial/ethnic groups: White non-Hispanic (82%), Black non-Hispanic (8%), Hispanic (6%), Other (3%), and Race unknown (1%). The category "Other" includes American Indian/Alaskan Native, Asian, Native Hawaiian/Other Pacific Islander, Mixed race, or some other race. Due to the small sample size in the category "Other" demographic analyses by this category are not performed. In all analyses, White means "White non-Hispanic," Black means "Black non-Hispanic."

³ Self rated.

⁴ "Not very satisfied" includes people who said "somewhat satisfied," "somewhat dissatisfied," "very dissatisfied," and "neither satisfied nor dissatisfied."

AdvantAge Initiative 2003 National Survey of Adults Aged 65 and Older

APPENDIX 2. METHODOLOGY

The AdvantAge Initiative 2003 National Survey of Adults Aged 65 and Older, a random digit dial (RDD) telephone survey of a nationally representative random sample of non-institutionalized adults age 65 years and older, was conducted by International Communications Research (ICR) from April 16, 2003, to June 22, 2003. Interviews were conducted in English and Spanish from their research center in Media, Pennsylvania.

To ensure sufficient numbers for subgroup analysis of low incidence groups, the study included an oversample of non-institutionalized African Americans (N=124) and Latinos (N=118) aged 65 and older, and adults aged 85 and older (N=75). The total survey sample of 1,512 respondents aged 65 and older includes 1,130 respondents who describe their primary race as white, 202 as African Americans, and 154 who report Latino/Hispanic ethnicity. The sample also includes 183 adults aged 85 and older.

The survey data were weighted to adjust for selection probabilities and to compensate for disproportionality introduced by oversampling. The sample was also weighted by gender, age, race, and education using the 2002 Current Population Survey (CPS) from the U.S. Census Bureau to produce representative results for the 33,575,435 non-institutionalized adults aged 65 and older in the 48 contiguous states in the United States.

The margin of error for the overall sample is +/-2.52%. Subgroup responses will have a larger margin of error, depending on the size of the group: +/-6.90% for African Americans and +/-7.90% for Latinos aged 65 and older, and +/-7.24% for the subgroup of adults aged 85 and older.

The response rate for this survey was 69.6%,¹ the cooperation rate, 81.9%.²

¹ The response rate was calculated using the AAPOR (the American Association of Public Opinion Researchers) RR3 formula and adjusting the denominator for the incidence rate due to screening for adults age 65 and older. The AAPOR RR3 formula for response rates is: $RR3 = I / ((I+P) + (R+NC+O) + e(UH+UO))$, where: I = the number of completed interviews with adults aged 65 and older (1,512); P = partial interviews (0); R = the number of refusals and terminations (3,055); NC = non-contact (0); O = other (0); UH = unknown eligibility (3,554); UO = unknown other (2,410). The proportion of unknowns estimated to be eligible (e) was 0.502. Because only adults aged 65 and older qualified for this study, an adjustment had to be made. The adjustment for screening consisted of multiplying the sum of non-response categories in the denominator of the formula [R, NC, O, e(UH+UO)] by the estimated incidence rate and recalculating RR3. The incidence proportion was calculated as the sum of (the completed and partial interviews (1,512)) divided by the sum of (the completed and partial interviews (1,512) plus the number of households screened and determined to be ineligible—those under age 65 (12,308)), or $[1,512 / (1,512 + 12,308)] = 0.109407 =$ incidence rate. The final calculation of the response rate is as follows:
 $\{1,512 / [(1,512 + 0) + (3,055 + 0 + 0) + 0.502(3,554 + 2,410)]\} \times 100\% = 69.6\%$

² The cooperation rate refers to the percentage of completed interviews out of the number of eligible individuals who were contacted. This formula also requires an adjustment where screening occurred. Using the AAPOR CR3 formula $I / (I+R)$ and adjusting the denominator for the incidence rate due to screening, the cooperation rate was calculated as follows:
 $\{1,512 / [1,512 + (3,055) \times 0.109407]\} \times 100\% = 81.9\%$

DEFINITIONS OF KEY VARIABLES

Housing expenses as a percent of income. The survey included questions about housing 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). Based on responses to these questions and questions that assess household income, people were classified into three categories of housing expenses:¹

- **≤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.

Activity Limitations. The survey included several questions regarding the need for assistance with everyday activities.

- **1+ ADL limitations.** People who answered yes to any of the following questions were considered as having **one or more Activities of Daily Living (ADL) limitations**.
 - 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
- **1+ IADL limitations.** People who answered yes to any of the following questions were considered as having **one or more Instrumental Activities of Daily Living (IADL) limitations**.
 - Because of a physical or mental health condition, do you have any problems or need help?

¹ The categories of the variables *Housing Expenses* are based on a federally determined formula that regards as “cost burden” housing expenses that exceed 30 percent of income. U.S. Department of Housing and Urban Development, <http://www.hud.gov/cpd/affordablehousing/index.cfm>

- 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

- **1+ 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.

- **1+ Unmet need.** People who did not get help or did not get *enough help* for one or more ADLs and/or IADLs for which they needed assistance.

Poverty Level. Respondents were classified into poverty levels according to the 2002 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.² The analyses throughout the report alternate between two poverty variables, a 2-category and a 3-category, depending on which one provides a more meaningful demographic breakdown. People who did not provide sufficient information about income were included in the category “**poverty unknown**,” a separate category in each of the poverty level breakdowns. Results for this category are not included.

- **2-Category Poverty Level**

- **Under 200 percent of poverty:** people in one-person households whose income was below \$17,720.
- **200 percent of poverty or above:** people in one-person households whose income was at or above \$17,720.

- **3-Category Poverty Level**

- **Under 100 percent of poverty:** people in one-person households whose income was below \$8,860.
- **100 to less than 200 percent of poverty:** people in one-person households whose income was above \$8,860 and less than \$17,720.
- **200 percent of poverty or above:** people in one-person households whose income was at or above \$17,720.

² See: <http://aspe.hhs.gov/poverty/02poverty.htm>

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/or some other race. Respondents had an opportunity to select more than one group, leading to multiple race combinations.³

Based on responses to these questions people were categorized into four 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.
- **Hispanic:** people of any race who reported Hispanic or Latino ethnicity.
- **Other:** people who classified themselves as American Indian/Alaskan Native, Asian, Native Hawaiian/other Pacific Islander, mixed race, or some other race.

In all analyses, White means “White non-Hispanic,” Black means “Black non-Hispanic.”

Leisure-time physical activity. The survey included two questions about the frequency and duration of leisure-time physical activity that were preceded by an introductory phrase as shown below.⁴

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

1. How often do you do VIGOROUS activities for AT LEAST 20 MINUTES that cause HEAVY sweating or LARGE increases in breathing or heart rate?
TIMES PER DAY/WEEK/MONTH/YEAR

³ The survey used a two-question format to assess race and ethnicity, consistent with the 1997 Office of Management and Budget (OMB) Federal guidelines for reporting of race and ethnicity. For an excerpt from the Federal Register, see: http://www.whitehouse.gov/omb/inforeg/r&e_app-a-update.pdf. The Federal government considers race and Hispanic or Latino origin to be two separate and distinct concepts. The variable labeled **race** in the tables of this report includes mutually exclusive race categories, which separates individuals according to whether they reported Hispanic or Latino ethnicity (Hispanics), and categorizes persons who reported they were not Hispanic or Latino as white, black, and other.

⁴ 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.

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

2. 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?

TIMES PER DAY/WEEK/MONTH/YEAR

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

Based on 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.

APPENDIX 3

AdvantAge Initiative 2002 Community Survey Of Adults Aged 65 And Older

METHODOLOGY

The AdvantAge Initiative 2002 Community Survey of Adults Aged 65 and Older was conducted in ten communities around the U.S. from January 7 to May 3, 2002.¹ The computer assisted telephone interviews were conducted in English and Spanish by Westat Survey Research from their Rockville, Maryland telephone center. The survey consisted of 30 to 35 minute telephone interviews with a random sample of 500-600 adults aged 65 and older in each community, with the exception of Lincoln Square.² To enable separate analysis of data by age groups, those age 85 and above were sampled at higher rates.

Westat used the Medicare beneficiary name and address files provided by the Centers for Medicare and Medicaid Services (CMS) to randomly select potential respondents in the participating communities. Following the rules and procedures of CMS, letters describing the purpose of the study and the telephone survey process were mailed to all potential respondents. The letters also provided information about the voluntary nature of this study. Everyone had the option to participate or to decline. Westat then obtained phone numbers for a randomly selected sample by cross-referencing names and addresses with telephone numbers using various national computerized lists. In addition, Westat mailed a follow up postcard to remind potential respondents of the forthcoming telephone survey and to verify and update telephone numbers.

A three-step weighting scheme was applied to each respondent to adjust for non-response and for the varying probabilities of selection, including those resulting from the oversample of persons age 85 and older. The survey data were also weighted by age, sex, race/ethnicity, home ownership (own or rent), educational attainment, and marital status using the 2000 Census data to produce representative results for the non-institutional population aged 65 and older in each community.

The margin of error for the overall sample in the Lincoln Square Community is ± 4 percent. For all other communities the margin of error is ± 3 percent. In analyses by subgroups the margin of error will be higher.

¹ The AdvantAge Initiative (AI) survey was conducted in the following communities: Northwest Chicago, IL, Indianapolis, IN, Jacksonville, FL, Lincoln Square, NYC, Maricopa County, AZ, Orange County, FL, Puyallup, WA, Santa Clarita, CA, Upper West Side, NYC, Yonkers, NY. The geographic perimeters of these communities were defined by the AI community representatives using zip codes, parts of zip codes, or counties as boundaries.

² Lincoln Square Community, a Natural Occurring Retirement Community (NORC) is comprised of a cluster of 15 buildings on the West Side of Manhattan -- 14 public housing buildings and 1 co-op. Consistent with the definition of a NORC, 50% or more of residents in the Lincoln Square Community are age 60 or above. Of those, 589 were age 65+ and served as the population for the survey. The final survey sample for this community was 185 respondents age 65+.

Comparing the Data

The comparative results of the AdvantAge Initiative (AI) Community surveys presented in the margins of this report are based on analyses of questions that are identical to those in the national survey, with the exception of Figure 10.2.

In the AI Community survey the question that assesses problems paying for prescription medication was asked only of a subset of respondents. Respondents were first asked a question “how well does the amount of money you have take care of your necessities?” The response categories were *very well*, *fairly well*, *not very well*, and *not at all*. Seniors who said “very well” were skipped out of the question about problems paying for prescription medication. To make the data of the communities comparable to those of the national survey, the results of the question about problems paying for prescription medication were re-calculated based on the whole survey sample in each community.

Table 11
Demographic Characteristics of Community Dwelling Population Aged 65 and Older in the
Ten AdvantAge Initiative Communities¹

| Characteristics | Northwest Chicago | Indianapolis | Jacksonville | Lincoln Square | Maricopa County | Orange County | Puyallup | Santa Clarita | Upper West Side | Yonkers |
|---|--------------------------|---------------------|---------------------|-----------------------|------------------------|----------------------|-----------------|----------------------|------------------------|----------------|
| Sample Size (Unweighted N) ² | 511 | 513 | 511 | 185 | 619 | 610 | 514 | 511 | 511 | 615 |
| Population Size (Weighted N) ³ | 25,904 | 89,535 | 119,678 | 589 | 351,422 | 85,829 | 10,166 | 12,043 | 13,624 | 24,437 |
| Percent (%) ⁴ | | | | | | | | | | |
| Gender | | | | | | | | | | |
| Male | 38 | 40 | 42 | 28 | 43 | 42 | 42 | 41 | 41 | 40 |
| Female | 62 | 60 | 58 | 72 | 57 | 58 | 58 | 59 | 59 | 60 |
| Age | | | | | | | | | | |
| 65-74 | 42 | 47 | 50 | 51 | 49 | 50 | 50 | 50 | 44 | 43 |
| 75 and older | 58 | 53 | 50 | 49 | 51 | 50 | 50 | 50 | 56 | 57 |
| Race | | | | | | | | | | |
| White | 87 | 81 | 82 | 11 | 93 | 82 | 97 | 89 | 75 | 84 |
| Non-white | 13 | 18 | 18 | 88 | 6 | 18 | 3 | 11 | 23 | 14 |
| Marital Status | | | | | | | | | | |
| Married | 46 | 55 | 59 | 25 | 61 | 61 | 65 | 52 | 34 | 49 |
| Not married | 54 | 44 | 41 | 75 | 39 | 38 | 35 | 48 | 65 | 50 |
| Education | | | | | | | | | | |
| High school or less | 67 | 53 | 48 | 76 | 39 | 45 | 51 | 35 | 23 | 64 |
| Some college or higher | 33 | 46 | 52 | 24 | 60 | 55 | 48 | 64 | 76 | 36 |
| Poverty Status | | | | | | | | | | |
| Less than 200% of poverty ⁵ | 34 | 29 | 31 | 63 | 24 | 30 | 24 | 20 | 21 | 30 |
| 200% of poverty or above | 38 | 44 | 47 | 14 | 52 | 50 | 54 | 60 | 61 | 40 |
| Income not reported | 28 | 27 | 22 | 23 | 25 | 21 | 22 | 20 | 18 | 29 |
| Health Status | | | | | | | | | | |
| Excellent/very good/good | 77 | 76 | 78 | 55 | 83 | 81 | 85 | 87 | 80 | 75 |
| Fair/poor/very poor | 23 | 23 | 21 | 45 | 17 | 18 | 15 | 13 | 20 | 25 |
| Activities of Daily Living (ADL) Limitations | | | | | | | | | | |
| None | 93 | 94 | 95 | 87 | 97 | 95 | 94 | 95 | 92 | 94 |
| One or more | 7 | 6 | 5 | 13 | 3 | 5 | 6 | 5 | 8 | 6 |
| Instrumental Activities of Daily Living (IADL) Limitations | | | | | | | | | | |
| None | 89 | 89 | 92 | 81 | 94 | 92 | 92 | 94 | 87 | 91 |
| One or more | 11 | 11 | 8 | 19 | 6 | 8 | 8 | 6 | 13 | 9 |

**Table 11 (cont.)
Demographic Characteristics of the Community Dwelling Population Aged 65 and Older in the
Ten AdvantAge Initiative Communities¹**

| Characteristics | Northwest Chicago | Indianapolis | Jacksonville | Lincoln Square | Maricopa County | Orange County | Puyallup | Santa Clarita | Upper West Side | Yonkers |
|---|----------------------|--------------|--------------|-------------------|--------------------|------------------|----------|------------------|--------------------|---------|
| Sample Size (Unweighted N)² | 511 | 513 | 511 | 185 | 619 | 610 | 514 | 511 | 511 | 615 |
| Population Size (Weighted N)³ | 25,904 | 89,535 | 119,678 | 589 | 351,422 | 85,829 | 10,166 | 12,043 | 13,624 | 24,437 |
| Percent (%)⁴ | | | | | | | | | | |
| ADL or IADL Limitations | | | | | | | | | | |
| None | 86 | 87 | 90 | 76 | 92 | 90 | 90 | 92 | 84 | 88 |
| One or more | 14 | 13 | 10 | 24 | 8 | 10 | 10 | 8 | 16 | 12 |
| Household Type | | | | | | | | | | |
| Lives alone | 39 | 39 | 30 | 56 | 33 | 31 | 28 | 38 | 55 | 39 |
| Lives with others | 61 | 60 | 70 | 44 | 67 | 69 | 71 | 62 | 44 | 60 |
| Number of Living Children | | | | | | | | | | |
| None | 18 | 11 | 8 | 14 | 9 | 6 | 7 | 6 | 33 | 16 |
| One or more | 82 | 89 | 92 | 86 | 91 | 93 | 93 | 94 | 67 | 84 |
| Own/Rent Home | | | | | | | | | | |
| Own | 78 | 76 | 84 | 10 | 86 | 89 | 84 | 78 | 34 | 63 |
| Rent | 17 | 20 | 12 | 88 | 12 | 8 | 13 | 17 | 64 | 34 |
| Other | 4 | 4 | 4 | 3 | 2 | 3 | 3 | 5 | 2 | 2 |
| Number of Years in the Community | | | | | | | | | | |
| Less than 10 | 2 | 5 | 20 | 1 | 33 | 18 | 22 | 36 | 3 | 7 |
| 10 or more | 98 | 94 | 80 | 99 | 67 | 82 | 78 | 64 | 97 | 93 |
| Number of Friends in the Community | | | | | | | | | | |
| None | 25 | 29 | 23 | 13 | 27 | 26 | 34 | 26 | 16 | 26 |
| Some/quite a few/nearly all | 74 | 70 | 76 | 86 | 73 | 74 | 65 | 73 | 84 | 74 |
| Employment Status | | | | | | | | | | |
| Working full time/part time | 11 | 15 | 13 | 4 | 13 | 17 | 13 | 18 | 23 | 14 |
| Not working | 89 | 85 | 87 | 96 | 87 | 83 | 87 | 82 | 77 | 86 |

Source: AdvantAge Initiative 2002 Community Survey of Adults Aged 65 and Older.

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

¹ The geographic perimeter of each community was defined by community representatives.

² The unweighted N represents the actual number of adults age 65 and older interviewed in each community.

³ The weighted N represents the non-institutional population of adults aged 65 and older in each community, and is based on Census 2000 data.

⁴ Percentages are based on the community population (Weighted N).

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 2002 guidelines, a person in a one-person household was considered below 200% of poverty if his/her annual income was below \$17,720.

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.

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