## MECKLENBURG COUNTY 2002 OLDER ADULTS SURVEY REPORT

## A Countywide Survey of Adults 60 Years of Age and Older Conducted during October & November 2002



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Survey Sponsored by
Mecklenburg County Department of Social Services
Social Services Committee of the Mecklenburg County Human Services Council
United Way of Central Carolinas
Charlotte Mecklenburg Aging Coalition

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## I. Purpose of the Survey

On May 9, 2002, the Mecklenburg County Board of County Commissioners (BOCC) directed the Department of Social Services and the Social Services Committee (SSC) of the Human Services Council to develop an annual "Status of Seniors" report. A Strategic Planning Group consisting of members from the Social Services Committee and others was formed to guide this endeavor.<sup>2</sup>

The SSC, in partnership with the United Way of Central Carolinas and the Charlotte-Mecklenburg Aging Coalition, decided to use a telephone survey of Mecklenburg County older adults (defined as individuals age 60 and over) as the first step towards meeting the BOCC request. The survey was exploratory in nature and was designed to help the Strategic Planning Group obtain a profile of older adults and a snapshot of their needs (met and unmet), their concerns for the future, and how older adults view their overall health. The survey results will also help the Planning Group decide where to focus future research efforts.

## II. Key Findings

According to the 2000 Census of the US Census Bureau, there are 80,440 individuals age 60 or over in Mecklenburg County. The survey was given to two targeted samples, which consisted of a general population sample (GPS), of 401 older adults and a low-income sample (LIS) of 201 older adults. On the whole, the needs of the LIS were greater than those of the GPS. Below are some highlights of the survey data obtained from the two targeted samples.

- The majority of the GPS respondents (57.7%) rated their overall health as "very good" or "good", while the LIS showed higher percentages in the "good" and "fair" categories (a total of 54.5%).
- > Of those who experienced feeling down, depressed, or hopeless, and had little interest in doing things over the past two weeks, less than half had sought help for those feelings.
- ➤ Difficult Tasks: 45.6% of the GPS and 60.7% of the LIS reported difficulty performing certain tasks in the past year. The majority had difficulty doing heavy housework (GPS=25.5%; LIS=20.3%) or walking (GPS=23.9%; LIS=22.1%). Only a little over half of the respondents (GPS n=103; LIS n=67) were actually receiving help with those difficult tasks.
- > The majority of respondents (GPS=91.0%; LIS=93.0%) have family near by to whom they can turn for help if needed.
- > "Recreation" and "information on services or programs for older adults" were the services most needed (out of those listed in the survey) among respondents.
- > Over 80% of respondents in each sample were taking prescription drugs at the time of the survey. Over 70% of respondents in each sample were concerned about being able to pay for their prescription drugs in the future.
- ➤ Housing: 95.5% of GPS and 88.6% of LIS are still living in their own homes.

<sup>&</sup>lt;sup>1</sup> Go to Appendix 1 to read the BOCC resolution.

<sup>&</sup>lt;sup>2</sup> Go to Appendix 2 for the list of committee members and other participants.

## III. Methodology

### A. Survey Instrument

KPC Research administered the survey via telephone during October and November, 2002 (over the course of four weeks). KPC used targeted samples to obtain a group of potential respondents. The samples are *targeted* in that they are designed to increase the incidence of finding an individual in the 60 and over age group. Such samples come from the white pages of telephone directories along with voter or vehicle registration lists combined with census population data.

To be included in the targeted sample, the household must have a working telephone and the telephone number must be listed. According to the 2000 US Census, only 2.7% of households in Mecklenburg County do not have telephone service. Of the 97% that do have telephone service, 33.4% have unpublished numbers. According to KPC, households with lower incomes were less likely to have telephone services. To increase the pool of low-income potential respondents, the Planning Group decided to survey an additional 201 low-income households.

The same survey was used for the two target samples:

- Sample 1 -GPS was a general population sample of 401 individuals within Mecklenburg County where the respondent was at least 60 years old.
- Sample 2 -LIS was a low-income sample of 201 individuals within Mecklenburg County where the respondent was at least 60 years old and had a household income of less than \$20,000.

After ensuring that they met the criteria, each respondent was asked a series of questions related to transportation, prescription drugs, nutrition, self-rated health status, activities of daily living, needs, social contact, mental health, housing, and basic demographics.<sup>3</sup> The respondents were advised of the purpose and sponsors of the survey as well as the approximate length of the survey (10 minutes).

## B. Response Rate & Disposition

For the purposes of this project, the response rate is defined as the number of interviews completed divided by the total number of eligible households contacted (those where someone answered the telephone). The Older adult Survey response rate was 26.49% for the GPS and 18.59% for the LIS. Typically, interviewers made at least six attempts (varying the time of day) to reach a potential respondent.

Out of the GPS attempts that resulted in something other than a completed survey:

- In 39.79% of the attempts, there was no response (i.e. the interview was met with a busy signal, just a ring, answering machine, fax machine or the phone number had been disconnected).
- In 27.72% of the attempts, the respondent refused to participate in the survey
- 23.25% did not meet the survey eligibility criteria.

<sup>&</sup>lt;sup>3</sup> Go to Appendix 3 to review the Older Adult Survey and Appendix 4 to see the survey's demographic breakouts.

• 0.48% were non-English speaking (includes ten respondents who were Spanish speaking).

Out of the LIS attempts that resulted in something other than a completed survey:

- In 26.80% of the attempts, there was no response (i.e. the interview was met with a busy signal, just a ring, answering machine, fax machine or the phone number had been disconnected).
- In 45.55% of the attempts, the respondent refused to participate in the survey
- 19.40% did not meet the survey eligibility criteria.
- 0.96% were non-English speaking (includes eight respondents who were Spanish speaking).

### C. Limitations of Data

To improve the chances of a high completion rate, the survey was designed so that the interview time per respondent would be approximately ten minutes. While the ten minutes per interview time frame may have improved the chances of response, it also limited the number of survey questions that could be asked thereby limiting the scope of the survey.

The small sample sizes and the survey method limit how the data can be interpreted. In many cases, the small number of respondents to a question will limit the reliability of the results. Telephone surveys inherently exclude certain segments of the population (i.e. those without telephones or listed telephone numbers) which reduces the statistical projectability. The potential differences in responses among those age 60 and over with listed telephone numbers and those without must be kept in mind when reviewing any data results.

A quick test, using US Census data, was conducted to find out how the demographics (i.e. age, gender, etc.) of the GPS sample compared to the make up of the Mecklenburg County older adult population. The test showed that the age, gender, income, race, and Hispanic/Latino ethnicity of the GPS respondents were representative of Mecklenburg County's age 60 and over population.<sup>4</sup>

For each sample, there is a certain margin of error (i.e. how the responses in the sample differ from those of the entire population<sup>5</sup>. The GPS has a margin of error of 4.9% at the 95% confidence level. At the same confidence level, the LIS margin of error is 6.9%. This means that if the same survey was conducted an additional 20 times using different samples from the same population, in 19 of those times, the survey results would differ by no more than 4.9 (GPS) or 6.9 (LIS) percentage points from results obtained if every individual over age 60 in Mecklenburg County were interviewed. As the responses are broken out or crosstabulated, the sample size decreases, thereby increasing the margin of error to more than 10%.

<sup>&</sup>lt;sup>4</sup> Comparison based upon figures from the US Census Bureau- 2000 Census.

<sup>&</sup>lt;sup>5</sup> In this report, the "entire population" is defined as Mecklenburg County adults over age 60.

## IV. Detailed Survey Results<sup>6</sup>

### A. Overall Health & Well-being

When asked to classify their health compared to other people their age, more than half of the GPS respondents (57.7%) indicated that they are in good or very good health. LIS respondents rated their overall health differently as indicated in the table below. Responses to the self-rated health questions ranked in the following order:

GPS Responses		LIS Responses		
Very Good	29.9%	Good	33.8%	
Good	27.8%	Fair	20.7%	
Excellent	23.5%	Very Good	20.2%	
Fair	11.9%	Excellent	14.1%	
Poor	6.8%	Poor	11.1%	

Almost all respondents (GPS= 91.5%; LIS= 93.0%) indicated they had family or friends, within a two-hour radius of their home, that they could turn to for help. Poor health has limited the social activities of a greater percentage of LIS respondents (30.3%) than GPS respondents (17.8%).

When it comes to mental health, a greater percentage of respondents said "no" to feeling down, depressed, or hopeless (GPS=77.4%; LIS=33.8%) and "no" to having little interest or pleasure in doing things (GPS=81.9%; LIS=71.0%) in the past two weeks. The US Preventative Services Task Force Panel has used these two questions (designed to be asked together) as a depression screening tool. According to the Task Force, "an affirmative response to these questions may indicate the need for the use of more in-depth diagnostic tools". In a Task Force article on screening, "depression increases health care utilization and costs \$17 billion in lost workdays each year." Of those who said "yes" to both questions, less than half (GPS=21.1%; LIS=29.8%) of each sample had sought help for those feelings.

<sup>&</sup>lt;sup>6</sup> Throughout this report, the general population sample will be referred to as GPS and the low-income sample will be referred to as LIS.

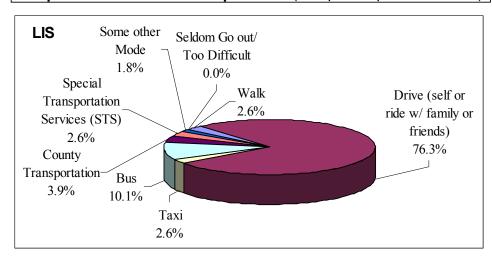
<sup>&</sup>lt;sup>7</sup> See Older Adult Survey Questions 19 and 19A respectively in Appendix 3.

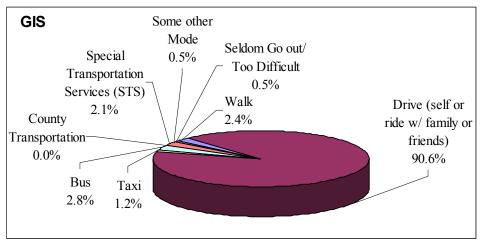
<sup>&</sup>lt;sup>8</sup> Najar, Barbara, "U.S. Preventative Services Task Force Finds Sufficient Evidence to Recommend Screening Adults For Depression," Agency for Healthcare Research & Quality, 2002

## **B.** Transportation

Respondents were asked how they get around to shop, visit friends, or get to appointments or activities. The majority (GPS=90.6%; LIS=76.3%) of respondents drive themselves or ride with family or friends. Though multiple responses were allowed, on average, respondents chose only one mode of transport.

## Respondents' Mode of Transportation (Multiple Responses Allowed)



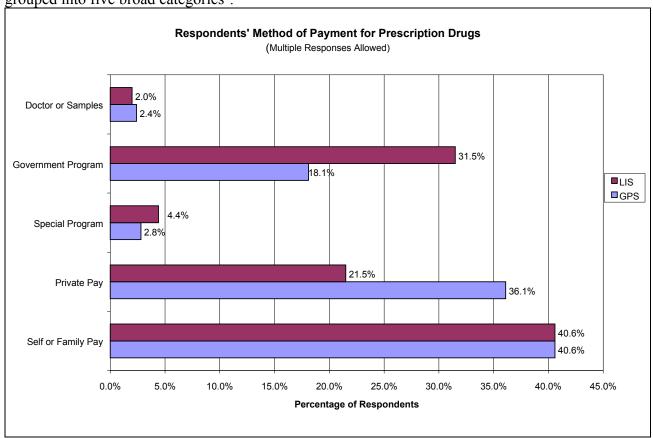


Respondents were also asked if they have ever missed a doctor's visit or run out of food in the past year due to lack of transportation. The majority of both samples (GPS=96.5%; LIS=91.5%) said no.

## C. Prescription Drugs

The majority of respondents (GPS=85.0%; LIS=88.6%) were taking prescription drugs at the time of the survey. Of those taking medications, a greater percentage of respondents (40.6% of each sample) in both samples are either paying for drugs themselves or received help from a family member other than their spouse.

The 12 possible responses to the question: *How are you paying for your prescription drugs?* were grouped into five broad categories<sup>9</sup>:



In the Private Pay category, the method of payment with the highest response rate was private health insurance/copay. Within the Government Program category, Medicare/Medicare HMO received the highest response.

Respondents were asked if the cost of medications had ever made them decide to:

- Not take them as frequently as prescribed,
- Not purchase the medications, or
- To do without other essentials (such as food, utilities, or paying rent)

<sup>&</sup>lt;sup>9</sup> See Older Adult Survey Question 4 in Appendix 3 to view the 12 possible responses and Appendix 5 to see how the responses were categorized.

Over 70% of the GPS and 63% of the LIS said they had not had to make any of those decisions. However, the difference in the percentages, between those that did and did not have to make such decisions, were lower in LIS than the GPS. Out of those respondents that *did* have to make those decisions, 87.5% of GPS and 79.7% of the LIS said the cost made them either not take their medications as frequently as prescribed or not purchase them at all. Interestingly, 20.3% of LIS said the cost of prescription drugs made them decide to do without other essentials such as food, utilities, or paying rent compared to only 12.6% of the GPS.

When asked, most respondents (GPS=43.7%; LIS=60.5%) said they are "very concerned" about being able to afford the cost of medications. The responses from the GPS were a bit more evenly distributed among all of the response categories than the LIS. <sup>10</sup> The level of concern did not vary significantly when cross-analyzed with level of education or income. However, the data did show some interesting differences:

- The majority of GPS respondents with a college degree stated that they were only "some what concerned" about their ability to afford the cost of medications.
- A majority of GPS respondents with an income between \$60,000 and \$100,000 also stated that they were only "some what concerned" about their ability to afford the cost of medications.
- Out of the GPS respondents with an income over \$100,000, most indicated that they were "not at all concerned" about their ability to afford the cost of medications

### D. Nutrition

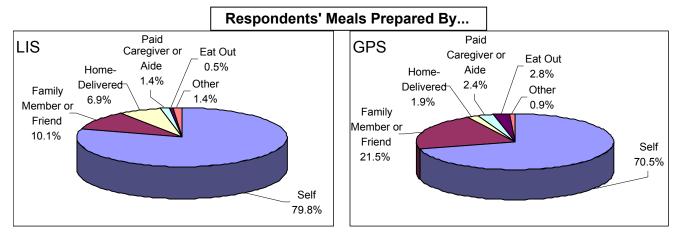
Respondents were asked if they were on a special diet designed to: regulate their blood sugar levels, lower their sodium or salt intake, reduce their cholesterol, or reduce their blood pressure. The majority of respondents in both samples indicated that they are not on any of those special diets.

Out of those respondents who are on a special diet:

- Most were likely to be on at least two different special diets.
- The number of LIS responses in each special diet category was almost even at around 25%.
- Most of the GPS respondents (65%) are on a diet to reduce their cholesterol or to reduce their blood pressure.
- There seemed to be some type of relationship, within the GPS, between those on a diet to regulate blood sugar (16.9%) and those on a diet to reduce sodium/salt intake (17.8%). The same can be said for those GPS respondents on diets to reduce their cholesterol (32.7%) and those on diets to lower their blood pressure (32.7%). Further research or consultation with senior nutrition experts would be necessary to determine the nature of the relationship.
- The majority (over 91% for both samples) of respondents know which foods they need to eat or avoid to maintain their special diets.

Most respondents (GPS=70.5%; LIS=79.8%) said they prepare their own meals. Approximately 6.9% of the LIS's meals are home-delivered or prepared by some type of meal service program.

<sup>&</sup>lt;sup>10</sup> Response categories were: very concerned, somewhat concerned, not very concerned, and not at all concerned.



Though multiple responses were allowed, on average, respondents only noted one source of help with meal preparation.

All respondents were asked if they felt they are receiving adequate nutrition based on what they eat from day to day. The majority (GPS=91.8%; LIS=84.5%) of respondents feel they are receiving adequate nutrition. Very few respondents (GPS=2.7%; LIS=3.0%) are not sure what constituted adequate nutrition. Those percentages did not seem to vary significantly when crossed with level of education or who prepared the meal.

### E. Difficult Tasks (Level of Difficulty) ADL & IADL

When working with the elderly or disabled, certain tasks are often labeled as ADLs (activities of daily living) or IADLs (instrumental activities of daily living). ADLs include sets of movements that individuals must do to maintain their person. IADLs are basic daily activities that one performs to maintain their home or affairs. Both types of activities help determine an adult's level of independence and need for assistance.

Interviewers read from a list of tasks and asked respondents if they have had difficulty performing any of those tasks by themselves in the past year. The list included the following tasks:

ADLs	IADLs
Walking     Bathing or showering     Transferring (i.e. getting in or out of beds or chairs)	<ul> <li>Using the telephone</li> <li>Light housework (i.e. washing dishes or straightening up)</li> <li>Heavy housework (i.e. vacuuming, scrubbing floors, or washing windows)</li> </ul>
	<ul> <li>Preparing their own meals</li> <li>Shopping for personal items (groceries, clothes)</li> <li>Managing their own money</li> </ul>

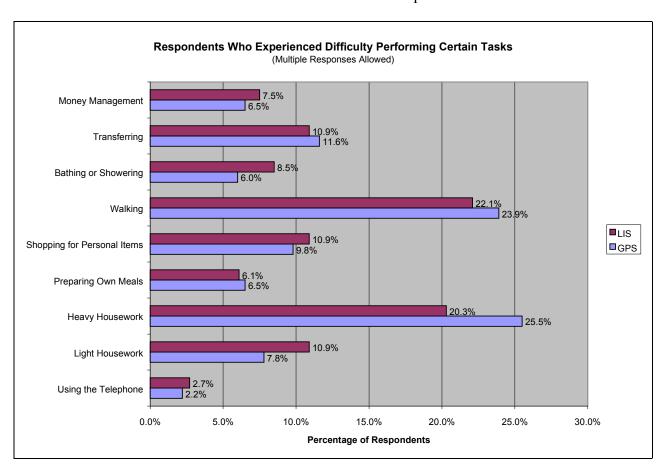
The majority of respondents (in either sample) have not had any difficulty performing the tasks listed, however, a greater percentage of LIS respondents had difficulty with each of the listed tasks than did GPS respondents. The number of respondents having difficulty did not vary greatly between ADLs and IADLs. On average, the GPS had difficulty with at least two tasks, while the LIS had difficulty with at least three tasks.

Often, providers of older adult services will classify a client's functional status based on the umber of ADLs or IADLs that the client cannot complete on their own. The difficulty is known as an ADL or IADL "impairment". For example, the Mecklenburg Department of Social Services' Senior Citizens Nutrition Program (SCNP) bases the functional status of its clients on the following criteria<sup>11</sup>:

- **Frail** the client has three or more ADL impairments.
- At Risk the client has one or more IADL impairments and/or the client has one but less than three ADL impairments.
- Well the client has no (zero) IADL impairments and no (zero) ADL impairments.

### Using the SCNP criteria:

- 2.9% of the GPS would be classified as **Frail** compared to 5.7% of the LIS.
- 44.3% of the GPS would be classified as **At Risk** compared to 57.1% of the LIS.
- 52.3% of the GPS would be classified as **Well** compared to 37.3% of the LIS.



Of those respondents who answered "yes" to having difficulty with a listed task in the past year:

■ A greater percentage of respondents had difficulty doing heavy housework (GPS=25.5%; LIS=20.3%) or walking (GPS=23.9%; LIS=22.1%).

<sup>&</sup>lt;sup>11</sup> The SCNP's criteria also includes client's cognitive status. The Older Adult Survey did not include an assessment of respondents cognitive ability.

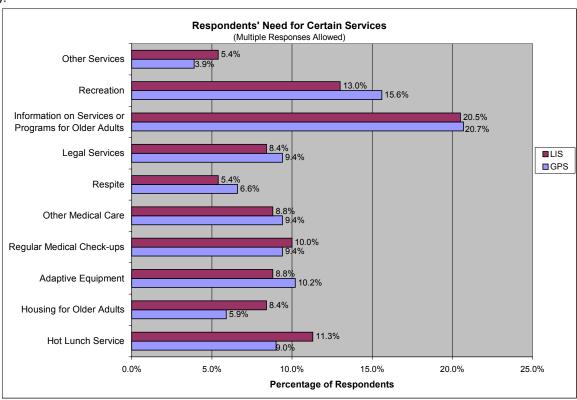
- Transferring ranked second in number of responses for the GPS (11.6%). For the LIS it was as three-way tie between light housework, shopping, and transferring (10.9%).
- Only a little over half (GPS=56.3%; LIS=54.9%) of the respondents are receiving help with those tasks. Family members and friends were the greatest source of help (GPS=62.3%; LIS=71.6%). The remaining responses (GPS=34.4%; LIS=21.6%) were in the professional helper category (i.e. nurse, aide, housekeeper).

It appears from the data that the groups with the most need are getting the least help. The two groups who reported the highest percentage of not receiving help with their difficult tasks, were those respondents who had difficult walking or doing heavy housework.<sup>12</sup>

### F. Need for Certain Services

Another goal of the Older Adult Survey was to find out if older adults had a need for certain services, but were not currently receiving those services. Most respondents (in either sample) said that they do not have a need for (or do have a need *and* are currently getting) the services listed in the survey. <sup>13</sup> The amount of respondents who did have a need seems to be higher among the LIS than the GPS.

According to the survey results, the most needed services were "information on services or programs for older adults" (GPS=20.7%; LIS=20.5%) followed by "recreation" (GPS=15.6%; LIS=13.0%). The LIS also had a significant need for "hot lunch service" (11.3%) and "regular medical checkups/physicals" (10.0%).



<sup>&</sup>lt;sup>12</sup> See Crosstab of Question 12 and Question 13 in Appendix 6.

<sup>13</sup> See Older Adult Survey question 15 in Appendix 3 to view the list of services read to the respondents.

When comparing respondents' needs by income, it was found that:

- LIS: information on services or programs was the greatest need among both income categories (\$10,000 or less =42.4%; \$10,000-19,000=55.8%).
- GPS: among those earning less than \$10,000, the greatest need was for hot lunch service (46.7%). Among those with incomes between \$10,000 & \$20,000, the greatest needs were for information and recreation (36.8%).

Respondents were also asked to evaluate the likelihood of their being involved in the care of an older adult within the next five years. The majority of respondents (GPS= 66.6%; LIS= 73.9%) said it is not at all likely that they will be involved in caring for an older adult within the next five years. The survey results showed that respondents between the ages 60 and 74 years have the greatest likelihood of becoming caregivers of an older adult.

## G. Housing

Respondents in both samples (GPS= 95.5%; LIS= 88.6%) tended to live in a home that they own or rent. Most respondents (GPS= 71.5%; LIS= 54.4%) spend 30% or less of their income on housing costs, although the gap between "yes" and "no" responses was greater for the GPS than the LIS. <sup>14</sup> Just under half of the LIS respondents said they spend more than 30% of their income on housing.

Respondents were asked if they expected to move some place else due to either increasing health problems or the inability to maintain their home.

- Most GPS respondents did not expect to move with in the next five years (although less so for the LIS).
- Expectancy levels did not change significantly when compared to respondents' age or income.
- As the GPS respondents self-rated health status decreased (from excellent to poor), the percentage of respondents who expected to move within five years increased. The same correlation was not found in the LIS.
- Of those who had friends and family nearby, only 13.1% of the GPS and 22% of the LIS expected to move within five years.
- Of the LIS respondents who expect to move, 55.2% are not receiving help with their difficult tasks. Of the GPS respondents who expect to move, only 29% are not receiving help with their difficult tasks.

<sup>&</sup>lt;sup>14</sup> For the purposes of the Older Adult Survey, housing costs included rent or mortgage and utilities.

## **Appendix 1 - Mecklenburg County Board Action and Resolution**

## RESOLUTION

Of the Mecklenburg County Board of County Commissioners

## DIRECTING THE DEPARTMENT OF SOCIAL SERVICES AND SOCIAL SERVICES COMMITTEE TO DEVELOP A STATUS OF SENIORS REPORT

**WHEREAS**, the number of senior citizens in Mecklenburg County will double by the year 2020, increasing from 89,000 to 177,000; and

**WHEREAS**, the number of Adult Protective Service referrals has increased 19% over the last three years, from 648 in FY99 to 796 in FY02; and

WHEREAS, numerous community agencies and individuals are involved with providing various services to meet senior citizens' needs; and

**WHEREAS**, the Mecklenburg County Board of County Commissioners has established a vision that by the year 2015, "our senior citizens will have the choice to age with dignity in their homes"; and

WHEREAS, the Board's community vision also includes Mecklenburg County serving as a leader in establishing partnerships to achieve community-wide goals; and

WHEREAS, the month of May has been designated Older Americans Month in the United States; and

WHEREAS, the Mecklenburg County Board of County Commissioners has the opportunity to recognize Older Americans by establishing the goal that Mecklenburg residents be made aware of the changing needs of senior citizens; and

WHEREAS, all Mecklenburg County residents have a stake and role in ensuring the well-being of senior citizens.

**NOW, THEREFORE, BE IT RESOLVED** that the Mecklenburg County Board of County Commissioners resolves to direct the Department of Social Services and the Social Services Committee of the Human Services Council to develop an annual Status of Seniors Report to the Board of County Commissioners focusing on the quality of life for senior citizens in Mecklenburg County, including but not limited to issues of health, medical care, nutrition, safety, housing, transportation, independence, self-sufficiency and other quality of life factors. The Report will also assess community services available to meet current and future needs of senior citizens in Mecklenburg County, including public awareness and involvement in senior issues.

This is the ninth day of May, 2002.	
	H. Parks Helms, Chairman
	Mecklenburg County Board of Commissioners

## **Appendix 2 - "Status of Seniors" Partners**

## Older Adults Survey Sponsors (also contributed to content of survey)

- **▶** Mecklenburg County Human Services Council Social Services Committee:
  - Thad Brown
  - Diane Chan
  - Olma Echeverri
  - Gainor Eisenlohr
  - Leigh Hicks
  - David Howard
  - Tom Masters
  - Keith Smith
  - John Skidmore (Deputy Director -DSS)
- United Way of Central Carolinas, Inc.
- > Charlotte Mecklenburg Aging Coalition

### **Survey Conducted by:**

KPC Research -Mary Beth Belew, Research Manager

### Analysis of Survey Performed by:

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## County Staff Involved in Design of the Older Adults Survey:

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## Older Adult Strategic Planning Group

Donna Arrington, United Way of Central Carolinas, Inc.

Carol Baker, Services For Adults -DSS

Gainor Eisenlohr, Mecklenburg County Human Services Council

Maryann Gilmore, Older Adult Wellness Council -United Way of Central Carolinas, Inc.

John Highfill, Services For Adults -DSS

Ruth Huey, Charlotte Mecklenburg Aging Coalition

Sindy McCrystle, Older Adult Wellness Council -United Way of Central Carolinas, Inc.

Kate Satchwill, Council On Aging

Chauna Wall, United Way of Central Carolinas, Inc.

Gayla Woody, Area Agency on Aging

## Appendix 3 -2002 Mecklenburg County Older Adults Survey

RECORD #	<b>Job #888</b>	START TIME:
PHONE # ( )	Draft 11 (Final2): 10/2	22/02 END TIME:
DAY: M T W H F A	EDITOR:	MINUTES:
SEX: M 1 / F 2	VERIFIED:	
	NBURG COUNTY OLD , P.O. BOX 35334, CHAI	ER ADULTS SURVEY RLOTTE, NC 28235-5334
elated to persons 60 or more years of age. Un County sponsor are sponsoring this survey. You and quantity of services needed for older adult	nited Way, the Charlotte Mour answers will help agents. Your answers are confine assure you we are not see.  YES (CONTINUE)	portant survey in Mecklenburg County about issues ecklenburg Aging Coalition, and Mecklenburg cies that work with older adults determine the types dential and your name will not be used in any way. Iling anything. Have I reached (INSERT PHONE)
Gecause this is a scientific survey, I need to s  (USE THE HIC)  A: May I speak to the youngest man	GHLIGHTED RESPON	
or older currently living in this hou		[ ] CHECK
IF NO MEN LIVE IN HOUSEHOLI	O, ASK AA	
B: May I speak to the <b>oldest man</b> age or older currently living in this hou	e 60	B. May I speak to the <b>oldest woman</b> age 60 or older currently living in this household?  [ ] CHECK
IF NO MEN LIVE IN HOUSEHOLI	O ASK RR	[ ] CHECK
C: May I speak to the <b>oldest woman</b>	C	C. May I speak to the <b>oldest man</b> age 60 or older currently living in this household?
or older currently living in this hours of the second of t	usehold?	[ ] CHECK
D: May I speak to the <b>youngest wom</b> 60 or older currently living in this F NO WOMEN LIVE IN HOUSEHO	household?	D. May I speak to the <b>youngest man</b> age 60 or older currently living in this household?  [ ] CHECK

(IF PERSON DIFFERENT FROM PERSON WHO ANSWERED PHONE, REINTRODUCE) (IF RESPONDENT QUESTIONS LEGITIMACY OF SURVEY, EXPLAIN THEY CAN CALL JOHN HIGHFILL, SPECIAL PROJECTS COORDINATOR WITH SERVICES FOR ADULTS, A DIVISION OF THE MECKLENBURG COUNTY DEPARTMENT OF SOCIAL SERVICES AT 704-336-4109 FOR VERIFICATION. EXPLAIN THAT IF MR. HIGHFILL IS NOT AT HIS DESK WHEN THE RESPONDENT CALLS, THE RESPONDENT CAN LEAVE A MESSAGE AND HE WILL CALL BACK THE SAME DAY. THEN SCHEDULE CALLBACK.)

May I speak to the **youngest woman** 60 or

Trai	nsportation Questions				
1.	First, how do you get around town to shop, visit friends, or get to appointments or activities?				
	Do you (READ LIST. ACCEPT MULTIPI	LE RESPONSES)?			
	Walk		01		
	Drive yourself or ride with family or frie	nds	02		
	Take a taxi		03		
	Ride the bus		04		
	Take county transportation				
	Use Special Transportation Services or S	TS	06		
	Or some other way? SPECIFY?		07		
	I SELDOM GO OUT BECAUSE IT'S T	OO DIFFICULT	08		
	DK/REFUSED		09		
2.	Have you ever missed a doctor's visit or run out because you did not have transportation?	of food in the past year			
	Yes	1			
	No	2			
	DK/REF	3			
D	· (				
	scription Drug Questions	VEC			
<b>3</b> . 1	Do you currently take prescription drugs?	YES			
		NO ( <b>GO TO Q5</b> )			
		DK/REF ( <b>GO TO Q5</b> )			
	How are you paying for your prescription drugs? W. SPONSES.)?	ill you (READ LIST. ACCEPT MU	LTIPLE		
F	Pay for them yourself		01		
	Will they be paid for by a family member other than				
	By private health insurance or Copay				
F	From a Flexible Spending Account		04		
I	By a pharmaceutical company's patient assistance p	rogram	05		
	By a sliding fee scale program through a pharmacy,				
I	By Medicaid		07		
I	By Medicare or a Medicare HMO		08		
	By Med Assist				
F	By a doctor or doctor's samples		10		
	NONE OF THE ABOVE				
I	DK/REFUSED		12		

5.	Has the cost of prescription medications ever made you decide .	(READ LIST) YES		DK/REF
	A. Not to take them as frequently as prescribed	1	2	3
	B. Not to purchase them	1	2	3
	C. To do without other essentials such as food, utilities, or payir	ng rent1	2	3
6.	cost of needed prescription drugs over the next two years? Very concerned, somewhat concerned, not very concerned, or not at all concerned?  SOM NOT	RY CONCERNEI MEWHAT CONCE F VERY CONCE F AT ALL CONC REFUSED	CERNED RNED CERNED	2 3 4
Nu	itrition Questions			
7.	Are you on a special diet designed to (READ LIST.)	YES	NO	DK/REF
	a. Regulate your blood sugar levels	1	2	3
	b. Lower your sodium or salt intake	1	2	3
	c. Reduce your cholesterol	1	2	3
	d. Reduce your blood pressure	1	2	3
	ASK Q8 IF Q7A=1, Q7B=1, Q7C=1 OR Q7D=1. ELSE GO TO Q9.			
8.	Do you know which foods you need to eat or to avoid to maintain your special diets?	YES NO DK/REFU		2
9.	Who prepares your meals? (ACCEPT MULTIPLE RESPONSE	S. READ LIST.	)	
	Do you prepare them yourself			02 03 04 05
10	Based on what you eat from day to day, do you feel that you ar YES	1 2 RITION3	uate nutri	ition?

## **Self-Rated Health Status Questions**

11.	would you say that your health is excellent, very good, good, fair or poor?		ERY GOO	DD	123
		PC	OR		4 5 6
Acti 12.	ivities of Daily Living (ADLS & IADLS) Questions In the past year, have you had any difficulty perform (READ LIST. ROTATE.)	ing any of the follo	wing task	as by yo	ourself?
	(REFIE DIST: ROTHIE.)		YES	NO	DK/REF
	a. Using the telephone		1	2	3
	b. Doing light housework, such as washing dishes of	or straightening up	1	2	3
	c. Doing heavy housework, such as vacuuming, scr washing windows	_	1	2	3
	d. Preparing your own meals		1	2	3
	e. Shopping for personal items, such as groceries or	clothes	1	2	3
	f. Walking		1	2	3
	g. Bathing or showering		1	2	3
	h. Getting in or out of bed or chairs		1	2	3
	i. Managing money or keeping track of expenses or	r paying bills	1	2	3
ASI	K Q13 IF ANY ITEM IN Q12=1. ELSE GO TO Q1	5.			
13.	Do you receive help from another person with any of the tasks previously mentioned?	YES NO (GO TO ( DK/REFUSE)	Q15)		2
14.	Who helps you with these tasks? (ACCEPT MULT	IPLE RESPONSE	S. REAL	) LIST	.)
	A family member or friendA Neighbor				
	A nurse				03
	An in-home aide				
	A housekeeper				
	DK/REFUSED				07

## **Needs Questions**

		you have a need for any of the following services, but are not constant.)	urrently	getting	g them?	(READ
LIS	1. 1	WINIE.)		YES	NO	DK/REF
		Hot lunch service -whether in a group setting or delivered to your				
	b.I	Housing for older adults		1	2	3
	c.	Adaptive equipment such as a walker, cane, shower railing, wheel chair or ramp		1	2	3
	d.	Regular Medical Check-ups or Physicals		1	2	3
	e.	Other Medical Care		1	2	3
	f.	A temporary break from providing care to an elderly or disabled relative or friend		1	2	3
	g.	Legal services		1	2	3
	h.	Information on Services or Programs for Older Adults		1	2	3
	i.	Recreation				
	j.	Some other service SPECIFY		1	2	3
<b>Soc</b> i 17.	lik i <b>al C</b> Do	Pely, somewhat likely, or not at all likely?  Note that the properties of the proper	OT AT OK/REF	ALL I	LIKELY	73 4 .1
18.		siting with friends or family?	Ю			. 2
		"We are almost finished with the survey	y"			
		Health Questions ver the past 2 weeks, have you ever felt down, depressed or hope	NO		JSED	. 2
19.	Ov	ver the past 2 weeks, have you felt little interest or pleasure in do	ing thin	NO	ES REFUSE	2
(IF	YES	TO EITHER Q19A or Q19)		DK/f	NEF USE	3کن

20.	Have you ever sought help fo	r these feelings?	YES
"Th	e following questions help us	to group our questionnaires:"	
Hou	sing Questions		
21.	Which of the following best of (READ LIST. ONE RESPO	lescribes the type of residence you NSE ONLY.)	u currently live in?
	House, condo or apartment Retirement community	that you rent	1 3 4
			5
	DK/REFUSED		6
22.		you expect to move someplace lealth problems or the inability	
Basi	ic Demographic Questions		
23.	grade of school you completed?  S S C P	IIGH SCHOOL GRADUATE PECIAL/TECHNICAL TRAININ OME COLLEGE (NOT GRAD F COLLEGE GRADUATE (FROM OST-GRADUATE STUDY OR 1	S. GRADUATE)
24.	What is your Zip Code?	DK/REF	FUSED99999
25.	What is your race?	BLACK/AFRICAN AM NATIVE AMERICAN ASIAN/PACIFIC ISLA OTHER	1 MERICAN 2 /AMERICAN INDIAN 3 ANDER 4 5
26.	Are you of Hispanic or Latino	o descent?	YES

ACE

	what is your age?	Γ	AGE:			
		Γ	OK/REFUS	ED		99
	OK OR REFUSED SAY:) I don't need to know exact, 75 to 84, or 85 or older?	etly. Could	you tell me	if you	are 60 1	to 64, 65
28. TH <i>a</i>	Please tell me which of the following are a sourc AT APPLY. ROTATE. ITEM f MUST ALWAYS I		come? (REA	AD LIS	T. MA	RK ALL
		22 2112 11.)		YES	NO	DK/REF
	a. Social Security			1	2	3
	b. Disability or SSDI			1	2	3
	c. Pension			1	2	3
	d. Retirement such as savings or investments			1	2	3
	e. Salary or job			1	2	3
	f. Some other source SPECIFY			1	2	3
29.	Using your best guess, do you spend more than 30°					
	income on housing (which can include rent or more	tgage	NO			2
	and utilities)?		DK/REF	USED		3
30.	Finally, which of the following categories best	Less than	n \$10,000 .			1
	describes your total household income last year	,	to \$20,000			
	from all sources before taxes?		to \$40,000			
	(READ LIST)		to \$60,000 to \$100,00			
			than \$100,00			
			KNOW			
			ED			

(IF DK OR REFUSED, SAY:) "We don't need to know exactly. Please choose the category you think would be closest. I'll be glad to read the categories again."

This concludes the survey. Thank you very much for your time and for helping us better understand the issues and needs faced by older adults. The results of this survey will be included in a future report on the Status of Older Adults in Mecklenburg County, and shared with the media in various ways.

## **Appendix 4- Demographic Makeup of Survey Respondents**

### Age

Comparing the ages of all of the respondents, the majority were between age 65 and 84 (using standard deviation the ages fell between: GPS= age 64 to 80; LIS= age 67 to 81). An additional variable was added to the data set with the purpose of grouping the ages into the following categories: 60-64; 65-74; 75-84; and 85 or older.

- The majority of respondents (GPS= 39.2%; LIS= 45.3%) fell into the 65-74 category.
- The next most frequently chosen range was 75-84 (GPS=32.4%; LIS=37.8%).
- DSS serves mostly those 65 and over

### **Educational Attainment**

Most respondents (GPS= 31.2%; LIS= 35.8%) graduated from high school and went no further. The level of education in order of greatest response to least response was:

General Population	Low Income		
1. High School Graduate	1. High School Graduate		
2. Some College	2. Some High School		
3. College Graduate (4 year)	3. Some College		
4. Some High School tied for fourth place with	4. Special /Technical Training		
Post Graduate Study or Degree			
5. Special /Technical Training	5. College Graduate (4 year)		
6. Don't know /Refused to answer	6. Post Graduate Study or Degree		

#### Gender

More completed surveys were obtained from females (GPS= 66.3%; LIS= 77.6%) than males. The gap between males and females was wider in the LIS than the GPS.

### **Income**

The survey included two groups for low-income (i.e. those earning less than \$20,000/year) respondents. 100% of the LIS was low-income by definition. A total of 35.5% of the GPS fell in the low-income category.

Income Breakdown	<u>GPS</u>	<u>LIS</u>
\$0 - \$9,999	27.7%	51.7%
\$10,000 - \$19,999	72.2%	48.3%
n=	108	201

Overall, the incomes of the GPS followed a normal bell curve. Most respondents (20.7%) in the GPS earn/receive between \$20,000 and \$40,000 per year. Respondents were asked to choose their source of income from a list of possible sources<sup>15</sup>:

• "Social Security" was the most common source of income (GPS= 38.5%; LIS=53.7%) followed by Retirement/Investments & Pension.

<sup>&</sup>lt;sup>15</sup> See Older Adult Survey Question 28 in Appendix 3.

• The lowest ranking categories for the GPS were "Disability or SSDI" (3.4%) and "Other" (1.3%). The lowest for the LIS were "Salary" or "Job" (4.5%) and "Other" (1.1%). The lowest for the LIS were "Salary" or "Job" (4.5%) and "Other" (1.1%). The lowest for the LIS were "Salary" or "Job" (4.5%) and "Other" (1.1%). The lowest for the LIS were "Salary" or "Job" (4.5%) and "Other" (1.1%). The lowest for the LIS were "Salary" or "Job" (4.5%) and "Other" (1.1%). The lowest for the LIS were "Salary" or "Job" (4.5%) and "Other" (1.1%). The lowest for the LIS were "Salary" or "Job" (4.5%) and "Other" (1.1%). The lowest for the LIS were "Salary" or "Job" (4.5%) and "Other" (1.1%). The lowest for the LIS were "Salary" or "Job" (4.5%) and "Other" (1.1%). The lowest for the LIS were "Salary" or "Job" (4.5%) and "Other" (1.1%). The lowest for the LIS were "Salary" or "Job" (4.5%) and "Other" (1.1%). The lowest for the LIS were "Salary" or "Job" (4.5%) and "Other" (1.1%). The lowest for the LIS were "Salary" or "Job" (4.5%) and "Other" (1.1%). The lowest for the LIS were "Salary" or "Job" (4.5%) and "Other" (1.1%). The lowest for the LIS were "Salary" or "Job" (4.5%) and "Other" (1.1%). The lowest for the LIS were "Salary" or "Job" (4.5%) and "Other" (4.5%) and

### Race

- A majority of the respondents (GPS= 82.3%; LIS= 53.7%) described their race as "White/Caucasian".
- 16.7% of the GPS and 45.3% of the LIS described their race as "Black/African American".
- Only 6 respondents (GPS= 4 or 1.1%; LIS= 2 or 1.0%) described their race as something other than "White/Caucasian" or "Black/African American".
- Only 4 respondents (GPS= 3 or 0.8%; LIS= 1 or 0.5%) indicated that they are of "Hispanic or Latino" descent.

<sup>&</sup>lt;sup>16</sup> GPS "Other" consists of income from church or family.

<sup>&</sup>lt;sup>17</sup> LIS "Other" consists of income from church or family (including alimony).

## **Appendix 5- Grouped Response Categories**

**Survey Question #4:** How are you paying for your prescription drugs? Respondents could choose from a list of 12 payment methods. Multiple responses were accepted. The 12 payment methods were recoded into the following 5 major categories:

1.	Self or Family Pay	0.1
	Pay for them yourself	01
	Will they be paid for by a family member other than your spouse	02
2.	Private Pay	
	By private health insurance or Copay	03
	From a Flexible Spending Account	
3.	Special Program	
	By a pharmaceutical company's patient assistance program	05
	By a sliding fee scale program through a pharmacy, clinic or copay	
	By Med Assist.	
4.	Government Program	
	By Medicaid	07
	By Medicare or a Medicare HMO	
5.	Doctor or Samples	
	By a doctor or doctor's samples	10

None of the above (11) and Don't know/ Refused (12) were excluded from the five broad categories.

## Appendix 6- Crosstabulation of Q12 and Q13

Q 12 Respondents' Difficulty Performing Certain Tasks \* Q13 Do you receive help with these tasks

these tasks				
General Population	Q13. Do you receive help from another person with any of the tasks previously mentioned?			
Q12. Difficulty Performing Tasks Certain Task	(S	1 YES	2 NO	Total
1.00 In the past year, have you had any	Count	8	2	10
difficulty performing any of the following tasks by yourself? a. Using the telephone	Column %	7.8	2.5	5.5
2.00 In the past year, have you had any difficulty performing any of the following tasks by	Count	22	13	35
yourself? b. Doing light housework	Column %	21.4	16.3	19.1
3.00 In the past year, have you had any difficulty performing any of the following tasks by yourself? c. Doing heavy housework	Count	73	41	114
	Column %	70.9	51.3	62.3
4.00 In the past year, have you had any	Count	25	4	29
difficulty performing any of the following tasks by yourself? d. Preparing meals	Column %	24.3	5.0	15.8
5.00 In the past year, have you had any difficulty performing any of the following tasks by yourself? e. Shopping	Count	31	13	44
	Column %	30.1	16.3	24.0
6.00 In the past year, have you had any difficulty performing any of the following tasks by yourself? f. Walking	Count	65	42	107
	Column %	63.1	52.5	58.5
7.00 In the past year, have you had any difficulty performing any of the following tasks by yourself? g. Bathing or showering	Count	19	8	27
	Column %	18.4	10.0	14.8
8.00 In the past year, have you had any difficulty performing any of the following tasks by yourself? h. Getting in or out of bed or chairs	Count	29	23	52
	Column %	28.2	28.8	28.4
9.00 In the past year, have you had any difficulty performing any of the following tasks by yourself? i. Managing money, etc.	Count	18	11	29
	Column %	17.5	13.8	15.8
Total	Count	103	80	183
	Column %	100.0	100.0	100.0

Q 12 Respondents' Difficulty Performing Certain Tasks * Q13 Do you receive help with these tasks				
Low Income Sample Q12. Difficulty Performing Tasks Certain Tasks		Q13. Do you receive help from another person with any of the tasks previously mentioned?  1 YES 2 NO		Total
1.00 In the past year, have you had any	Count	8	2	10
difficulty performing any of the following tasks by yourself? a. Using the telephone	Column %	11.9	3.6	8.2
2.00 In the past year, have you had any difficulty performing any of the following tasks by	Count	32	9	41
yourself? b. Doing light housework	Column %	47.8	16.4	33.6
3.00 In the past year, have you had any difficulty performing any of the following tasks by	Count	48	28	76
yourself? c. Doing heavy housework	Column %	71.6	50.9	62.3
4.00 In the past year, have you had any difficulty performing any of the following tasks by	Count	16	7	23
yourself? d. Preparing meals	Column %	23.9	12.7	18.9
5.00 In the past year, have you had any difficulty performing any of the following tasks by	Count	28	13	41
yourself? e. Shopping	Column %	41.8	23.6	33.6
6.00 In the past year, have you had any difficulty performing any of the following tasks by	Count	46	37	83
yourself? f. Walking	Column %	68.7	67.3	68.0
7.00 In the past year, have you had any difficulty performing any of the following tasks by yourself? g. Bathing or showering 8.00 In the past year, have you had any difficulty performing any of the following tasks by	Count	23	9	32
	Column %	34.3	16.4	26.2
	Count	23	18	41
yourself? h. Getting in or out of bed or chairs	Column %	34.3	32.7	33.6
9.00 In the past year, have you had any difficulty performing any of the following tasks by	Count	12	16	28
yourself? i. Managing money, etc.	Column %	17.9	29.1	23.0
Total	Count	67	55	122
	Column %	100.0	100.0	100.0