

**QUALITATIVE ASSESSMENT
OF
OLDER ADULTS
IN
SCOTT COUNTY, IOWA
SPRING 2002**



***Scott County
Health Department***



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EXECUTIVE SUMMARY



According to the 2000 U.S. Census, there are 35.3 million adults over the age of 65, representing 13 percent of the U.S. population. Of this, 16.7 million are age 75 or older, representing slightly more than six percent of the population. In Scott County, there are 18,667 adults over age 65; 9,000 adults over the age of 75; and 2,368 over age 85. Seniors over 65 represent 11.8% of Scott County's population while those over 75 make up nearly 6%. The over 85 population makes up approximately 1.5%. By 2010, adults in the U.S. age 75 or older are estimated to grow to over 19 million, representing 6.4 percent of the population. In Scott County by 2010, individuals over 75 years of age will reach approximately 11,000, representing 6.5 percent of the population.

Scott County's senior population is predominantly female. In 2000, the number of senior women was 11,009, accounting for 59% of the senior population, while the men numbered 7,688 or 41%. In terms of racial distribution of the senior population, Scott County's seniors are not as diversified as the rest of the population. According to the 2000 U.S. Census, Caucasian men and women make up a majority of the senior population with a count of 16,786 people or 89.9%. The remaining 10.1% is comprised of 257 African Americans, 15 American Indian/Alaska natives, 109 Asians, 1 Hawaiian/Pacific Islander, 63 who reported other race, 83 who reported two or more races and 294 Hispanics.

The purpose of this comprehensive study was to assess the perception of the quality of life among the age 65 and over population in Scott County by measuring their subjective well being (life satisfaction). Participants for the study were divided into sub-groups as defined by ethnicity. A series of eight focus groups were conducted between April and June 2002 within these segments.

The study found that participants in this study lacked information on certain areas of physiological (e.g., housing), availability of services for older adults (e.g., day care), and health care.

- It was generally felt by participants in this study that they ate a nutritional and balanced diet and information regarding nutrition was readily available to them either through the meal site or other sources.
- Transportation was important to participants because it represented a form of independence for them. This perception of independence allowed them to maintain important social and interpersonal relationships with others.
- While personal safety was not regarded as an important issue to participants in this study, all were concerned for their personal safety and took a cautious approach. Their greatest concerns were with the many "scams" perpetuated on older adults.

- Better access to information was a reported need. Participants who were involved in a variety of activities tended to be more knowledgeable regarding information sources. Our community's older adults report receiving considerable information through the mail and are exposed to information through electronic and print media, but tend not to comprehend the information or actively search for information until some need becomes apparent or imminent.
- Most recognized that there were a tremendous range of services in the community for older adults, but had difficulty in identifying appropriate services and where to access them.
- Participants reported that social interaction was a very important component of life satisfaction and that they were as active as they wanted to be. For participants in the ethnic subgroups, most of their interpersonal communication and social interaction was centered on activities within their extended families.
- Participants reported that they generally enjoyed good health and most were complimentary of the care and compassion of the health care community. Most felt that the community as well as the medical system generally cared about their health and well-being. Participants dreaded the loss of their mental acuity and pushed themselves into activities that stimulated their minds.
- Maintaining one's independence was of great concern to participants and they regarded nursing home care as not only expensive, but also undesirable. One participant well summarized the discussion by saying that nursing homes represented "the end of the line."

There is increasing momentum toward the emergence of a physically and cognitively fit, non-disabled, and active older adult population. Each citizen of our community should be able to enter into retirement with the confidence and security that come with knowing that they will not be isolated or forgotten by the community. As one advocate for older adults put it, "The future belongs to maturity."



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INTRODUCTION



According to the 2000 U.S. Census, there are 35.3 million adults over the age of 65, representing 13 percent of the U.S. population. Of this, 16.7 million are age 75 or older, representing slightly more than six percent of the population. In Scott County, there are 18,667 adults over age 65; 9,000 adults over the age of 75; and 2,368 over age 85. Seniors over 65 represent 11.8% of Scott County's population while those over 75 make up nearly 6%. The over 85 population makes up approximately 1.5%. By 2010, adults in the U.S. age 75 or older are estimated to grow to over 19 million, representing 6.4 percent of the population. In Scott County by 2010, individuals over 75 years of age will reach approximately 11,000, representing 6.5 percent of the population.

Scott County's senior population is predominantly female. In 2000, the number of senior women was 11,009, accounting for 59% of the senior population, while the men numbered 7,688 or 41%. In terms of racial distribution of the senior population, Scott County's seniors are not as diversified as the rest of the population. According to the 2000 U.S. Census, Caucasian men and women make up a majority of the senior population with a count of 16,786 people or 89.9%. The remaining 10.1% is comprised of 257 African Americans, 15 American Indian/Alaska natives, 109 Asians, 1 Hawaiian/Pacific Islander, 63 who reported other race, 83 who reported two or more races and 294 Hispanics.

America is a graying society. Among older adults, the fastest growing segment of the population is people 85 years and older. There are profound social, economic and health implications for society in this aging trend. The health implications are very stark: as people age, they tend to require more, and more intensive, health and social services. Seniors account for nearly one-third of national health care expenditures. They are also more likely to have chronic health problems that limit their ability to perform the routine activities of daily living. Health care expenditures and use of services among older adults are closely associated with age and disability status. There are large differences in health expenditures and use of services between persons ages 65 to 69 and persons 85 or older. Generally, older adults are satisfied with their health care and report few difficulties in obtaining health care services.

The older population will become more racially and ethnically diverse during the next 50 years. The current generation of older Americans is more highly educated than previous cohorts of older persons.

Generally, the economic status of older adults has improved markedly over the past few decades. Poverty rates have declined and there has been a substantial increase in net worth for many older Americans.

Older adults have shown that they are amenable to modifying their risk factors if information is presented to them in an appropriate manner. Additionally, health and

wealth have always been closely related and those economically disadvantaged experience worse health status. Health is related to both the quantitative and qualitative aspects of material and social change. Social environments that are less divisive, less undermining of self-confidence, and more supportive of developing skills and abilities are likely to contribute to their overall health and well being. Research has shown that social and behavioral factors have a broad and profound impact on health and life satisfaction.

In Scott County, the Health Department, the medical community, funding agencies, and human service agencies focus and provide financial support, health-related and social-behavioral interventions and support to the older adults in our community. This support is represented as information resources, health-providing organizations and social agencies offering actual one-on-one services. The community's challenge is to make certain that older adults are aware of and can access this support.



PURPOSE AND OBJECTIVES OF THE STUDY



The purpose of this comprehensive study was to assess the perception of the quality of life among the older adult population in Scott County by measuring their subjective well-being (life satisfaction). The study attempted to assess the interrelationships between three sets of factors that provide older adults with a sense of well-being:

1. Physical and mental health (well-being)
2. Availability of formal and informal support in the community
3. Ability to use the services provided by the community (accessibility, utilization, and barriers)

The specific objectives of the study were:

- To determine the physiological needs of older adults regarding housing, nutrition, transportation, and safety.
- To determine the adequacy of information provided by the medical community, human social agencies, and others.
- To determine the general awareness of services available to older adults (e.g., day care, meal services, etc.).
- To determine the personal sense of health and well-being among older adults (e.g., access to information, access to care, etc.).
- To determine the social, spiritual, and psychological needs of older adults (e.g., spiritual beliefs, loss of independence, isolation, depression, loss of mental acuity, etc.).
- To determine how older adults perceive their “attachment” to the community.



METHODOLOGY



Participants for the study were divided into sub-segments as defined by ethnicity. Qualitative research was determined to be the best methodology to get the “voice” from each of these sub-segments. A series of eight focus groups were conducted between April and June 2002 within these segments. Each focus group contained between five and 10 participants representing both genders, and lasted approximately 60-75 minutes in length. A Vietnamese-speaking interpreter provided by Generations (Area Agency on Aging) was used in the Vietnamese focus group. Most focus groups were conducted at Generations-sponsored “café” meal sites. All focus groups were video taped and analyzed. All focus group participants were compensated for their participation. Two focus groups were conducted in each sub-segment except for the rural and Vietnamese sub-segments. Those sub-groups selected for study were:

- African-America
- White (non-Asian and non-Hispanic)
- Hispanic
- Vietnamese
- Rural

A Moderator’s Guide was developed and used in each session. The Moderator’s Guide contained a script of open-ended questions relating to the stated objectives of the study. A trained moderator conducted each focus group session.



LIMITATIONS OF STUDY



This study only focused on older adults in Scott County and should not be generalized to populations in other geographies. Qualitative research is used to probe for depth of subjective and qualitative response from only a small group of participants. Responses from participants are not statistically significant due to the small sample size and cannot be generalized to the total population.

FINDINGS

PHYSICAL NEEDS (HOUSING, NUTRITION, TRANSPORTATION, AND SAFETY)

What are the greatest needs of older adults?

- The African-American and Hispanic populations felt that affordable prescriptions were the most pressing need.
- While the other subgroups acknowledged the cost of prescription drugs, they felt that the availability of affordable housing was the greatest need of older adults.
- All groups reported that transportation was also a great need.

What are the housing needs of older adults? What about availability of housing? What about affordability of housing? Why or when would you seek a housing change?

- Several groups indicated a lack of knowledge regarding information on affordable housing.
- The Hispanic groups reported that in their culture, families take care of their aging family members in their homes.
- One participant suggested that reduced real estate tax rate for seniors who had lived in their house for many years would enable older adults to stay (maintain independence) in their homes longer.
- The white groups appeared to be more knowledgeable about the availability of affordable housing for older adults and that the community had made a conscious effort to increase the supply of affordable housing.



Do you feel you are eating a balanced diet? Do you feel the nutritional needs of older adults are being met? If you had question or concerns about nutrition, where would you go for information?

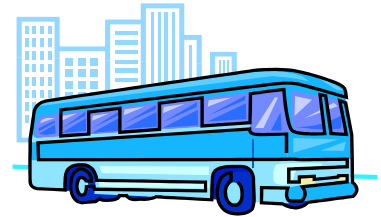
- The general consensus was that they were eating a balanced nutritional diet and that, for the most part, the nutritional needs of older adults were being met in the community. They specifically mentioned the Generations “cafes” and meals-on-wheels.
- Several participants reported that eating at a Generations “café” (meal site) guaranteed them a nutritionally balanced meal.
- Several reported that a loss of a spouse and the necessity to prepare foods “for one” contributed to not eating a nutritionally balanced diet every day.
- Although there were many answers, participants would generally ask their physician about their nutritional requirements.



- Most reported receiving information brochures in the mail and from the meal sites regarding nutrition; however, most didn't read the information.

When you go somewhere, how do you get there (e.g., drive yourself, someone drives me, bus, etc.)? How easy is it for you to find transportation? How do you feel the community is meeting the transportation needs of older adults?

- While many participants reported that transportation was a major problem among older adults, most indicated that they had little or no difficulty finding transportation to their destinations.
- Those able to drive felt that their car represented their "independence".
- Those that did not drive were able to meet their transportation needs through friends or family. They further reported that without friends or family they did not know how their transportation needs would be met.
- Several groups reported knowledge of transportation services such as Great River Bend Transportation but most lacked information (how to schedule, cost, etc.) and few had utilized their services.
- Nearly all groups reported lack of information regarding public bus services or schedules in Scott County. The Vietnamese did not utilize the public bus service due to their lack of English skills.
- Generally, looking at transportation from a broad perspective, most felt that the community was not meeting the transportation needs of older adults.
- Several participants were critical of River Bend Transportation service as it necessitated making an appointment too far in advance of their need.



How safe do you feel in your home and community? What would you change (if anything) to make it safer?

- Generally, most participants felt safe both in their homes and in their routine daily lives throughout the community.
- Several participants reported being victimized by incidents of "mischief".
- Several participants reported that additional police patrols and more streetlights would improve their sense of safety and security.
- Many agreed that safety was their responsibility.
- All participants were reluctant to be in unfamiliar places at night and acknowledged that some parts of Davenport were not safe.



ADEQUACY OF INFORMATION PROVIDED BY THE MEDICAL COMMUNITY, HUMAN SOCIAL AGENCIES, ETC.

How do older adults obtain information on medical care? How do you feel about that information?

- Most participants reported that their physician was their best source of information.
- Participants in the white subgroups reported often searching the Internet for medical information. Several members of this group also reported receiving periodic mailings from health care organizations (e.g., Mayo, universities, etc.)
- Many participants suggested that the TV was an excellent source of medical information.
- Many mentioned that medical information was available at the meal sites.

How do you feel about the cost of health care? Can you afford it? Where do you spend most of your health care dollars (prescriptions, physicians, hospitalization, etc.)?



- Most participants knew of someone who had to make a decision every month, whether to eat or purchase their prescriptions.
- Many said that without supplemental insurance, good medical care was not affordable.
- Participants retiring from large companies (e.g., John Deere, etc.) had good insurance coverage and prescription costs were quite affordable.
- The consensus from all groups was that the majority of their annual health care dollars are spent on prescription drugs.

How do you feel about the health care information you receive from non-health care sources (CASI, other agencies)?

- There was no consensus on responses to this question. Some participants reported receiving information from agencies like CASI, at meal sites, from the newspaper, from TV, and other sources.
- Several participants mentioned that they do not pay attention to most of the information, as it does not pertain to them.
- Several remembered when someone (VNA or other health care organization) would come to meal sites and discuss health issues, take blood pressure readings, and provide information regarding health care sources and access. This practice is no longer being done.

SERVICES AVAILABLE TO OLDER ADULTS

What services are available for older adults in our community?

- The African-American subgroups were unaware of services available to older adults.
- The Vietnamese group reported that Generations did an excellent job of providing them information on the availability of services. (Generations has a paid interpreter to work within the Vietnamese community.)
- The white subgroups were quite informed regarding the availability of services for older adults in the community.
- The Hispanic subgroup mentioned only a few services (Great River Bend Transportation and meal sites).

In your opinion, how aware are older adults of services available to them?

- While information on services is available from a variety of sources, it was generally felt that older adults were not well informed regarding the availability of services for them.
- Several mentioned that most people are unaware of services until they need them.
- One group discussed the possibility of development of a comprehensive directory or brochure that could be distributed at meal sites, CASI, etc. that provided information on the variety and breadth of services available to older adults.
- Several mentioned that churches could be used as information disseminators.
- Several mentioned that cable TV and newspapers were not good media to disseminate information, as some older adults could not afford these media.
- Most participants were unanimous in saying that if information regarding services for older adults were sent via the mail it would not be read.

If you needed information on what services are available for you, where would you go?

- While there were several information sources mentioned, the most often mentioned source was CASI.
- Other information sources mentioned were DHS, the Generation's "cafe" meal sites, legal aid, and Community Health Care.

When you think of organizations or agencies that provide services to older adults, which ones come to mind? Is there one that stands out above all others?

- The consensus of all groups was that CASI was the first name that came to mind of an agency that provides services to older adults.

How do you feel about adult day care for older adults?

- Generally, both the African-American and Hispanic subgroups lacked awareness of any adult day care center in the community, although they felt that it was an excellent idea. They did express concern regarding transportation to a facility offering day care services.
- The white and rural subgroups were quite aware and complimentary of the day care center located at CASI. They commented that due to the aging of the Baby Boomers, the demand for adult day care would increase.

How do you feel about meal services for older adults (Meal Sites, Meals on Wheels)?

- Because most of these focus groups were held at meal sites, the responses were both affirmative and complimentary.
- While participation at meal sites transcended socio-economic levels, the perception among participants was that it was for the “poor”.
- For many, attendance at meal sites represented an opportunity for social interaction.
- One Hispanic subgroup reported that attendance at their meal site was declining. A participant in another subgroup also reported that attendance at meal sites was declining. It was thought by participants that perhaps lack of knowledge was responsible for this decline in attendance.
- Many participants reported that in addition to the nutritional meals offered at meal sites, they also served as a social gathering spot for older adults.
- Many participants expressed concern that many older adults in the community, who needed meal service, lacked knowledge regarding availability and access to the program.



What other services should be considered to meet the needs of older adults?

- While there was no consensus on this question, several responses and recommendations were offered:
 - From the non-English speaking subgroups (Vietnamese and Hispanic), there was a recommendation for English language classes.
 - One group suggested that the Parish Nursing program should be expanded.
 - One of the white subgroups suggested that a focus be made on access and affordability of health care for older adults.

PERSONAL SENSE OF HEALTH AND WELL BEING

How do you feel about the state of your health and well being?

- The consensus was that participants were generally in good health. Most commented that they were afflicted by the many ailments of becoming older

(arthritis, high blood pressure, etc.) but felt quite fortunate to enjoy relatively good health.

- One participant said, “It’s getting harder to hit the golf ball”.

How do you feel our community thinks about the health and well being of older adults?

- The responses were mixed with this question:
 - Some participants were harshly critical of the lack of concern within the greater community, while others felt that the community cares about the well being of older adults and responds positively to recognized needs.
 - One participant commented that putting ramps on sidewalks was an indicator that community cares about older adults.
 - Several participants reported that care and concern exists and is often demonstrated within neighborhoods.

How do you feel the health care system thinks about the health and well being of the older adults in our community?

- While there was much discussion on this topic, several participants felt that the medical community was indifferent to their health situation. Many others generally felt that the medical community was truly concerned about the health and well-being of older adults. Most participants were complimentary of the physician community.
- Several participants reported that it was sometimes necessary to change physicians to locate one that they felt was concerned about their state of health and would take the necessary time to explain things to them.
- Many participants were complimentary of the health seminars held at local hospitals.
- Several participants recommended that physicians take more time discussing treatments, prescriptions, etc. with older adults, as they often cannot “process” information quickly.
- One participant suggested that, considering today’s high costs of prescription drugs, physicians and pharmacists should take time to consider the cost of the prescription (consider offering more generic drugs) in addition to its efficacy.



How easy or difficult is it for you to obtain the medical care you need?

- The general consensus among all groups was, “If you can pay, you can get adequate health care”.
- The Vietnamese subgroup reported that obtaining adequate care was not difficult but language was a problem.
- Several participants in the African-American subgroup felt that if you cannot pay for health care or don’t have insurance coverage, the medical community does not treat you well.
- All groups agreed that the community was well staffed with excellent physicians and health care workers.

What should older adults expect from the health care system in our community?

- The white subgroups reported expecting easy access and high quality health care.
- One participant in the African-American subgroup expected the medical community to take care of her when she is ill whether or not she has insurance.
- Several participants reported that the medical community should take more time to listen and explain medical issues with older adults.

SOCIAL AND PSYCHOLOGICAL NEEDS OF OLDER ADULTS

Are you spiritual? How do you practice your spirituality?

- The consensus of all groups that they were spiritual.
- Most reported attending religious services on a regular basis.
- Participants reported practicing their spirituality in a variety of ways:
 - Some reported praying several times per day.
 - One African-American participant said, “Spirituality is caring about others”.
 - One individual indicated that he displayed his spirituality by his actions – kindness and treatment of other people.
 - Several participants in the white subgroups reported doing volunteer work and giving donations to needy groups and organizations.

If you attend religious services, how are you able to get there? If you cannot get there, why?

- Most participants either drove themselves or were provided transportation by friends or the church.
- Getting to religious services was not considered a major problem by any group.

How do you feel about your level of social activity?

- The consensus of all groups was that they are as socially active as they care to be.
- For the ethnic subgroups, their families were their social activity.
- Several members of the white subgroups felt that they were “too busy”.
- The Vietnamese subgroup felt that language problems kept them from participating in more social activities.
- Several participants would like to see more evening activities and available transportation to get there.



What are the social needs of older adults?

- The consensus of all groups was that companionship and socializing were very important to older adults.

- Social interaction with others was felt to be important by all groups.
- Participants in all groups stressed the importance of activities for older adults, with one saying, “It keeps you younger”.
- One member of the Hispanic subgroup reported that the Y offered an excellent array of activities but he rarely saw other Hispanics there.

How do you feel about the level of social activities available for our older adults?

- The consensus among all groups was that there were many activities available for older adults.
- The African-American subgroups lacked awareness of variety and breadth of activities for older adults.
- Several participants reported that the Plus 60 organization and CASI offered many activities for older adults.
- Several participants in the white subgroup reported that while the costs of some activities are expensive, arranging transportation was a major problem. Many evening activities are not well attended because many older adults do not like to drive at night; so arranging transportation would provide access to more older adults.

Does the loss of your independence frighten you? How can you deal with that?

- All participants feared the loss of their independence. None wanted to be dependent upon anyone (children, other family members, etc.).
- Loss of independence for participants was defined in several of ways:
 - Loss of driver’s license.
 - Necessity to leave one’s home to live in some type of assisted living arrangement (assisted living, nursing home, etc.).
 - Loss of a spouse.
 - Death of a close friend.
- All participants feared nursing homes because it was viewed as “nearing the end”.
- Many participants relied on their spirituality to help them deal with this eventuality.

Older adults often feel isolated and depressed. How can the community help?

- The consensus of the groups was that older adults who display symptoms of isolation and depression should be identified and an effort should be made to call or arrange periodic visits with them.
- Several participants suggested that physicians should be trained to identify or somehow screen older adults for depression when they see them.
- Several participants reported that the loss of a spouse has a catastrophic impact on the survivor. They suggested that some “system” (e.g., phone-a-friend, etc.) be developed to contact individuals losing a spouse to keep them from feeling isolated and the resultant depression.

- Parish Nurse program and VNA could assist in identifying and recommending interventions for older adults who feel isolated and depressed.

Older adults are frightened about losing their mental sharpness? What can be done?

- All participants were concerned regarding losing their mental acuity.
- The consensus was that social interaction/activity, volunteering, and exercise were the best strategies older adults could do to maintain their mental acuity.
- Except for participants in the CASI group, no one was aware that CASI had an exercise facility.
- Several participants reported that activities such as reading, doing puzzles, playing cards, etc. were excellent mental exercises.



PERCEPTION OF "ATTACHMENT" TO THE COMMUNITY

Despite your age, do you feel you are part of the community?

- Except for one subgroup group, all subgroups felt that they were part of the greater community.
- One African-American group reported that friends, neighbors, and the church community were their community, and that the greater community felt indifferent about them and didn't know that they existed.
- One participant in the Plus 60 subgroup said, "We do (feel attached) because we are actively involved".



Is this community a good place to grow old?

- The consensus of all groups was that this was a "great place to grow old".
- Many had lived in the community all of their lives and felt that there was no better place to grow old.

What do you like about our community? What do you dislike?

- The consensus of all groups was that the community was friendly, safe, convenient, and "just the right size."
- There were very few negative comments from participants regarding the community.
 - Some did not like the cold winters.
 - One Hispanic participant said that he had seen many positive changes in his time – equal opportunity, equal jobs -- to name two.

How do you feel about living here for the rest of your life?

- The consensus was that everyone was happy to live the remainder of their lives in the area.
- One participant in the Vietnamese subgroup reported traveling back to Viet Nam and saw significant changes but was quite happy to be back on American soil.
- For many participants, their children and other family members represented strong reasons to stay in the community for the rest of their lives.

CONCLUSIONS AND RECOMMENDATIONS

In public health and in medicine, the concept of quality of life (life satisfaction) refers to a person's or group's perceived physical, mental, and social health over time. Not long ago, the stereotypical view of individual aging was one of overall decline and certain inevitable outcomes, cessation of work, increasing disability, deteriorating social networks, and often a descent into poverty. From this study we conclude that no single formula describes old age and that older individuals are as heterogeneous as younger ones along many dimensions. Yet there may be a structural lag in attitudes regarding older adults. One challenge is to recast our community's aging persons as a natural resource rather than a perceived societal drain, and to exploit opportunities to use these growing reservoirs of human capital.



Health, wealth, affordable and accessible insurance coverage are closely related. The existence of inequality has important consequences for the health of individuals and groups. This, unfortunately, is a national issue and our community can exercise little control over its priority or long term outcome. Organizations such as AARP are vigorously attacking this issue on a broad scale.

Information on health, physiological, mental, social, etc. can effectively postpone or prevent disease and disability, enhance independence and the quality of life for older adults. Many participants in this study lacked information on certain areas of physiological (e.g., housing), availability of services for older adults (e.g., day care), and health care. Attention to the physiological and information needs of older adults has a broad and profound impact the quality of life. While the research determined that the community has made substantial efforts to provide for the information needs of older adults, much needs yet to be done. Rather than focusing on a single or limited health, physiological, mental, and social issues facing older adults, these issues should link multiple levels of influence (e.g., individual, interpersonal, institutional, community, and policy levels). This is to suggest that all health care, social, and community organizations “touching older adults” collaborate and coordinate their efforts to recognize these information needs as well as the opportunities within the older adult community.



Favorable nutritional status throughout life is known to increase life expectancy. In addition to this physiological necessity, food and eating have potent aesthetic and psychological attributes that are of great importance to maintaining the quality and enjoyment of everyday life. It was generally felt by participants in this study that they ate a nutritional and balanced diet. It should be noted, however, that most of these focus group sessions were held at meal sites where a balanced, nutritional meal is served several times per week for a very minimum fee. Many participants who experienced the

loss of a spouse reported that interest in and quality of food decreased after the death of the spouse. Most participants were aware of the requirements for a nutritionally balanced diet and reported that information was readily available to them either through the meal site or other sources.



Transportation was important to participants because it represented a form of independence for them. Whether they had a license and drove themselves or had someone take them to their destination, this perception of independence allowed them to maintain important social and interpersonal relationships with others. While transportation was mentioned as a significant need for older adults, reports from participants might be reflected as a potential loss of independence. The community has several transportation agencies to transport individuals to physician appointments, etc., but the perceived convenience and accessibility of these services is less than exercising control over one's own transportation needs. One complaint echoed by participants was the availability of transportation to evening events. Because older adults are reluctant to drive in the evening due to safety and or visual acuity concerns, they do not attend events or activities held after dark. For many evening events, the Plus 60 group arranges transportation for sponsored events for those who are reluctant or unable to drive themselves.

While personal safety was not an important issue to participants in this study, all were concerned for their personal safety. Too often, seniors attempt to protect themselves by restricting, or stopping altogether, every day activities that were once routine to them. While all participants in this study acknowledged that “things have changed” over time, they felt quite safe in their homes and in the community. Their greatest concerns were with the many “scams” perpetrated on older adults.

One issue transcended most of the others in the study. This was the need for better access to information. While many of the seniors participating in the focus groups recognized that there were a tremendous range of services in the community, they also commented over and over again regarding the difficulty in identifying appropriate services and where to access them especially in times of crisis, and especially those services and supports outside the formal systems of health and home care. Older adults have shown that they are amenable to modifying their risk factors if information is presented to them in an easy, appropriate, and understandable manner.



Comments from participants regarding access to information was mixed. Participants who were involved in a variety of activities tended to be more knowledgeable regarding information sources. Perhaps their information comes from “word-of-mouth” due to more extensive interactions and interpersonal communications with a wide variety of people. Many commented that they received considerable information through the mail and were exposed to information through electronic and print media, but they tended not to read this information or actively search for information until some need was apparent or imminent. One participant's comment well summarized this, “If it doesn't pertain to me, I don't read it”.

The same might be said about participants' general awareness of services available for older adults. Participants who were involved in a variety of activities tended to be more aware of the many services available to them. Individuals who participated at or routinely visited agencies such as CASI or belonged to organizations such as the Plus 60 group tended to be much more aware of the variety and breadth of services available to them. The challenge to the community is to create awareness for information sources and available services to each older adult in Scott County. How can the community meet the needs of those older adults who do not participate with these agencies and organizations? The community must meet this challenge at a variety of levels – individual, interpersonal, institutional, community, and policy. Agencies and organizations within the community could collaborate on developing an information directory or folder containing a variety of brochures detailing sources of information and describing the variety of services available for community's older citizens. These directories, folders or individual brochures could be made available at all locations where older adults meet (e.g., meal sites, agencies, churches, hospitals, physicians offices, events, etc.). The media has an important role to play in educating the public, and relationships should be solidified between the various media and organizations serving older adults.

Research tells us that socializing extends an older adult's life. But just as loneliness can destroy a person's life, socializing can save it. In a recent 13-year Harvard study of 3,000 seniors, researchers found that social activities such as playing bingo, attending a lecture or concert, or attending religious services were as important to survival as regular exercise. Seniors get more out of socializing than just a few extra years of life. Friendships and activities reduce stress, help people feel worthy and needed, and stimulate the mind. Participants in this study reported that social interaction was a very important component of life satisfaction. They felt that if individuals, wrapped in the arms of depression, were visited and communicated with routinely, their symptoms and view of life would improve. To meet this challenge, those afflicted must be identified so that social and medical interventions might be applied. Once again, this must be attacked on multiple levels.



Participants in this study reported that they were as active as they wanted to be. For participants in the ethnic subgroups, most of their interpersonal communication and social interaction was centered on activities within their extended families. Many of these participants did not seek social interaction outside of their family or “comfort” zone. Several participants in the white subgroups reported that they often were “too busy” and wished they could slow down. This group participated in a variety of social, entertainment, and volunteer activities. Participants who had experienced the loss of a spouse had to “relearn” new social interactions and activities. If they did not reach out to agencies (e.g., CASI) or if friends, church members, etc. did not “reach in” to the individual, the result was often a sense of isolation and depression.

Many participants dreaded the loss of their mental acuity as much as the “c” word – cancer. Many had seen their spouse, friends or relatives robbed of their dignity and the

etiology related to the insidious stages of Alzheimer's disease. Many participants were so circumspect of the disease and its symptoms that they pushed themselves into activities that stimulated their minds such as puzzles, reading, cards, etc. A senior center I visited recently in Latin America employed a full-time psychologist who offered memory stimulation classes in addition to routine counseling. Our community should recognize this concern by providing a variety of intervention measures for those interested in mental acuity, or offer training for agency staff that interacts routinely with our older adults.



Participants in this study reported that they generally enjoyed good health. Except for a few anecdotal stories, most were complimentary of the care and compassion of the health care community. Most felt that the community as well as the medical system generally cared about their health and well-being. Participants reported that health care for all specialties was available and accessible; however, they were quick to point out that money or good insurance “bought” good health care. Participants reported that the majority of their health care dollars were spent on prescription drugs. Several participants said that many older adults must decide each month whether to purchase their necessary prescription drugs or to eat. Recently, a well-attended forum on Medicare was held at CASI in Davenport featuring political candidates vying for local and national office. There were considerable questions from the older adults in the audience regarding the cost of health care and prescriptions for older adults. The candidates recognized that the older adults in our country are being rendered poor because of health care and prescription drug costs. One candidate reported that Iowa ranked 50th in Medicare reimbursement. Affordable health care for older adults must be considered a national imperative.

While participants in all subgroups supported the concept of adult day care, few were aware of the availability of the service in our community. One local community agency, CASI, currently serves approximately 50 individuals per day in its day care center. Except for the participants in the focus group held at CASI, most were not aware that such a service was offered in our community. Referring agencies, meal sites, and organizations (e.g., hospitals, physicians, etc.) should be provided with information regarding the availability and location of day care services in our community. The availability of transportation services to transport individuals to and from adult day care must be made part of the discussion.

Participants regarded nursing home care as not only expensive, but also less desirable than the alternatives that allow them to retain their independence. One participant reported that the nursing home was “the end of the line”. One participant in the Hispanic subgroup reported that he entertains several times per week at various area nursing homes by singing. He commented that he has seen perhaps only one Hispanic resident in the nursing homes he visits. His comment, validated by other Hispanic participants, was that it was their culture to care for an elderly or ailing individual in a family or relative’s home. Maintaining one’s independence was of great concern to participants in this study.

This imperative must be attacked using a number of alternative and collaborative interventions.

Decades of research clearly debunk the myth that to be old in America is to be sick and frail. Older adults are generally in good health. There is increasing momentum toward the emergence of a physically and cognitively fit, non-disabled, and active older adult population. As a society we are obsessed with the negative rather than the positive aspects of aging. Everyone in our community should be able to look forward to their golden years as a time for new opportunities and to pursue new learning experiences no matter what challenges aging may present. Most importantly, each citizen of our community should be able to enter into retirement with the confidence and security that come with knowing that they will not be isolated or forgotten by the community. As one advocate for older adults put it, “The future belongs to maturity.”

