

# EngAge: A Report to the Community on Senior Adults in the Greater Birmingham Area



Results from the AdvantAge Initiative Survey



COMMUNITY FOUNDATION  
OF GREATER BIRMINGHAM

# EngAge

## A Report to the Community on Senior Adults in the Greater Birmingham Area



Dear Community Leader:

The Community Foundation of Greater Birmingham is proud to present EngAge, a report on the state of our community's senior adults. This report benchmarks our community's effectiveness in meeting the needs of our senior population with regard to aging in place. The majority of older adults wish to remain in their homes, rooted in their communities, anchored in their established networks and among their familiar support structures. This study assesses how "age friendly" our six-county region is in meeting these challenges.

The Community Foundation has a long history of supporting agencies whose mission's serve our senior population. In fact, the very first grant made by the Foundation in the early 1960's was to Fairhaven Methodist Retirement Home. As Baby Boomers reach retirement age, it is well documented that their needs, as well as the resources required by those who care for them will increase dramatically. This "silver tsunami" results in over 8,000 individuals turning 65 every day in the US. Remarkably, those aged 85 and older are the fastest growing segment of our population.

As resources become more limited, we recognize the need to be more strategic. This comprehensive survey provides the starting point. Our interest in undertaking this analysis is twofold: 1) to guide the Community Foundation in channeling resources to the greatest needs and, 2) to help providers deploy their precious resources in a more deliberate way to maximize impact.

To help us achieve these goals, the Foundation utilized the AdvantAge Initiative, a national leader in surveys concerning the needs of older adults. Nearly 1,800 intensive interviews were conducted with local seniors, resulting in statistically valid and reliable data. Because the AdvantAge survey has been administered in over 60 communities nationally, our data can be compared to other sites providing us a perspective in areas where we are succeeding as well as those where work needs to be done. Importantly, the data can also be broken down by specific demographics such as geography, race, income and health so that targeted interventions can be developed to meet the highest need.

The accompanying report provides a thoughtful analysis of Birmingham's metropolitan region. The Community Foundation intends to use this data to create a roadmap for community action by engaging stakeholders in finding innovative solutions to our most significant needs. We hope this report will be a useful tool to encourage a collective sense of urgency to create an elder-friendly environment. Thank you to everyone who assisted the Community Foundation in this year-long effort, in particular the Canterbury Beeson Committee for funding support. A list of our stakeholders can be found on the Acknowledgements page. This work would not have been possible without their vision and support.

Sincerely,



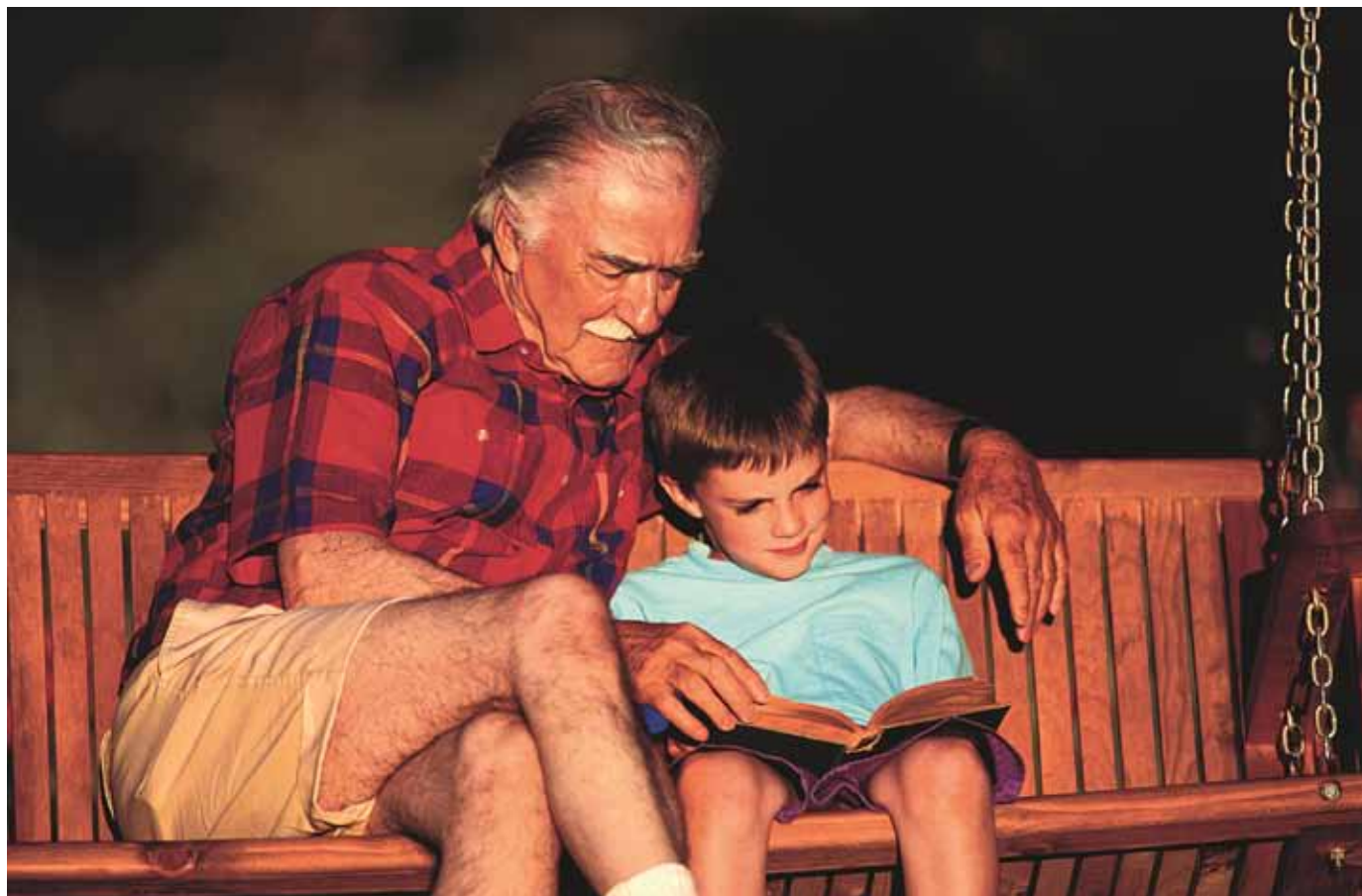
Christopher Nanni  
President and CEO  
Community Foundation of Greater Birmingham



# Background: The AdvantAge Initiative

The AdvantAge Initiative is a project of the Center for Home Care Policy and Research (CHCPR) of the Visiting Nurse Service of New York (VNSNY) that began in 1999 with support from the Archstone Foundation, Atlantic Philanthropies, the Hartford Foundation, the Robert Wood Johnson Foundation, the Retirement Research Foundation and the Fan Fox and Leslie R. Samuels Foundation.

The purpose of the Initiative is to help organizations measure the “aging-friendliness” of their communities, develop plans and implement action steps to make their communities better places to live for older adults and their families. The components of the AdvantAge Initiative include: a framework with four domains of an aging-friendly community, pictured on page four; a set of indicators that help measure community aging-friendliness within each of those domains; a consumer survey questionnaire relating to the indicators; a stakeholder engagement process; and technical assistance to help organizations conduct the Initiative in their communities. The centerpiece of the AdvantAge Initiative is a consumer survey designed not only to gather basic information about older adults, but also to elicit their perceptions of, and experiences in, their communities. This information helps stakeholders identify community assets and opportunities for action, set priorities and develop responses to identified aging issues. To date, the AdvantAge Initiative survey has been conducted in 60 communities nationwide.



## The AdvantAge Initiative Framework: Four Domains of an Aging-Friendly Community



## Survey Overview

In 2014, the Community Foundation of Greater Birmingham commissioned the AdvantAge Initiative team at the CHCPR to conduct the AdvantAge telephone survey with random samples of adults aged 60+ in six Alabama counties: Blount, Chilton, Jefferson, St. Clair, Shelby, and Walker. Jefferson County was divided into five areas: Area 1 (Rural); Area 2 (West); Area 3 (Central); Area 4 (East); and Area 5 (South).

The AdvantAge team contracted with SSRS, a professional survey research company in Media, PA, which has conducted the majority of AdvantAge Initiative telephone surveys to date. The team conferred with Community Foundation of Greater Birmingham staff members and with staff at SSRS to customize the basic AdvantAge survey questionnaire to include questions on a variety of topics of interest to the Foundation. Once the survey questionnaire was finalized, SSRS conducted interviewer trainings and test calls, then put the survey into the field. Adults aged 60+ living in the geographic areas shown on the map on page six were eligible to take the survey.<sup>1</sup>

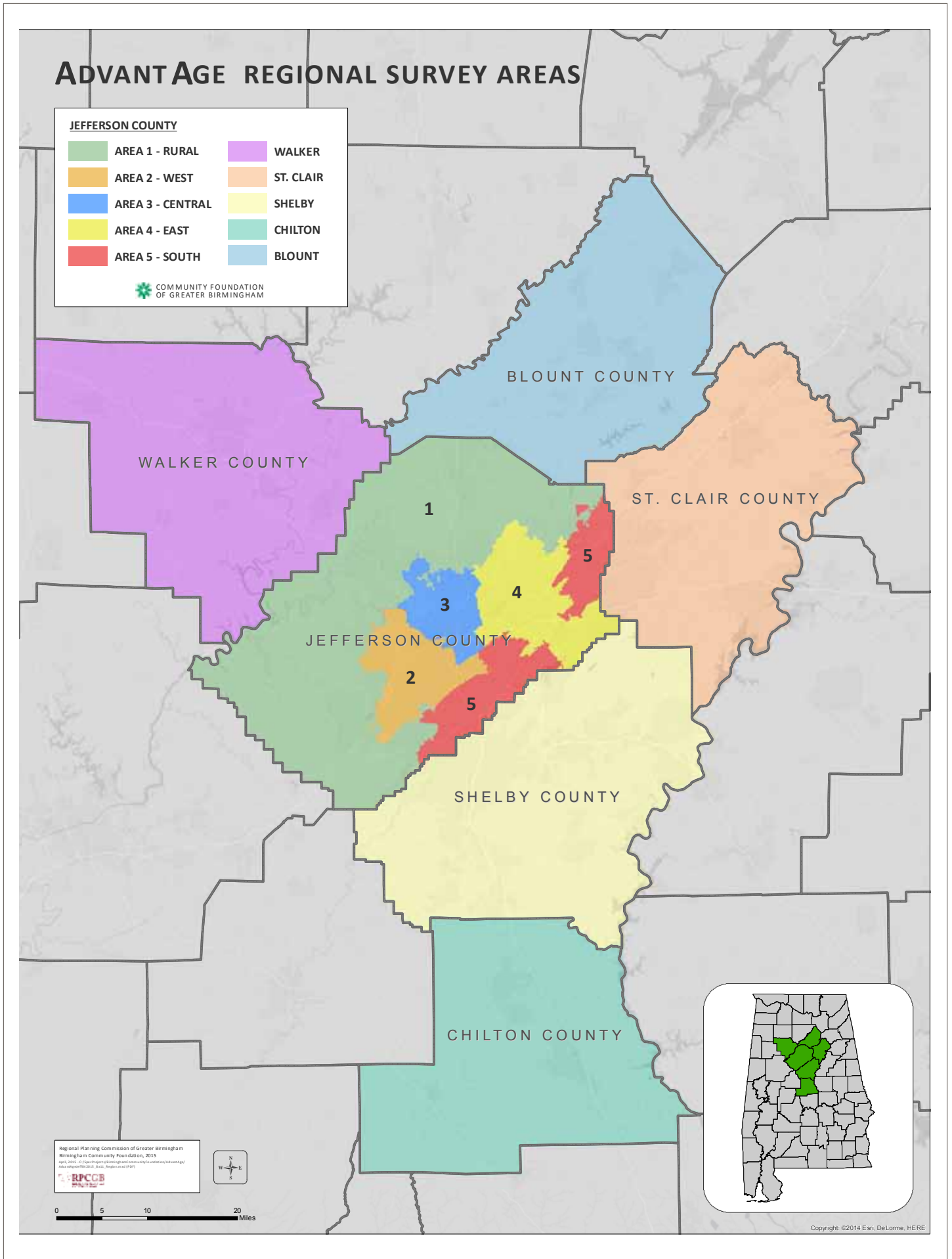
The survey was in the field from November 8, 2014 to January 19, 2015, and the average length of the survey interviews was 36 minutes. The survey questionnaire included an option for respondents to enter a drawing to win five \$100 gift cards. When the survey was finished, SSRS used a program to randomly select the five winners from the pool of respondents who entered the drawing, and these names and their contact information were sent to the Foundation. Please see Appendix A, Zip Codes (page 42) for additional information about the survey methodology. Seniors in the six counties who responded to the survey had different reasons for doing so: one in five (20%) said they took the survey because they wanted to make a contribution to their community; 32% said that they were curious to hear the survey questions; and others said they responded for other reasons, such as wanting to enter the raffle. In total, 1,759 survey interviews were completed.

The survey findings summarized in this report follow the AdvantAge Initiative framework—the four domains of an aging-friendly community and the 21 indicators Appendix A, Indicators (page 43) within the domains. The findings are reported as percentages of the whole 60+ population in the six-county area and, where warranted, comparisons are made between findings for the whole population and findings for individual geographic areas, such as individual counties or areas within Jefferson County. Sometimes, there are very few differences between findings for the whole 60+ population and those of the 60+ population in individual geographic areas. In other cases, the differences are of interest and are reported as well. For example, in the following, the percentage of the whole 60+ population (“7% of older adults overall”) is contrasted with two areas within Jefferson County, where the percentages were the highest among all the geographic areas: “Sixteen percent (16%) of older adults in Central Jefferson County (A3) and 13% of those in East Jefferson County (A4) got emergency food from a food pantry in the past 12 months, compared to 7% of older adults overall” Similar types of comparisons can be found throughout this report.

1. 29% of the respondents in the survey sample were between the ages of 60 and 64, and 71% were aged 65+







## Demographic Characteristics

The percentage of adults aged 65+ in the U.S. population is 14.1%, and the 65+ population in the state of Alabama is slightly higher, 14.9%. The percentage of adults aged 65+ living in the six surveyed counties varies from county to county. Four of the counties (Blount, Chilton, St. Clair, and Walker) have a higher proportion of adults aged 65+ in their population than does the U.S. as a whole, and two counties (Jefferson and Shelby) have a lower proportion. Chilton County has the same percentage of people 65+ as the state of Alabama (14.9%), and Walker County is the “oldest” compared to the U.S., Alabama, and the other five counties.<sup>2</sup> Looking to the future, it is projected that by 2030 Alabama’s 60+ population will increase by more than 40%. This growth will be significantly faster than the growth of other segments of the population and will have a profound effect on state and local organizations and communities. In this study, we chose to include adults age 60 to 64 to help us fully understand the effects of this growth. Following are the demographic characteristics of adults 60+ in the study area.

CHARACTERISTICS	PERCENTAGE
<b>Gender</b>	
Male	44%
Female	56%
<b>Age</b>	
60-64	29%
65-74	42%
75-84	23%
85+	6%
<b>Race</b>	
White	78%
Black	20%
Other	2%
<b>Educational level</b>	
Less than high school	7%
High school or GED	26%
Some college	31%
College graduate	17%
Some graduate study/graduate degree	19%
<b>Marital Status</b>	
Single	7%
Married/Partnered	62%
Widowed	21%
Divorced/Separated	10%

2. State and County QuickFacts from the U.S. Census Bureau, 2014 Estimated Population.





## INTRODUCTION

CHARACTERISTICS	PERCENTAGE
<b>Living Arrangement</b>	
Lives alone	25%
Lives with others	75%
<b>Living Children</b>	
No children	10%
One child	15%
Two children	35%
Three or more children	40%
<b>Self-rated Health Status</b>	
Excellent	15%
Very Good	37%
Good	30%
Fair	14%
Poor	4%
<b>Employment Status</b>	
Retired	72%
Working full-time	14%
Working part-time	6%
Not working but seeking employment	1%
Not working and not seeking employment	6%
<b>Income</b>	
Less than \$35,000 per year	42%
\$35,000 - \$60,000	26%
\$60,000 or more	32%
<b>Number of Years in the Community</b>	
Less than 10 years	9%
10-19 years	11%
20-29 years	11%
30-39 years	10%
40-49 years	9%
50 years or more	49%



# Older Adults: A Vital Community Asset

The AdvantAge Initiative survey is not merely a needs assessment. It also provides a window into the contributions of older adults in the geographic areas that were surveyed. For example:

## Older adults in the six-county area contribute to neighborhood stability

- **79%** of older adults have lived in their communities for 20 or more years
- **93%** said that they would like to stay in their current residences for as long as possible
- **95%** said that they are satisfied with their neighborhoods as places to live

## They are civic minded

- **92%** voted in local elections
- **40%** contacted their local officials
- **29%** notified the police or other government agency about a problem in their community
- **92%** made a donation of money or goods to charity

## They volunteer their time for a variety of organizations and causes

- **40%** do volunteer work in the community, assisting civic and social organizations, tutoring or mentoring youth, and helping other seniors
- In Jefferson County South (A5), fully **50%** of older adults volunteer, and the percentages of volunteers in Chilton County (**46%**) and Shelby County (**40%**) are not far behind

## They are caregivers to family members and friends

- About one in three (**31%**) older adults report being a caregiver, providing help or care, or arranging for help or care, to a relative or friend because that person is unable to do some things for him or herself
- Half of these caregivers have been caring for the person for more than 3 years, and the amount of time they spend caregiving ranges from 1 hour to 10 hours per week
- **82%** of older adults in the six-county area have grandchildren or great-grandchildren, and of these over one-third (**37%**) are involved in providing care or babysitting for them

*“Older Alabamians are engaged in making life better for their families and communities. They are volunteers, they are caregivers, and they are community activists. Their wisdom and energy is a valuable resource to all.”*

*Candi Williams, AARP Alabama*





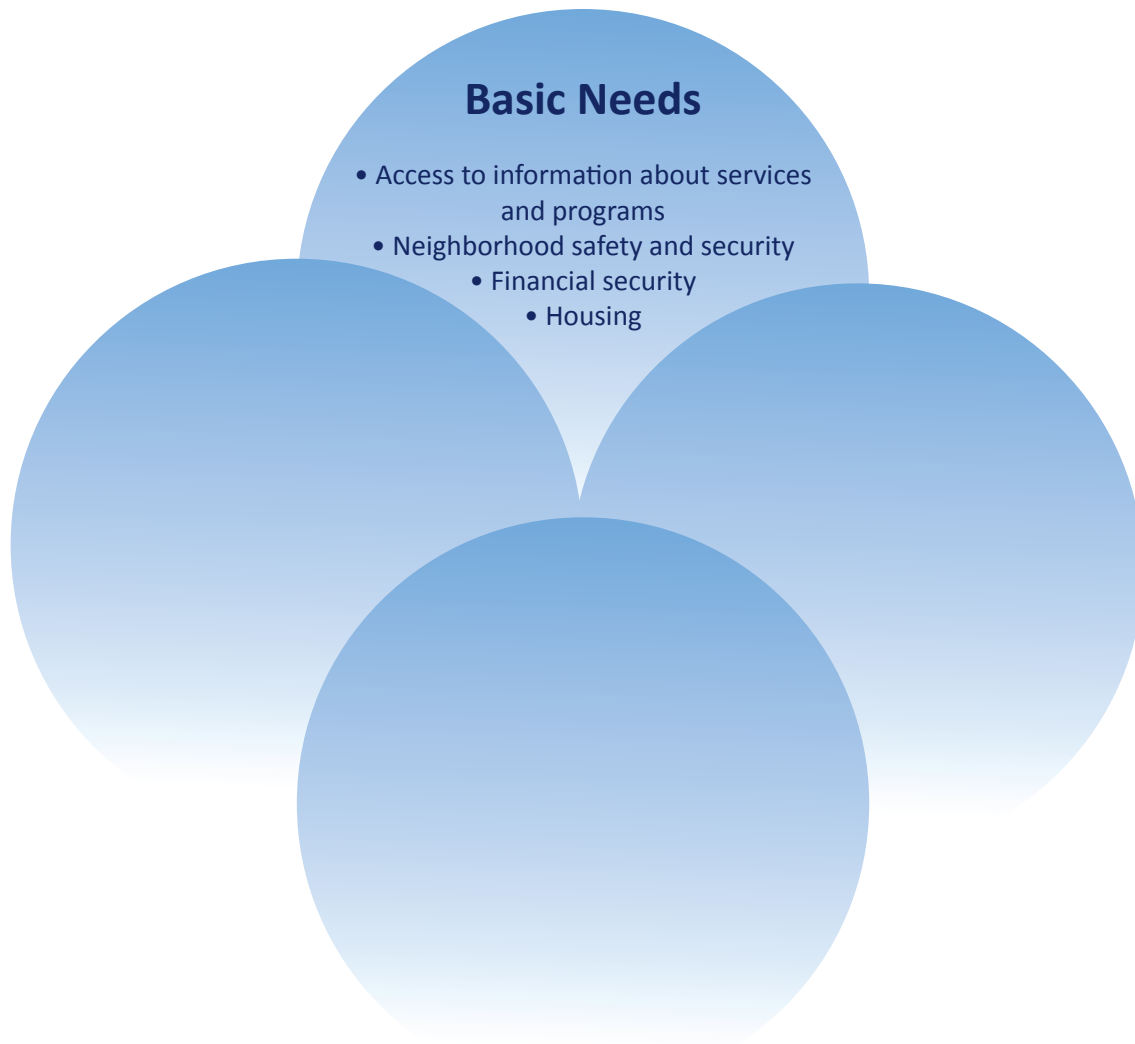
## Priorities for Community Action

In addition to identifying the contributions that older adults provide to their families and communities, some of the survey findings show that there is room to improve community responsiveness to the needs of older adults. Working groups of community stakeholders were convened around each of the four domains of an elder-friendly community. These groups were asked to review the findings of the survey and identify priorities for improvement based not only on the data collected, but also on their expertise and experience in working with seniors in our community.

Each stakeholder group determined “priorities for action” within its domain – areas where local government, the business sector, philanthropic organizations, community-based organizations, medical and social services providers, volunteers and others could intervene to address the unmet needs of older adults and improve the aging- friendliness of their communities.

These findings are discussed one domain at a time.





# Domain I: Basic Needs

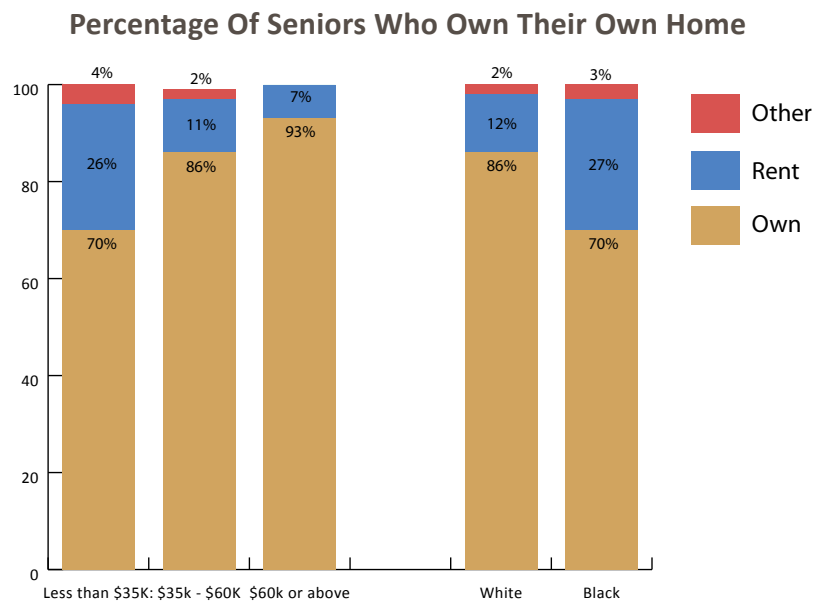
## Overview

In the “Basic Needs” domain, we include four broad topics that are essential to older adults’ ability to stay in their homes and communities for as long as they would like, which is popularly known as “aging in place.” Included in this domain are indicators related to housing, safety, financial security, access to healthy food and access to information.

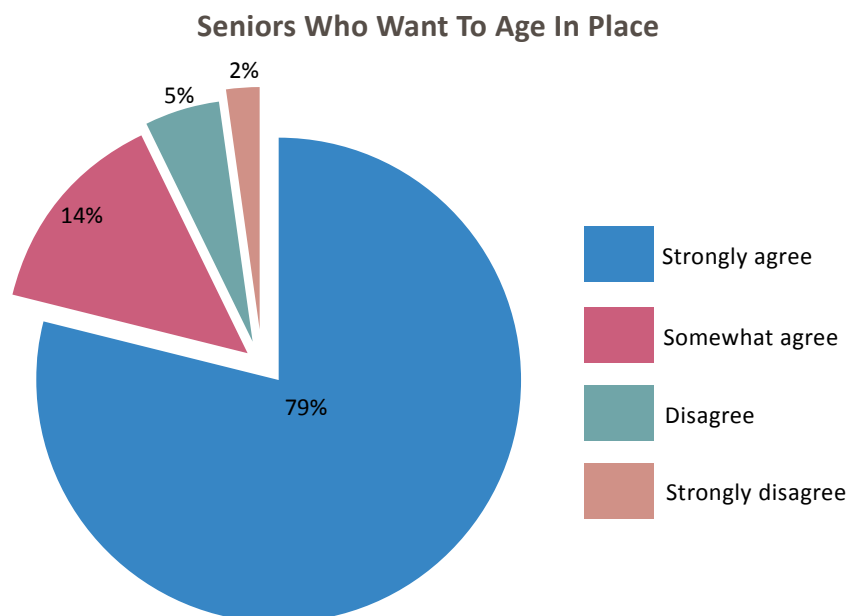


## Housing Needs

Overall, in the six-county area, the vast majority of older adults (83%) own their homes, slightly higher than the rate of homeownership nationally (81%). However, within geographic areas, homeownership rates vary widely. For example, homeownership is lowest in Central Jefferson County (A3), where 60% of older adults own their own homes, and highest in Chilton County (93%). The survey shows that income disparities play a part in rates of home ownership. The median income in 2013 for 65+ households in the U.S. was \$35,611. Within the six-county area, Central and East Jefferson County (A3 and A4) have the greatest proportion of lower income older adults – 66% in Central Jefferson County (A3) and 58% in East Jefferson County (A4) have annual incomes under \$35,000. Lower income adults, as well as African Americans, are much more likely to rent than own their homes.



In the survey, older adults were asked whether they agree or disagree with the statement, “What I’d really like to do is stay in my current residence for as long as possible.” Overall, 93% said they agree or strongly agree with that statement, while only 7% said they disagree or strongly disagree with it. However, older adults in East Jefferson County (A4) are twice as likely (14%) to say that they disagree or strongly disagree with the statement.



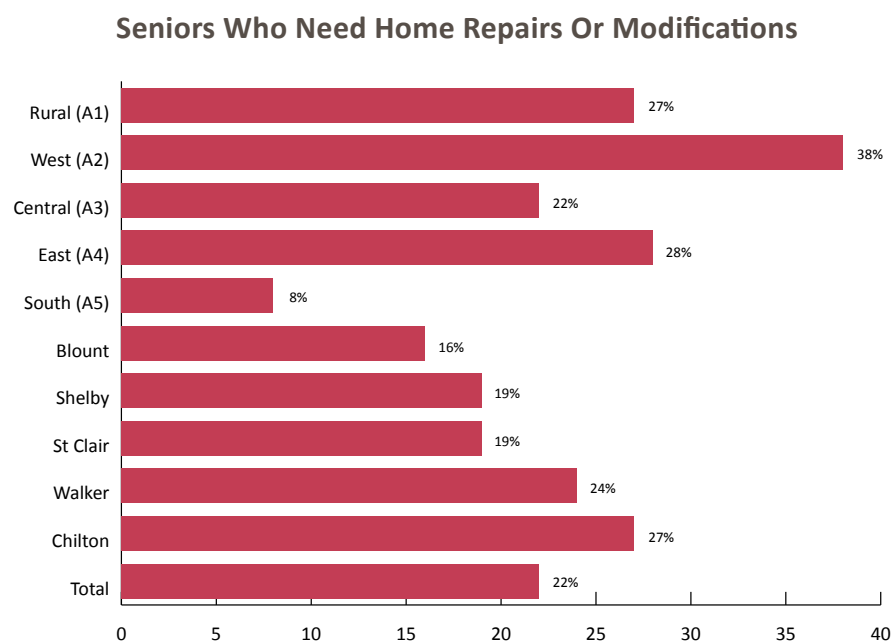
## Affordable and appropriate housing is available to older community residents

The Federal government considers spending more than 30% of one's income on housing as "housing cost burden." In the six-county area, the vast majority of older adults (96%) are confident that they will be able to afford to stay in their current residences as they grow older. Overall, only 4% said that they were not confident, but that percentage was higher (9%) among older adults in East Jefferson County (A4) and 7% in West Jefferson County (A2) (See Appendix B, Figure 1 for comparisons across geographic areas).

Some older adults report that in the past 12 months there was a time when they didn't have enough money to pay their rent, mortgage, real estate taxes, and utility bills (See Appendix B, Figures 2 and 3 for comparisons across geographic areas).

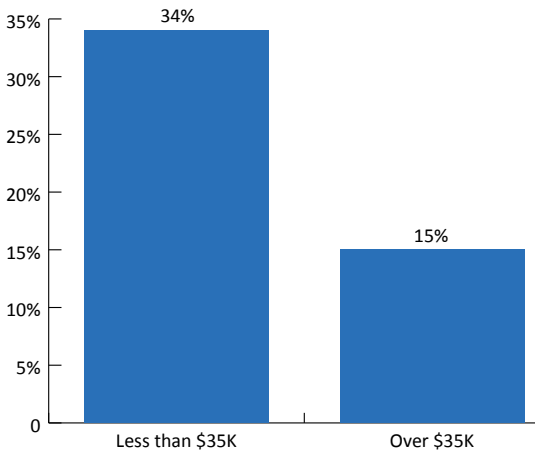
## Housing is modified to accommodate mobility and safety

Overall, 22% of older adults' homes in the six-county area need modifications or repairs to improve their ability to live there in the next five years. The top three areas where older adults report home modification needs include: 1) West Jefferson County (A2), with 38% reporting home modification needs; 2) East Jefferson County (A4), where 28% have such needs; and 3) Chilton County, where 27% have home modification needs. When these survey areas are broken down further into zip codes, the need for home modification is even greater in some areas. For example, in West Jefferson County zip codes 35228 (63%) and 35020 (64%) report having home modification needs. Similarly, in East Jefferson County zip code 35212 reports 54% of older adults need home modifications.

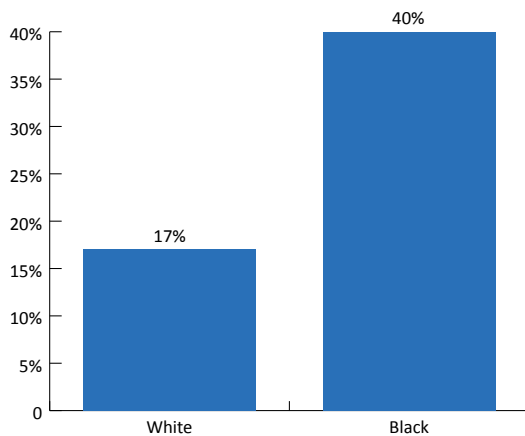


There are also wide disparities in the need for major repairs by race, income and health status:

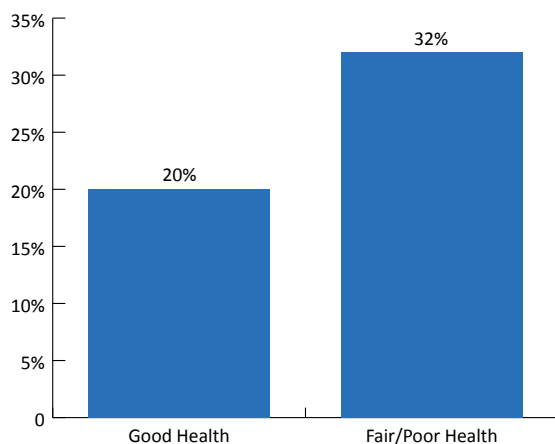
**Need Home Repairs Or Modifications By Income**



**Need Home Repairs Or Modifications By Race**



**Need Home Repairs Or Modifications By Health Status**



**The top home modifications that older adults need include:**

- **68%** need minor repairs such as painting and floor refinishing
- **48%** need bathroom modification, such as installation of grab bars, handrails, elevated toilets or non-slip floors
- **44%** need major repairs, such as a new roof or plumbing
- **28%** need better heating in the winter
- **27%** need accommodations to get in or out of the home, such as ramps
- **22%** need help dealing with insects or rodents
- **18%** need an emergency response system installed

*"Sometimes simple additions like a handrail on outside steps, a grab bar in a bathroom or repairing exterior siding can help older adults continue to live independently in their homes." Adam Guthrie, Avondale Samaritan Place*

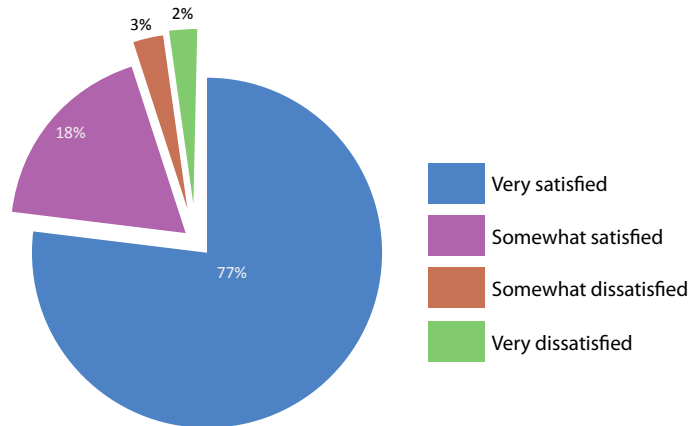




## The neighborhood is livable and safe

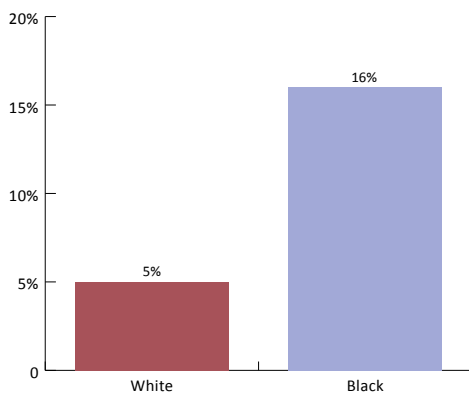
Despite identifying multiple neighborhood problems, the vast majority of older adults (95%) are satisfied with their neighborhoods as places to live. However, 11% in Central Jefferson County (A3) and 10% in East Jefferson County (A4) say that they are somewhat or very dissatisfied with their neighborhoods.

**Percentage Who Are Satisfied With The Neighborhood As A Place To Live**

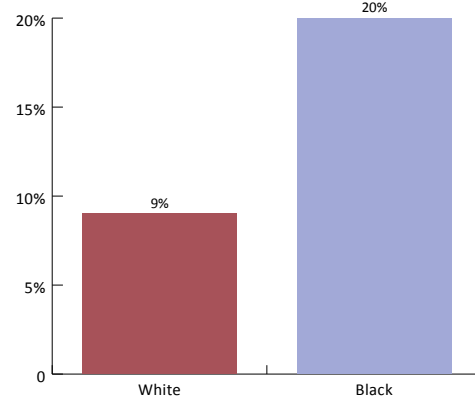


In our survey area, disparities rise to the surface when people are asked about safety and security in their neighborhoods. For example, in the following charts we see the differences in perceptions about neighborhood safety between racial groups.

**Personal Safety Is Fair Or Poor**



**Crime Is A Big Problem**



The percentage of older adults who feel that safety in their neighborhood is fair or poor ranges from 1% to 18% across the six-county area (See Appendix B, Figure 4 for comparisons). Residents of West, Central, and East Jefferson County (A2, 3, and 4) are more likely than others to say that safety is fair or poor in their neighborhoods, as are African Americans.

Overall, the top five neighborhood problems cited by older adults in the six-county area include:

- 1) Streets and sidewalks need repair or don't exist (21%);
- 2) People don't get involved in efforts to improve the community (20%);
- 3) Heavy traffic (14%);
- 4) Not enough affordable housing (13%); and
- 5) Crime (11%) (See Appendix B, Figures 5-9 for comparisons across the 6-county area).

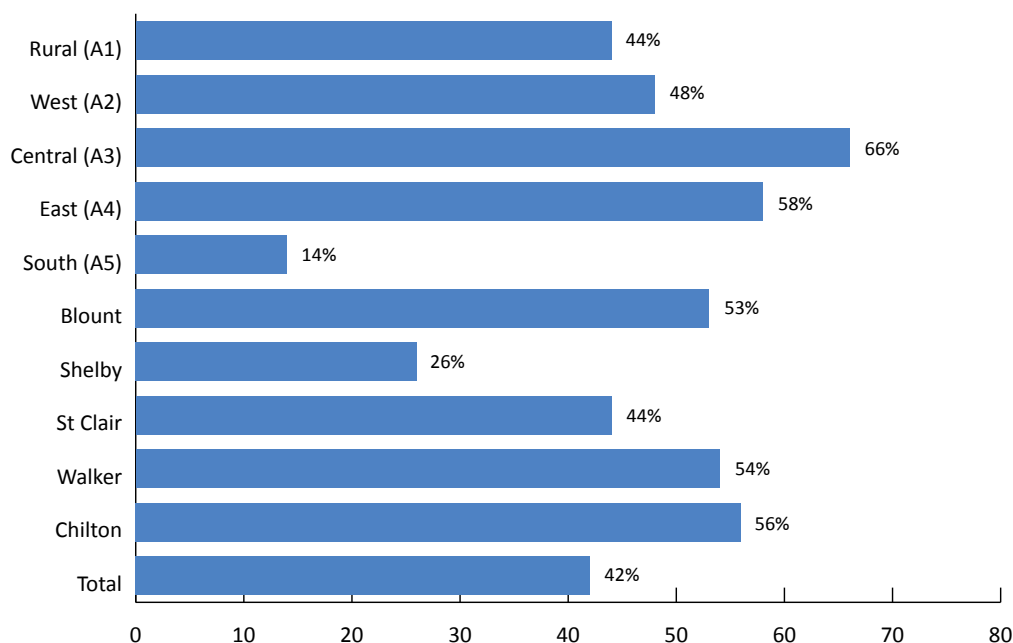




## Financial security

As shown in the demographic table in on pages 7 and 8, 42% of older adults in the six-county area have annual incomes under \$35,000. The percentage of lower income individuals is considerably higher in Central Jefferson County (A3) and East Jefferson County (A4), as well as Blount, Walker, and Chilton Counties. Older adults in these areas had more difficulties affording housing-related costs than those in other areas (See previously referenced charts, Appendix B, Figures 2 and 3).

**Seniors With Annual Income Under \$35,000**

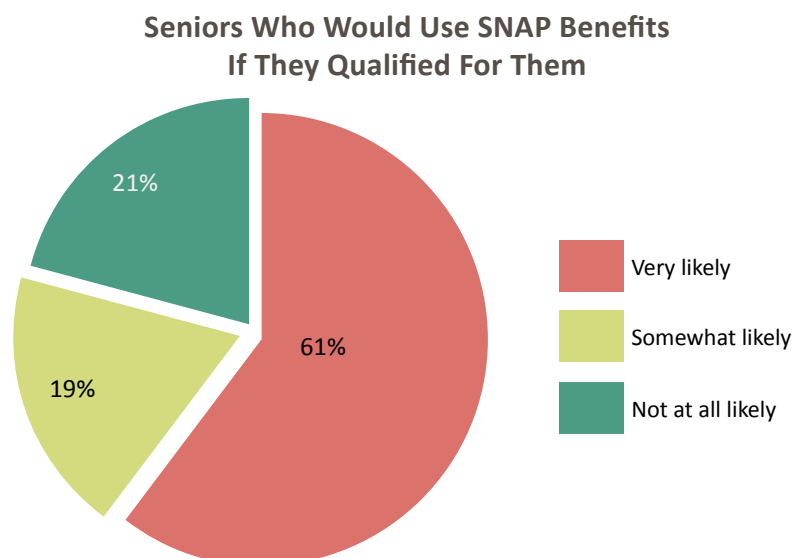


## People have access to healthy food

Seven percent (7%) of adults aged 60+ in the six-county area have cut the size of, or skipped meals, in the past year because they didn't have enough money for food. This is slightly less than the 9% of older adults nationally who are "food insecure," meaning that they did not have access at all times to enough food for an active, healthy life for all household members.<sup>3</sup> In the six-county area, however, the percentages were higher in some regions (See Appendix B, Figure 10).

Additionally, among seniors with incomes below \$35k almost one in five (17%) report skipping meals. More than a quarter of these low-income adults report that food pantries don't exist or they are not aware if they exist in their neighborhood. Overall, 7% of seniors report that they have utilized a food pantry in the past 12 months, although this percentage is higher in some areas. For example, 16% in Central Jefferson County (A3) and 13% in East Jefferson County (A4) got emergency food supplies from a food pantry in the past 12 months.

According to the AARP Public Policy Institute, 18% of older adults in the U.S. receive SNAP benefits (better known as "food stamps"). In the six-county area surveyed, only 6% of older adults overall take advantage of this benefit. Although in some areas this percentage is higher (for example, 26% of older adults in Central Jefferson County (A3) and 12% in East Jefferson County (A4)), many more seniors in the 6-county area likely qualify for this benefit but are not currently using it. In Rural Jefferson County (A1) only 2% of seniors utilize SNAP benefits, while in both Shelby and St. Clair Counties, only 3% of seniors receive SNAP. Survey results show that the majority of older adults in the six-county area who do not currently receive SNAP benefits would use these benefits if they qualified for them: 61% would be "very likely" to use them and 19% would be "somewhat likely" to use them. Only one in five (21%) are "not at all likely" to use SNAP benefits even if they qualified for them.



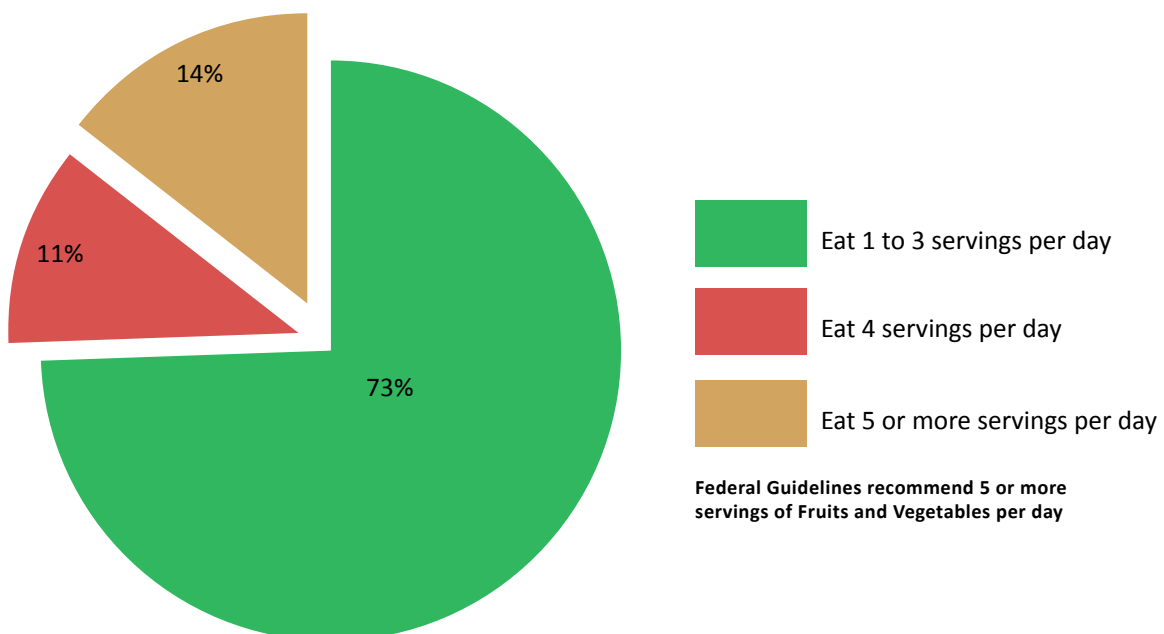
3. Retrieved from: <http://www.feedingamerica.org/hunger-in-america/impact-of-hunger/senior-hunger/senior-hunger-fact-sheet.html>





Finally, the quality of the food that people eat is as important as the quantity. Federal dietary guidelines include the recommendation that people should consume five or more servings of fruits and vegetables per day.<sup>4</sup> The vast majority of older adults (73%) in the six-county area eat only 1 to 3 servings of fruits and vegetables on a typical day; 11% have 4 servings; and 14% have the recommended 5 or more servings (See Appendix B, Figures 11-13 for comparisons across geographic areas). Additionally, one in five (20%) report that there aren't convenient places in their neighborhoods to buy fresh fruits and vegetables. In Central Jefferson County (A3), that figure is 31%. Overall, 7% report that fresh fruits and vegetables are not affordable in their area, and surprisingly, 15% in rural Jefferson County say that fruits and vegetables are unaffordable.

**Seniors Who Consume Daily Recommended  
Number Of Fruits & Vegetables**



4. A serving is one piece of fruit; or ½ cup of vegetables; or 1 full cup of greens, such as lettuce or spinach.







## People have access to information

Nowadays it is common for people of all ages to access information via the Internet, and seniors in the six-county area are no different. Overall, 68% of older adults in the six-county area use computers. A full 88% of those with access to computers use them to send and receive email; 87% use search engines to find information; 62% find information about community events and do online shopping; 51% do online banking; and 50% use a social networking site such as Facebook or Twitter. Still, there is evidence of a digital divide in the six-county area. Nearly half (49%) of seniors in Central Jefferson County (A3) do not use computers nor do 42% of seniors in West Jefferson County (A2), 41% in Walker County and 41% in Chilton County.

Area Agencies on Aging are normally a source of information about area resources for seniors, but this was not the case in most areas surveyed. Two-thirds (67%) of older adults in the six-county area are not familiar with the Middle Alabama Area Agency on Aging (M4A) or the Jefferson County Office of Senior Citizen Services. Percentages of older adults unfamiliar with these agencies are even higher in Blount (74%); Shelby (77%); Walker (77%); and St. Clair (84%) Counties. Overall, 82% of older residents have never attended one of the programs these agencies provide, and 72% have never contacted them for information. When reporting the best source of information about services in their communities, only 6% of older adults mention the M4A or the Jefferson County Office of Senior Citizen Services.

***67% of Senior Adults in the six-county survey area are not familiar with the Middle Alabama Area Agency on Aging (M4A) or the Jefferson County Office of Senior Citizen Services.***



# Priorities for Action: Basic Needs

## Housing

- Develop more affordable senior housing options, especially utilizing new models of community-based, continuing care communities
- Increase availability of home modification services, focusing on accessibility issues
- Increase availability of in-home services that help seniors age in place (e.g. homemaker services, medication management, meal preparation)
- Conduct safety assessments and deploy technological advances in the home that facilitate aging in place



*"We are exploring a variety of options, including education about SNAP benefits, to help get affordable, healthy food to senior adults in our area."*  
Gus Heard- Hughes,  
Community Foundation



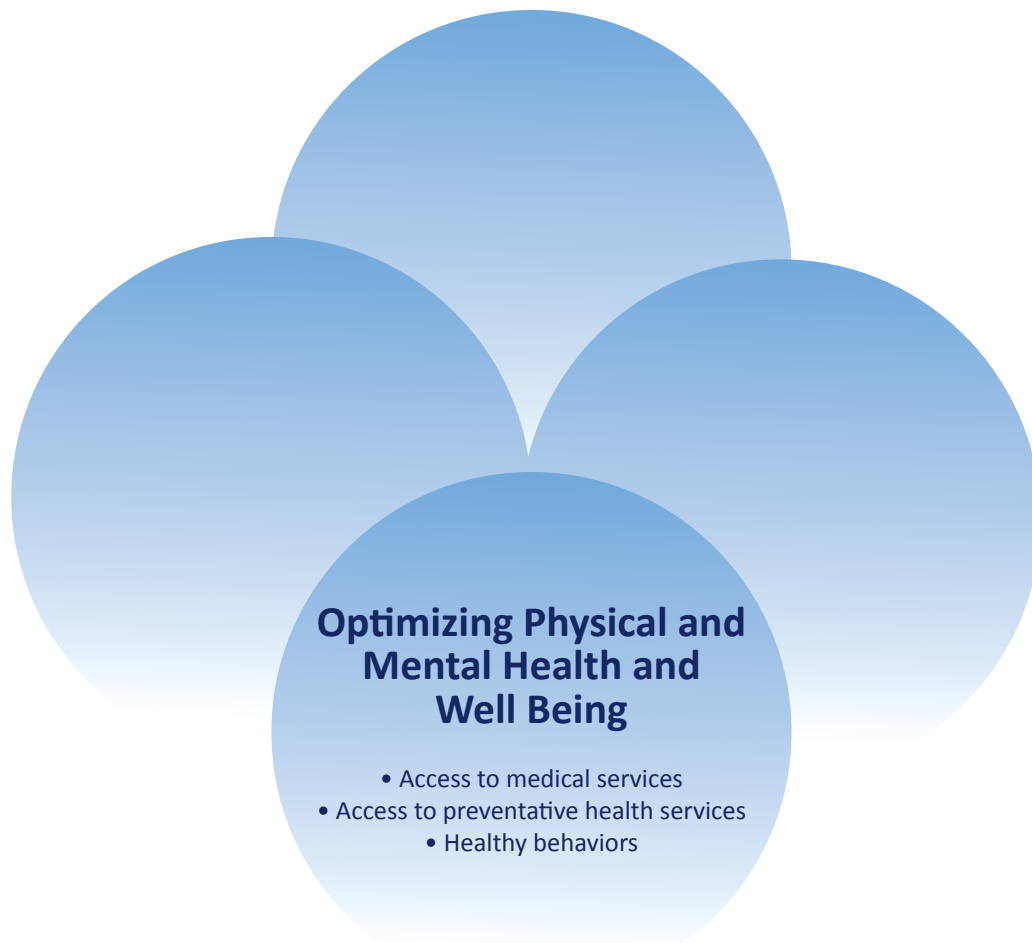
## Access to Healthy Food

- Identify food deserts; increase the quality of food, with a focus on fruit, vegetables, and protein; and develop innovative partnerships to connect seniors with healthy prepared foods
- Conduct a campaign around the availability of SNAP benefits for seniors, prioritizing outreach to outlying counties

## Access to Information

- Develop an easily accessible hub for information about services for seniors
- Institute a "no wrong door" approach to information and referral
- Use a common intake process, sharing information among social service agencies to better connect seniors with community services





## Domain II: Optimizing Physical and Mental Health and Well-Being

### Overview

The key indicators in this domain relate to healthy behaviors, access to preventative and needed medical care, and health risks. Following are selected survey findings that measure different aspects of older adults' health status and needs.



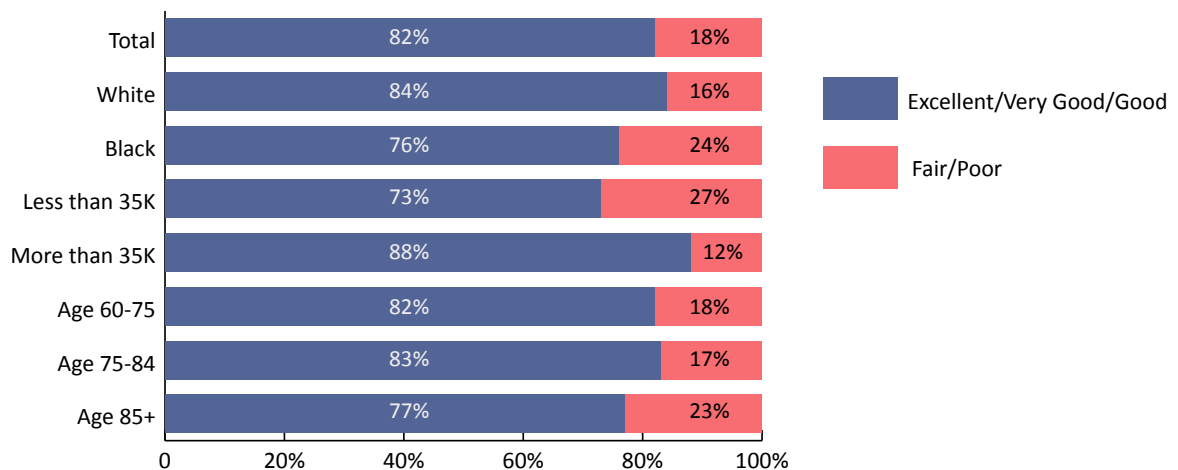




## Physical and mental health status

Research has shown that individuals' rating of their own health is a good measure of their actual health status. Overall, 82% of older adults in the six-county area rate their health as good, very good, or excellent, compared to 76% of older adults in the entire U.S.<sup>5</sup> Only 18% rated their health as fair or poor, compared to 23% nationally.<sup>6</sup> Older adults in the six-county area seem to be doing better than older adults nationally, but as shown in Appendix C, Figure 14, the percentage of older adults reporting fair or poor health is noticeably higher than 18% in some areas. Additionally, there are marked demographic differences in the percentage of seniors who say their health is fair or poor.

**Health Status By Demographics**



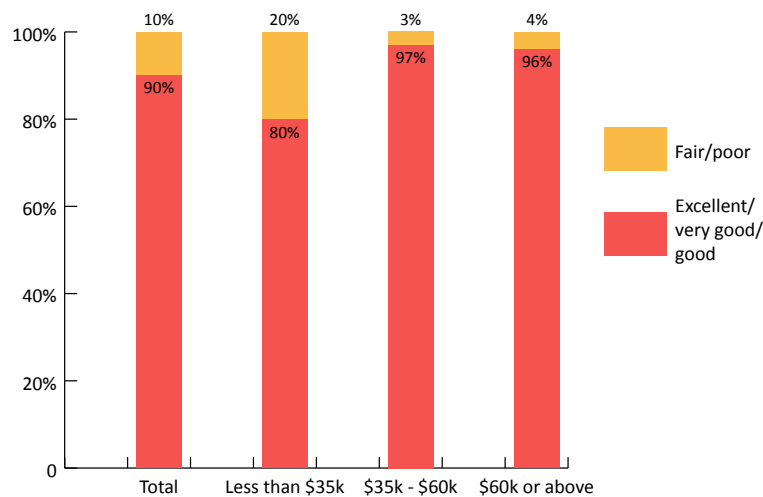
<sup>5</sup> Federal Interagency Forum on Aging-Related Statistics. (June 2012.) Older Americans 2012: Key Indicators of Well-Being. Federal Interagency Forum on Aging-Related Statistics. Washington, DC: U.S. Government Printing Office.

<sup>6</sup> U.S. Department of Health and Human Services, Centers for Disease Control and Prevention (May, 2014). Health, United States, 2014.



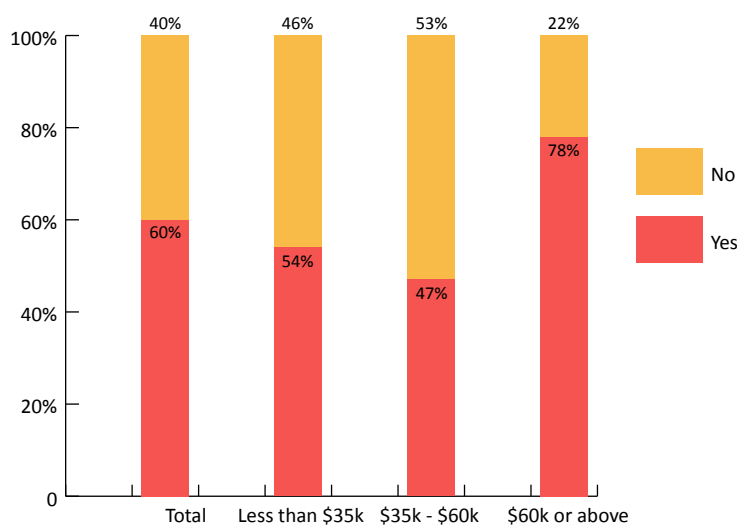
In the area of mental health, our 6-county area has much room for improvement. Nationally, according to the Centers for Disease Control and Prevention (CDC), rates of depression among older adults range from 1% to 5%, with the highest rates found among older adults who have other illnesses, such as heart disease or cancer, or who have functional limitations. In the six-county survey area, 10% of older adults rate their mental health status as fair or poor, but the percentage of people reporting fair or poor mental health status was much higher than 10% in three of the geographic areas (See Appendix C, Figure 15). Additionally, 13% of older adults say that there was a time in the past year when they thought they needed the help of a health professional because they felt depressed or anxious, and of these, two of five (40%) did not get the professional help they thought they needed (See Appendix C, Figure 16 for comparisons across geographic areas).

**Senior Adult Mental Health Status By Income**



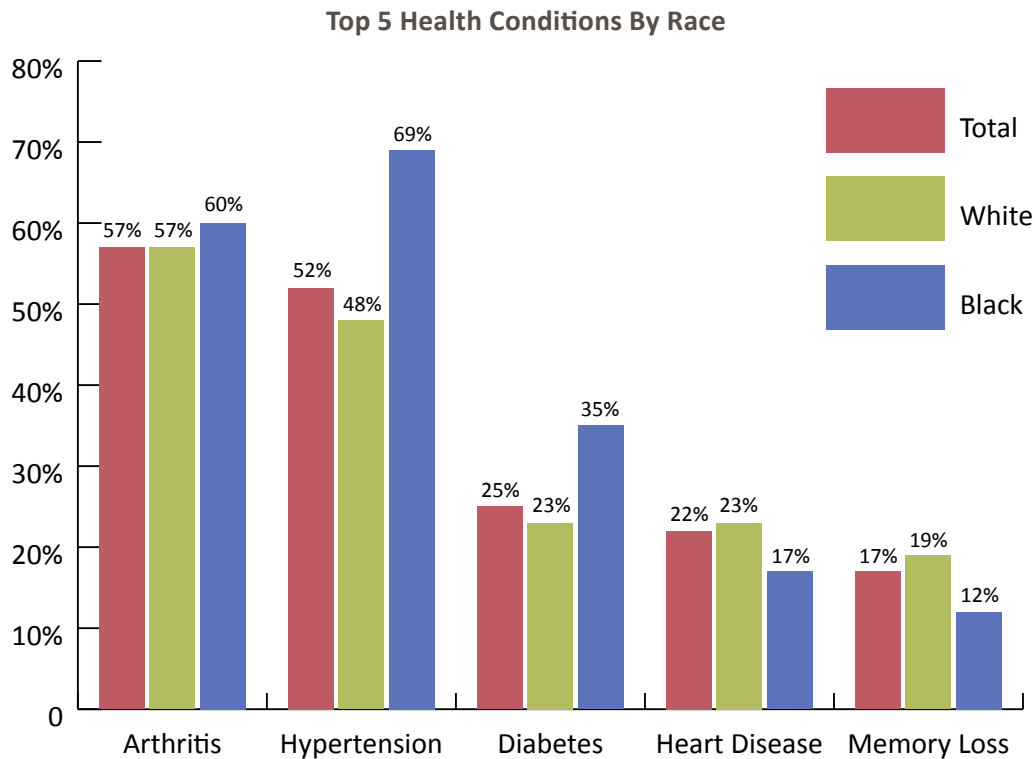
Seniors with lower incomes (less than \$35,000) were more likely to rate their mental health as fair or poor and were less likely to report receiving care for depression or anxiety. Interestingly, those with moderate income levels (\$35,000 to \$60,000) are the least likely to report getting the help they needed.

**Percentage of Senior Adults Who Received Care For Symptoms of Depression And Anxiety**



## Health conditions

The top 5 chronic health conditions among older adults in the six-county area are: 1) arthritis (57%); 2) hypertension or high blood pressure (53%); 3) diabetes (25%); 4) heart disease (22%); and 5) memory loss (17%). Nationally, 56% of people 65 and older have hypertension; 30% have heart disease; and 21% have diabetes.<sup>7</sup>



## Access to Care



There is good news with respect to access to medical services. Virtually all older adults in the six-county area have some form of health insurance, including Medicare (75%), employer or union-provided insurance (44%), private insurance (30%), one of the health insurance plans offered by the state of Alabama (23%), veterans' insurance (14%), and Medicaid (8%). Many seniors report having more than one medical insurance provider. Additionally, virtually all have a usual source of health care. Most (82%) get their primary care at a private doctor's office, while others (10%) get their care at a clinic or health center. Receiving care at a clinic is higher in four of the five areas in Jefferson County: Rural (A1) (14%); West (A2) (16%); Central (A3) (18%), and East (A4) (12%). Only 1% of older adults do not have a regular place to go for their medical care.

<sup>7</sup> Older Americans 2012: Key Indicators of Well-Being, op cit.



## Medication management

Taking medications exactly as prescribed is very important for older patients, particularly for those who take multiple medications. In the six-county area, 91% of older adults take medications every day. Of those 82% have an up-to-date list of their medications, while 18% do not. Many (46%) keep the list in their wallets or purses, on their computers (14%), or “somewhere else” (48%). Twenty-seven percent (27%) report that they sometimes forget to take their medications.

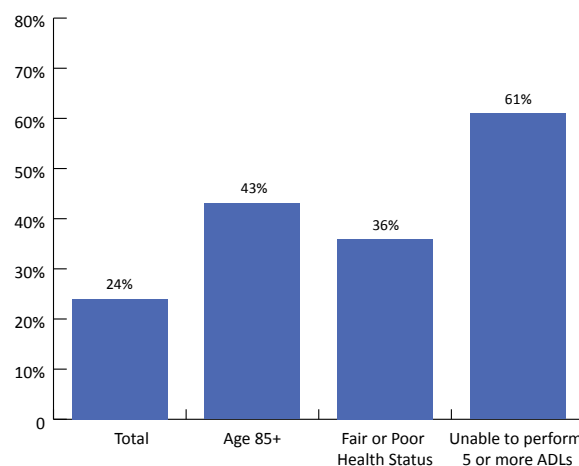
## Falls

According to the Centers for Disease Control and Prevention, one in three older adults falls each year. Among older adults, falls are the leading cause of both fatal and nonfatal injuries.<sup>8</sup> While seniors in our region report fewer falls than the national average, nearly a quarter of senior adults in the six-county area (24%) say that they fell to the ground in the past year and over half

of these report falling more than once. The falls happened indoors (47%), outdoors (32%), and both indoors and outdoors (21%). The highest rates of falls are found in Walker County (36%); Blount County (31%); and Chilton County (31%). As expected, those seniors over the age of 85, those in fair or poor health and those with limited activity report a higher incidence of falls.

*“About half of all falls happen at home. A home safety check can help identify potential fall hazards that need to be removed or changed, such as tripping hazards, clutter, and poor lighting.”*  
– Center for Disease Control and Prevention

**Seniors Who Have Fallen In The Past 12 Months**



## Dental care

Overall, 44% of older adults in the six-county area have all their own teeth and 56% do not. Fifty-two percent (52%) do not have dental insurance, but 69% visit their dentist at least once per year, although there is variation across geographic areas (See Appendix C, Figure 17). The top three reasons older adults do not see their dentist once a year are: 1) “Dentist visits are too expensive” (30%); 2) “I wear dentures/I don’t have my own teeth” (24%); and 3) “I don’t think I need to see

<sup>8</sup> Centers for Disease Control and Prevention, Falls Among Older Adults: An Overview, Retrieved from <http://www.cdc.gov/homeandrecreationalstudy/Falls/adultfalls.html>



a dentist” (23%). Appendix C, Figures 18-20 show the reasons for not seeing a dentist at least annually, across geographic areas. Among those who currently have dental needs, 42% say they need a routine cleaning and 12% say they need dentures.

## Preventative health measures

Overall, older adults in the six-county area did well in accessing some of the recommended health screenings in the past 12 months. For example, 97% had their blood pressure checked by a health professional; 91% were screened for cholesterol levels; 83% had a colonoscopy in the past 10 years; 80% had a test for high blood sugar; and 72% had an eye exam. The lowest rate of screening is seen in hearing tests. Only 26% of seniors in the six-county area report having a hearing test in the past 12 months. This low rate is remarkably consistent across geographic areas and demographic characteristics.<sup>9</sup>

There is, however, room for improvement. For example, 18% of older adults in Walker County, 16% in Chilton County, and 13% in St. Clair County have never had a colonoscopy. Overall, 42% of seniors did not get a flu shot in the past year. In Blount County half (50%) did not get a flu shot. Thirty-seven percent (37%) overall; 43% in Shelby County; and 42% in Central Jefferson County (A3) have never had a pneumonia shot. These are all preventative measures that can provide substantial health benefits for older adults.

**Seniors Who Have Not Accessed The Following Health Measures In The Past Year**

Area	Complete Physical	Eye Exam	Flu Shot	Pneumonia Shot
Area 1 (Rural)	14%	32%	44%	35%
Area 2 (West)	18%	25%	44%	33%
Area 3 (Central)	11%	26%	47%	42%
Area 4 (East)	20%	33%	47%	34%
Area 5 (South)	11%	17%	28%	35%
Blount	20%	26%	50%	33%
Shelby	15%	31%	45%	43%
St. Clair	27%	32%	43%	36%
Walker	26%	34%	43%	38%
Chilton	32%	27%	45%	41%
<b>Total</b>	<b>17%</b>	<b>28%</b>	<b>42%</b>	<b>37%</b>

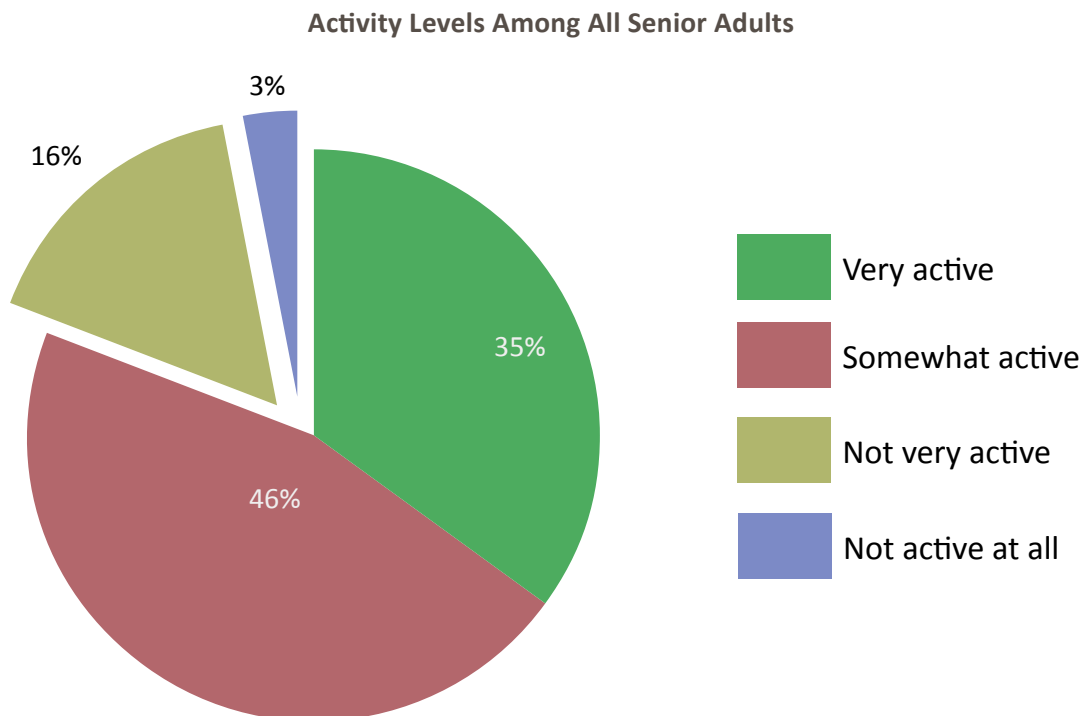
<sup>9</sup> Interestingly, in every survey the AdvantAge Initiative team has conducted, the rates for hearing tests are always the lowest. It is not clear why exactly this is so, but some possible explanations include: 1) primary care physicians do not routinely refer older adults for hearing tests; 2) people don't get hearing tests unless they feel there is a problem with their hearing; 3) insurance doesn't cover it; 4) people think that hearing loss is a natural part of aging; and 5) people avoid the test because if hearing loss is found, it is possible that the only remedy is a hearing aid and hearing aids are prohibitively expensive.



## Physical activity

A little more than one in three (35%) seniors in the six-county area rate themselves as “very physically active;” 46% report being “somewhat active,” and 20% as “not very active” or “not active at all” (See Appendix C, Figures 21-23 for older adults’ activity levels across geographic areas).

The Centers for Disease Control and Prevention recommend getting at least 150 minutes of moderate-intensity aerobic activity (such as brisk walking or fast bicycling) every week and muscle strengthening activities two or more days a week. In the U.S. as a whole, only 11% of people age 65+ report participating in activities that meet these guidelines. Older adults in our survey area report that they far exceed national trends. Thirty percent (30%) of older adults in the six-county area do vigorous activities for at least 20 minutes three or more times per week, and some (29%) do moderate or light activities for at least 30 minutes five times per week. But there is always room for improvement. Of the seniors surveyed, 44% never do vigorous activities; 18% never do moderate or light activities; and 54% never do muscle strengthening exercises, such as pushups or lifting weights.



## Paying for health care

Of all older adults in the six-county area, only 6% say that they had problems paying for medical care over the past 12 months. But in some geographic areas, higher percentages of older adults had difficulties paying not only for medical care but for prescription drugs, dental care, and eyeglasses (See Appendix C, Figures 24-26 for comparative findings across geographic areas).





# Priorities for Action: Optimizing Physical and Mental Health and Well-Being

## Supportive Communities

- Use faith and community-based networks to train community members and other volunteers (e.g. community health workers, parish nurses) to provide health education and support to older adults, with a special emphasis on homebound seniors
- Look for new and innovative evidence-based models for community support
- Develop new strategies for mental health interventions in the older population, such as the use of telemedicine in areas with limited mental health providers
- Develop quality assurance measures to ensure that support is available and appropriate



## Care Coordination

- Link patient-centered medical homes with community-based support and services with special consideration given to the most prevalent chronic diseases (i.e. arthritis, hypertension, and diabetes)
- Explore the use of telemedicine for areas with limited providers of care
- Partner with institutions that do annual community needs assessments, gain access to the data, and look for emerging areas of concern.

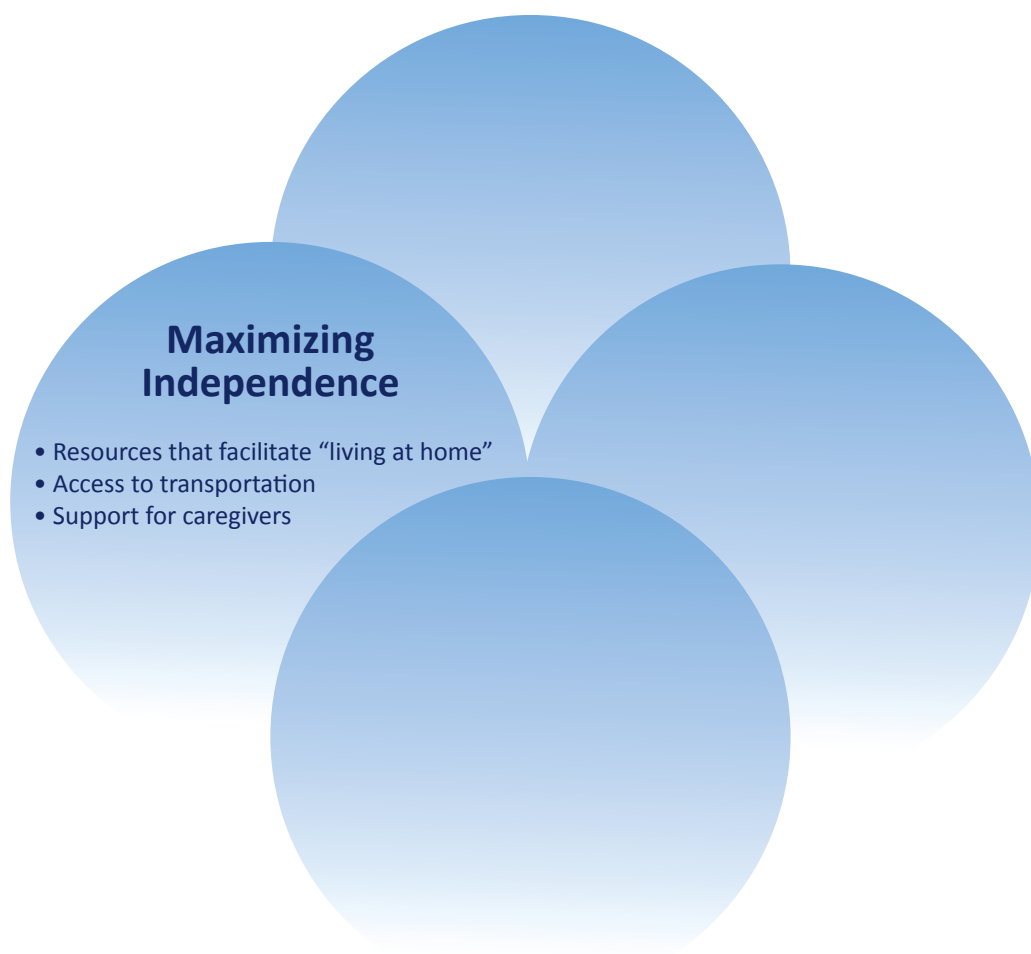
## Access to Information

- Strengthen both faith and community-based information and referral networks, with special consideration given to isolated and rural areas
- Ensure that information is high quality, but presented at a relatively low literacy level and available throughout the community (e.g. through churches, libraries, clinics, drugstores)
- Place emphasis on falls prevention

*“Churches and other faith-based institutions are often already equipped with programs to meet the basic needs and concerns of their own congregants and members, especially older adults. Within their organizational structure, they meet such needs as education, elder care, pastoral care, counseling, social activities, and benevolence.” - Rev. Carolyn Foster, Greater Birmingham Ministries*







## Domain III: Maximizing Independence for the Frail and Disabled

### Overview

This domain focuses on the factors that enable high-need older adults to stay in their homes and communities for as long as they would like—sometimes called “aging in place” or “aging in community”—and includes such topics as having access to information and resources for living at home; mobility and transportation options; and caregiving. Key objectives of this domain are to find out what needs older adults have and whether those needs are being met; how aware they are about the availability of services in their communities; and whether they use these community-based services.

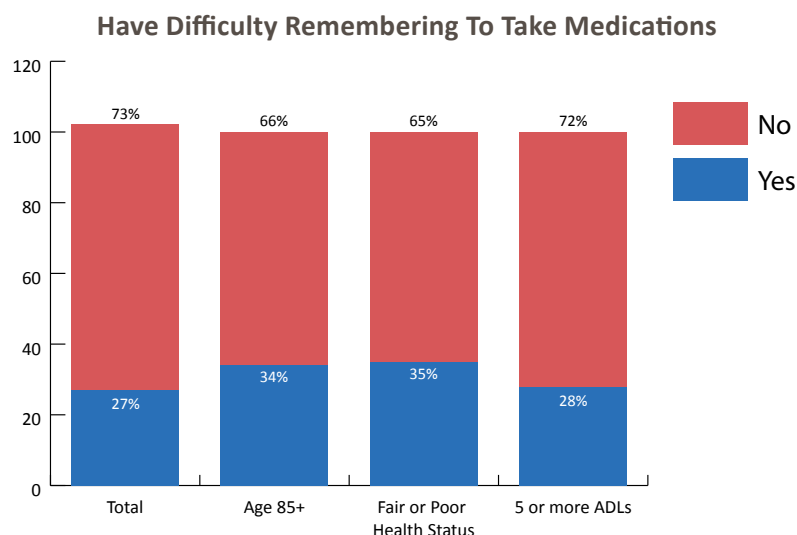


## The community service system enables people to live comfortably and safely at home

Services for older adults, such as Meals on Wheels and home health aide services, are typically found in communities around the country, including in the six-county area. But utilization of these services by older adults is quite low in the survey area. Overall, only 5% have used home health aide services, and only 2% have used Meals on Wheels. Senior centers are the most frequently used service, with 10% of older adults attending senior center activities. A total of 83% have not used any of these services. As with other survey findings, there is some variation in these percentages across geographic areas (See Appendix D, Figures 27-32). These low percentages are in line with those of other AdvantAge Initiative surveys conducted in different parts of the country.<sup>10</sup>

A small minority of seniors, ranging from 1% to 4% overall, report needing assistance with personal care—the activities of daily life (ADL) such as taking a bath or shower, dressing, or eating. Others, ranging from 2% to 5% overall, say they need assistance with the instrumental activities of daily living (IADL), such as driving a car, keeping track of money or bills, and taking the right amount of medications.

As reported in Domain II (page 24), medication management is a concern among seniors, and this issue is more pronounced among our most frail seniors. Among seniors who take medication every day, 27% overall report sometimes forgetting to take their medication. This percentage is noticeably higher for seniors aged 85 and older and seniors who report fair or poor health status. Additionally, while 6% of seniors report times in the past year when they did not have enough money to fill a prescription, this percentage doubles for seniors in poor health and for those reporting 5 or more ADL/IADLs.

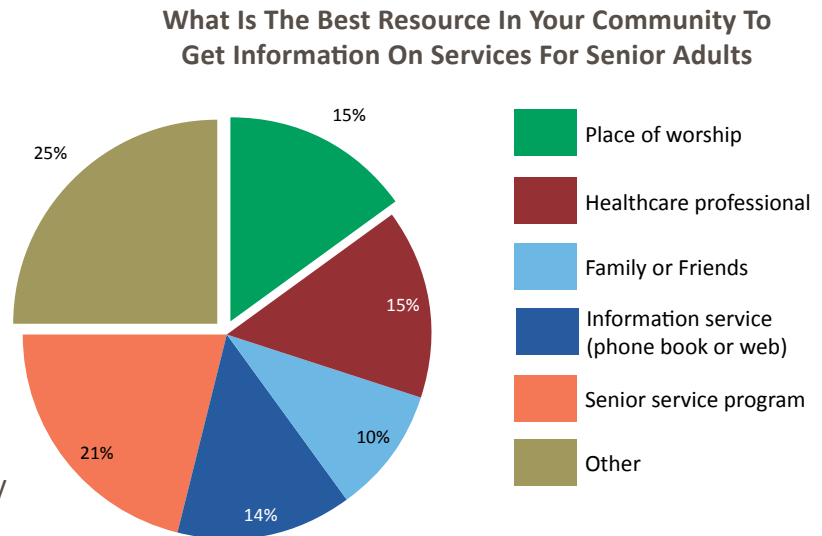


10. Service utilization rates have been low in virtually all the AdvantAge surveys. There are several possible reasons for this, including 1) the survey did not reach sufficient numbers of disabled or homebound seniors who would typically use such services; 2) respondents don't need the services at this point in time; 3) respondents don't know about the services or don't know how to access them; and 4) the services are unavailable in their community.



## Residents know how to access services

Even if people are not currently using available services to help them live at home, it's still beneficial to know whom to call in case the need for these services arises. Overall, 15% of older adults in the six-county area turn to their churches when they need information about available community services; 15% contact their doctor or other health professional; and some turn to the senior center (15%), the Internet (12%), and family and/or friends (10%). But 33% do not know whom to call (See Appendix D, Figure 33 for variations across geographic areas).



## Transportation is accessible and affordable

In the US, the automobile is the primary mode of transportation and the same holds true in our six-county area. Although the vast majority of seniors report that they are always able to get transportation to places they need to go, the percentage of those who say that they are sometimes or never able to get needed transportation varies significantly across both geographic areas and demographics.

Regarding the accessibility of transportation, 93% of older adults in the six-county area are always able to get transportation to the places they need to go, but 5% are only able to get it sometimes. The vast majority (85%) of older adults drive a car or ride as a passenger in a car (12%) for their usual trips around the community. Seemingly, the only people who use public transportation are 10% of older adults who live in Central Jefferson County (A3).

In Jefferson County, where public transportation is more readily available than in outlying counties, the need appears to be greater. For example, in Central Jefferson County (A3), 19% of seniors say that they are only sometimes or never able to get transportation. Among both low-income seniors and those reporting fair or poor health status, 16% find it more difficult to access transportation.

The experts in our working groups agree that while transportation is not always identified by seniors as a critical need, the need for available, convenient, flexible and affordable public transportation will continue to grow, especially among our most vulnerable seniors. In our six-county area, because public transportation does not often meet these requirements, many seniors have learned how to “get by” using friends and families.



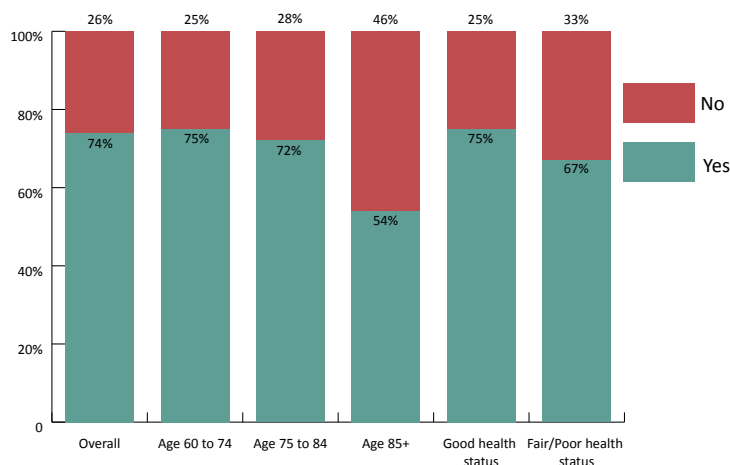
Interestingly, when asked, “Are there any programs or services that seniors need that are not available in your county?” 11% of seniors overall answer “better transportation.” In Blount County, 13% say better transportation; in St. Clair County it is 14%, and in South Jefferson County (A5) it is 17%.

## Informal caregivers complement the formal service system

About 31% of seniors in the six-county area report being a caregiver, providing help or care or arranging for help or care for a relative or friend because that person is unable to do some things for her or himself (See Appendix D, Figure 34 for variations across geographic areas). Half of the caregivers (50%) have been caring for the person for more than 3 years, and the amount of time they spend caregiving ranges from 1 to 3 hours per week (43%) to over 10 hours per week (34%). More than a quarter of caregivers (26%) do not get time off, or respite, from their caregiving duties (See Appendix D, Figure 35 for variations across geographic areas).

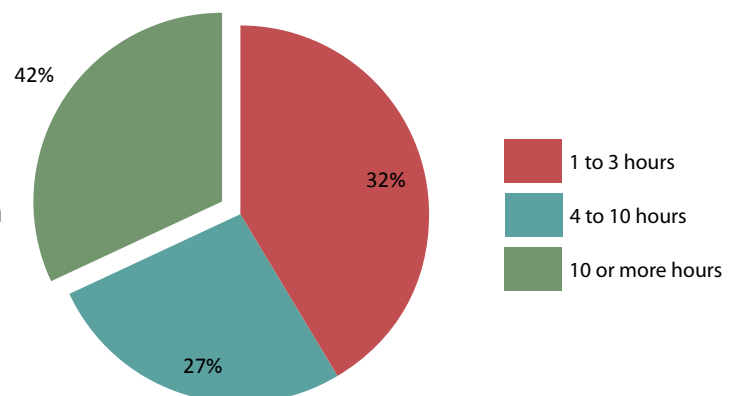
In this survey, the oldest seniors (age 85+) report the lowest incidence of respite from caregiving, as do those reporting fair or poor health statuses.

**Do you sometimes get relief or time off from providing care**



Eighty-two percent (82%) of older adults in the six-county area have grandchildren or great-grandchildren, and of these 37% are involved in providing care or babysitting for them. Most (42%) spend from 1 to 3 hours a week caring or babysitting for the children; others (27%) spend 4-10 hours; and 32% spend more than 10 hours each week. Demographic differences can be seen in these rates as well, especially for those who provide the highest amount of care. Almost half (42%) of both low income seniors and African Americans report babysitting more than 10 hours each week.

**Number Of Hours A Week Spent Caring For Grandchildren Or Great-grandchildren**



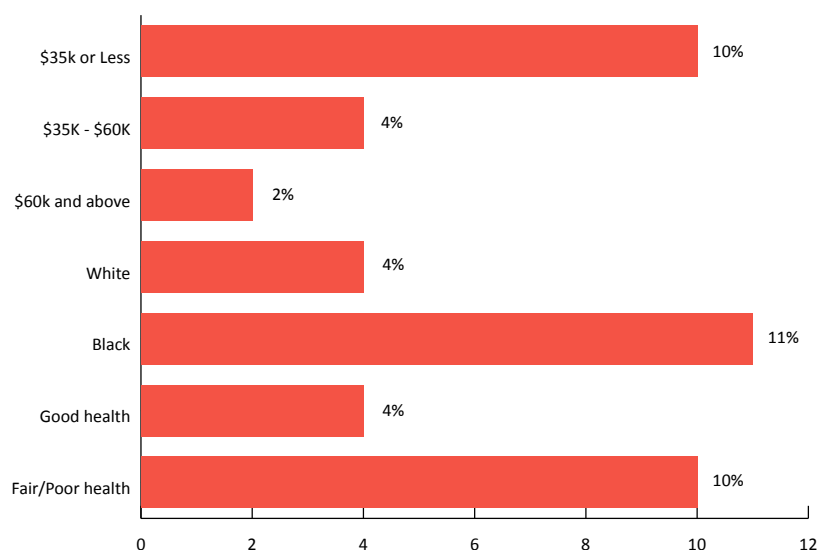
## Frail and disabled older adults are free from exploitation

While the percentages are relatively small, some seniors in the six-county area have experienced some form of abuse. According to the Centers for Disease Control and Prevention, one in ten older adults nationally have experienced some form of maltreatment (e.g. physical, emotional, or financial abuse), but the numbers may be higher because many victims do not report the abuse. Older adults who are frail or disabled may be more at risk of being taken advantage of or exploited. While few older adults in the area (4%) have difficulty managing their finances, fourteen percent (14%) in Central Jefferson County (A3) and 11% in Walker County think they have been taken advantage of financially by someone they trusted with their money. Additionally, 10% of seniors overall report that someone has taken something of theirs without asking permission; 3% have signed documents that they either did not understand or did not want to sign; and one percent (1%) report that someone at home has hurt them or touched them without consent.

## Payday Loans

A growing area of concern in our region is related to predatory loans, either payday or auto title loans. With interest rates of up to 456% APR for payday loans and 300% APR for auto title loans, these loan products can be devastating to the financial health of seniors, especially those on a fixed monthly income. While only 5% of seniors overall report that they have used such loans, thirteen percent (13%) in both Central Jefferson County (A3) and East Jefferson County (A4) report receiving loans from a payday or Title Loan business. Those seniors who are low-income, African Americans, and those reporting poor health are more likely to report that they have taken out these types of predatory loans.

**Seniors Who Have Received a Payday Loan In The Last 12 Months**



# Priorities for Action: Maximizing Independence for the Frail and Disabled

## Transportation

- Advocate to improve transportation services
- Develop innovative transportation options, such as identifying and harnessing excess capacity of existing infrastructure (e.g. using church vehicles when they are idle, developing a ride sharing service with a special focus on rural areas)



*“For seniors, basic tasks such as cooking, cleaning and paying bills can be difficult. Having someone come in for one or two hours per week to help can enable them to stay in their homes for a relatively low cost.”*

*Lauren Perlman,  
Collat Jewish Family Services*

## Access to Information

- Establish a one-stop shop utilizing a centralized, well-marketed information and referral resource, with special consideration given to rural communities and an emphasis on in-home services



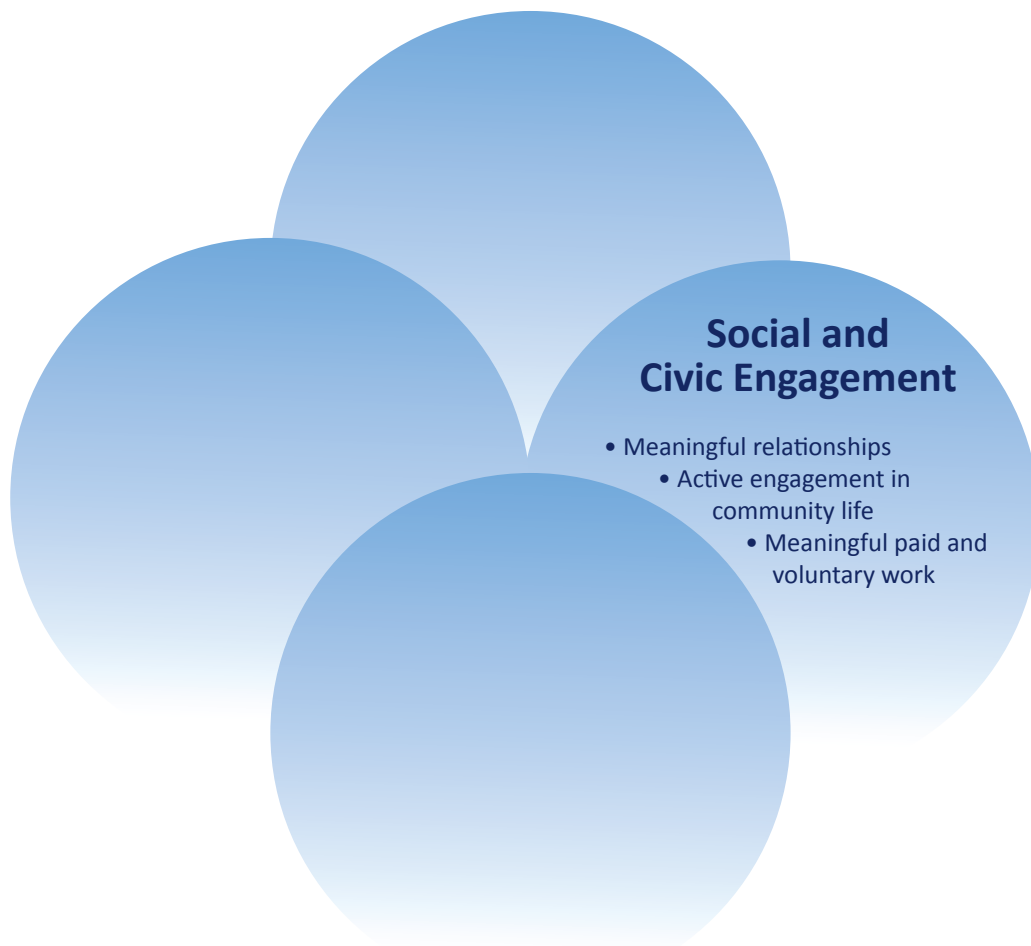
## Medication Management

- Work to increase assistance in paying for medication
- Improve medication adherence by helping seniors understand what their medications are for, why they are taking them, and the importance of taking the right medication at the right time; as well as assessing patients' cognitive ability to ensure that they are able to manage their medications

## Caregiving

- Increase the availability of respite services for caregivers
- Focus on home modifications to enable older adults to age safely in place, with a special emphasis on technology
- Increase caregiver education
- Advocate parity between nursing homes and in-home care services





## Domain IV: Promoting Social and Civic Engagement

### Overview

Of the four domains in the study, this may be the one that receives the least attention from public policy makers and service providers. Yet it is, perhaps, the most important in this age of declining resources. Social and civic engagement opportunities for older adults provide access to social capital\* through relationship networks that can be “budget neutral” while contributing to the richness of social life in the entire community. In the AdvantAge survey, questions in this domain address the social and cultural lives of seniors, as well as their contributions and perspectives as citizens of the community.

\*Social capital is a sociological term that refers to the collective or economic benefits derived from cooperation between individuals and groups.





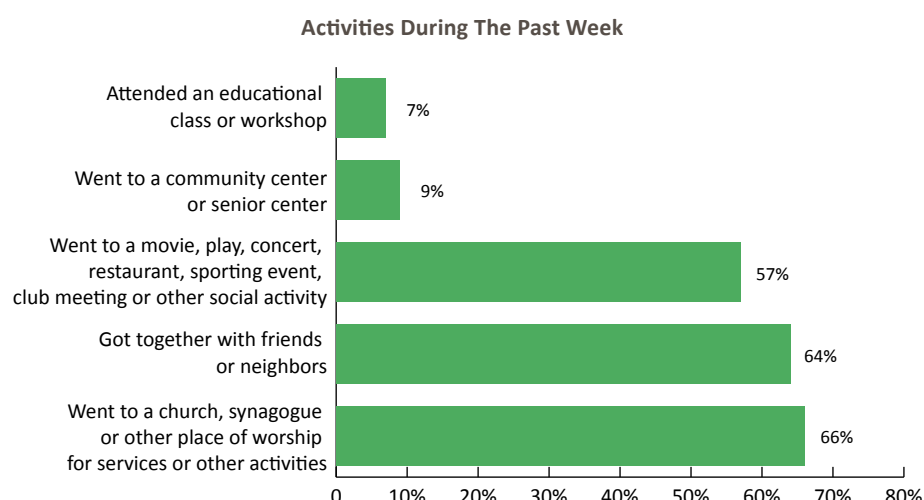
## Seniors are connected

Research has long shown that meaningful relationships with family and friends and active involvement in community life can affect older adults' health in positive ways. For the most part, it seems that older adults in the six-county area are connected to their families and friends. Most have contact with family, friends and neighbors on a regular basis – e.g. every day (50%) or a few times a week (30%). A minority (15%) have contact only a few times per month. Twenty-two percent (22%) do not have any close friends or family members who live in their neighborhood or nearby and ten percent (10%) have no living children. One in four seniors (25%) lives alone, less than the national average of older adults living alone (29%). While living alone does not automatically mean that the person is isolated, it could be a contributing factor.

## Older adults participate in social activities

Older adults in the six-county area are civic-minded: 92% voted in local elections; 40% contacted their elected official(s); 29% notified the police or other government agency about a problem in their community; and 92% made a donation of money or goods to a charity. There was very little variation in these percentages across geographic areas.

Seniors throughout the six-county area are more likely to engage in social activities at church or at another place of worship (66%); attend a social activity such as a movie, play, sporting event, club meeting, or card game (57%); or get together with friends or neighbors in other settings (64%) than they are to attend a community or senior center (10%) or educational classes or workshops (7%). In West Jefferson County (A2), older adults were more likely than others to attend a senior center; and older adults in West Jefferson County (A2), Central Jefferson County (A3), Walker County, and Chilton County were less likely to attend a movie, play, concert, sporting event, etc. than seniors in other areas. This may be due to seniors' lower incomes in these geographic areas or that access to these types of events is limited for other reasons (See Appendix E, Figures 36-37 for variations across geographic areas).



Overall, 28% of seniors attend religious services or meetings more than once a week, and 33% attend once a week. Sixteen percent (16%) said they attend only once a year or never. Regarding the quantity of their social activities, 59% of seniors feel that they are doing “about enough,” while 39% would like to be doing more. Three percent (3%) think they are doing too much.

## Older adults volunteer



While only 20% of seniors work full or part-time, the good news for our region is that seniors are active volunteers. Even more exciting is that seniors would like to be doing more; fully 2 out of 5 seniors report that they are ready and willing to be more engaged in social and civic activities. Seniors are a vital community asset and want to continue to play a meaningful role in their family, neighborhood and larger community. Our older population is an untapped resource and area organizations could benefit by reaching out to them with volunteer opportunities.

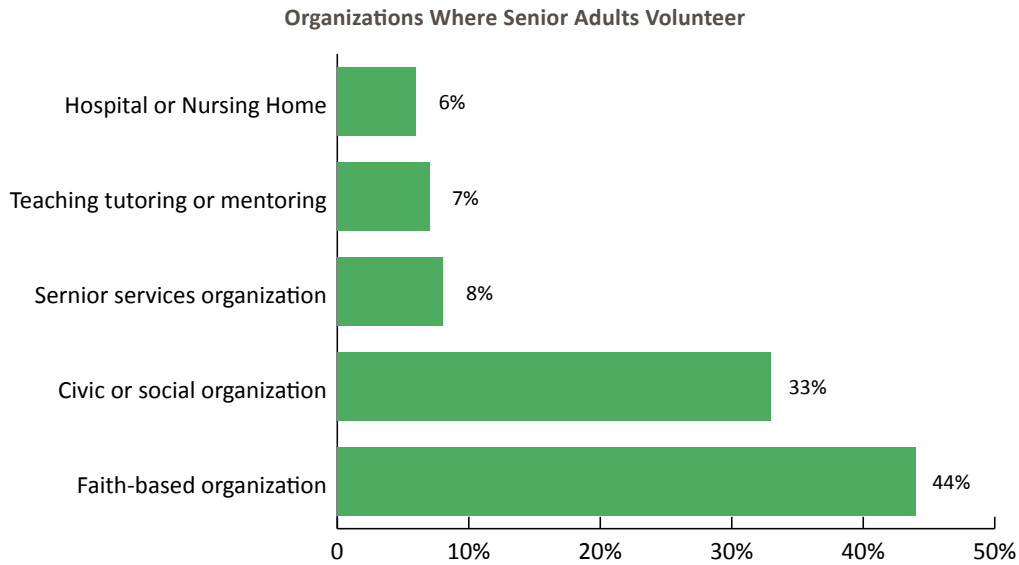
## Seniors are civic minded

Social and civic engagement are related but not synonymous. Civic engagement includes such activities as voting, contacting local officials and getting involved in community improvement. Older adults are known for being reliable voters and, as in other parts of the country, the vast majority (92%) of seniors in our six-county area voted in local elections in the past three years. While 29% have contacted police or other government official about a problem, about a quarter (26%) of older adults don’t think that their local officials take into account the interests and concerns of residents in their neighborhoods; and 43% think that officials only “somewhat” take into account their concerns. While there may be mixed feelings about elected officials, seniors in our region are overwhelmingly positive about their neighbors. Nearly all (93%) said that most people in their neighborhood are willing to help them if they needed it. These positive feelings were quite consistent across all demographic groups.

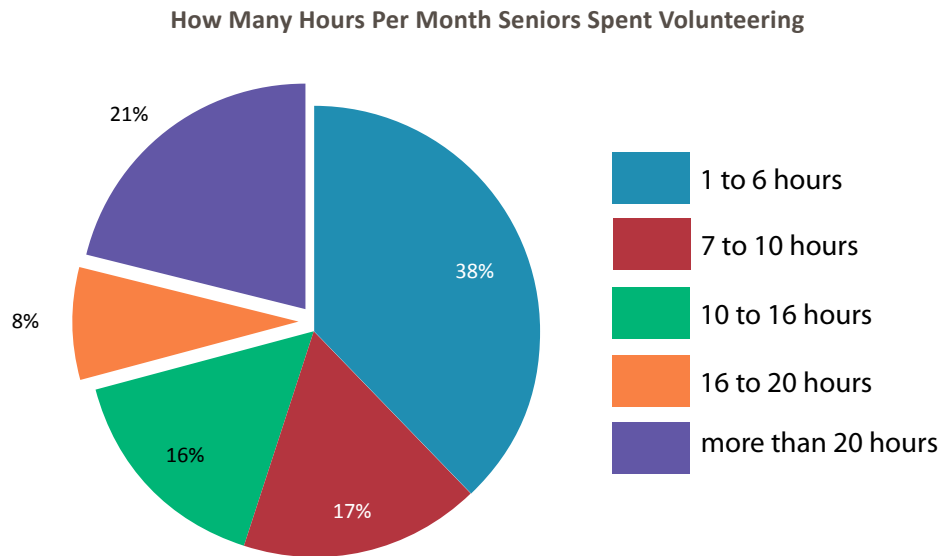
## Opportunities for volunteer work are readily available

In addition to caring for relatives and friends who aren’t able to do some things themselves, and babysitting for grandchildren or great grandchildren, older adults contribute to the community by volunteering their time for a variety of organizations and causes. Forty percent (40%) of seniors in the six-county area do volunteer work in their communities, more than in the state of Alabama as a whole, where only 24% of older adults volunteer. South Jefferson County (A5) was the “winner,” with 50% of seniors saying they volunteer, and Chilton County (46%) and Shelby County (45%) are not far behind (See Appendix E, Figure 38 for variations in rates of volunteering across geographic areas).





Forty-four percent (44%) volunteer for religious groups; 10% for civic or social organizations; 8% for other seniors; and 7% do teaching, tutoring, or mentoring. Some seniors volunteer for more than one organization. Thirty-eight percent (38%) spend between 1 and 6 hours per week volunteering; 33% volunteer between 7 and 15 hours per week; 8% spend between 16 and 20 hours; and 21% spend more than 20 hours a week volunteering.



# Priorities for Action: Promoting Social and Civic Engagement



## Faith-based Outreach and Education

- Identify faith-based organizations in the area that strongly engage and serve seniors; and collect, share, and support best practices of these organizations
- Develop training materials for faith-based organizations on topics related to seniors, such as senior isolation and the challenges of serving seniors in rural areas

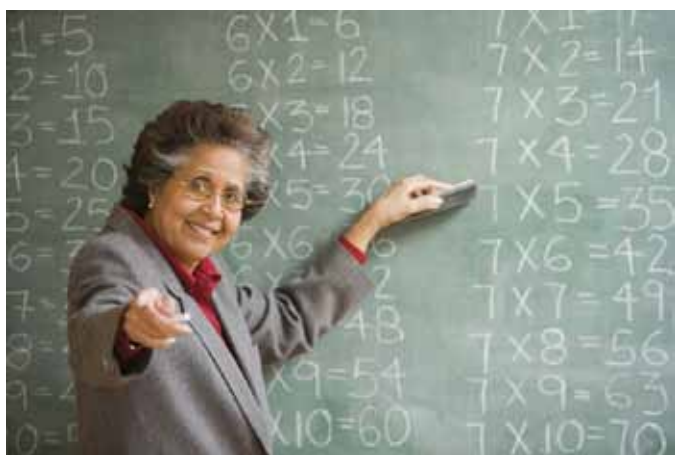


## Access to Information

- Establish a one-stop shop for information and referral, and develop a communications plan directing families to this resource

*“The best thing about any volunteer opportunity for the aging community is that they are healthier and happier when they are working. Older adults are a valuable resource to the community and we believe that both sides benefit by connecting to each other.”*

*Penny Kakoliris, Positive Maturity*



## Communications and Marketing

- Develop a branding campaign promoting the diversity and abilities of seniors and a media campaign focusing on positive senior stories



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\*Facilitators for AdvantAge Initiative Domain Working Groups are indicated in bold

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# Appendix A: Zip Codes

## ADVANTAGE SURVEY AREAS WITH CORRESPONDING ZIP CODES (Jefferson County, Alabama)

<u>AREA 1 - RURAL</u>	<u>AREA 2 - WEST</u>	<u>AREA 3 - CENTRAL</u>	<u>AREA 4 - EAST</u>	<u>AREA 5 - SOUTH</u>
35063	35224	35203	35217	35226
35180	35127	35204	35212	35244
35172	35061	35205	35206	35216
35091	35064	35233	35235	35243
35116	35228	35234	35215	35242
35126	35208	35207	35222	35213
35146	35218	35214	35210	35223
35062	35211	35068	35094	35173
35073	35209			
35036	35020			
35117	35221			
35005	35254			
35130	35060			
35118				
35023				
35006				
35111				
35022				
35444				
35071				
35119				
35139				
35048				

### SURVEY AREA PARAMETERS

AREA 1 (RURAL): All zip codes have population density (p.d.) under 1000.

AREA 2 (WEST): All zip codes have p.d. 1000 or over except 35060 (included because it is more urban than rural in character). All zip codes have median household incomes below \$50K except 35127.

AREA 3 (CENTRAL): All zip codes have p.d. 1000 or over except 35214 and 35068 (included because they are more urban in character). All zip codes have median household income below \$50K.

AREA 4 (EAST): All zip codes have p.d. 1000 or over except 35217, 35210, and 35094 (included because they are more urban in character). All zip codes have median household income below \$50K except 35217 and 35210 (these are just above \$50K).

AREA 5 (SOUTH): All zip codes have p.d. 1000 or over except 35173 and 35242 (included because they are more urban in character). All zip codes have median household incomes above \$50K.

Note that some zip codes in Areas 1 and 5 extend into other counties.

**Data sources:** Zip Code Tabulation Areas from U.S. Census Bureau; full Jefferson Co. zip code list from mapszipcode.com checked against USPS.com zip code locator to confirm valid zip codes.



# Appendix A: Indicators

## Indicators List: Essential Elements of an Elder Friendly Community

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

#### ADDRESSES BASIC NEEDS

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

#### OPTIMIZES PHYSICAL AND MENTAL HEALTH AND WELL-BEING

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

#### MAXIMIZES INDEPENDENCE FOR THE FRAIL AND DISABLED

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

#### PROMOTES SOCIAL AND CIVIC ENGAGEMENT

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



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# Appendix B

Figure 1, page 13: Percentage of seniors who are confident they will be able to afford to stay in their residences

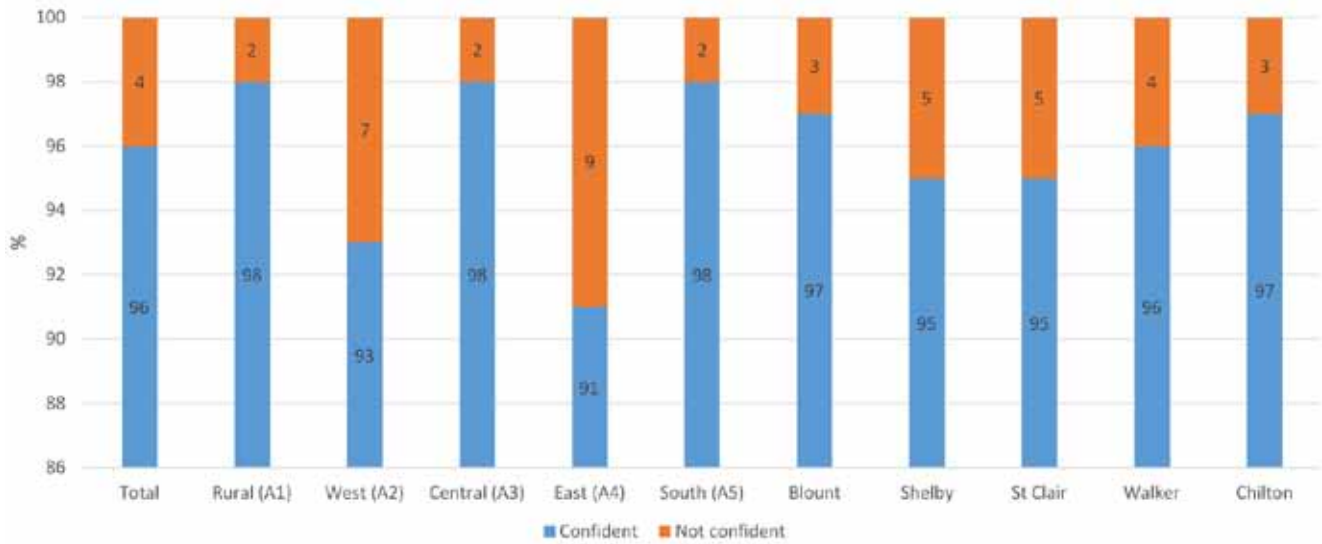


Figure 2, page 13: Percentage of seniors who did not have money in the past 12 months to pay for rent, mortgage or taxes

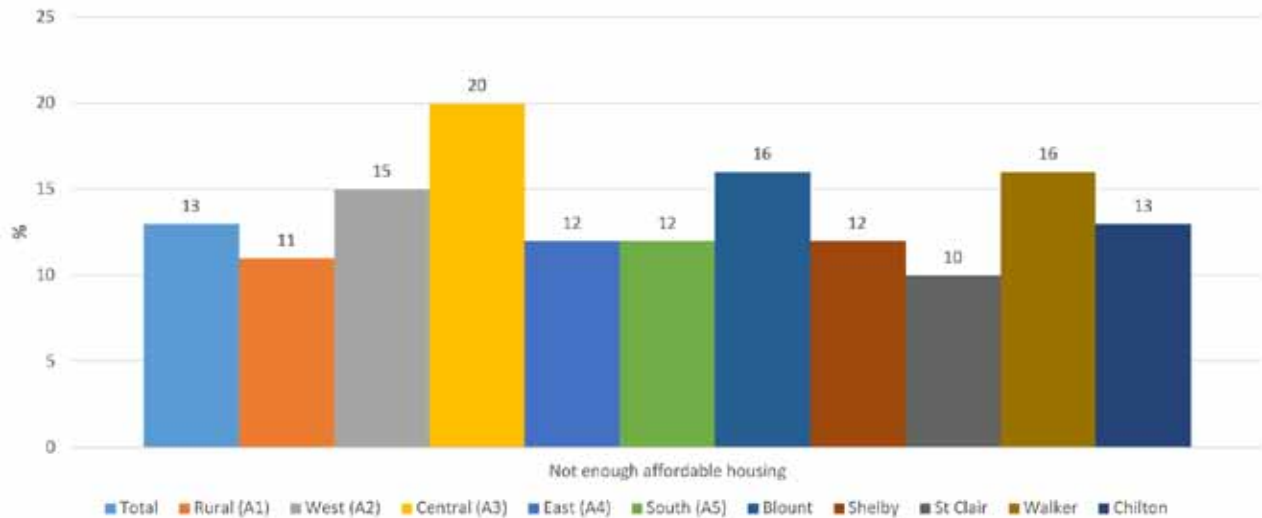


Figure 3, page 13: Percentage of seniors who did not have money in past 12 months to pay utility bills

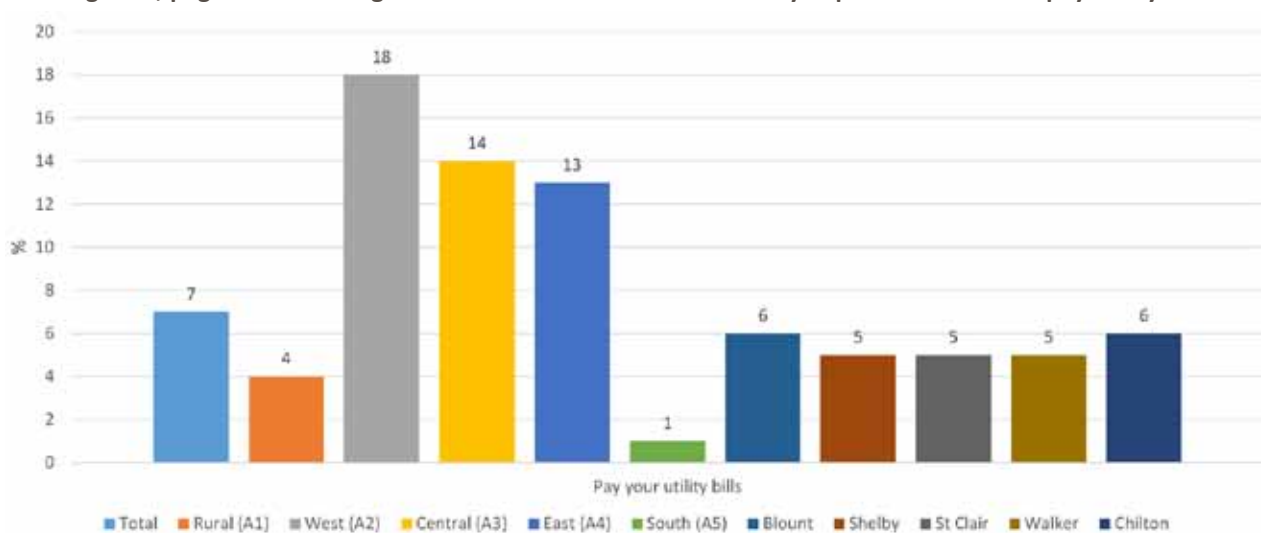


Figure 4, page 15: Percentage of seniors who feel their neighborhoods are not safe

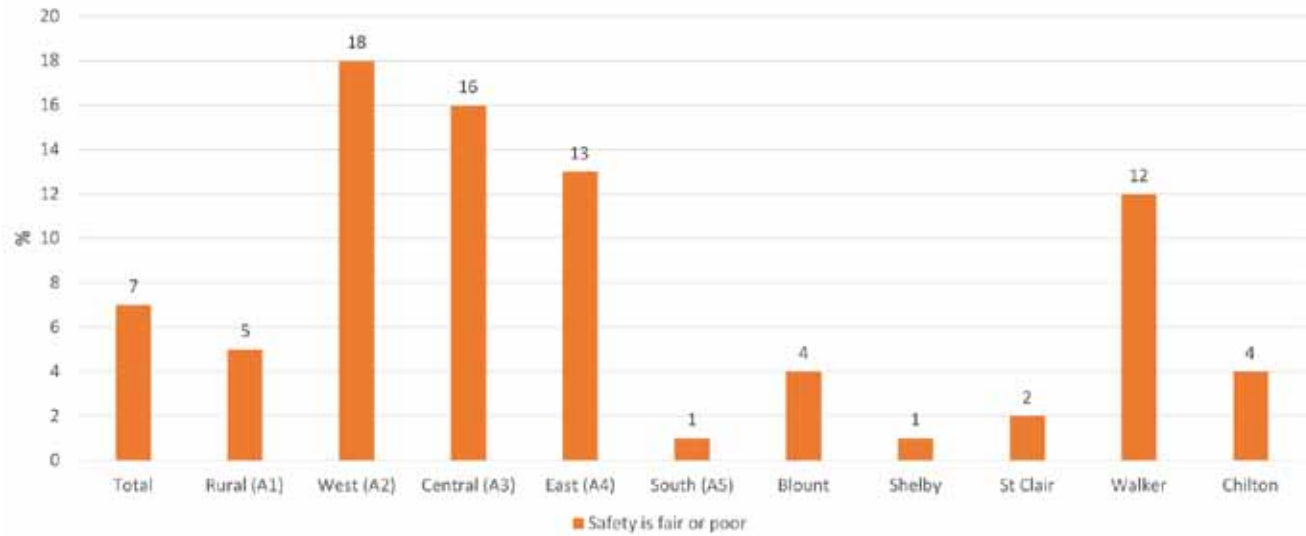


Figure 5, page 15: Top 5 neighborhood problems

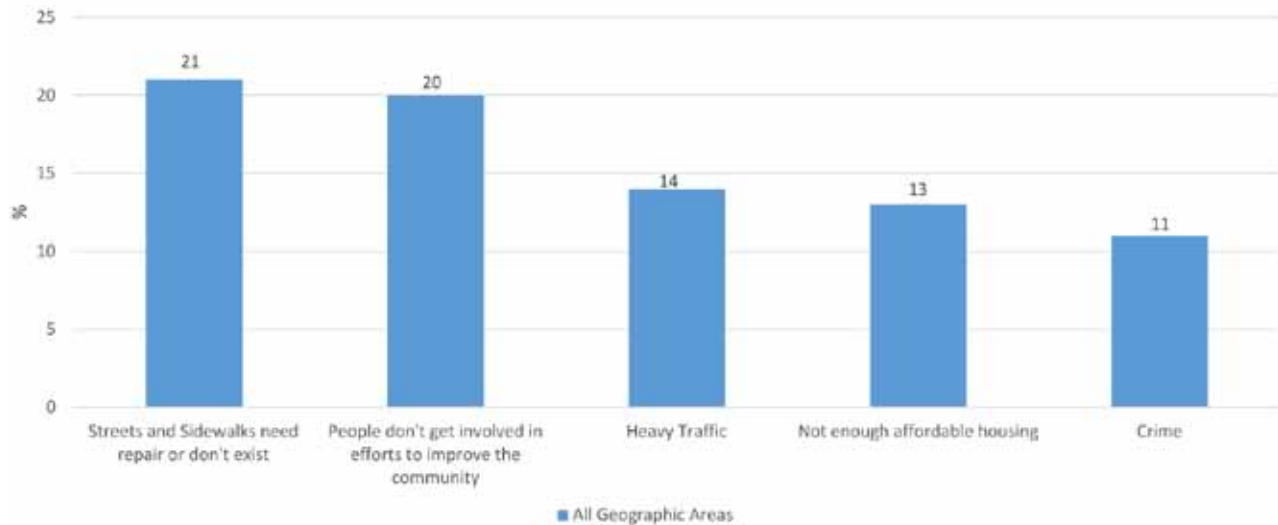


Figure 6, page 15: Percentage of seniors who said people don't get involved in community improvement

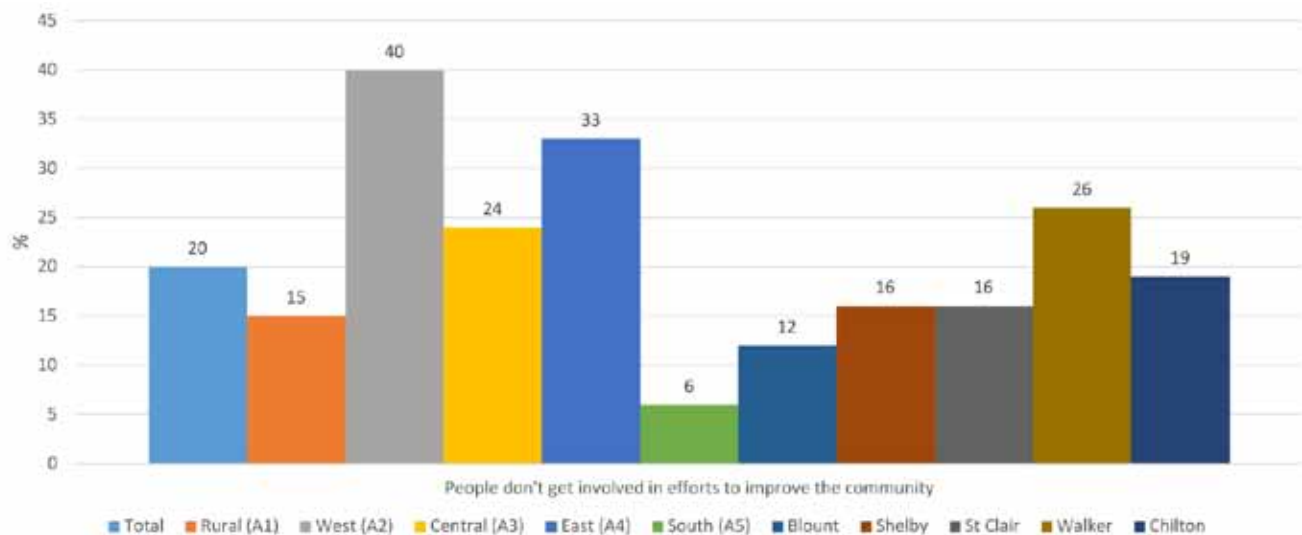


Figure 7, page 25: Percentage of seniors who said heavy traffic is a problem

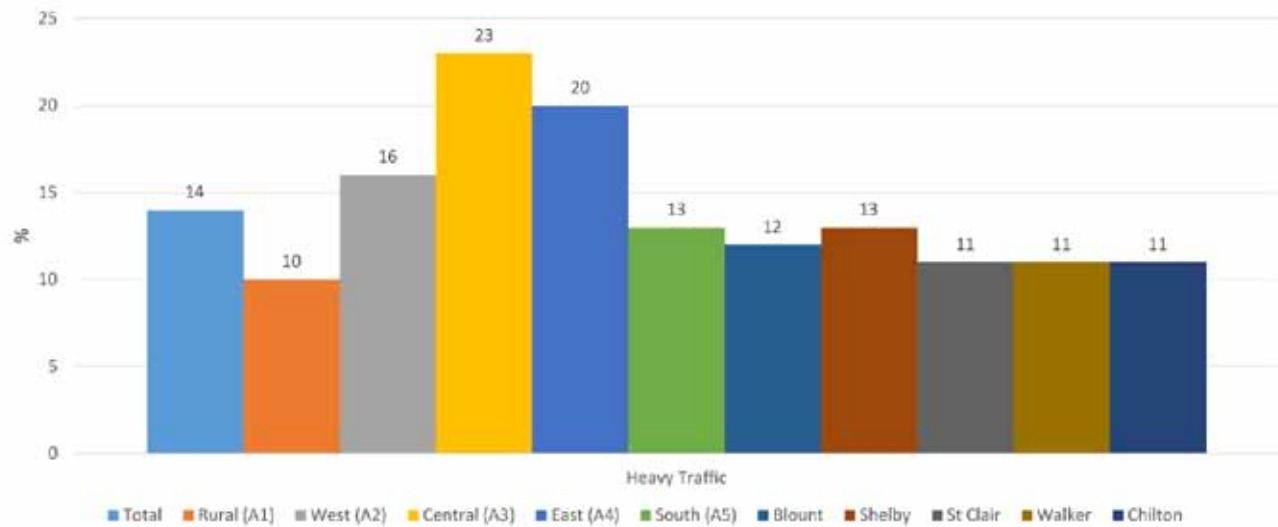


Figure 8, page 15: Percentage of seniors who said there is not enough affordable housing

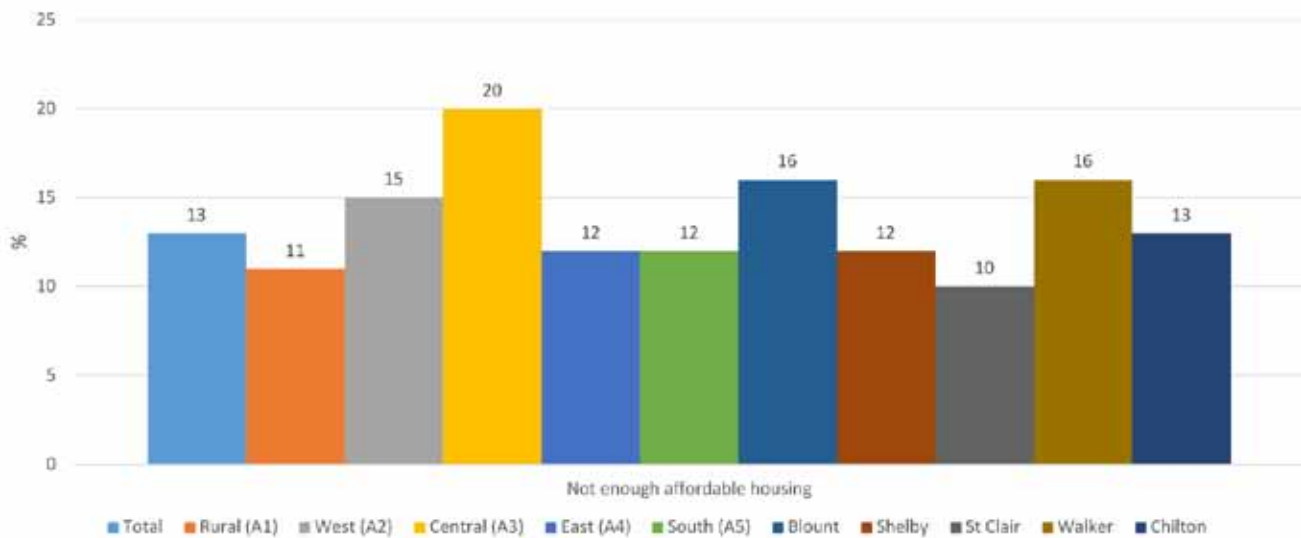


Figure 9, page 15: Percentage of seniors who said crime is a problem

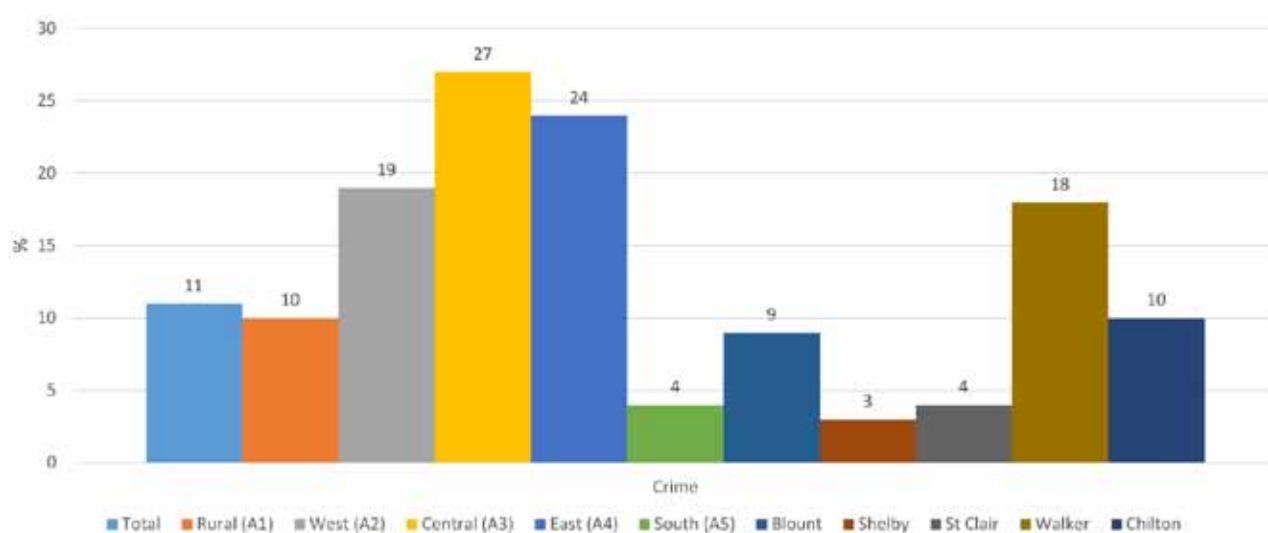


Figure 10, page 17: Percentage of seniors who cut the size of or skipped meals due to lack of money

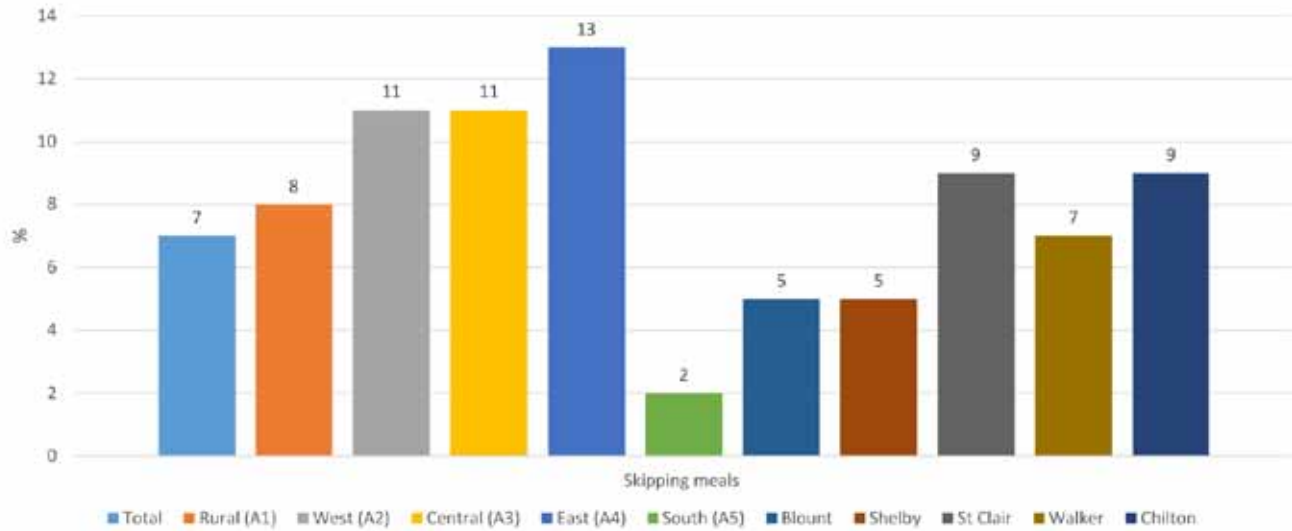


Figure 11, page 18: Number of servings of fruits and vegetables consumed daily: One to three

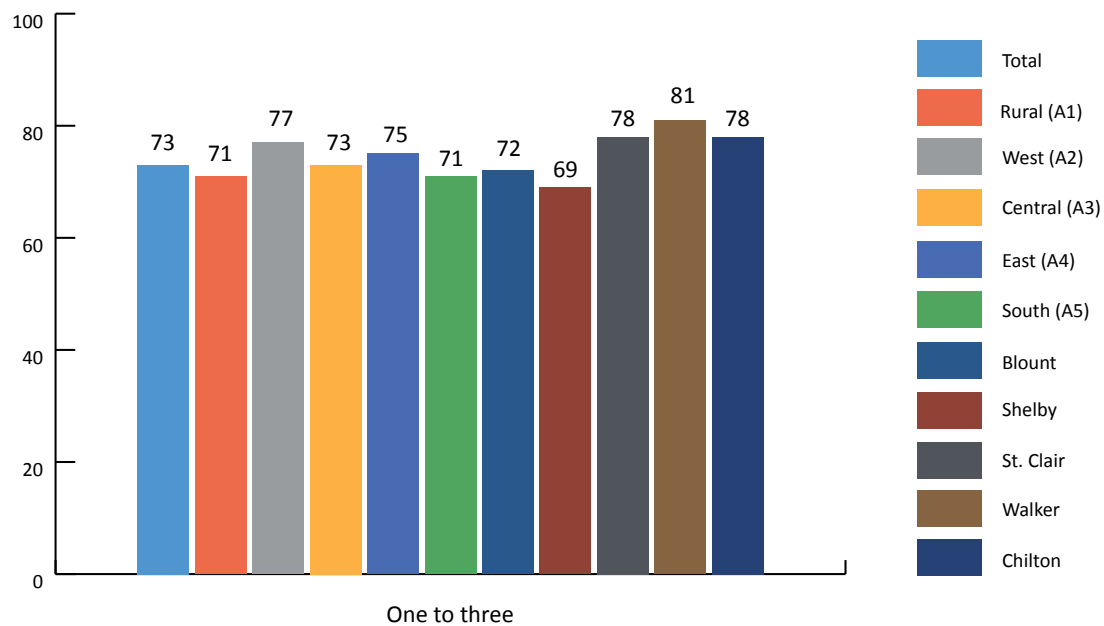




Figure 12, page 18: Four fruit and vegetables

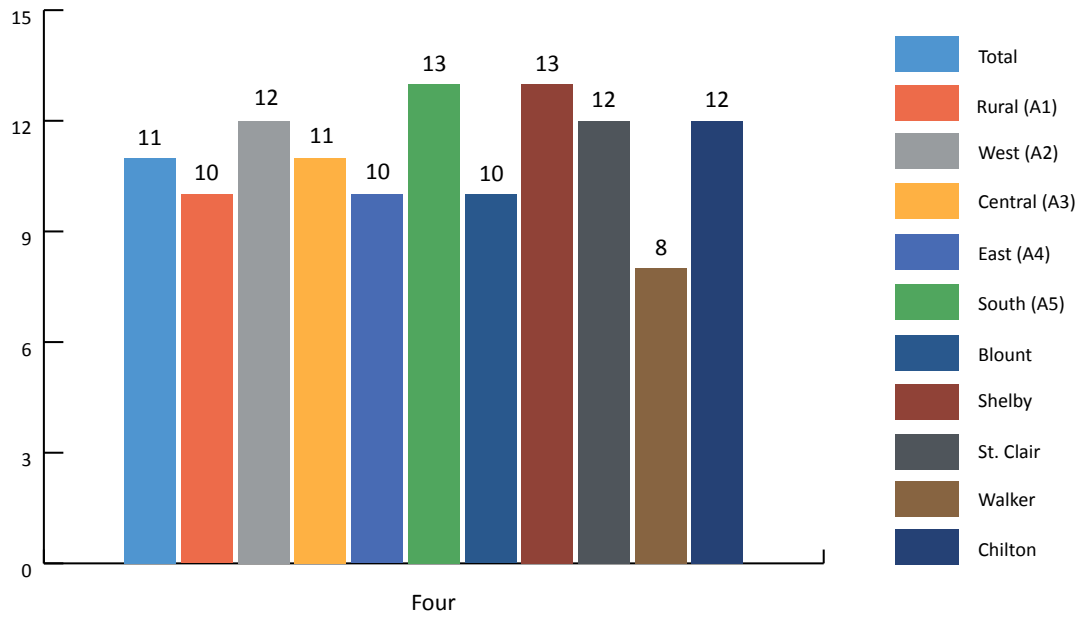
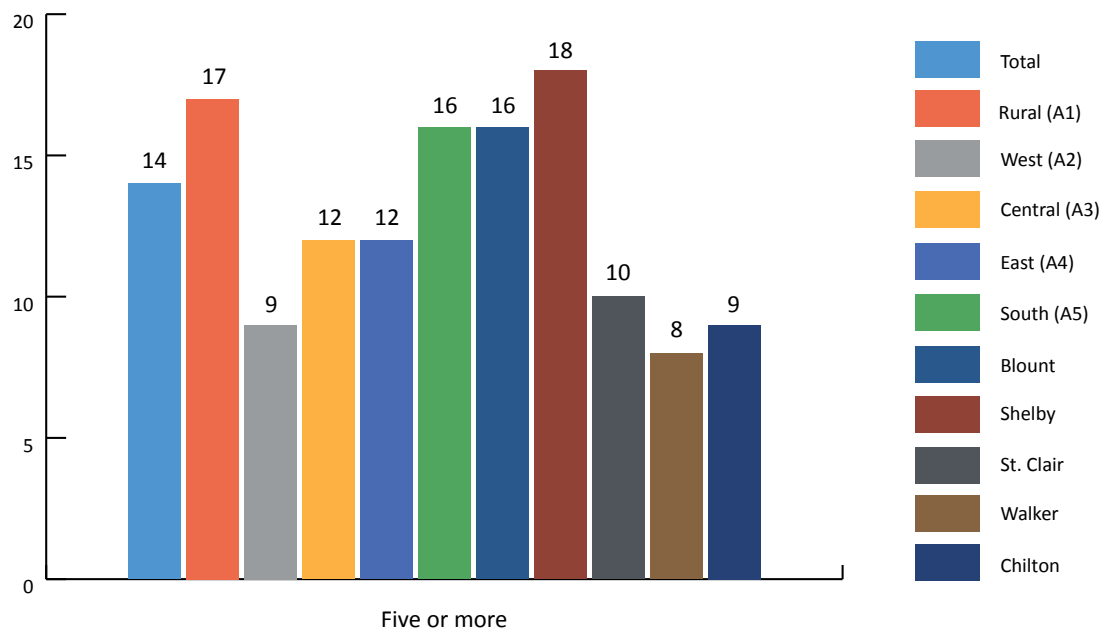


Figure 13, page 18: Five or more fruits and vegetables



# Appendix C

Figure 14, page 22: Percentage of seniors reporting excellent/good or fair/poor health status

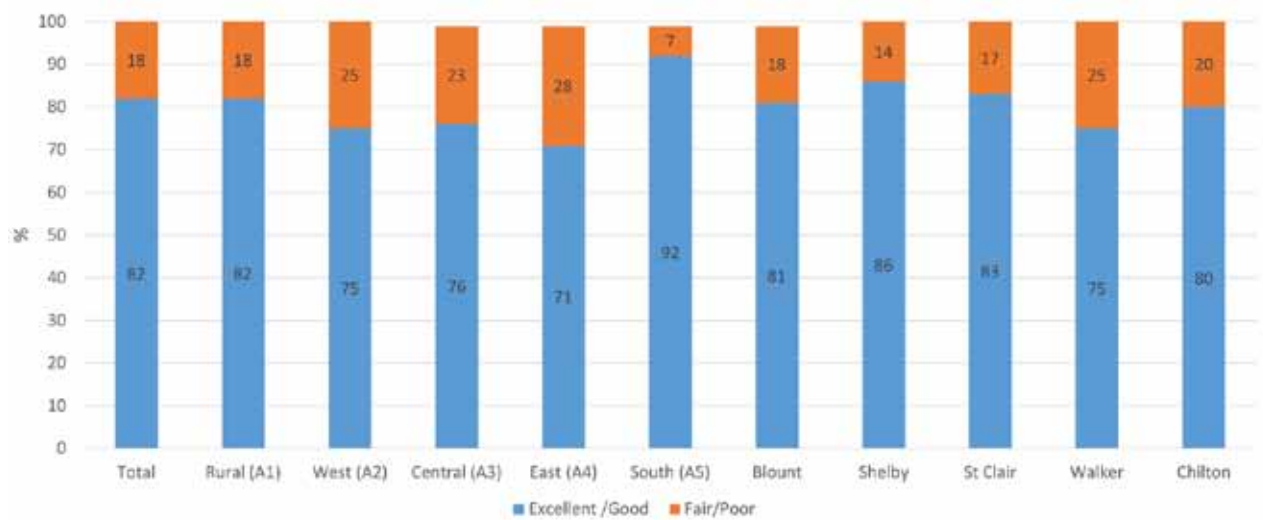


Figure 15, page 23: Percentage of seniors reporting fair/poor mental health status

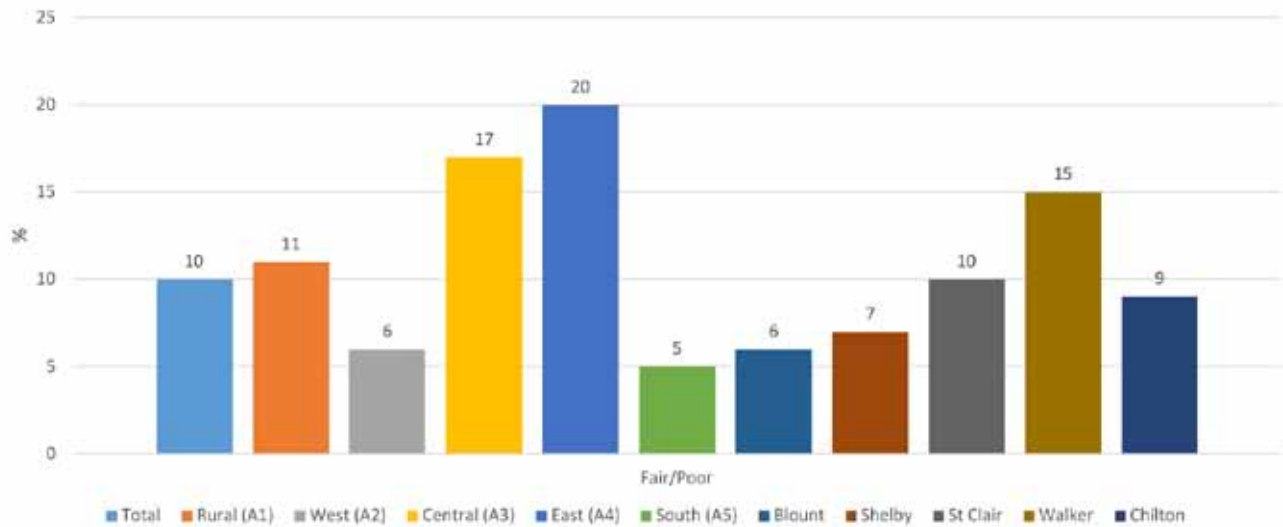


Figure 16, page 23: Percentage of seniors who did not receive care for symptoms of depression and anxiety

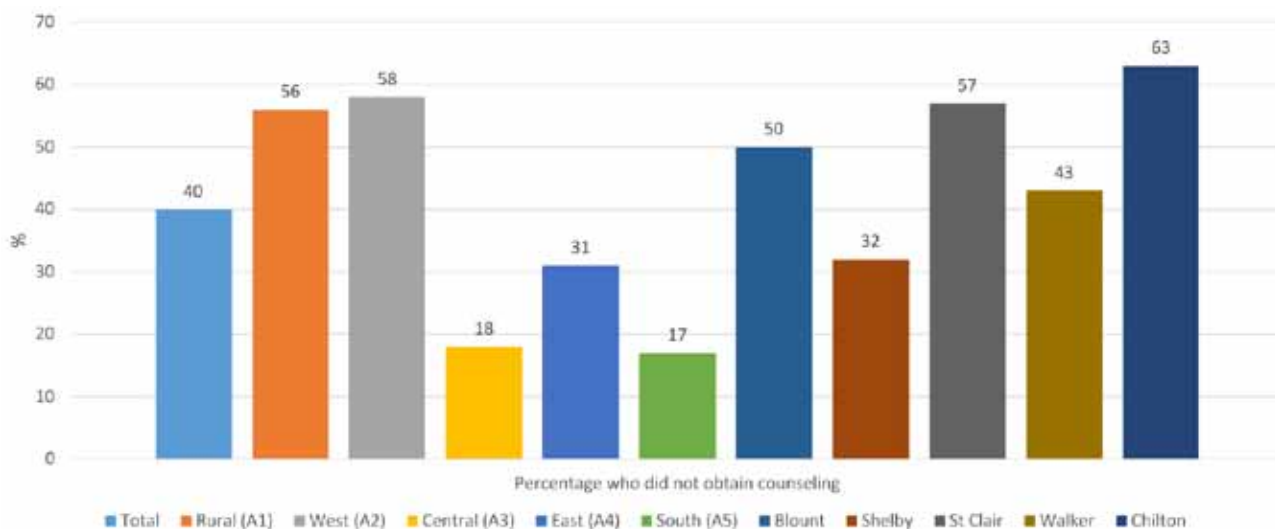


Figure 17, page 24: Percentage of seniors who see a dentist at least once a year

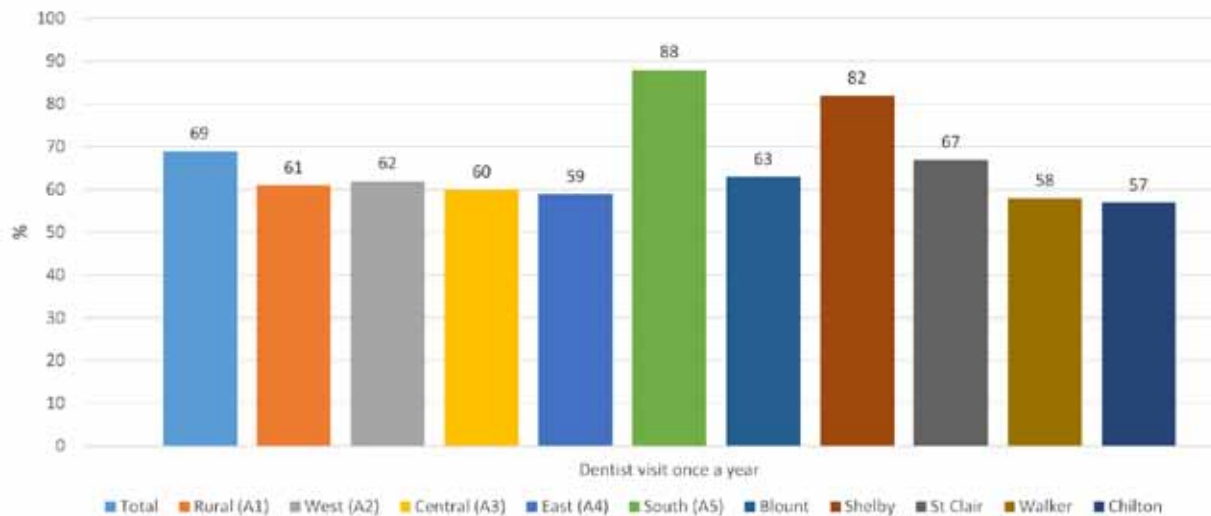


Figure 18, page 26: Percentage of seniors who say they don't visit the dentist because "dentist visits are too expensive"

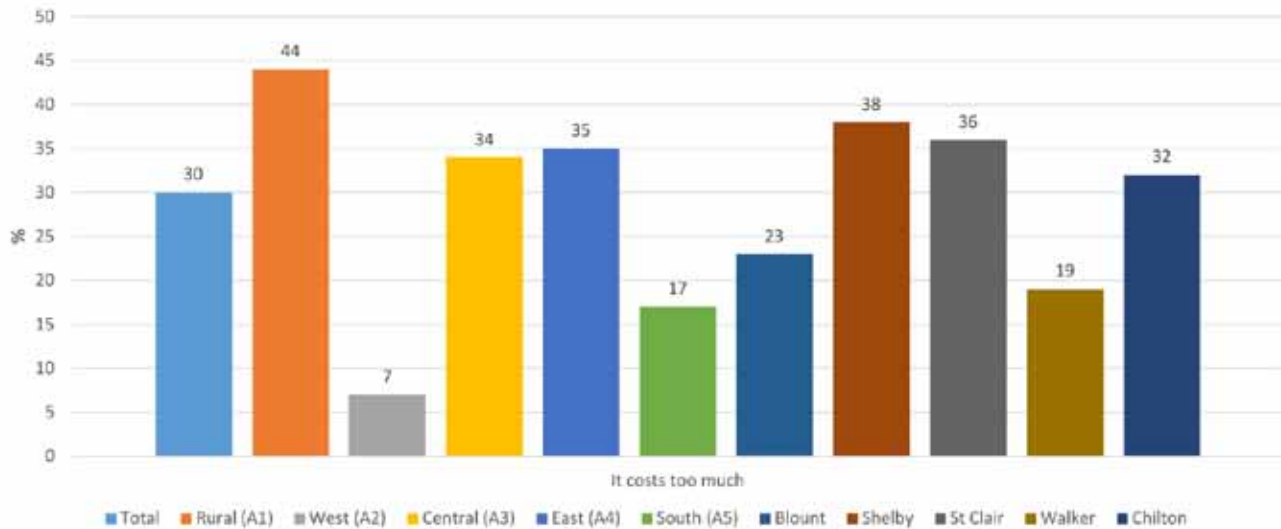
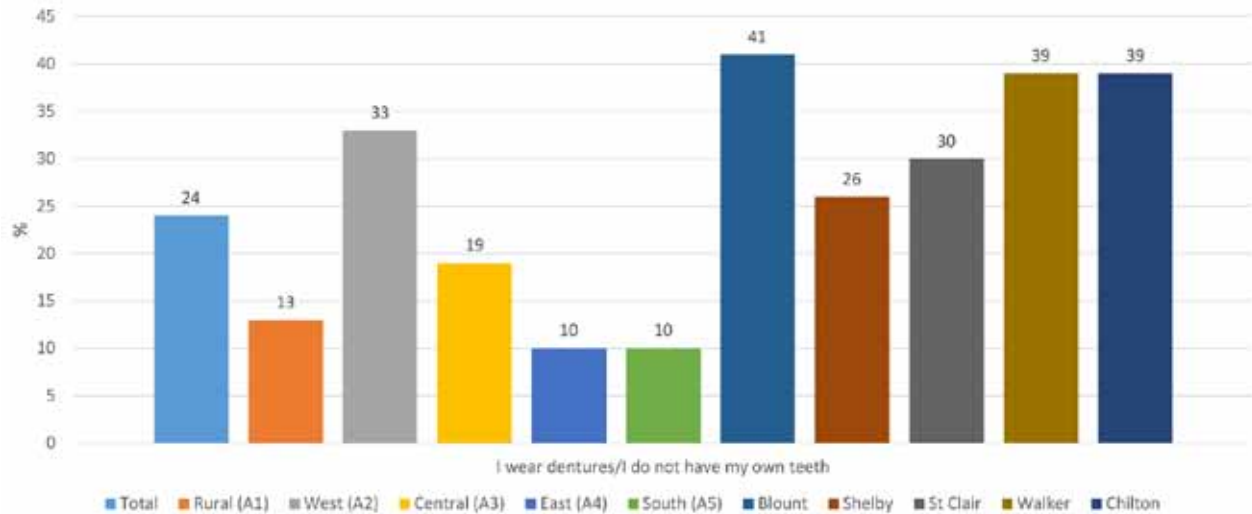
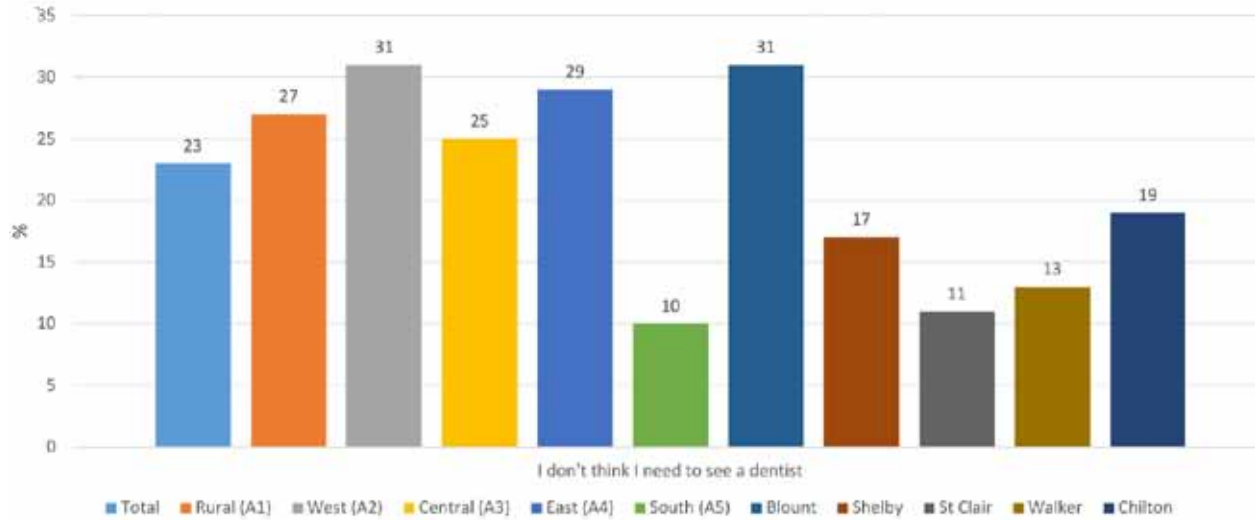


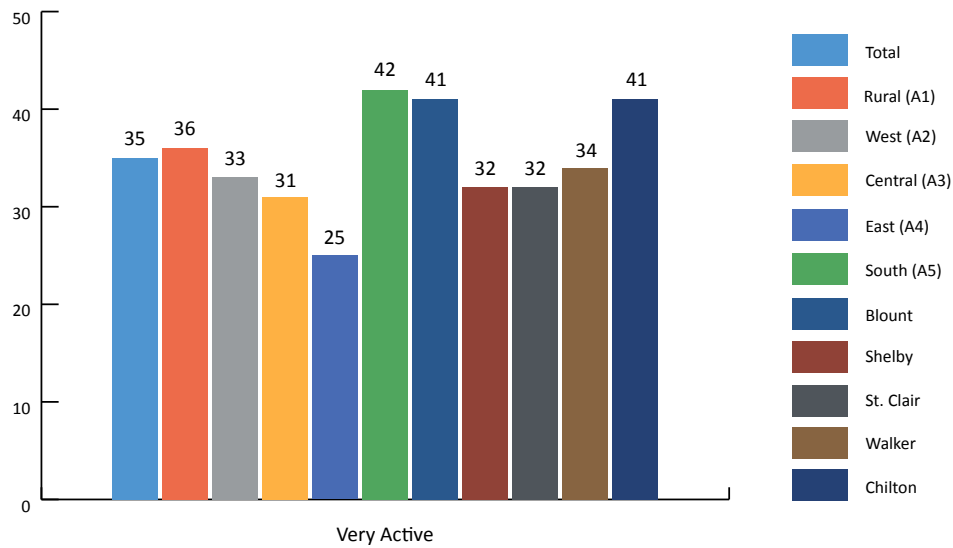
Figure 19, page 26: Percentage of seniors who say they don't visit the dentist because "I wear dentures/I don't have my own teeth"



**Figure 20, page 26: Percentage of seniors who say they don't visit the dentist because "I don't think I need to see a dentist"**



**Figure 21, page 27: Percentage of seniors who are very active**



**Figure 22, page 27: Percentage of seniors who are somewhat active**

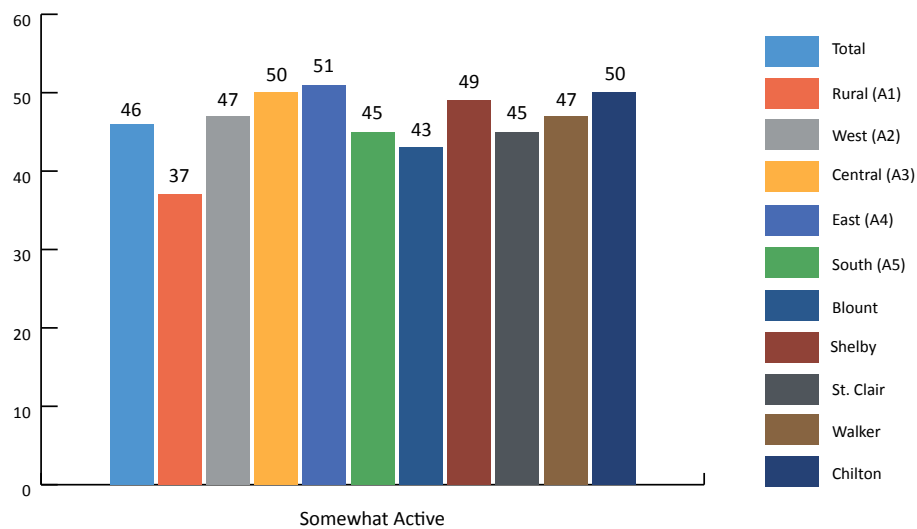


Figure 23, page 27: Percentage of seniors who are not very active/not active at all

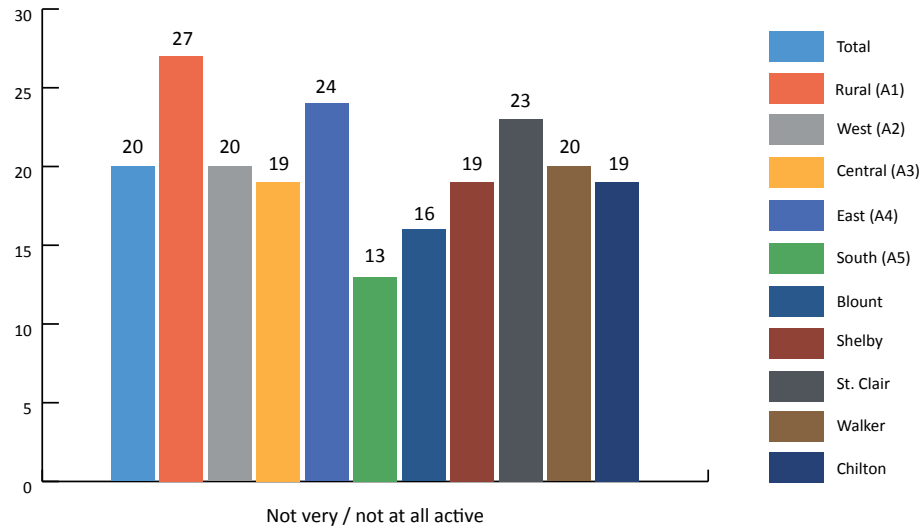


Figure 24, page 27: Percentage of seniors with problems paying for medical care

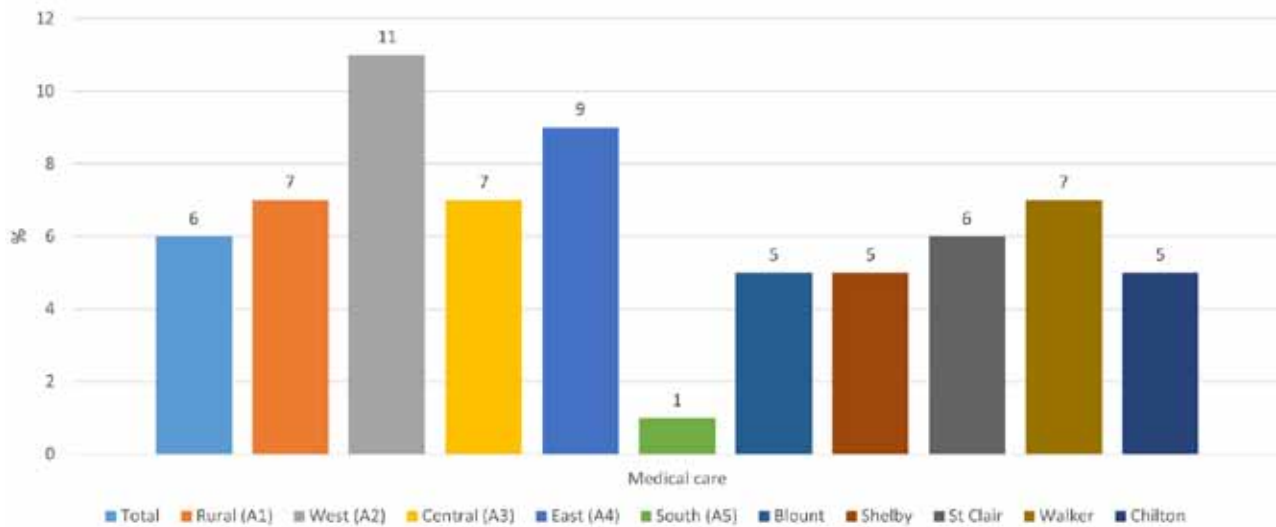


Figure 25, page 27: Percentage of seniors with problems paying for prescription drugs

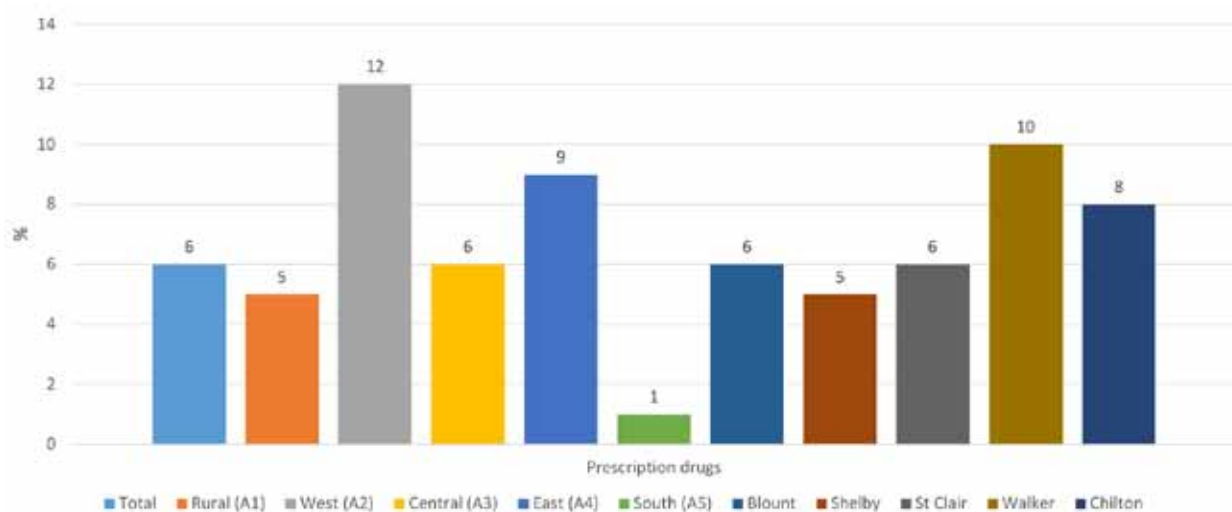
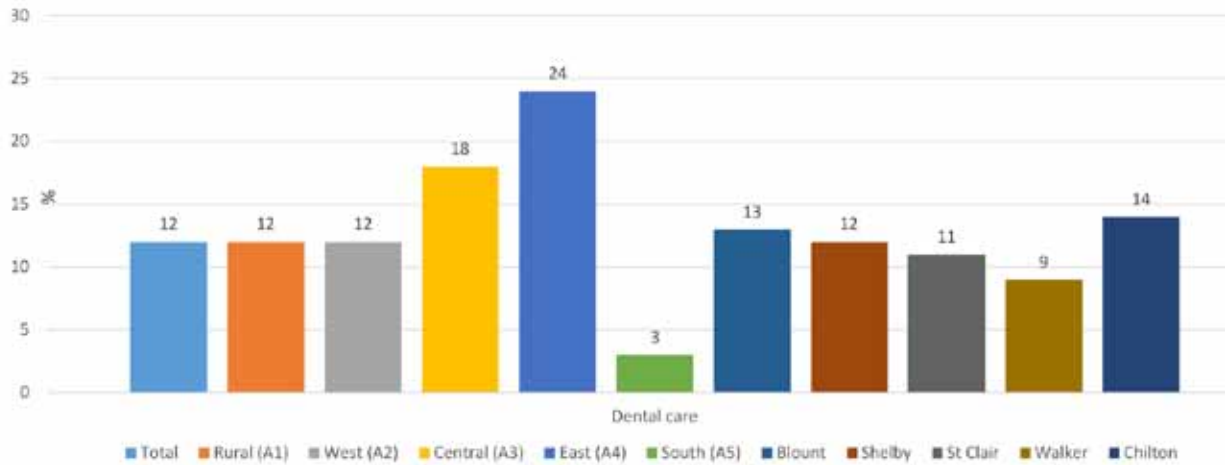


Figure 26, page 27: Percentage of seniors with problems paying for dental care





# Appendix D

Figure 27, page 30: Percentage of seniors who use selected service

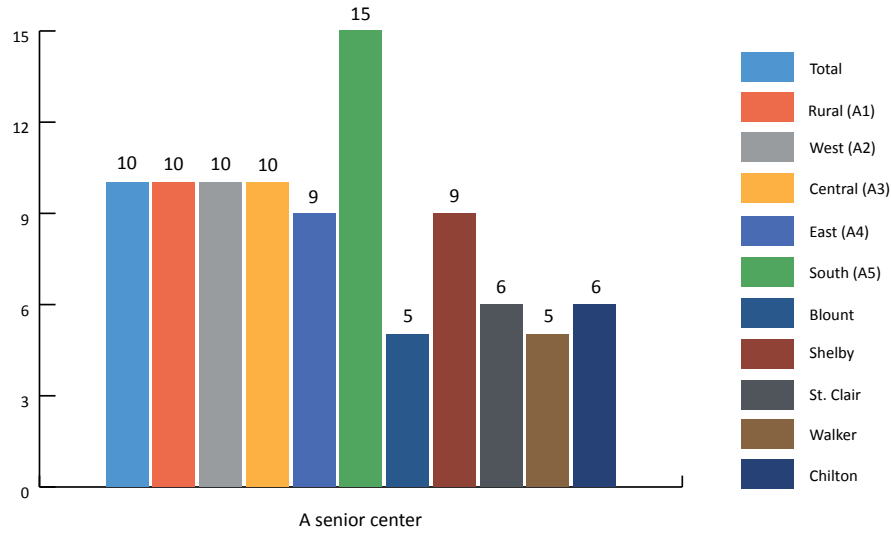


Figure 28, page 30: Percentage of seniors who use selected service

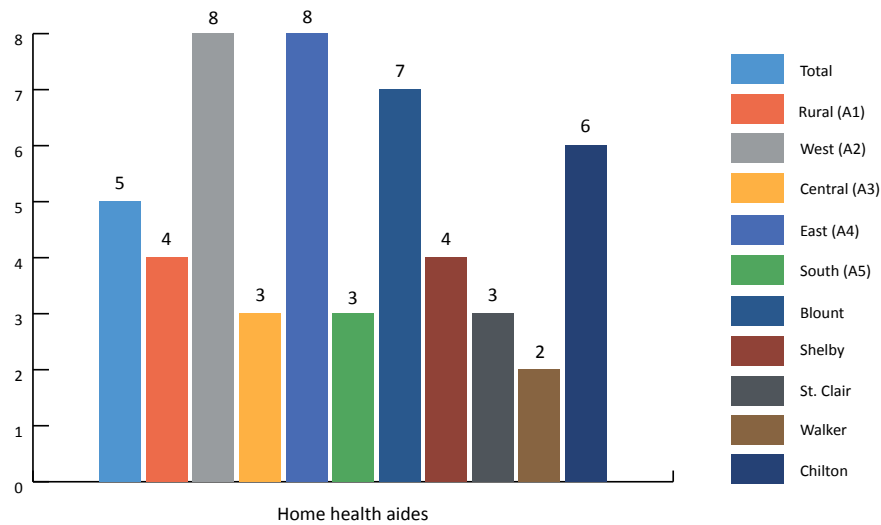


Figure 29, page 30: Percentage of seniors who use selected service

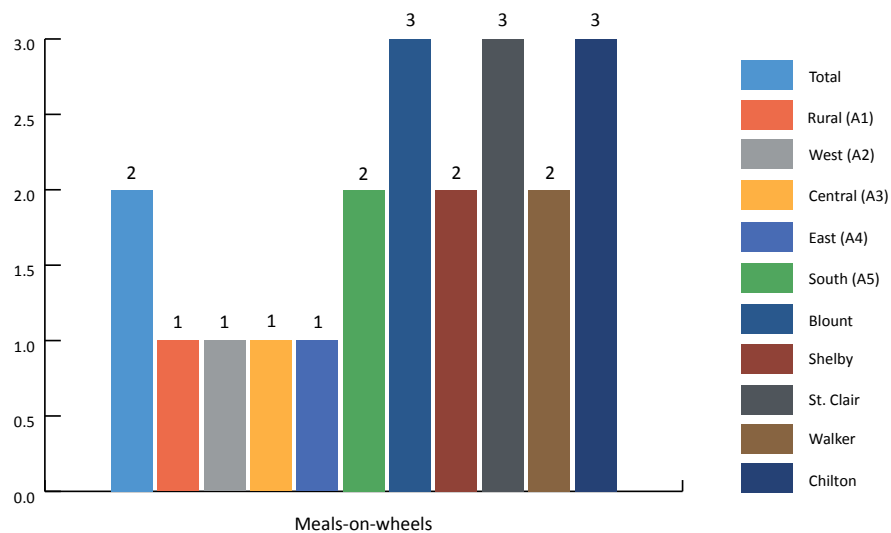


Figure 30, page 30: Percentage of seniors who use selected service

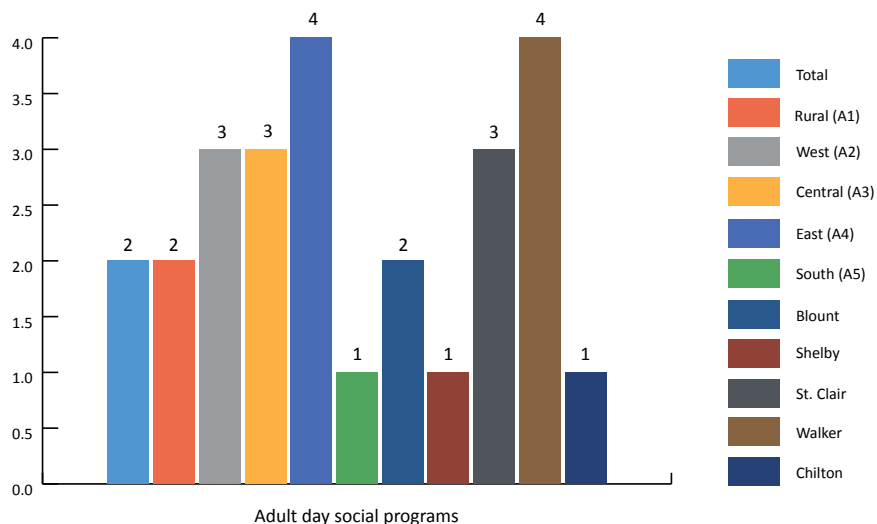


Figure 31, page 30: Percentage of seniors who use selected service

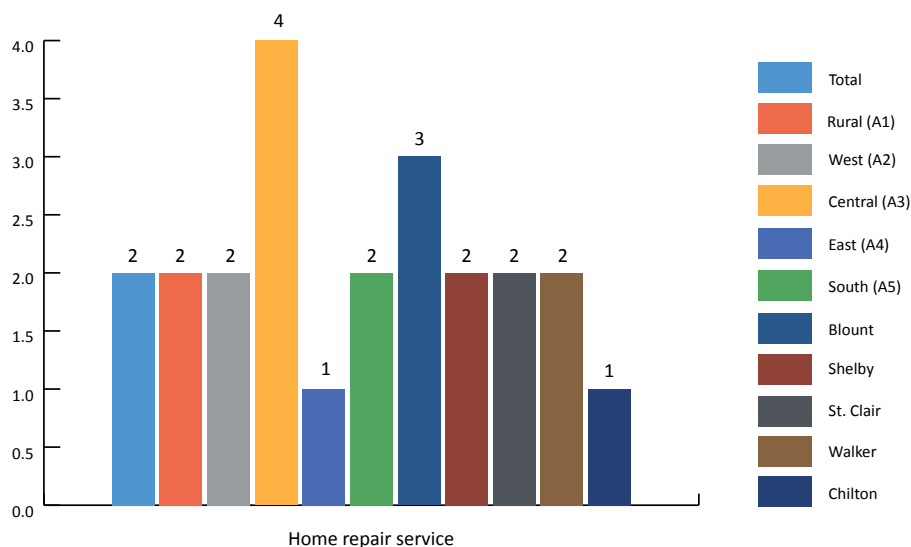


Figure 32, page 30: Percentage of seniors who have not used any of the services

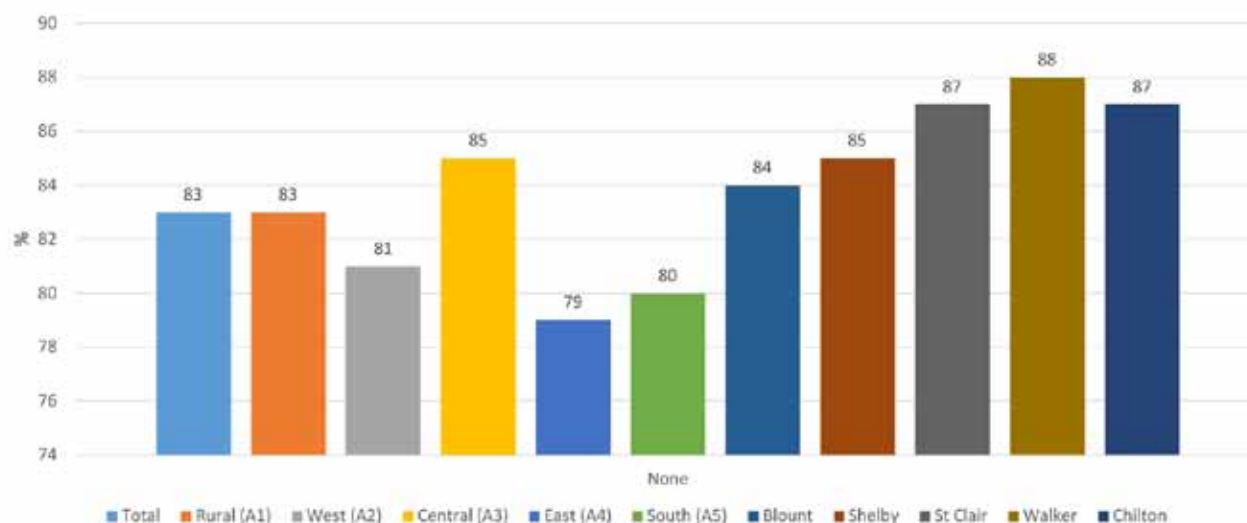


Figure 33, page 31: Percentage of seniors who do not know whom to call if they need information about services in their community

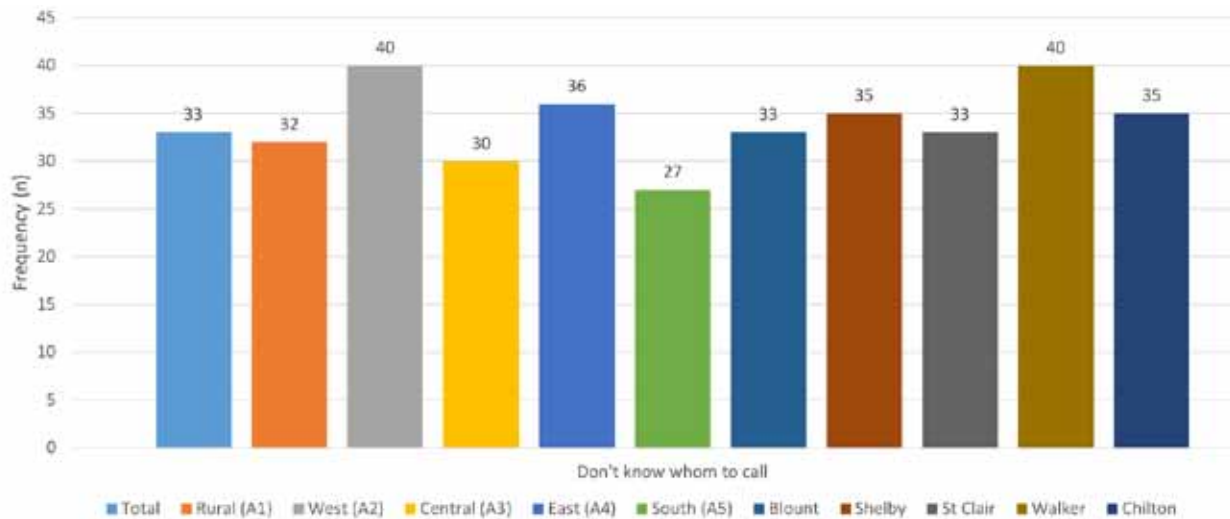


Figure 34, page 32: Percentages of seniors who are caregivers to relatives or friends

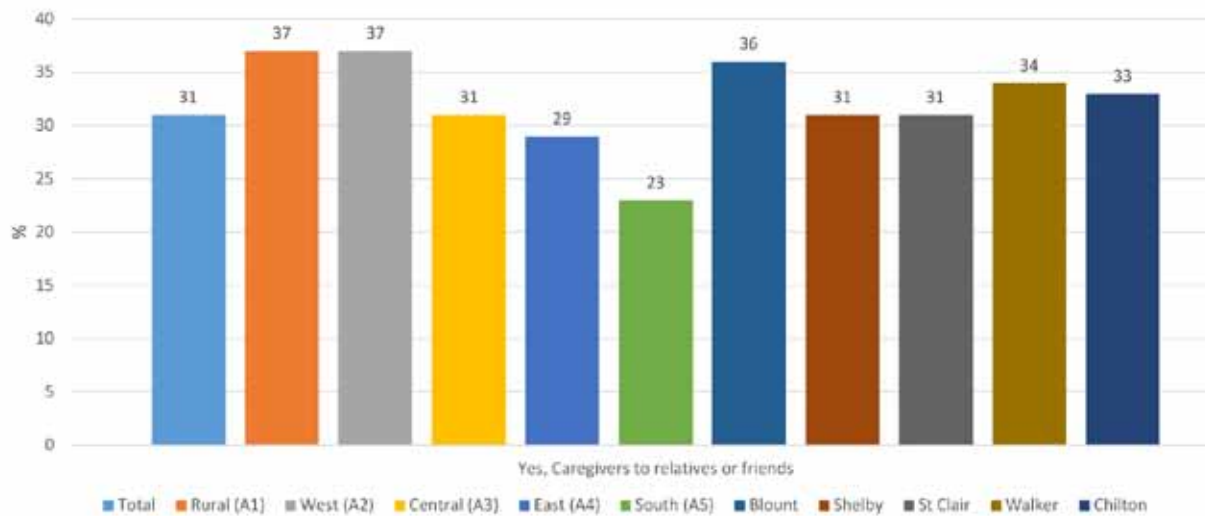
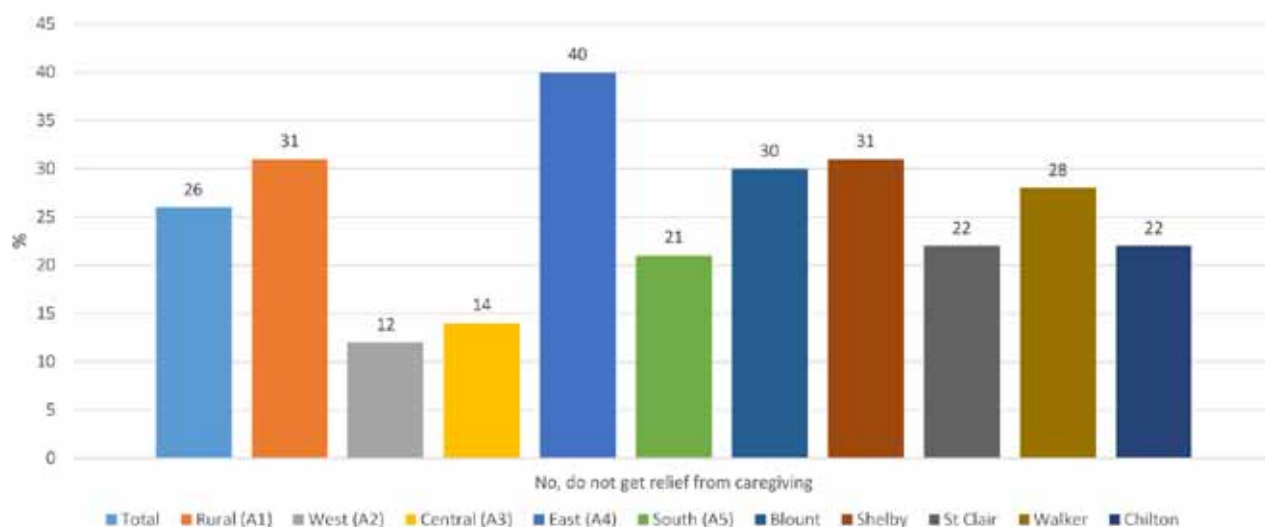


Figure 35, page 32: Percentage of seniors who do not get time off from caregiving duties



# Appendix E

Figure 36, page 36: Percentage of seniors who attended a community or senior center in the past week

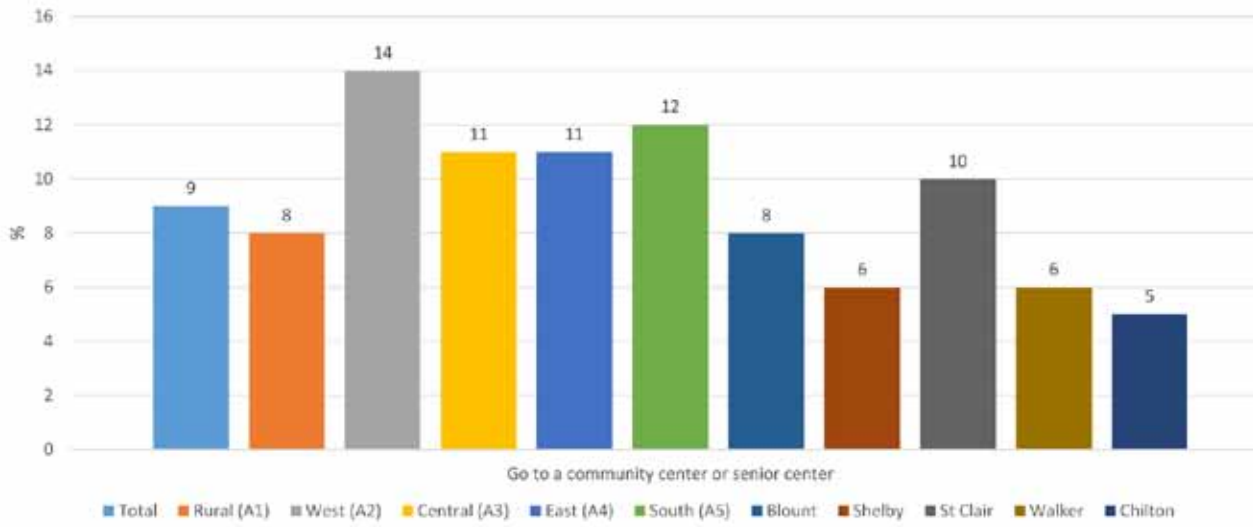


Figure 37, page 36: Percentage of seniors who attended a movie, play, concert, restaurant, sporting event, etc. in the past week

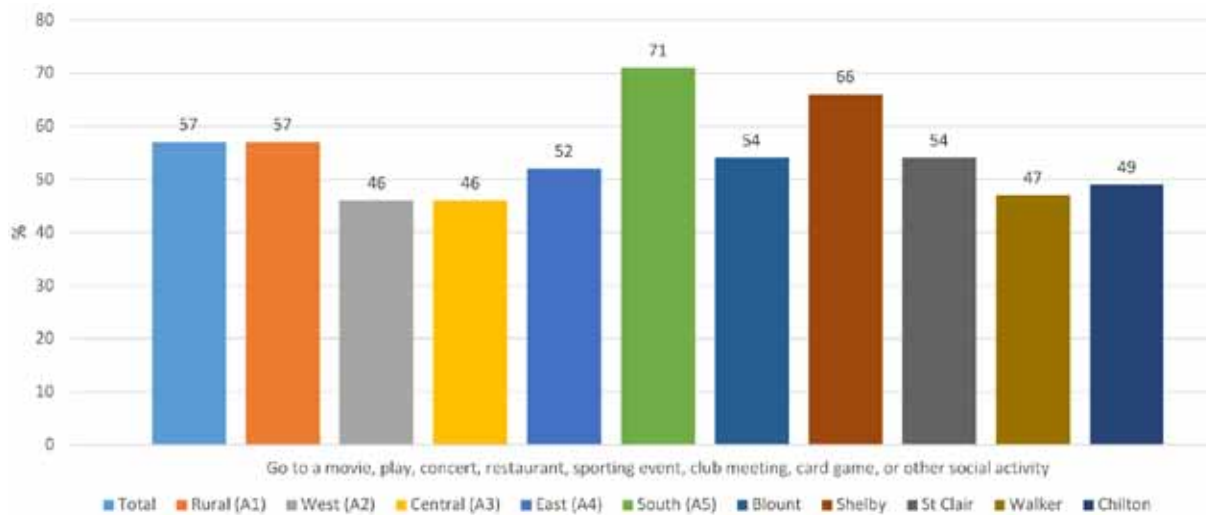
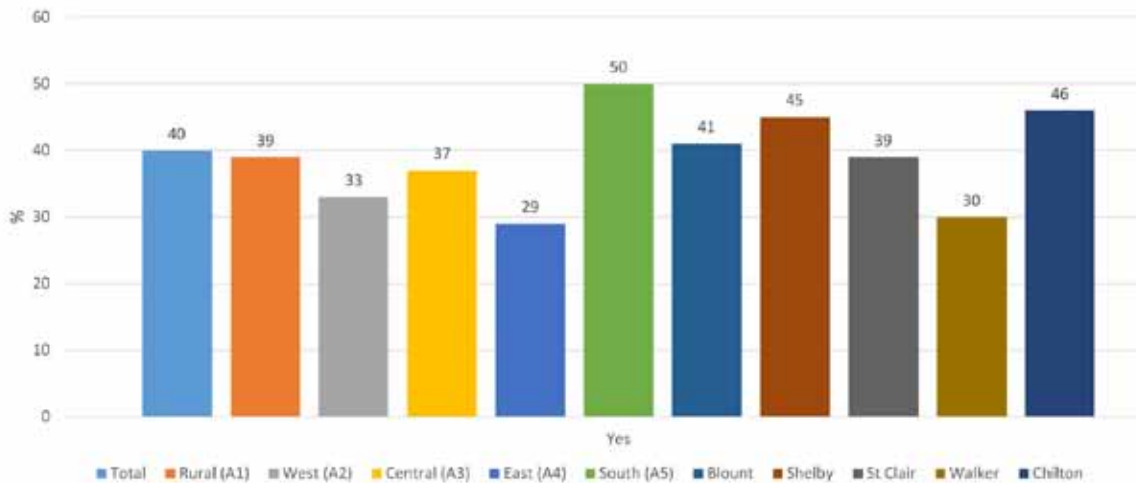


Figure 38, page 37: Percentage of seniors who participate in volunteer work





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# EngAge: A Report to the Community on Senior Adults in the Greater Birmingham Area



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Results from the AdvantAge Initiative Survey



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