



MULTNOMAH COUNTY AGING & DISABILITY SERVICES

2008 Community Needs Survey Final Report



Independence. Choice. Dignity.



Institute on Aging

Sharon Baggett, Ph.D.
Margaret B. Neal, Ph.D.
with

Nicole Iroz-Elardo, M.S.
Nathalie Huguet, Ph.D.

May 2009



TABLE OF CONTENTS

Executive Summary	I
Background	I
Key Findings	II
Housing.....	II
Safety & Security	III
Giving and Receiving Assistance	III
Physical Health	IV
Medical Screening & Vaccinations.....	V
Mental Health.....	V
Physical Activity.....	VI
Employment & Financial Security	VI
Volunteerism / Civic Engagement.....	VII
Sources of Information Used to Find Services.....	VII
1. Introduction	1
2. About the Study.....	3
3. Survey Results.....	4
Housing.....	4
Housing Choice and Affordability	4
Home Repairs, Modifications, or Changes Needed to Age in Place	7
Safety & Security	9
Giving and Receiving Assistance	11
Physical Health	13
Overall Health	13
Food Security.....	15
Medical Screening and Vaccinations	16
Mental Health.....	18
Physical Activity.....	21

Employment and Financial Security 23
 Current Employment Retirement Plans 23
 Financial Security 27
Volunteerism / Civic Engagement 28
Sources of Information Used to Find Services 31
 General Sources 31
 Multnomah County’s Helpline 33
 Computer and Internet Use 33

Appendix A: Survey Methodology 35

Survey Implementation 35
Details of Random Household Sample Purchased
& Quota Sampling 36

Appendix B: Sample Demographics 38





EXECUTIVE SUMMARY

Background

This report presents the results of a needs assessment of the target population served by Multnomah County Aging & Disability Services (ADS) that was commissioned by ADS to assist in planning services for the future.



Between July and October 2008, Portland State University's Survey Research Lab and community surveyors in targeted ethnic communities surveyed adults in Multnomah County who were at least 55 years of age and had household incomes at or below 200% of the federal poverty level. A total of 527 older adults completed the survey; 517 surveys were usable for the analyses.¹ The survey included both a random sample of households and a convenience sample of targeted ethnic groups. In addition to screening for income and County residency, quota sampling was done by age groups for those 55-64, 65-74, 75-84, and 85 and over.

The survey explored the views of adults meeting the screening criteria on safety and security, formal and

¹ Surveys missing data on any of the three variables – age, gender, and race – used to weight the data proportionate to the population, based on the American Community Survey 2005-2007 data, were not included in the analysis.

informal support, physical and mental health, nutrition, exercise and activities, sources of information used to find resources, employment and retirement, and volunteerism or civic engagement.

Key Findings

Housing



- Housing affordability is a concern, with 86% of renters and 68% of homeowners spending more than 30% of their income on housing.
- While the majority of adults 55 and over want to stay in their current residence as long as possible, 44% of those who had moved in the last five years had done so to reduce housing costs. Of those who had not moved in the last five years, 25% expect to move in the next five years to more affordable housing. Adults 55-64 were the most likely of all of those surveyed to say they might need to move to more affordable housing within the next five years.
- Finding affordable housing is a concern, especially among renters. Homeowners were more likely than renters to say they would be able to find affordable housing when needed (37% of homeowners versus 13% of renters).
- One-quarter (25%) of adults surveyed report needing repairs, changes, or modifications to remain in their home as they age. While 32% of adults surveyed said their home needed one or two repairs or changes, another 32% said their home needed five or more.
- A greater percentage of those 55-64 than in other age groups, female versus male adults, and white, non-Hispanic adults (compared to Hispanic, Asian, Native American or other ethnic minority adults),



said their residences would need repairs or modifications.

- Surveyed adults said that, even if needed, the most costly repairs or modifications (e.g., structural items such as a new roof, accessible room additions, heating or cooling systems) were the least likely to be planned due to cost.

Safety & Security



- The majority of adults said they feel very safe (45%) or somewhat safe (40%) in their neighborhoods. The majority (92%) also said they had a family member or friend to call on in an emergency.
- Almost one-third (31%) of adults surveyed said they would need assistance in evacuating their home during an emergency or natural disaster. Of these adults needing assistance in evacuating their home, 11% said they were aware of Multnomah County's Voluntary Emergency Registry.

Giving and Receiving Assistance



- Most of the older adults surveyed said they had family or friends who would aid them with help around the house, transportation, home maintenance, or personal care, if needed. Of those, few were actually receiving help with personal care but more were receiving help with maintenance of their home.
- Those living in larger households, females, and white, non-Hispanic adults were most likely to report having friends and family to help them with daily needs.
- One-third (33%) of adults surveyed said they currently provide help to an elderly friend or relative. More than one-quarter (26%) of those



Medical Screening & Vaccinations



- Many of the adults surveyed report having had a variety of medical screenings in the past five years: mammogram (87% of females); prostate-specific antigen (63% of males); colorectal cancer (52%); cardiovascular (80%); diabetes (66%); and glaucoma (60%). Almost three-quarters (72%) of these adults were aware that Medicare covered all or part of these procedures.
- Many of the adults surveyed (72%) reported having had a flu vaccination in the past five years. Fewer reported a pneumonia (56%) or hepatitis (14%) vaccination. Two-thirds of these adults were aware that Medicare covered all or part of these vaccinations.

Mental Health



- Almost half (46%) of surveyed adults said they were not bothered at all by feelings of being down, depressed, or hopeless, or feeling little interest or pleasure in doing things over the past two weeks. More than one-third (38%) said they had been bothered by these feelings occasionally or for a few days over the past two weeks; 10% said they had these feelings several days or more than half the days during that time. Only 6% of adults said they had been bothered by these feelings nearly every day over the past two weeks.
- Most adults surveyed felt that feeling down occasionally or for a few days was a normal part of life and did not warrant seeking professional help.
- Self-reported health status was associated with mental health ratings. Seventy percent of those rating their health as excellent, for example, said they had not felt down, depressed, or hopeless at all over the past two weeks, compared to 20% of those rating their health as poor.

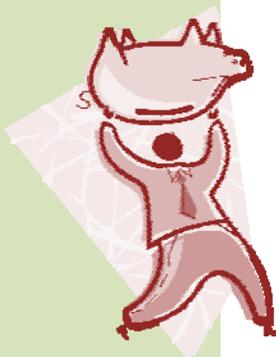




Physical Activity

- Walking was the most frequently reported physical activity in which surveyed adults engaged, followed by housework, gardening, and working out at home.
- Almost one-quarter (24%) of those surveyed reported engaging in one regular physical activity; 28% reported engaging in two activities, 24% in three, and 19% in four or more physical activities.
- More than half of those surveyed said they were physically active seven days per week. Of these active adults, 61% said they engage in physical activity 60 minutes or more per day. One-fourth (25%) said they were active between 30-59 minutes per day and 11% said they were active 15-29 minutes per day. Only 3% of those who said they were physically active every day said they were active less than 15 minutes per day.
- Both race/ethnicity and self-reported health status were associated with fewer numbers of physical activities reported and engaging in activities with less frequency.

Employment & Financial Security



- Only 7% of those retired were working part-time; 5% of those not-yet-retired also reported working part-time. Of these adults, 42% were working 21 hours per week or more.
- Three-quarters (75%) of those surveyed who had not yet reached age 65 said they expected to continue working past age 65 or retirement. The majority (81%) expected to work five years or more beyond age 65 or retirement.
- Most adults surveyed, both under age 65 (88%) and those 65 and over (87%), felt very confident or



somewhat confident they will be physically able to continue working if they need or want to work. Fewer – 50% of those under age 65 and 57% of those 65 and over – felt the same level of confidence in being able to find work as long as they needed or wanted.

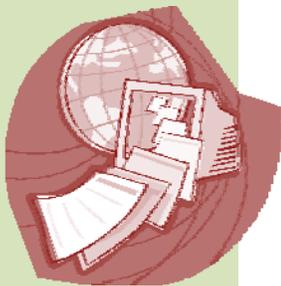
- Many older adults, especially those ages 55-64, are worried about their financial stability in retirement.
- Only 19% of all adults surveyed felt very confident they will be financially stable in retirement.

Volunteerism / Civic Engagement



- Almost one-quarter (23%) of adults surveyed said they currently do volunteer work in their communities. Among those not yet retired and still working, 41% said they planned to volunteer or engage in their community in some other way once they retired or were working fewer hours.
- Adults surveyed most frequently mentioned working with seniors, teens, or for philanthropic organizations as areas of volunteer interest.

Sources of Information Used to Find Services



- Older adults surveyed most often go to professionals (e.g., doctor, nurse, social worker), family, and the media for information on services.
- Adults in ethnic minority communities rely largely on culturally-specific information sources (e.g., native-language newspapers, cultural organizations).
- The Internet will increasingly become a resource for older adults looking for information about services. More than half (52%) of those surveyed



said they use the Internet. Of these users, 71% said they use it to search for information about services.





1. INTRODUCTION

Although demographic data are often used in planning for the service needs of a community, these data are collected from a sample of the population as a whole. The low-income older adults who are targeted by Multnomah

County Aging & Disability Services (ADS) are included within these population estimates, but their specific attributes or needs are not identified. Even with improvements in U.S. Census data reporting (for example, more county-level data are now made available through the American Community Surveys²), adequate information on a range of indicators by income is difficult or even impossible to obtain through existing data sources.



This report presents the results of a needs assessment of the target population served by ADS that was commissioned by the County to assist in planning services for the future.

ADS serves over 46,000 seniors, with the goal of maintaining their independence in the community. Services are provided through federal, state, local, and private sources, including the federal Older Americans Act, Medicaid, State of Oregon Project Independence, and

² The American Community Survey (ACS) is a nationwide survey designed as part of the Census Bureau's reengineered decennial program. The ACS produces population and housing information every year instead of every ten years, based on a small sample of the population. For more information, see www.census.gov/acs/www/index.html.

County general funds. With these resources, ADS serves seniors by providing long-term-care case management, information and assistance, protective services, emergency housing, and nutrition assistance.

Looking to the future, ADS included mid-life adults, ages 55-64, in the survey to identify the service needs of these adults in the coming years. Few needs assessments of older adults have included adults under the age of 65. Although projecting to the future can be challenging, most adults were able to realistically assess, for example, how long they expect to continue working – including working after retiring – and their interest in and plans for civic engagement or volunteering. These adults under age 65 were also able to assess their confidence in retirement income and housing stability.

This report was prepared in order to provide information about housing, safety and security, formal and informal support, physical and mental health, nutrition, exercise and activities, sources of information used to find resources, employment and retirement, and volunteerism or civic engagement. The data were gathered through a population-based telephone survey and through surveys conducted specifically with older adults in targeted ethnic communities. The information gathered was thought to reflect the needs most useful for program planning. All data were collected in 2008 by the Institute on Aging (IOA) and the Survey Research Lab (SRL) at Portland State University (PSU).





2. ABOUT THE STUDY

Between July and October 2008, PSU's SRL surveyed adults in Multnomah County who were at least 55 years of age and had household incomes at or below 200% of the federal poverty level. A total of 527 older adults

completed the survey; 517 surveys were usable for the analyses.³ The survey included both a random sample of households and a convenience sample of targeted ethnic groups. In addition to screening for income and County residency, quota sampling was done by age groups for those 55-64, 65-74, 75-84, and 85 and over. [For more information on how the surveys were conducted and how many people participated, see *Appendix A: Survey Methodology*, *Appendix B: Sample Demographics*, and *Appendix C: Survey Instruments*.]



³ Surveys missing data on any of the three variables – age, gender, and race – used to weight the data proportionate to the population, based on the American Community Survey 2005-2007 data, were not included in the analysis.



3. SURVEY RESULTS

Housing

Housing Choice and Affordability

Slightly more than half (52%) of those surveyed were homeowners, 45% were renters, 3% were living with another household and did not pay a portion of the rent or mortgage, and less than 1% were homeless. Table 1 shows the survey sample by household size. One-person households were somewhat more likely to be renters (56%) than were people having multiple household members (e.g., 37% for two-person households and 26% for households with four persons or more). Neither age, gender, nor race/ethnicity was significantly associated with owning versus renting.

Table 1: Sample by Household Size

NUMBER IN HOUSEHOLD	PERCENT
One person	50%
Two people	38%
Three people	8%
Four or more people	4%

Housing affordability is a concern, with many older adults spending 30% or more of their income on housing and one-quarter of those surveyed anticipating needing to move to more affordable housing in the next five years. Among those surveyed, 86% of renters and 68% of homeowners said they spend more than 30% of their incomes on housing. Only age was

significantly associated with spending more than 30% of one's income on housing and only for those owning their homes. The highest percentage of homeowners who said they spend more than 30% of their income on housing was found among those ages 65-74 (versus those aged 55-64, 75-84, or 85 and over).

Household size was also associated with the percent of income spent on housing, with one-person households most likely to spend more than 30% of their income on housing, whether renting or owning. Among homeowners in one-person households, 77% said they spend 30% or more of their income on housing, compared to 57% of two-person households and 69% of four-person households. Among renters, one- and two-person households (87% and 89%, respectively) were also more likely than renters in households of three or four (67% each) to report spending 30% or more of their incomes for rent.

The majority of those surveyed (85%) said they agreed or strongly agreed with the statement, "What I'd really like to do is stay in my current residence as long as possible." Of those who strongly agreed or agreed with this statement, 41% said they were very confident that they would be able to afford to live in their residence as long as they would like; 36% said they were somewhat confident they could do so.

Among those living in their current residence for between one and five years, 44% said they had moved within the last five years to reduce housing costs. One-quarter (25%) of all adults surveyed thought they might need to move to more affordable housing within the next five years.



Those aged 55-64 were significantly more likely than other age groups (those 65-74, 75-84, and 85 and over) to say they might need to move to more affordable housing within this timeframe – and this reflects views gathered before the most recent negative downturn in the economy. Indeed, adults in this age group may be contemplating retirement and reduced incomes, requiring them to look for ways to reduce spending on housing.



For homeowners – but not for renters – spending more than 30% of their income on housing was also significantly associated with thinking that they will need to move to more affordable housing within the next five years. The most common reasons all older adults cited for possibly needing to move in the next five years were the cost of rent (48%), followed by the cost of maintaining a home (11%), taxes (9%), and/or utilities (6%). Another 10% of adults gave multiple reasons that might impact whether they would need to move in the next five years to more affordable housing, such as rising costs plus health or care needs, or costs plus a change in their family situation.

Finding affordable housing if one needs to move is a concern, especially among renters. Among those who think they will need to move to more affordable housing in the next five years, 32% said they felt very confident they would be able to find something affordable when ready to move. Another 34% said they felt somewhat confident they would be able to find affordable housing when needed. Homeowners were more likely than renters to say they would be able to find affordable housing when needed (37% versus 18%). Renters were more likely than owners to say they were not confident at all they would be able to find affordable housing (13% versus 7%).



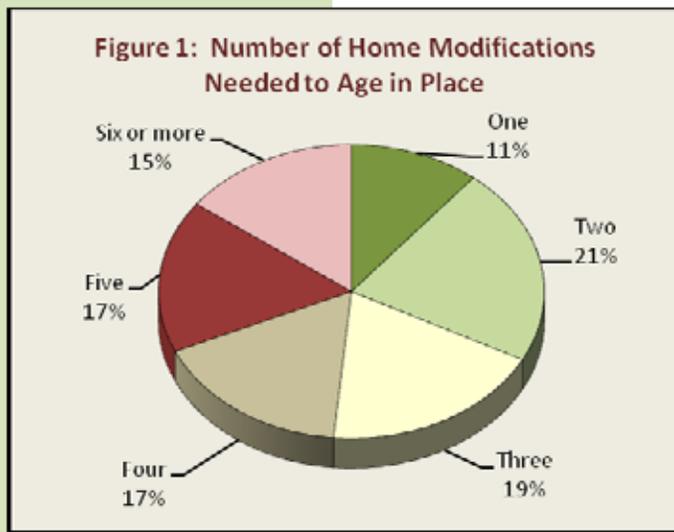
Home Repairs, Modifications, or Changes Needed to Age in Place

Many elders report their homes will need multiple repairs or modifications if they are to remain in them as they age. Affordability is the key barrier to undertaking these needed changes. One-quarter of those surveyed said that their residence needs significant repairs, modifications, or other changes if they are to remain there as they get older. Homeowners were

significantly more likely than renters to say that changes were needed to remain in their home. Significant associations were also found between age, gender, and race in those older adults who report needing repairs or modifications to age in place. A greater percentage of adults aged 55-64 (versus those 65-74, 75-84, or 85 and over), female than male, and white, non-Hispanic adults (compared to Hispanic, Asian, Native

American, or other ethnic minority adults⁴) reported that their residences would need repairs or modifications.

As shown in Figure 1, 32% of those surveyed said their residence needed five or more repairs or modifications.



⁴ To minimize missing cells in the cross-tabulation analyses, only two categories of race/ethnicity were used. Data are thus reported for the first group, which included only white, non-Hispanic older adults, compared to the second group, which included members of Hispanic, Asian, Native American, Russian, and all other ethnic minority groups. Throughout the remainder of the report, the term “Hispanic or other ethnic minority adults” will be used to refer to this second group.

Repairs requiring the most cost to implement are least likely to be undertaken. Table 2 shows the range of modifications needed and the frequency each was mentioned.

Table 2: Repairs or Changes Needed to Age in Place – Planning and Barriers

REPAIR, MODIFICATION OR CHANGE NEEDED	PERCENT REPORTING CHANGE NEEDED	PERCENT PLANNING TO MAKE THE CHANGE	MOST FREQUENT REASON FOR NOT MAKING CHANGE: <i>CANNOT AFFORD</i>
Cosmetic or minor repairs (e.g., painting, floor refinishing)	60%	9%	47%
Bathroom modifications (e.g., grabbars, handrails, high toilet, non-slip tile)	55%	6%	56%
Weatherization or other energy efficiency improvements	50%	5%	74%
Easier access into or within home (e.g., ramp, wheelchair lift, elevator)	50%	4%	44%
Structural changes or major repairs (e.g., new roof, plumbing)	49%	5%	75%
Better cooling in summer	34%	2%	74%
Better heating in winter	34%	2%	64%
Problems with insects, rodents, or other pests	13%	2%	51%
Other	<1%	84%	NA

Although a variety of needed repairs, modifications, or changes were reported, very few of the individuals surveyed said they planned to make the repairs or changes. The most frequently cited reason for not making needed repairs or changes was that the household could not afford it. As Table 2 shows, the percentage reporting the inability to afford needed changes is largest for those changes that are more costly to implement – for example,



improving heating or cooling systems, making structural changes or repairs, or undertaking energy efficiency improvements. Other reasons given for not making improvements included that, as renters, the residents could not make the modifications, or that residents could not gauge how long they would live in their current location (owners and renters alike).

The few adults surveyed who were homeless said they did not need modifications to their current situation (e.g., living in a camper or car), but needed an actual home. Other adults surveyed said they needed yard or outdoor area modifications, better appliances, insulation for noise control, or help with mold elimination in order to stay in their home as they age.

Safety & Security

Most adults feel safe in their neighborhoods and have family or friends who might provide help in an emergency, but almost one-third said they would need assistance evacuating in case of an emergency or natural disaster. Safety and security have to do both with the perception of safety in one's physical surroundings, as well as feeling that one's needs will be met in the case of an emergency. The majority of the older adults surveyed said they felt very safe (45%) or somewhat safe (40%) in their neighborhoods, compared to those who felt unsure (5%), somewhat unsafe (7%), or very unsafe (3%). A majority of those surveyed (92%) also said they have someone, either a family member or friend, who they could call for help in an emergency. Significantly more females (95%) than males (88%), and more white, non-Hispanic adults (95%) than Hispanic or other ethnic minority adults (73%), said they had someone on whom they could call for help.





Almost one-third (31%) of adults surveyed said they would need assistance evacuating their home during an emergency or natural disaster. A significantly greater percentage of Hispanic or other ethnic minority adults (45%) than white, non-Hispanic adults (27%) said they would need assistance. Not surprisingly, the oldest adults surveyed, those aged 85 and over, were more likely to say they would need assistance evacuating – 42% compared to 28% of those 55-64, 31% of those 65-74, and 33% of those 75-84.

Although the survey did not probe for details on the type or degree of help required, these adults thought that they would need assistance of some kind.

There is a need for more information about the Voluntary Emergency Registry.⁵ Of those reporting they would need assistance evacuating their home in an emergency or natural disaster, only 11% said they were aware of the Voluntary Emergency Registry, and only three individuals said they were currently listed on the registry. Sixty-five percent of those who said they were not aware of the registry said they would like more information.⁶

⁵ The Voluntary Emergency Registry lists people who need help from emergency response workers to evacuate or remain in their homes during an emergency or disaster. It is managed by Multnomah County and the cities of Portland and Gresham.

⁶ Those wanting more information on the registry were provided the telephone number of Multnomah County's Helpline at the end of the survey.



Giving and Receiving Assistance

Older adults may need assistance with a variety of activities of daily living. Help may come from family or friends, from a church or social organization, or from private and public agencies. As shown in Table 3, **most of the older adults surveyed said they had family or friends who would help them with a variety of tasks if needed, especially with help around the house and transportation.**

Table 3: Support with Household and Personal Tasks

TYPE OF SUPPORT	PERCENT WITH FAMILY OR FRIENDS WHO WOULD HELP IF NEEDED	PERCENT GETTING HELP FROM FAMILY AND FRIENDS	PERCENT GETTING HELP IN SOME OTHER WAY	PERCENT NEEDING HELP
Help around the house (e.g., meal preparation clean-up, house-cleaning, laundry, or sewing)	75%	39%	18%	10%
Transportation (e.g., to shopping, medical appointments, banking, or other necessary trips)	77%	37%	18%	6%
Maintenance of home (e.g., repair or regular yard work)	63%	50%	22%	12%
Personal care (e.g., bathing, toileting, nailcare, brushing teeth, haircare, or dressing)	64%	15%	10%	6%

The highest percentage of those reporting they currently receive help were those receiving assistance with regular maintenance of their home, whether from family and friends or from some other source.

Both gender and race were significantly associated with having family and friends who would provide help around the house, with a greater percentage of female than male,



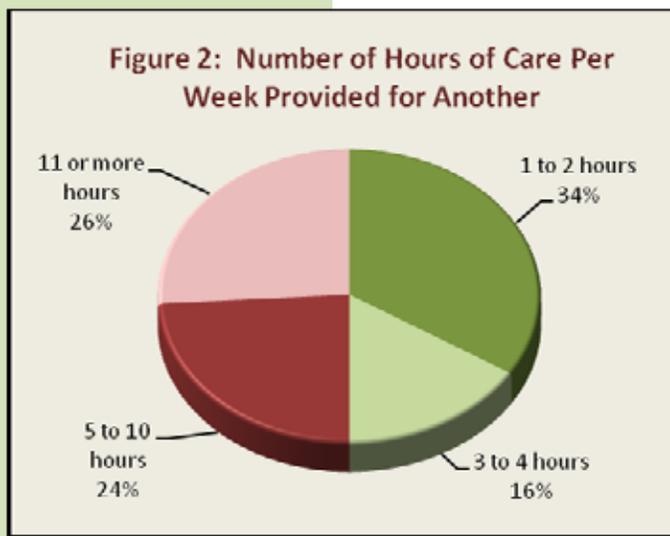
and white, non-Hispanic adults than Hispanic or other ethnic minorities, reporting that they have this support available. Household size was significantly associated with reported support, with a greater percentage of adults in larger households reporting that they have family and friends who would help around the house, provide transportation, and help with personal care if needed.

Information on services and supports for caregivers and the person(s) they care for is needed, especially among those aged 55-64. Although many older adults are receiving assistance, some are also providing care to others. One-third (33%) of older adults surveyed said

they were currently helping out an elderly or disabled friend or relative, including those who live with them or those living somewhere else. Both age and race were associated with caregiving, with significantly more adults aged 55-64 than those 65-74, 75-84, and 85 and over, and white, non-Hispanic adults than Hispanic or other ethnic minority adults, saying they help out a friend or relative. As shown in Figure 2, slightly more than one-quarter

of older adults providing care to another said they provide 11 hours or more of care per week.

The majority (81%) of those helping out another elderly or disabled friend or relative felt they have the support necessary to deal with the challenges of caring for the person(s). When asked what types of additional support might be helpful to them, the most common response was to have more information on services that might help



them or the person for whom they provide care. Among the specific services thought to be helpful to those providing care were financial information or assistance (39%), legal aid (7%), cultural or language-specific services (5%), and transportation (22%).

Other supports mentioned as being helpful to those providing care were fuel assistance, tax incentives for caregiving, exercise or activity programs for the person receiving care, help with housework, and help with the physical demands of caregiving. About 5% of caregivers were also interested in caregiver education, training and support, day programs, respite care, and/or counseling. About two-thirds (64%) of those providing care said they would like more information on the types of support they mentioned as being a potential help to them.

Physical Health

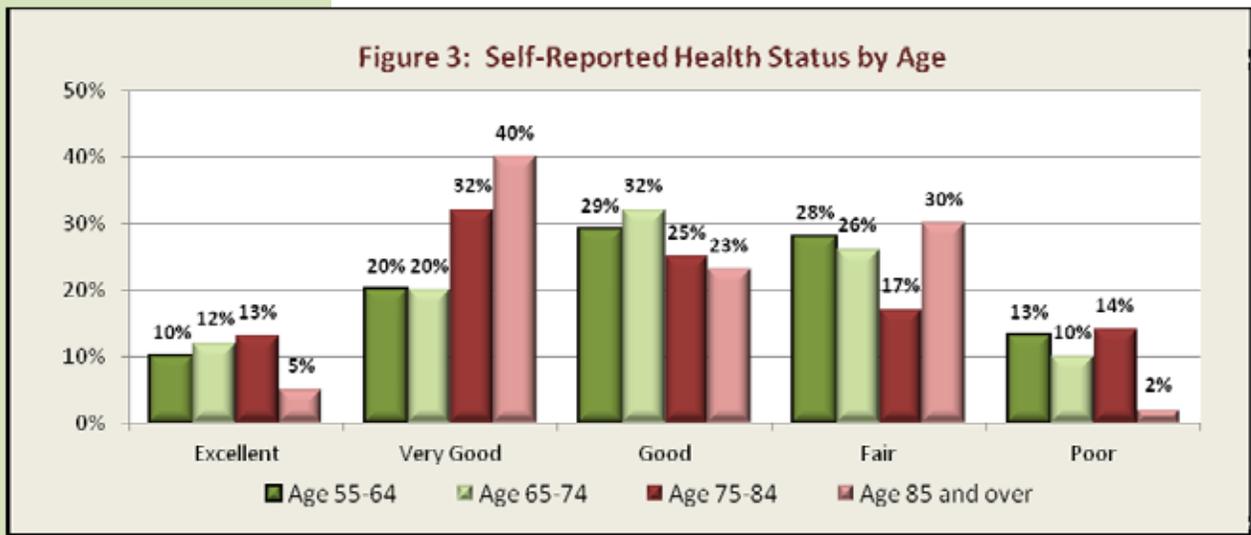
Overall Health

Race/ethnicity is associated with lower ratings of self-reported health status compared to others in one's age group. Self-reported health is a common measure of overall health status. It has been shown in previous research to be associated with income, race, gender, social class, and other variables related to social inequality. In the total survey sample, 37% of older adults rated their usual state of health compared to others in their age group as fair or poor. More than one-third (35%) rated their health as excellent or very good; 29% rated it as good.

Self-reported health status is often found to decline with age. Although we did not find a straightforward trajectory of decline, adults aged 85 or over were somewhat less likely than other age groups to rate their health as



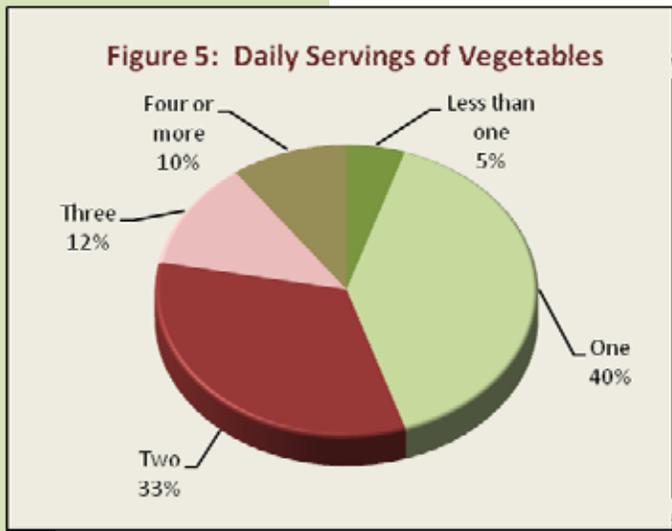
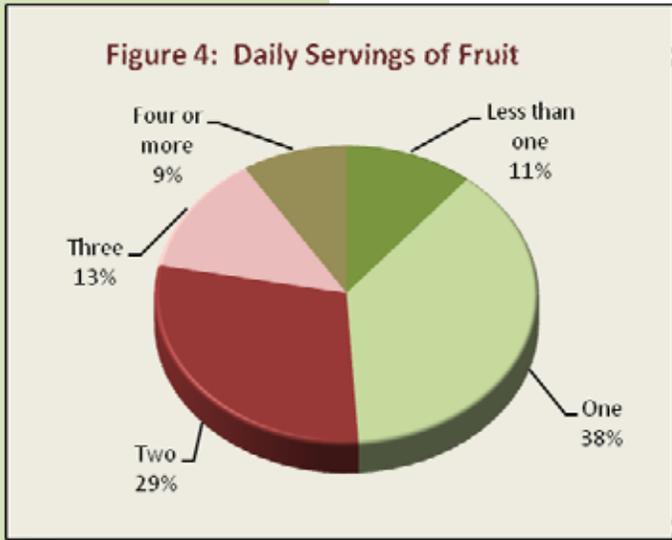
excellent and were most likely to rate their health as fair. Interestingly, however, this oldest group of adults surveyed was also the group least likely to rate their health as poor compared to others their own age (see Figure 3). Hispanic or other ethnic minority adults were significantly more likely to rate their health as fair or poor than were white, non-Hispanic adults.



Nutrition

Race/ethnicity is associated with lower intake of fruits and vegetables, one indicator of overall nutritional health. As shown in Figure 4 and Figure 5, around 9% of adults surveyed reported eating four or more servings of fruits daily; 10% said they eat four or more servings of vegetables daily. Yet, 11% of adults reported eating less than one serving daily of fruit and 5% ate less than one serving daily of vegetables. More than two-thirds of all adults surveyed said they ate at least one serving of fruit and one of vegetables daily.





Race was significantly associated with fruit and vegetable intake. Hispanic or other ethnic minority adults were almost twice as likely as their white, non-Hispanic counterparts to report eating only one serving of fruit per day (56% and 34% respectively). Similarly, 68% of Hispanic or other ethnic minority adults reported having only one serving of vegetables per day, compared to 36% of white, non-Hispanic adults; 14% of white, non-Hispanic adults reported having three servings of vegetables per day, compared to 5% of Hispanic or other ethnic minority adults.

Food Security

Race/ethnicity is also associated with overall food security.

Older adults in our survey reported a high level of food security, with 63% saying that they “have enough of the kinds of foods we want to eat.” Another 31% said they have enough food, but not always the kinds of food they wanted. Only 5% said that “sometimes” they do not have enough to eat and only 1% said they “often” did not have enough.

Race was found to be a factor in ratings of food security. As shown in Table 4, Hispanic or other ethnic minority adults less frequently reported having “enough of the



kinds of food we want to eat” than did white, non-Hispanic adults. Conversely, Hispanic or other ethnic minority adults were also more likely than white, non-Hispanic adults to report having enough food, but not always the kinds of food they wanted, and to say that sometimes they did not have enough to eat.

Table 4: Race/Ethnicity and Food Security

FOOD SECURITY	PERCENT*	
	WHITE NON-HISPANIC	HISPANIC OR OTHER ETHNIC MINORITY
Have enough of the kinds of food we want to eat	67%	41%
Have enough, but not always, the kinds of food we want to eat	28%	47%
Sometimes we don't have enough to eat	4%	11%
Often we don't have enough to eat	1%	2%

* Totals may not equal to 100% due to rounding.

Self-reported health status was also associated with food security. Those adults rating their health as poor or fair were more likely to report that often or sometimes they did not have enough to eat than were adults rating their health from fair to excellent. And, **while 30% of those rating their health as poor said, “We have enough of the kinds of food we want to eat,” 88% of those rating their health as excellent gave this response.**

Medical Screening and Vaccinations

Table 5 shows the percentage of those surveyed who said they have had a medical screening procedure or vaccination in the last five years, and the percentage who said they were aware that Medicare would cover some or all of the cost.



Table 5: Medical Screenings and Vaccinations

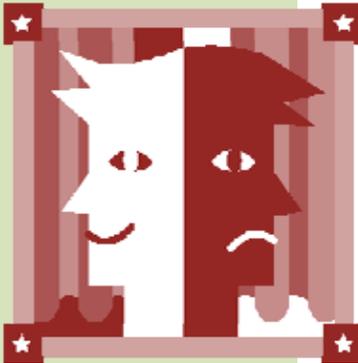
SCREENING PROCEDURE	PERCENT HAVING PROCEDURE / VACCINATION IN LAST FIVE YEARS	PERCENT AWARE OF MEDICARE COVERAGE
Mammogram (Females only)	87%	72%
Prostate-specific antigen (Males only)	63%	
Colorectal cancer	52%	
Cardiovascular health (e.g., cholesterol, lipid, and/or triglyceride levels)	80%	
Diabetes	66%	
Glaucoma	60%	
Vaccination		
Flu	72%	66%
Pneumonia	56%	
Hepatitis	14%	

Race was significantly associated with screening for glaucoma and vaccination for hepatitis. Hispanic and other ethnic minority adults were less likely (46%) than white, non-Hispanic adults (62%) to report having had a glaucoma screening in the past five years. Hispanic and other ethnic minority adults were more likely (27%), however, than white, non-Hispanic adults (12%) to report having had a vaccination for hepatitis in the last five years. Race was significantly associated with awareness of Medicare coverage for medical screenings, but not for vaccinations. While 75% of white, non-Hispanic adults were aware that Medicare covered screening for the conditions listed in the survey, only 63% of Hispanic and other minority adults said they were aware of Medicare coverage.

No significant association was found between awareness of Medicare coverage and reported procedures or vaccinations. We suspect that other variables (e.g.,



existing health issues, access to regular health care, attitudes toward prevention, perceptions of risk, and other factors) may have a more direct influence on whether older adults receive these procedures or vaccinations than does their awareness of Medicare coverage. Household size was significantly associated with awareness of Medicare coverage, but only for vaccinations. A greater percentage of one-person households (72%) than households of two (62%), three (53%), or four or more (61%) said they were aware that Medicare covered the vaccinations referenced in the survey.



Mental Health

Feeling down or depressed occasionally is viewed as a normal part of life and does not warrant seeking professional help. However, lower self-reported health status contributes to more negative ratings of mental health.

The survey included three items to assess global mental health and use of services to address mental health issues. In both items, the older adults were asked how often they had experienced the feelings described over the past two weeks. The response options included “not at all,” “occasionally or for a few days,” “several days,” “more than half the days,” and “nearly every day.”

We first asked the adults the extent to which they had been bothered by feeling down, depressed, or hopeless over the past two weeks. Almost one-half (46%) of those surveyed said they were not bothered by these feelings at all. More than one-third (38%) said they had only been bothered by these feelings occasionally or for a few days. In all age groups except those ages 75-84, about 10% said they had been bothered by these feelings almost every



day. Gender was associated with response to the questions of feeling down, depressed, or hopeless during the past two weeks. Males were more likely than were females (57% and 45% respectively) to say they had not been bothered at all by these feelings. Conversely, females were more likely than males (10% and 5% respectively) to say they had been bothered by these feelings nearly every day over the past two weeks.

Secondly, we asked surveyed adults the extent to which they had been feeling little interest or pleasure in doing things over the past two weeks. Similar to the responses to the first question of the series, 46% said they had not been feeling this way at all; 38% said they had only felt this way occasionally or for a few days over the past two weeks. Gender was significantly associated with this item in the series. Females were less likely than males (42% and 56% respectively) to report “not at all” when asked the degree to which they had felt little interest or pleasure in doing things over the past two weeks. Conversely, females were more likely to respond that they had experienced these feelings occasionally, several days, more than half the days, or nearly every day during the past two weeks.

Self-reported health ratings were associated with both mental health items. Those reporting feeling down, depressed, or hopeless every day over the past two weeks (22%) also rated their health as poor. None of those rating their health as excellent reported daily feeling down, depressed, or hopeless. Indeed, 70% of those rating their health as excellent said they had “not at all” felt down, depressed, or hopeless over the past two weeks, compared to 20% of those rating their health as poor.



This same pattern held true for the second item in the series – i.e., whether those surveyed had felt little interest or pleasure in doing things over the past two weeks. More than one-fourth (27%) of those rating their health as poor said they had felt little interest or pleasure in doing things over the past two weeks “nearly every day” compared to 2% of those rating their health as excellent and 2% rating their health as good. Conversely, 19% of those rating their health as poor said “not at all” when asked if they had felt little interest or pleasure in doing things over the past two weeks; 57% of those rating their health as excellent gave the same response

Among those surveyed who said they had felt any degree of either of these things – feeling down, depressed, or hopeless, or having little interest in doing things – 38% said they had sought counseling for depression or anxiety from a professional (i.e., psychologist, social worker, psychiatrist, clergy, or primary care physician). Age and gender were significantly associated with having sought counseling. Females were more likely to have sought counseling than were males; those ages 55-64 were most likely and those 75-84 least likely of all age groups to have sought professional help.

Most adults in the study seemed to feel that experiencing occasional days of feeling depressed or listless was to be expected – “a part of life” – and did not warrant seeking professional help. For those who had experienced the feelings described in these two questions but had not sought help, the most common reasons provided were that “there is no real need” (31%) and “I don’t think it’s serious” (30%). Another 10% said they could not afford to seek counseling.

Some of the other reasons for not seeking professional help provide insights into barriers to care. Among these

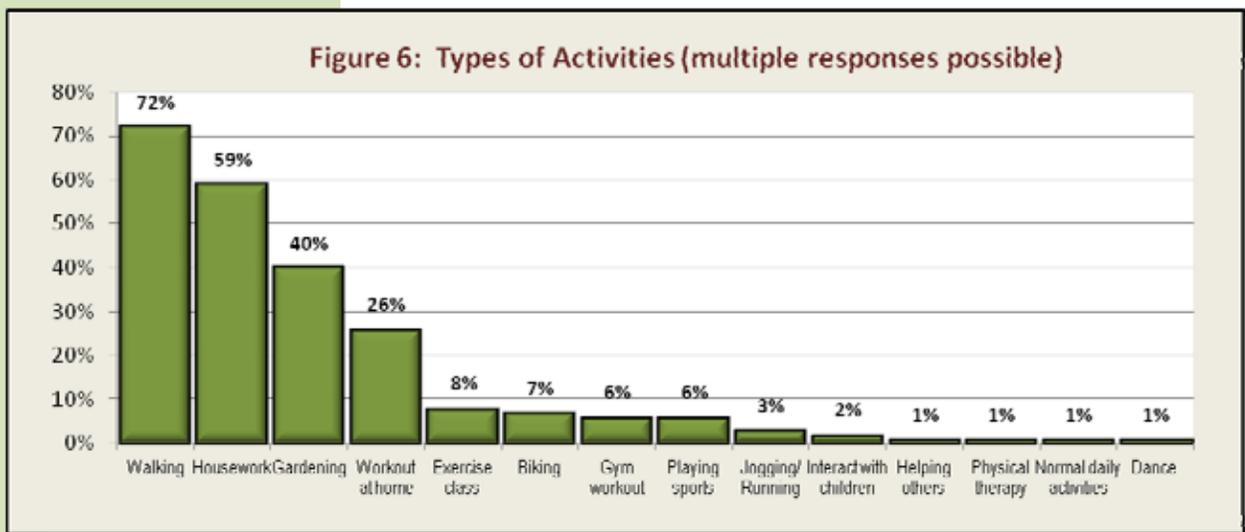


responses were: “I’m waiting until I have a regular doctor”; I don’t know if my insurance will cover it”; “I went to the emergency room last week and they treated me like the issues were just all in my head”; and “I’m dying and there is only so much they can say to comfort me.” Some of those surveyed, however, said their own lack of interest, will, or motivation to seek counseling was the main reason they had not sought help.

Physical Activity

Walking and other common daily activities contributed to high levels of physical activity reported among those surveyed. Race and health are associated with self-reported physical activities.

Among the variety of current physical activities reported by adults surveyed, walking was found to be the most common.



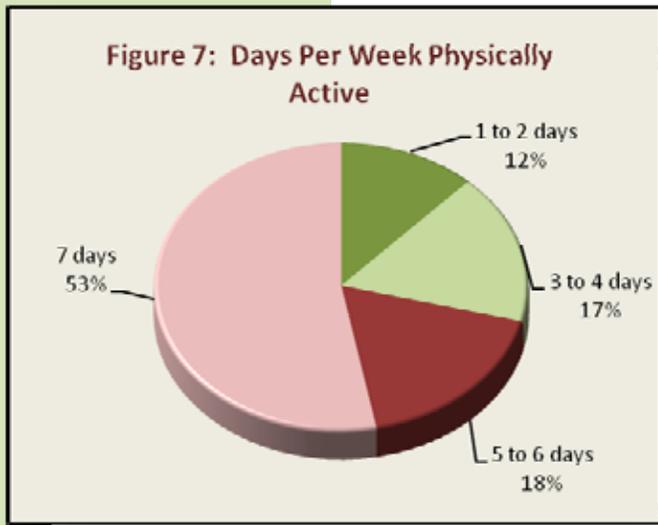
As shown in Figure 6, walking was followed by housework and gardening as the most common physical activities reported. Walking was also the most likely of all types of

activities to be one of those mentioned when multiple activities were reported.

Although 24% of those surveyed cited only one type of physical activity in which they were currently involved, 28% reported engaging in two activities, 24% reported engaging in three activities, and 19% reported engaging in four or more physical activities. The majority of those who reported some type of physical activity said they do more than one type of activity. Race was associated with a lower number of activities reported, with a greater percentage of Hispanic or other ethnic minority adults (39%) than white, non-Hispanic adults (22%) reporting they engaged in only one physical activity.

As shown in Figure 7, more than half of those surveyed said they were physically active/exercise seven days per week. Of these physically-active adults, 61% said they engage in physical activity 60 minutes or more per day;

25% said they were active between 30 and 59 minutes per day. Not surprisingly, these same adults rated their physical activity pattern as consistent or regular (62%).



Self-reported health status was associated with the number of days of being physically active, with a higher percentage (20%) of those rating their health as poor reporting they were active only one to two days per week, versus 8% of those who rated their health as excellent.

Conversely, a greater percentage (92%) of those reporting their health as excellent reported being physically active at least three days per

week, versus 80% of those rating their health as poor. The latter still indicates a fairly consistent pattern of reported activity, even among those who assessed their health as poor.

Employment and Financial Security

Current Employment Retirement Plans

Of all the adults surveyed, 58% were retired and were not looking for work. As shown in Table 6, however, the next largest category (15%) of surveyed adults was disabled and unable to work. Only 7% of those retired said they were working part-time, while 5% of those not-yet retired also were working part-time.

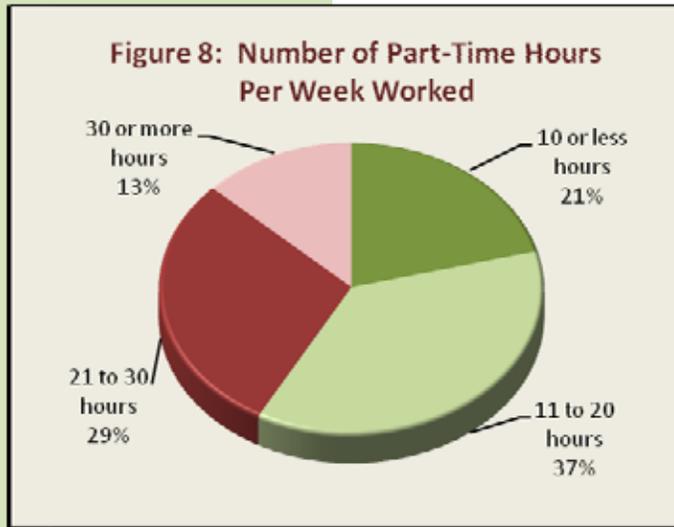
Table 6: Employment Status (Total Sample)

STATUS	PERCENT*
Retired and not looking for work	58%
Disabled, unable to work	15%
Retired but work part-time	7%
Working full-time, never retired	5%
Working part-time, never retired	5%
Unemployed, not looking for work	3%
Unemployed, looking for work	3%
Retired, but looking for work	3%
Never worked	1%
Retired, but now working full-time	<1%

* Total not equal to 100% due to rounding.



Figure 8 shows that among those working part-time, whether retired or non-retired and still working, 42% are working 21 hours per week or more.



Seventy-five percent of those surveyed who had not yet reached age 65 said they expected to continue working past age 65. As shown in Table 7, almost half (48%) said they plan to work part-time in their current occupation; another 21% said they plan to work full-time in their current occupation after the age of 65. One quarter (24%) plan to pursue work part- or full-time in a field different from their

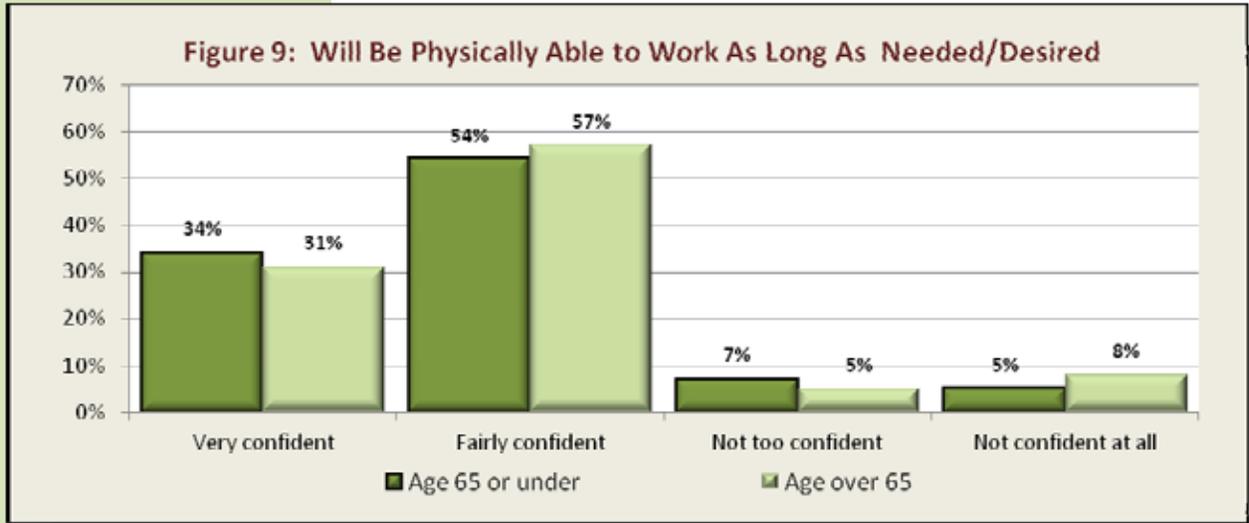
current occupation. The majority (81%) of those under 65 who said they planned to work after retirement anticipated working five years or more beyond age 65 or retirement.

Table 7: Type of Employment Planned Past Age 65 or Retirement

EMPLOYMENT	PERCENT
Work part-time in current occupation	48%
Work full-time in current occupation	21%
Pursue full-time work in another field	15%
Pursue part-time work in another field	9%
Do something else	7%

Employment past the age of 65 or retirement depends on both one’s physical well-being, as well as employment opportunities. Of those still working, the majority of those under age 65 (88%) and those over age

65 (87%) said they feel very confident or somewhat confident they will be *physically able* to continue working past retirement, or as long as they need to or want to work (see Figure 9).

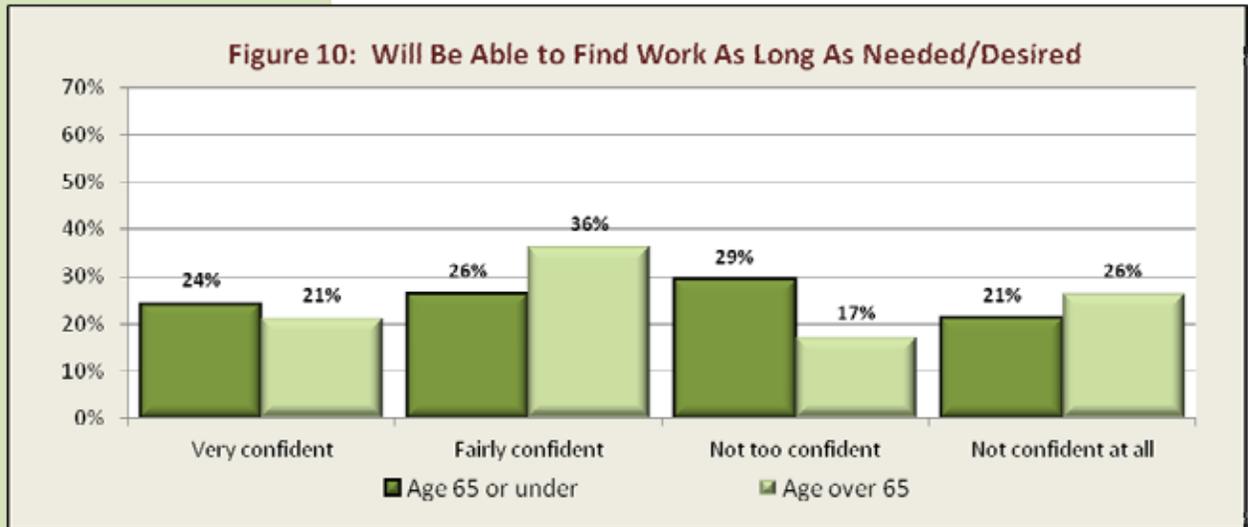


However, only 50% of those under age 65, and 57% of those 65 years of age and older, said they felt very confident or somewhat confident that they will *be able to find work* for as long as they need or want to continue working (see Figure 10).

The data do indicate some level of relationship between age, health, race, and gender and views of post-retirement employment. Among those under age 65, although 75% of those who rated their health as excellent said they were very confident they would be physically able to continue working past retirement, only 33% of those who rated their health as poor reported this same positive level of confidence. Conversely, 33% of those under age 65 who rated their health as poor said they were not too confident that they would be able to continue working past retirement (none said not confident at all), while none of



those rating their health as excellent or very good reported this lower level of confidence.



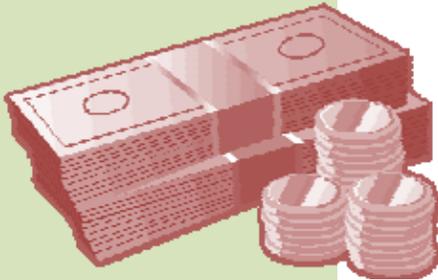
Among those over age 65, 31% of white, non-Hispanic adults, versus none of the Hispanic or other ethnic minority adults, felt they would be physically able to continue working as long as they needed or wanted to work. A greater percentage under age 65 of Hispanic or other ethnic minority adults (67%) than white, non-Hispanic adults said they were very confident they would physically be able to work past age 65 or the age of retirement.

While 40% of males under age 65 and still working felt very confident they would be able to continue working past age 65 or the age of retirement, 31% of females expressed this same level of confidence. Among those over age 65 and working, however, 43% of females compared to 14% of males felt very confident they would be physically able to continue working.



Financial Security

Many older adults, especially those aged 55-64, are worried about financial stability in retirement. Only 19% of all adults surveyed said they felt very confident that they will be financially stable in retirement; 43% said they were fairly confident of their financial stability. More than one-third (38%) of all adults said they were either not too confident or not at all confident of their financial stability in retirement. These responses were obtained prior to the worst of the recent financial crisis.



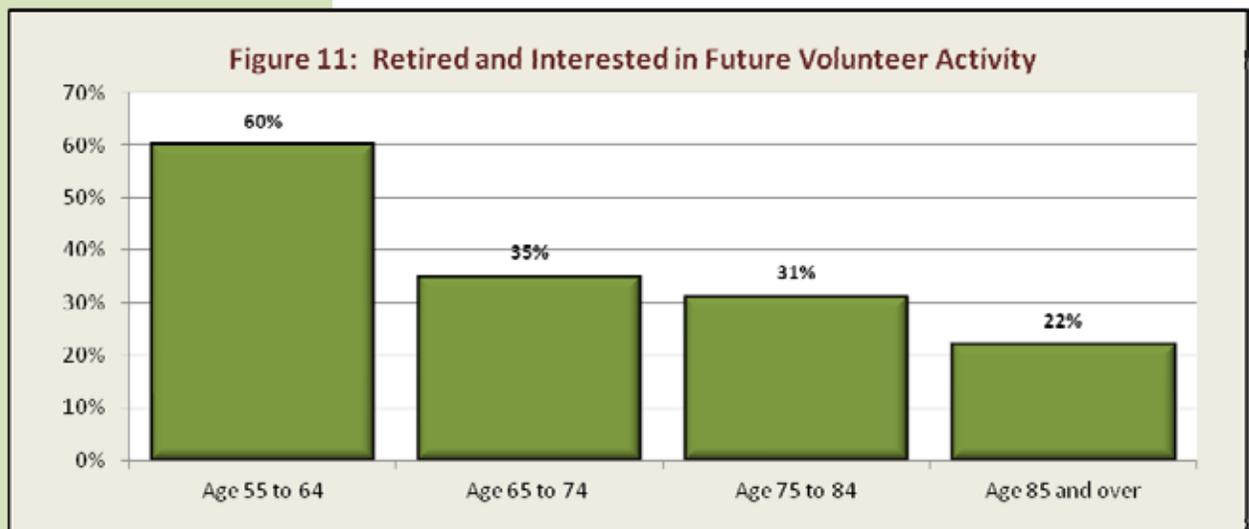
Age was found to be significantly associated with confidence about financial security in retirement.

A greater percentage of those 75-84 (28%) and 85 and over (29%) said they were very confident about their financial stability than were those ages 65-74 (19%) and 55-64 (11%). Conversely, those aged 55-64 and 65-74 were most likely to say they were not confident at all that they would be financially stable in retirement. These data may indicate particular uncertainty among those still working or in early retirement. For those aged 55-64, uncertainty likely exists about whether they will have enough money once they stop working. They may also underestimate the degree of financial stability felt, given today's continued worsening of the economy. Those 65-74 also may not yet be retired, but they also may have concerns regarding whether available funds will last their lifetime.



Volunteerism / Civic Engagement

There is opportunity for the community to capitalize on the spirit of volunteerism among those retired and those expected to retire in the coming decade. Almost one-quarter, 23%, of all the adults surveyed said they currently do volunteer work in their communities. While 24% of those ages 55-64 said they currently volunteer, 28% of those 85 and over also said they volunteer.



Among just those adults who are not yet retired and still working, 41% said they planned to engage in their community in some other way once retired or working fewer hours. Among those who are retired (and not working), although the percentages decline significantly with age, a percentage of adults in all age groups said they were interested in volunteering or engaging in their community some other way in the future. As shown in Figure 11, even among those 85 years of age and older, more than one-fifth (22%) said they were interested in volunteering or community engagement.



Gender was also significantly associated with volunteering or community engagement in the future, with a greater percentage of females (41%) than males (30%) saying were interested in future activity. Not surprisingly, more of those aged 55-64 and 65-74 were likely to express interest in future volunteer activity than were those 75 and over.

Table 8 indicates the variety of volunteer activities of interest to those surveyed. As shown, providing service to seniors, to teens, or to a philanthropic organization top the list. Among the other responses were activities related to animal care, cultural activities, or just generally helping in any area that needs assistance.

Table 8: Volunteer Activities of Interest

GENERAL ACTIVITY	PERCENT*
Services for seniors	17%
Services for children or teens	16%
Philanthropic organization (Red Cross, food bank, etc.)	13%
Hospital visiting or assistance	11%
Library	11%
Religious organization	10%
Museum or cultural organization	9%
Environmental organization	9%
Civic or social organization	7%
Club or lodge (unique social)	3%
Assisting those with health or social problems (general)	2%
Other	1%

* Total not equal to 100% due to rounding.

Within the areas of volunteer interest, we asked those surveyed to identify specific tasks or types of activities that they would like to do. A summary of these responses



is shown in Table 9. Friendly visiting with the homebound correlates with the reported interest in helping seniors; tutoring or mentoring with interest in working with teens.⁷

Table 9: Specific Tasks of Interest Related to Volunteer Activities (multiple responses)

TASKS	PERCENT
Friendly visiting to homebound	15%
Tutoring or mentoring	15%
Counseling or peer support	13%
Arts education (docent, teaching course, other)	7%
Serving on a board	6%
Fundraising	5%
Lobbying, political organization, advocacy	5%
Trail or other outdoor space maintenance	5%
Other	9%

Among the “other” responses in regard to specific tasks of interest were: teaching children to become entrepreneurs, and how to apply for scholarships and funds for projects; helping in the SMART reading program in the schools; patrolling Tri-Met or acting as a mystery rider to assess quality; providing translation services; transporting elders or the disabled; building houses with Habitat for Humanity; and providing computer assistance. Other adults were not sure of exactly what activities they would like to do, but generally wanted to be helpful in any way possible.

⁷ The questions about types of volunteer activity and specific tasks were two different questions, with multiple responses possible for each. Thus, it is not possible to say definitively that each person who mentioned, for example, services to seniors as a type of volunteer activity in which they were interested also mentioned visiting the homebound as a task in which they were interested.



Sources of Information Used to Find Services

General Sources

It is important to target information regarding services for older adults and their families to medical and other professionals, to the general media, and to media outlets and cultural organizations serving specific ethnic minority communities. We asked the adults surveyed to identify the primary ways they get information about services they might need or want. As shown in Table 10, the most common sources of information about services reported were: professionals (34%), including their physician; family members (23%); and friends and/or neighbors (19%). Although 45% of adults surveyed mentioned only one source they used to help them find services, 28% mentioned two sources, 18% three sources, and 10% mentioned four or more sources used to learn about services.

Table 10: Primary Sources of Information Used to Find Services (multiple responses)

SOURCE	PERCENT
<i>Medical Center / Health Professional</i>	
Professional (doctor, nurse, social worker, private case manager)	34%
Clinic or medical center	10%
<i>Family</i>	
Children	13%
Spouse	5%
Parents / other family members	5%
Continued	



SOURCE	PERCENT
Media	
Newspaper / Radio/ Television	21%
City / County / State / Other Agencies	
Community or private agency	8%
ADS – case worker	5%
ADS – other	4%
Health department	3%
Helpline	1%
<i>Network of Care</i> website	<1%
Friends	
Friends / Neighbors	19%
References	
Computer / Internet	15%
Telephone book	10%
Books / Pamphlets/ Magazines	3%
Senior Resources	
Senior center or meal site	5%
Elders in Action	1%
Public Institutions	
Church	9%
Library	4%
Other	
Insurance Company	3%
Other organizations (Native American organization; cultural association)	<1%

Many of those surveyed, especially in the Native American and Chinese communities, mentioned culturally-specific sources of information. For example, Chinese older adults surveyed often mentioned the Chinese-language newspaper or the Asian Service Center. Native American



elders mentioned Native-American community organizations. And, given that many of the Russian and Vietnamese adults were chosen from those served by the Immigrant and Refugee Community Organization, this agency was often cited as their source of information about services. When books/pamphlets or magazines were mentioned as sources of information, clarifying remarks indicated that many of these are age- or illness-specific, such as publications from AARP, the American Diabetes Association, Social Security, or from the hospital.

Multnomah County's Helpline

Of all adults surveyed, 33% said that prior to the survey, they were aware of Multnomah County's Helpline, a number you can call for information on services for older adults. The remaining two-thirds said they would like to have the phone number; if desired, the survey staff provided the number to them at the end of survey.

Computer and Internet Use

The Internet will increasingly become a resource for older adults looking for information about services.

Almost half of those surveyed (47%) said they have regular access to the Internet. However, almost half (48%) of those with regular access said they never use it. Of those who do use the Internet, 24% said they use it often, 16% use it sometimes, and 12% use it rarely; 71% of those who use the Internet said they use it to search for information about services or resources.

Not surprisingly, age was associated with overall use of the Internet. For example, while 77% of those 85 years of age and over said they never use the internet, only 29% of those ages 55-64 said they never use the Internet. Conversely, 33% of those ages 55-64 report using the



Internet often. The percent of those saying they use the Internet often declines with age, with 25% of those 65-74, 15% of those 75-84, and none of those 85 years of age or over reporting frequent use of the Internet. Race was also significantly associated with general Internet use, with white, non-Hispanic adults more likely to say they use the Internet often (27%) than did Hispanic or other ethnic minority adults (10%). Conversely, Hispanic or other ethnic minority adults were also more likely to report never using the Internet (67%) than were white, non-Hispanic adults (46%).

Results of those who use the Internet to search for information about services or resources follow a similar pattern. Significantly more of those aged 55-64 said they use the Internet for this purpose than did those in any other group. Also, significantly more white, non-Hispanic adults than Hispanic or other ethnic minority adults said they used the Internet to search for information and resources.





APPENDIX A: SURVEY METHODOLOGY



Survey Implementation

Three complementary efforts were taken to complete the surveys. SRL staff first conducted a telephone survey, in English and Spanish, with a randomly-selected sample of adults meeting both the age and income criteria (see below for details on random household sampling). Second, to ensure representation of the Hispanic population, traditionally under-represented in household telephone surveys, SRL staff made additional calls to three groups after this first phase of the study had concluded.

First, SRL staff called Hispanic-surname households remaining from the original list of telephone numbers purchased for the study. Second, SRL staff made additional attempts to reach adults who, in the earlier random household survey, had said they wanted to complete the survey in Spanish, but then could not be reached again. Third, SRL staff purchased additional telephone numbers of households with Hispanic surnames in Multnomah County. These efforts resulted in a total of 411 completed surveys.

In addition to these two survey efforts, ADS staff worked with partner agencies in the community to identify older adults in the Chinese, Vietnamese, Russian, and Native American Communities willing to participate in the survey. The English version of the survey was used with Native American participants; for the other three groups, the survey was translated into Chinese (Mandarin), Vietnamese, and Russian to facilitate participation by

those not speaking English or who were non-native English speakers. Staff from the Native American Youth and Family Center (NAYA) volunteered to identify and complete surveys with elders in their community. ADS contracted with the Immigrant and Refugee Community Organization (IRCO) for surveyors in Chinese, Vietnamese, and Russian. Each of these surveyors was a native speaker of the language and/or closely allied with the target communities. All of the community surveyors received training and ongoing support from the project director at PSU's Institute on Aging. Using this convenience sampling approach, the community partner surveyors completed 122 surveys.

Details of Random Household Sample Purchased & Quota Sampling

For the random household telephone survey, the Survey Research Lab purchased telephone numbers from a commercial firm. The firm used numbers only from Multnomah County. The data file of telephone numbers included two types: Random Digit Dial (RDD), with the highest likelihood of incidence of income below poverty level, and general Listed numbers (that is, numbers that are listed in the telephone directory), selected based on both age and income. This ensured that the sample was representative of both listed and unlisted numbers in Multnomah County.

For the RDD stratum, the firm selected households with incomes that were likely to be 200% of the federal poverty level or below, based on census-level data. For the Listed stratum, the firm selected households with incomes at 200% of the federal poverty level or below, and with someone aged 55 or over. The numbers meeting



these criteria then were randomly chosen. These numbers were then compared with the numbers generated for the RDD stratum, and any of the RDD-generated numbers that also appeared in the Listed stratum were dropped from the RDD stratum to make the strata mutually exclusive.

Screening questions were then used for every number to ensure that all respondents met the location, age, and income criteria for the survey. In Multnomah County, about 13.5% of residents are aged 55 or over and have incomes that are 200% of the federal poverty level.

For the Hispanic oversample for the telephone surveys, the SRL purchased a sample of households with Listed telephone numbers and having a Hispanic surname, having someone aged 55 or over, and having incomes that are 200% of the federal poverty level in Multnomah County. Only 300 records were identified.

To assure appropriate representation by age group in the survey, IOA project staff also developed quotas by age groups for completed surveys. These quotas were based on the proportions of people in each of four age groups – 55-64, 65-74, 75-84, and 85 and over – according to U.S. Census 2000 data. Census data were used, as the American Community Survey (ACS) Data for 2005-2007 were not yet available. The ACS data did become available in December, however, and so the age proportions revealed in those data were used to weight the sample for analysis, allowing comparison of the survey data to the most recent age data for Multnomah County. Although the SRL attempted to achieve the quotas for each age group, it was difficult to reach the quota for those aged 55-64, so near the end of the survey period, households in any of the eligible age groups were deemed eligible and were surveyed.





APPENDIX B: SAMPLE DEMOGRAPHICS

Survey Sample Demographics (weighted sample)

DEMOGRAPHIC	PERCENT *
<i>Gender</i>	
Female	68%
Male	32%
<i>Age</i>	
55-64	39%
65-74	33%
75-84	19%
85 and older	9%
<i>Education</i>	
Grade school or less	8%
Some high school	5%
Graduated high school or GED	31%
Some college (no degree)	28%
Associate degree (AA or 2-year college)	9%
College graduate (BA/BS)	10%
Some graduate study	3%
Graduate degree	6%
<i>Continued</i>	

DEMOGRAPHIC	PERCENT *
<i>Annual Income (200% FPL or below for number in household shown)</i>	
20,800 – 1	54%
28,000 – 2	35%
35,200 – 3	8%
42,400 – 4	3%
49,600 – 5	1%
56,800 – 6	<1%
64,000 – 7	0%
71,200 – 8	<1%
<i>Number of Persons in Household</i>	
One (live alone)	50%
Two	38%
Three	8%
Four	3%
Five	1%
Six	<1%
Seven	<1%
Eight or more	<1%
<i>Marital Status</i>	
Single, never married	13%
Married	28%
Living with a partner	3%
Separated	2%
Divorced	28%
Widowed	26%
Remarried	1%
Continued	



DEMOGRAPHIC	PERCENT *
<i>Race and Ethnicity</i>	
White, non-Hispanic	87%
Black, non-Hispanic	4%
Hispanic	4%
Asian, non-Hispanic	3%
American Indian Native, non-Hispanic	1%
Pacific Islanders, other Islanders, non-Hispanic	0%
Two or more races, non-Hispanic	<1%
Something else, non-Hispanic	<1%
<i>Country of Birth</i>	
United States	84%
Ukraine	3%
Russia	3%
China (including Hong Kong)	3%
Vietnam	3%
Cuba	1%
Mexico	1%
England	1%
Peru	<1%
Other	1%

* Totals may not equal 100% due to rounding.



