



Survey and Focus Group Findings



Center for Home Care Policy & Research



United Way of
Greater Union County



Table of Contents

Page

- 3. Executive Summary
- 7. Background: The AdvantAge Initiative
- 8. Survey Overview
- 9. Selected Demographic Characteristics
- 9. Survey and Focus Group Findings
- 10. Domain 1: Addresses Basic Needs
- 15. Domain 2: Optimizing Physical and Mental Health and Well-Being
- 18. Domain 3: Maximizing Independence for the Frail and Disabled
- 22. Domain 4: Promotes Social and Civic Engagement
- 23. Synthesis of Survey and Focus Group Findings
- 24. Opportunities for Action
- 25. Demographic Table

Executive Summary

Introduction

In 2015, the United Way of Greater Union County, with a planning grant from the Grotta Fund for Senior Care, contracted with the AdvantAge Initiative team at the Center for Home Care Policy and Research of the Visiting Nurse Service of New York to conduct a survey of adults aged 60+ in Plainfield, New Jersey. The AdvantAge Initiative is a project that began in 1999 to help organizations measure the “aging-friendliness,” or “elder-friendliness,” of their communities and develop plans and implement action steps to make their communities better places to live for older adults and their families.

The AdvantAge Initiative framework defines an aging-friendly community as one that 1) helps older residents meet their basic needs; 2) optimizes their physical health and well-being; 3) supports the independence of the frail and disabled; and 4) provides older adults with opportunities for social and civic engagement. The findings below are organized according to these four domains.

A centerpiece of the AdvantAge Initiative is a consumer survey designed to gather basic information about older adults in the community as well as their perceptions of and experiences in their communities. The AdvantAge Initiative team conferred with United Way and their partner, Springpoint Senior Living Foundation, to customize the basic AdvantAge survey questionnaire and include questions on a variety of topics of special interest to them.

Once the questionnaire was finalized, United Way launched the survey in Plainfield, distributing it to older adults at community events, and through senior service providers, senior housing staff, and places of worship. All adults aged 62 and older living in Plainfield were eligible to take the survey, which was available in English and Spanish. The questionnaire was in the field from March 30, 2016 to September 13, 2016. The findings reported here are based on a total of 347 completed surveys—317 in English, 30 in Spanish¹. In addition, the AdvantAge Initiative team conducted focus groups with older adults and various service providers in Plainfield. Some of the focus group findings are also included in the report.

Selected Demographic Characteristics of the Survey Sample

According to the 2010 U.S. Census, the population of people aged 62 and older living in Plainfield, New Jersey numbered 5,986, representing 12% of the City’s population. Fifty-nine percent (3,531) of those aged 62 years and older were female, and 41% (2,455) were male².

An analysis of the answers to the demographic questions in the Plainfield survey questionnaire revealed that 9% of survey respondents were 62-64 years of age; 43% were 65-74; 35% were 75-84; and 13% were 85 years old or older. Overall, 91% of all survey respondents were aged 65 and older.

1. Please note that in this report some response percentages may not add up to 100% due to: 1) rounding; 2) missing information; 3) the question said “check all that apply;” or 4) the percentages were very small and thus not reported.

2. U.S. Census Bureau, 2010 Census. Summary File 1, Tables P12, P13, and PCT12.

Of the 319 respondents who answered the survey question on race and ethnicity, 69% said that they were Black or African American; 16% said they were White; 3% said they were American Indian or Alaska Native; 1% said they were Asian; and 16% said that they were “Other.” Eighteen percent (18%)³ of survey respondents identified themselves as Hispanic or Latino⁴.

A complete demographic table can be found at the end of this report.

Key Survey and Focus Group Findings

The survey and focus group findings summarized here are a snapshot of older adults’ perceptions of and experiences in the Plainfield community, and reveal aging-related issues in Plainfield that the United Way of Union County may wish to address in partnership with other community-based organizations and city/county agencies.

1. Basic Needs: Housing affordability; neighborhood problems; safety and security; food security; access to information; and financial security

- Survey findings show that half (50%) of respondents live in senior housing buildings. Despite living in “affordable” housing, participants in the residents’ focus group complained that housing costs are still too high for people on fixed incomes. Some survey respondents (35%) said they are not very confident that they will be able to afford to stay in their current housing as they grow older.
- Some neighborhood livability and safety problems reported by survey respondents included crime (reported by 37% of respondents); heavy traffic (41%); sidewalks that need repair (39%); and streets that are too dark (26%).
- Some respondents (25%) said that they cut the size of their meals or skipped meals because they did not have enough money for food. Overall, 85% of respondents said they are familiar with food banks or pantries in their neighborhoods, and half (50%) of these said that they got emergency food from these pantries in the past 12 months.
- Only 6% of respondents said they eat the recommended 5 or more servings of fruits and vegetables per day; most (51%) eat 2-3 servings; while 29% have only one serving and 7% said they eat none. But the seniors who participated in the focus group were eager to talk about food and nutrition, including the lack of access to and affordability of healthy food, as well as the difficulty in finding affordable transportation to take them food shopping.
- When asked where they would go to get information about services for seniors, 32% of respondents said the senior center; 32% said family members or friends; 8% said their doctor; and 8% said their place of worship. Nine percent (9%) of respondents said they do not know where to turn for such information. A major topic of conversation in the residents’ focus group

3. “Are you of Hispanic or Latino background, such as Mexican, Puerto Rican, Cuban, or some other Latin American background?” was asked as a separate question, to which 305 people who completed the survey responded.

4. The racial/ethnic composition of the 60+ population in Plainfield is: 24% White; 62% Black or African-American; 3% Asian; 10% “some other race;” and 2% two or more races; 15% are of Hispanic or Latino origin (of any race). U.S. Census Bureau, 2011-2015 American Community Survey 5-Year Estimates.

was the difficulty seniors have in accessing information in Plainfield.

- Nearly half (46%) of survey respondents have annual incomes under \$10,000. Some respondents said that there were times in the past year when they did not have enough money for necessities such as dental care, prescription medications, and food.
- Some respondents (9%) said that they have trouble keeping track of money and bills, and 13% said that they think they have been taken advantage of financially by someone they trusted.

2. Physical and Mental Health and Well-Being: Healthy behaviors; access to preventive and needed medical care; and health risks

- Twenty-eight percent (28%) of respondents rated their health as “fair” or “poor.” Only 8% rated their health as “excellent;” the remainder (64%) said their health was “very good” or “good.”
- About one of five respondents (19%) said that there was a time in the past year when they thought they needed professional help because they felt depressed or anxious. Sixty-eight percent (68%) of these said they got the help they thought they needed, but 32% did not.
- The top 10 health conditions reported by respondents include: 1) Hypertension (49%); 2) arthritis (44%); 3) high cholesterol (34%); 4) diabetes (34%); 5) problems with walking or mobility (25%); 6) sleep disorders (24%); 7) obesity (22%); 8) pain (19%); 9) eye disease (18%); and 10) anxiety (16%).
- Fourteen percent (14%) of respondents said that they smoke. Twenty-two percent (22%) said that they drink alcohol, with most reporting that they drink one to three days per month or less.
- Twenty-seven percent (27%) of respondents said that they fell in the past year; of these 47% fell more than one time. Most of the people who fell (54%) said they fell indoors; others fell outdoors (27%); and 19% said they fell both indoors and outdoors.
- Most respondents (82%) had their blood pressure checked in the past year; 67% had a test for high blood sugar; 64% had their cholesterol checked; and 58% had an eye exam, but only 35% had a dental exam. Thirty-six percent (36%) did not get a flu shot in the past year.
- In response to a question asking how often they do moderate-intensity aerobic exercise, 38% answered three or more days per week; 22% said 1 or 2 days per week; 13% said less than one day per week; and 27% answered “never.”
- In the residents’ and providers’ focus groups, participants expressed concern about limited access to transportation to take residents to doctors’ appointments, since many of their health care providers are located outside of Plainfield.

3. Maximizing Independence for the Frail and Disabled: Mitigating limitations in activities of daily living; availability of mobility and transportation options; access to information and resources; and caregiving

- A relatively small number of respondents say that they have problems or need help with various activities of daily living (ADLs). The top three ADL needs reported by respondents include problems with: 1) doing light housework (16%); 2) going outside the home to shop or visit a doctor’s office (14%); and 3) taking a bath or shower (10%). The majority of people with ADL

needs say they are getting the help they need, however some are not.

- For their usual trips around the community, most respondents (60%) either drive a car or ride in a car as a passenger. Others (9%) use a special transportation service for seniors or persons with a disability, and 11% use a taxi or car service.
- About 41% of respondents use public transportation. While most respondents (64%) say that they are always able to get transportation to the places they need to go, over a third (36%) say that they're only "sometimes" or "never" able to get the transportation they need.
- Over one-quarter (26%) of respondents are providing help or care for a relative or friend because they are unable to do some things for themselves due to illness or disability.

4. Promotes Social and Civic Engagement: Connections with family members, friends, and neighbors; participation in cultural, religious, and recreational activities; social cohesion

- Most respondents are connected with family, friends, and neighbors. Eighty percent (80%) of respondents said that a neighbor, family member, or friend contacts them every day or several times per week and report that they and their neighbors do favors or chores for one another occasionally or often.
- Sixty-three percent (63%) of respondents attended religious services in the past week; 53% got together with friends or neighbors; 38% said they went to a movie, concert, or community event; and 33% went to a community or senior center.
- Most of the respondents have a positive view of the people in their community. Sixty-five percent (65%) of respondents said they either agree or strongly agree with the statement: Most people in this neighborhood are basically honest and can be trusted. In addition, 81% of respondents said that they agree or strongly agree with the statement: If I have a problem there is always someone to help me in this neighborhood.

Opportunities for Action

Both the survey findings and the focus group discussions converged on three key issues in the community that can be addressed by United Way of Greater Union County and its partners:

- Difficulty finding affordable, convenient transportation, particularly to access health care and food shopping
- Difficulty accessing information, particularly about transportation options and availability of services in the community.
- Difficulty accessing healthy, fresh, affordable food

United Way of Greater Union County and partners from all sectors of the community plan to work on these issues in the coming years to make Plainfield a better place to live for older adults and their families. Following is the full report of survey findings.

Background: The AdvantAge Initiative

The AdvantAge Initiative (AI) 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 and 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 below; 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 the 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 input from community residents 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 over 60 communities nationwide.





Survey Overview

In 2015, the United Way of Greater Union County, with funding from the Grotta Fund for Senior Care, commissioned the AdvantAge Initiative (AI) team at the Visiting Nurse Service of New York Center for Home Care Policy & Research (CHCPR) to conduct the AdvantAge survey in Plainfield, New Jersey. The AI team conferred with United Way staff and their partner, Springpoint Senior Living Foundation, to customize the basic AdvantAge survey questionnaire and include questions on a variety of topics of special interest to them. Once the survey questionnaire was finalized, United Way launched the survey in Plainfield, distributing it to older residents at community events, and through senior service providers, senior housing staff, and places of worship. All adults aged 62 and older living in Plainfield were eligible to take the survey, which was available in English and Spanish. The survey questionnaire was in the field starting March 30, 2016, and responses from completed surveys were keyed into a database. The findings in this report are based on a total of 347 completed surveys—317 in English, 30 in Spanish—that United Way received between March 30, 2016 and September 13, 2016.

Selected Demographic Characteristics

According to the 2010 U.S. Census, the population of people aged 62 and older living in Plainfield, New Jersey numbered 5,986, representing 12% of the City's population. Fifty-nine percent (3,531) of those aged 62 years and older were female, and 41% (2,455) were men.⁵

An analysis of the answers to the demographic questions in the Plainfield survey questionnaire revealed that 9% of survey respondents were 62-64 years of age; 43% were 65-74; 35% were 75-84; and 13% were 85 years old or older. Overall, 91% of survey respondents were aged 65 and older.

According to the 2011-2015 American Community Survey (ACS) 5-year estimates, 62% of Plainfield's population aged 60 and older identified their race as Black or African American alone, 24% as White alone, 3% as Asian alone, 10% as "some other race;" and 2% as two or more races. Per the ACS estimates, 15% of Plainfield residents aged 60 and older were Hispanic and Latino of any race.⁶

Of the 319 respondents that answered the survey question on race, 69% said that they were Black or African American; 16% said they were White; 3% said they were American Indian or Alaska Native, 1% said they were Asian; and 16% said that they were "Other." Eighteen percent⁷ (18%) of survey respondents identified themselves as Hispanic or Latino.

Thirty-one percent of survey respondents that disclosed their level of educational attainment completed less than high school, and an additional 38% attained no more than a high school degree. Only 11% of respondents that answered the question have an associate degree or higher.

A complete demographic table is included at the end of this report.

Survey and Focus Group Findings

The survey findings summarized in this report are a snapshot of older adults' perceptions of and experiences in the Plainfield community, and reveal aging-related issues that the United Way of Union County may wish to address in partnership with other community-based organizations and city/county agencies. The presentation of the findings below follows the AdvantAge Initiative framework—the four domains of an aging-friendly community and the indicators within each of the domains.

Please note that in this report some response percentages may not add up to 100% due to: 1) rounding; 2) missing information; 3) the question said "check all that apply;" or 4) the percentages were very small and thus not reported.

5. U.S. Census Bureau, 2010 Census. Summary File 1, Tables P12, P13, and PCT12.

6. U.S. Census Bureau, 2011-2015 American Community Survey 5-year estimates.

7. "Are you of Hispanic or Latino background, such as Mexican, Puerto Rican, Cuban, or some other Latin American background?" was asked as a separate question, to which 305 people who completed the survey responded.

Domain I: Addresses Basic Needs

Included in this Domain are indicators related to housing, safety, financial security, and access to food and information. Half of survey respondents (50%) live in senior housing buildings; nearly 18% live in an apartment or condominium; and 13% live in a one-family home. Despite living in “affordable” housing, several participants in the residents’ focus group complained that housing costs are still too high for people on fixed incomes. Other participants expressed concern about people living in senior housing that they believe shouldn’t be living alone.

“Crime” was cited as a neighborhood problem by 37% of survey respondents. Participants in the residents’ focus group live in various different senior housing developments, with differing amounts of security ranging from very little, if any, to buildings with 24-hour security. Some focus group participants said that they do not venture out in the evenings.

Participants in the residents’ focus group were eager to talk about food and nutrition, particularly about access to and affordability of healthy food, as well as the issue of finding affordable transportation to take them food shopping.

Having ready access to information was a major topic of conversation in the residents’ focus group; it appears that many older adults in Plainfield are unaware of available services and how to access them. Following are additional survey and focus group findings related to Domain I.

1. Affordable and appropriate housing is available to community residents

- Despite the fact that the majority of respondents live in affordable senior housing, 31% said that there is not enough senior housing and affordable housing in Plainfield, particularly for the young and/or homeless. As one person said in the residents’ focus group, homelessness affects everyone’s safety.
- Most of the survey respondents (57%) have lived in their homes less than 10 years. Others (23%) have lived in their homes from 10 to 19 years. The survey questionnaire asked whether respondents agree or disagree with the statement, What I’d really like to do is stay in my current residence for as long as possible. The majority (67%) said they strongly agree with that statement, while 23% agreed with it somewhat. A minority (11%) disagree or strongly disagree with the statement.
- A follow-up question asked whether respondents feel confident that they will be able to afford living in their current residences for as long as they would like: 65% said they feel very confident, but 22% said they only feel “somewhat” confident; and 13% said they don’t feel “too confident” or “not confident at all.”

2. The neighborhood is livable and safe

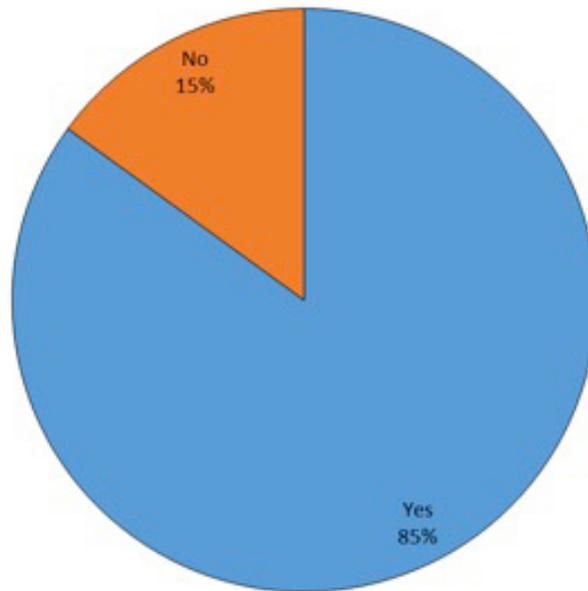
- Feeling safe and secure in one's home and community is a basic need. Fifty-nine percent (59%) of respondents rated safety in their neighborhoods as "very good" or "good," while only 15% rated it as "excellent." A quarter (25%) said that safety in their area is "fair" or "poor."
- In addition to crime, several other neighborhood safety and livability problems were raised by survey respondents. For example, heavy traffic was cited as a problem by 41% of respondents; 39% said that streets and sidewalks that need repair or don't exist are a problem; 26% indicated that streets are too dark; 13% mentioned rundown or abandoned buildings; 12% said that the size and location of street signs are a problem; and 11% said that there are too few and/or too quickly changing traffic lights, making it difficult to cross the street.
- Other neighborhood problems cited by respondents include: "People don't get involved in efforts to improve the community" (36%); "not enough arts and cultural activities" (25%); and "too far away from shopping, banks, or other needed services" (22%). Participants in the residents' focus group as well as those in the providers' focus group echoed these complaints.
- Still, 40% said that they are "very satisfied" with their neighborhood as a place to live, and 50% said that they are "somewhat satisfied." Only about 10% said they are "dissatisfied."

3. People have enough to eat

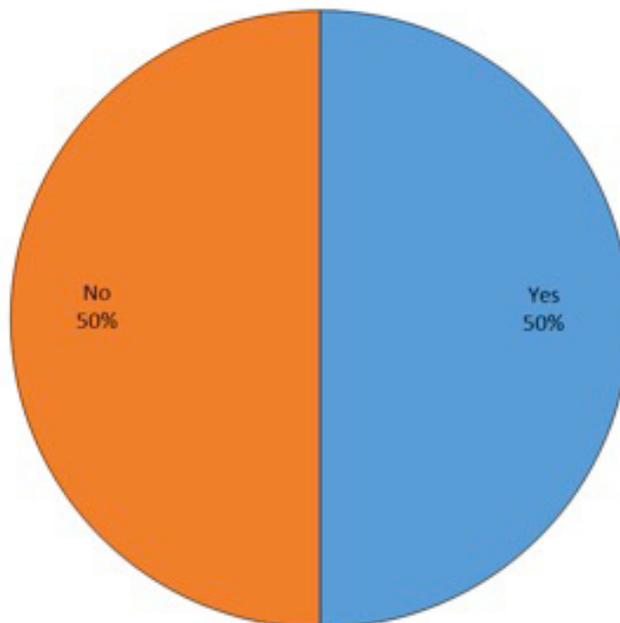
- Access to food is also a basic need. A survey question asked whether respondents cut the size of their meals or skipped meals because they did not have enough money for food; one in four (25%) said that they had done so in the past six months. Overall, 85% of respondents know about food banks or pantries in their areas, and half (50%) of them said that they got emergency food from these pantries in the past 12 months. However, a couple of participants in the seniors' focus group said they felt that there is a stigma attached to accessing free food at a food pantry.
- The quality of food is as important as the quantity, and federal dietary guidelines include the recommendation that people consume 5 or more servings of fruits and vegetables per day.⁸ Among the survey respondents, only 6% said they eat 5 or more servings per day; 29% have 1 serving while most (51%) eat 2-3 servings per day; and 7% said they eat none. When asked whether there are convenient places in their neighborhood to buy fresh fruits and vegetables, the majority (84%) said "yes," while 16% said "no;" and 15% of them said that the fresh fruits and vegetables they are able to find are "not affordable."

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

Are there food banks in your community where you can get emergency food if you need it? (N=332)



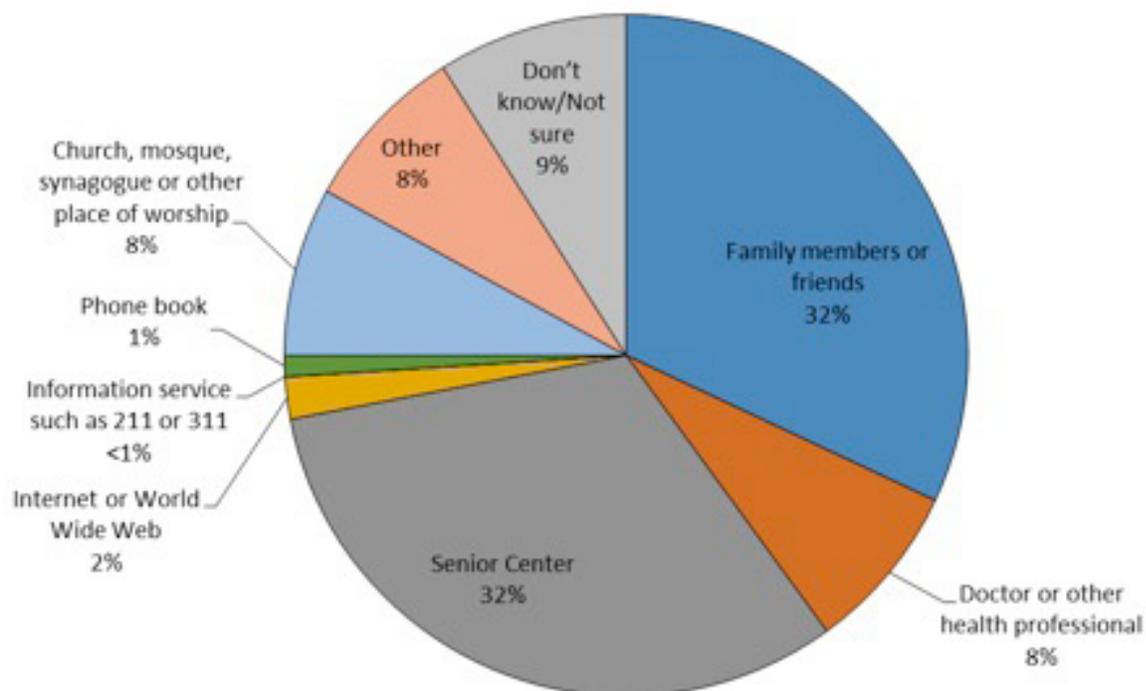
Did you or other adults in your household get emergency food from a church, food pantry, or food bank? (N=277)



4. People have access to information

- Today, more information is being provided via the Internet than in traditional print formats (e.g. Verizon just announced that it will no longer print telephone books). This leaves people without access to the Internet and fewer pathways to find the information they seek. In lower income communities, this lack of access to the Internet has become a serious issue. In Plainfield, 58% of survey respondents said that they do not use a computer, tablet, or smart phone. Only 22% use search engines to help find information.
- Additional findings about access to information are in the Domain 3 section below.

What is the best resource in your community to get information about services for seniors? (N=337)



5. Financial security

- Almost half of (46%) of survey respondents have annual incomes under \$10,000. Another 36% have annual incomes between \$10,000 and less than \$20,000; and 13% have annual incomes between \$20,000 and less than \$35,000. Thirteen percent (13%) of respondents said that they are not working but are seeking employment. Most (79%) are retired.
- With such low incomes, some survey respondents said that there were times in the past 12 months when they did not have money for certain necessities. For example, 19% could not pay for food; 17% could not obtain dental care; 16% could not fill a prescription for medicine; 14% could not obtain eyeglasses; 14% could not fill a prescription for medicine; 14% could not pay utility bills; 14% had trouble paying their rent, mortgage or real estate taxes; 12% could not follow up on tests or treatment recommended by a doctor; and 12% could not pay for transportation.
- Nine percent (9%) of respondents said that they have trouble keeping track of money and bills and 13% said that they think they've been taken advantage of financially by someone they trusted (more information about this topic is in the Domain 3 section below).





Domain 2: Optimizing Physical and Mental Health and Well-Being

The key indicators in this Domain relate to healthy behaviors, access to preventative and needed medical care, and health risks.

Virtually all respondents said they have some type of health insurance: 82% said they have Medicare and 34% have Medicaid. Only five people said they do not have any type of health insurance. Most respondents (73%) get their health care at a doctor's office, while 12% said that they get care at a clinic. Ten percent said they go to a hospital emergency room when they are sick or need advice about their health.

In the residents' focus group, participants talked about health mostly in the context of access to transportation to take them to doctors' appointments. Since many of the participants' health care providers are located outside of Plainfield and/or the County, getting to these providers' offices is a challenge for them because of limited transportation options.

In the providers' focus group, health-related discussion also focused on transportation to medical care as well as on flu shots. The survey findings showed that more than one third of respondents (36%) did not get a flu shot in the past year, and a suggestion was made to conduct outreach encouraging a greater number of older adults in Plainfield to get vaccinated. On the surface, a flu campaign in the community seems like "low-hanging fruit," that is a project that could have positive outcomes relatively quickly. Most providers, however, felt that it is unlikely that many among the 36% could be persuaded to get a flu shot because of their beliefs and usual myths surrounding the flu vaccine (e.g. it will give you the flu). In fact, some of the providers confessed that they themselves do not get flu shots for these same reasons.

1. Self-reported physical and mental health status

- Respondents were asked to rate their health: 8% rated their health as "excellent;" 64% rated it as "good" or "very good;" and 28% rated their health as fair or poor.
- Respondents were also asked whether in the past year there was a time when they thought they needed the help of a health care professional because they felt depressed or anxious. Nearly one of five respondents (19%) responded "yes." A follow-up question asked whether they got the help they thought they needed, and 68% said that they did, while 32% said they did not. Of those who said that they did get help, nearly all (95%) said that their insurance covered some or all of the counseling services.

2. Health Conditions

- The top 10 health problems or conditions reported by respondents include: 1) hypertension (49%); 2) arthritis (44%); 3) high cholesterol (34%); 4) diabetes (34%); 5) problems with walking or mobility (25%); 6) sleep disorders (24%); 7) obesity (22%); 8) pain (19%); 9) eye disease (18%); and 10) anxiety (16%). All respondents were asked whether pain keeps them from doing their usual activities and 14% said that pain often interferes with their daily activities and 51% said it does so sometimes.

3. Smoking and Alcohol Use

- Nationally smoking rates among older adults are substantially lower than those for younger adults. For example, according to the Centers for Disease Control and Prevention, only 8.5% of people 65 years of age or older currently smoke.⁹ In the Plainfield survey, 14% of respondents said that they smoke, and of these 68% said they smoke every day.
- There is little recent information on the percentage of older adults who drink alcohol, but according to a 2008 national survey by the National Institute on Alcohol Abuse and Alcoholism, 40% of adults aged 65+ drink alcohol.¹⁰ In the Plainfield survey, 22% of respondents said that

9. Centers for Disease Control and Prevention. Fact Sheet: Current Cigarette Smoking Among Adults in the United States. Retrieved from http://www.cdc.gov/tobacco/data_statistics/fact_sheets/adult_data/cig_smoking/

10. National Institute on Alcohol Abuse and Alcoholism. Retrieved from: <https://www.niaaa.nih.gov/alcohol-health/special-populations-co-occurring-disorders/older-adults>

they drink alcohol, and of these, most (67%) said that they drink one to three days per month or less; 16% said they drink two to six days per week; and 16% drink one day a week.

4. Falls

- According to the Centers for Disease Control and Prevention, one out of three older adults fall each year. Among older adults, falls are the leading cause of both fatal and nonfatal injuries.¹¹ Twenty-seven percent (27%) of survey respondents said that they fell in the past year. Of these 47% fell more than one time; 54% said they fell indoors; 27% said they fell outdoors; and 19% said both indoors and outdoors.

5. Preventive Health Measures

- In the past 12 months, the majority of respondents (77%) had a complete physical exam and their blood pressure checked (82%). 67% had a test for high blood sugar or diabetes; 64% had a blood test to check their cholesterol; and 58% had an eye exam. But only 35% had a dental exam and 26% had a hearing test.

6. Physical Activity

- The Centers for Disease Control and Prevention recommends that adults get at least 150 minutes (2 ½ hours) of moderate-intensity aerobic activity (such as brisk walking) every week. Asked how often they engage in such activity for a half hour or more, 38% answered 3 or more days per week; 22% said 1 or 2 days per week; 13% said less than one day per week; and 27% of respondents answered “never.”
- In response to a question asking how often respondents do muscle strengthening exercises (e.g. push-ups, lifting weights), 24% answered 3 or more times per week; 19% said 1 or 2 days per week; 10% said less than one day per week; and 48% said “never.”

11. Centers for Disease Control and Prevention. Falls Among Older Adults: An Overview. Retrieved from: <http://www.cdc.gov/homeandrecreationalafety/Falls/adult-falls.html>

Domain 3: Maximizing Independence for the Frail and Disabled

Domain 3 is about helping older adults stay in their homes and communities for as long as they would like—sometimes called “aging in place”—and includes such topics as mitigating limitations in activities of daily living; having access to information and resources for “living at home;” available mobility and transportation options; and caregiving. Key objectives of the questions in this Domain are to find out what needs respondents have, how aware they are about the availability of services in their communities, and whether they receive the help that they need.

In both the residents’ and providers’ focus groups, access to transportation and information were high-priority topics of conversation. Many participants did not know about transportation options beyond driving a personal automobile or riding in a taxi, and some who thought they did know about transportation alternatives learned that what they thought they knew was wrong.

In their focus group, providers talked about all the sources of information that are available to the community—ranging from the helpline 211 to print newsletters produced by the senior center that are a treasure trove of information for Plainfield seniors. Providers learned that very few participants in the residents’ focus group had ever heard of 211 and because few residents in the focus group attend the senior center, they were unaware of the senior center newsletter as a good source of information. In fact it was surprising to learn that few participants in the residents’ focus group attend the senior center, which seemed, at first glance, a very welcoming environment with a myriad of activities that older adults can take advantage of and enjoy. A couple of the older adults in the focus group explained that they don’t attend the senior center because of the “cliques” they find there, but they didn’t offer any further explanation.

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

- Relatively few respondents have problems or need help with “activities of daily living” (ADLs). Ten percent say that they need help with taking a bath or a shower; 4% with dressing; 2% with eating; 5% with getting in and out of a bed or chair; 4% with getting around inside the home; and 3% with toileting. 56% of respondents with ADL needs say that they are getting the help they need with these activities, however 44% say that they are not getting help.
- As is usually the case, a higher percentage of respondents have problems or need help with so-called “instrumental activities of daily living” (IADLs). Sixteen percent (16%) have problems or need help with doing light housework, such as washing dishes; 14% with going outside the home to shop or visit a doctor’s office; 9% with keeping track of money and bills; 8% with preparing meals; 7% with driving a car or using public transportation; and 5% with taking the

right amount of medication at the right time. About two-thirds (64%) of respondents with IADL needs say they are getting the help they need with these activities, while 36% said they are not getting the help.

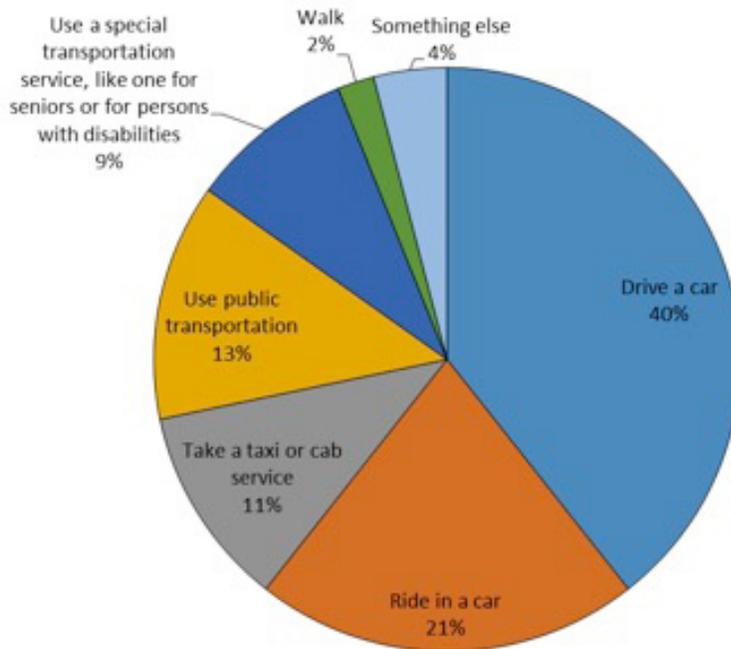
2. Residents know how to access services

- Survey respondents were presented with a list of services that are typically available in communities throughout the country and were asked whether they believed those same services are available in their community. Services that at least half of the respondents said they are aware of include the following: 83% of respondents said they know that a senior center exists in their area; 57% are aware of Meals on Wheels, and 55% are aware of senior lunch programs. Respondents' awareness about other services, such as home health aides, senior transportation services, adult day social programs, visiting nurse services, recreational activities, home repair, and outdoor maintenance services was considerably lower.
- When asked what the best resource in the community is to get information about services such as those mentioned above, 32% said the senior center; 32% said family members or friends; 8% said their doctor; and 8% said their place of worship. Nine percent (9%) of respondents said they do not know where to turn for such information.
- A related survey question asked respondents where they would go in the neighborhood if they needed help with a problem. The majority (58%) answered "family;" 42% said a "friend;" 40% said a "place of worship;" 33% said a "social worker or case worker;" 28% said "a senior center;" 16% said "a government agency;" and 11% said "Adult Protective Services."

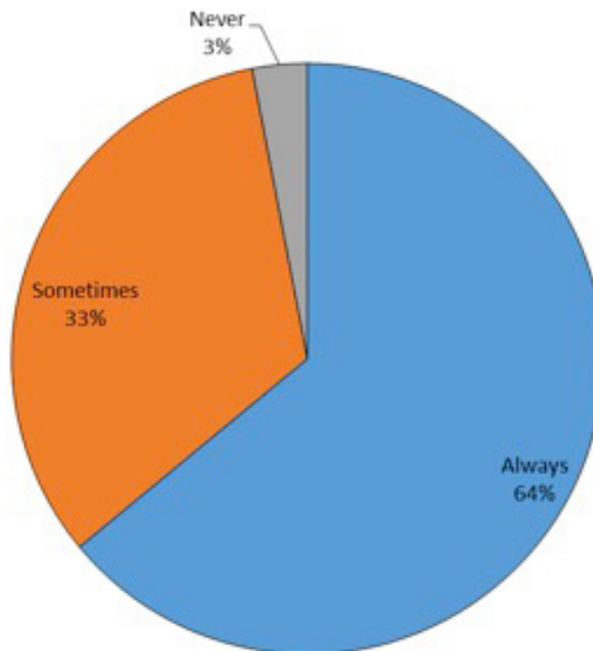
3. Transportation is accessible and affordable

- For their usual trips around the community, most respondents drive a car (39%) or ride in a car (21%) driven by someone else to get to where they want to go. Nine percent use a special transportation service for seniors or persons with disabilities, and 11% use a taxi or cab service.
- Two of five (41%) respondents use public transportation while more than half say that they do not use public transportation (57%) or that it is not available (2%). Twenty-two percent (22%) of respondents use a cane and 14% use a walker, which might make using public transportation especially difficult for these residents. While most respondents (64%) say that they are always able to get transportation to the places they need to go, a third (33%) say that they are only sometimes able to get the transportation they need. Three percent say that they are never able to get transportation to the places they need to go.

For your usual trips around here, what is the means of transportation that you use most frequently? (N=338)



Are you able to get transportation to the places you need to go? (N=326)



4. Informal caregivers complement the formal service system

- Nearly 30% of the U.S. adult population is providing care to someone who is ill, disabled, or aged. Many caregivers of older people are themselves growing older. Of those caring for someone aged 65+, the average age is 63, and one third of these caregivers are themselves in fair or poor health.¹² Over one quarter (26%) of Plainfield survey respondents are providing help or care (or are arranging for help or care) for a relative or friend because they are unable to do some things for themselves due to illness or disability. Most are providing help or care to a non-relative friend (35%) or a neighbor (27%); some for a spouse or partner (23%); another relative (21%); a child (17%) or a grandchild (15%). Some of these caregivers are providing care to more than one person.

5. Older adults are free from abuse and exploitation.

- According to the National Council on Aging, up to 5 million older adults are abused every year. This includes physical, sexual, or emotional abuse, confinement, neglect, and financial exploitation. Social isolation and mental impairment can make older adults more vulnerable to abuse.¹³ As mentioned earlier, some survey respondents (13%) said that they believe that someone has taken advantage of them financially. Specifically, 57% of those who reported financial abuse said that someone they trusted took cash from them or pressured them to provide cash; 12% felt pressured to co-sign a loan application; and 7% said that someone took personal items or valuables from them without their permission. A sizable percentage (31%) said they were taken advantage of financially in some other, unspecified way.

12. Retrieved from <https://caregiver.org/selected-caregiver-statistics>

13. Retrieved from <http://www.ncoa.org/public-policy-action/elder-justice/faqs-on-elder-abuse.html>.

Domain 4: Promotes Social and Civic Engagement

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 Plainfield survey respondents are connected to their families and friends. The vast majority (82%) of respondents have living children, over two-thirds of whom (73%) have at least one child that lives within an hour away. More than half of respondents with children (58%) see their child or children at least once a week. Eighty (80%) say that a neighbor, family member, or friend contacts them every day or several times per week, and report that they and their neighbors do favors or chores for one another occasionally or often.

1. People participate in cultural, religious, and recreational activities

- Respondents were more likely to attend religious services in the past week than engage in any other social activity asked about in the survey. Fully 63% of respondents said that they had gone to a place of worship in the past week for services or other activities; 53% said that they got together with friends or neighbors; 38% said they went to a movie, play, concert, restaurant, sporting event, or other social activity; 33% went to a community center or senior center; and 14% attended an educational class or workshop.

2. People trust their neighbors

- Good relationships and trust among people who live and work in a particular society enable that society to function effectively. A couple of so-called "social capital" questions were included in the survey to determine how respondents perceive other people in their community. The more positive the perceptions, the more socially cohesive the community is. The survey questionnaire asked respondents whether they agree or disagree with the statement: "Most people in this neighborhood are basically honest and can be trusted." Sixty-five percent (65%) said that they agree or strongly agree with the statement, while 35% said they disagree or strongly disagree with it.
- Similarly, respondents were asked whether they agree or disagree with the statement: "If I have a problem there is always someone to help me in this neighborhood." Eighty-one percent (81%) said that they agree or strongly agree with the statement, while only 19% said that they disagree or strongly disagree with it. These findings demonstrate that the vast majority of respondents have a positive perception of their community and its residents.

Synthesis of Survey and Focus Group Findings

Both the survey findings and priorities identified by focus group participants converged on three key issues in the community:

- **Difficulty finding affordable, convenient transportation, particularly to access health care and food shopping.** Many if not most older residents' health care providers are located outside Plainfield and/or Union County, and it is difficult for many to find transportation to get to their doctors' offices. While some transportation is available to take older adults shopping, it is either too expensive or very inconvenient because it does not allow people enough time to comparison shop for the best prices. While most survey respondents said that they usually drive a car or ride in a car to get around, a substantial percentage of respondents do not own an automobile and either rely on public transportation or special transportation. Providers pointed out that lack of transportation is a problem for residents of all ages in Plainfield, not only for older adults. Related to these transportation difficulties, older adults feel that their doctors and other health care professionals are difficult to access because they are located too far away from their homes. Participants in both the residents' focus group and the providers' group were fascinated by the experiment underway in one of the buildings operated by the Housing Authority, where two apartments are being taken off line to create a "clinic" where residents can access basic healthcare on site. The Plainfield senior center offers some care provided by consultants (massage therapy, podiatry, blood pressure monitoring) and attendees at the senior center avail themselves of these services, but it is not clear whether most older adults in the community know about and use these services.
- **Difficulty accessing information, particularly about transportation options and availability of services in the community.** Only one survey respondent said the best way to get information about services is by calling 211. Hardly anyone in the residents' focus group had heard of 211. Few survey respondents and participants in the residents' focus group use computers or the Internet, even as information is now more readily found online than in traditional print formats. The information one finds on websites about services in Plainfield are often inaccurate or out of date.
- **Access to healthy food.** In response to the survey findings about access to food—both in terms of access to enough food as well as healthy food—there was extensive discussion in all three focus groups about the need to identify and use the best strategies to get healthy food to people who need it.

Opportunities for Action

In the preceding section we identified three priority areas—gleaned from the survey and focus group findings—that could be called “opportunities for action.” These are real issues that need to be addressed in Plainfield—not just for older adults but the population as a whole. They are also difficult issues to address and require buy-in and action from a wide spectrum of community stakeholders, from elected and appointed officials, to the provider community, to citizens themselves. Because these are difficult issues to resolve, they should be broken down into doable, incremental action steps that could be taken by a variety of constituents so that the work does not fall disproportionately on any one agency or entity. Furthermore this work should be integrated to the extent possible into any related community improvement efforts that are underway in the city of Plainfield.

As exemplified by participants in the residents’ focus group, there are very capable older adults in the Plainfield community who would be willing to contribute their time and effort to making Plainfield a better place to live for older adults. At a minimum, older adults could function as advisers to United Way and other Plainfield non-profits, but indications are that Plainfield older adults also have the interest and wherewithal to lead projects, especially if such projects are priorities that they themselves identify or choose.

In addition to the three priority areas, survey findings suggest other areas of concern that could be addressed by United Way and its partners. For example:

1. 25% of respondents rated safety in their neighborhoods as “fair” or “poor.”
2. 27% of respondents said that they fell in the past 12 months.
3. At least 19% of respondents reported feeling depressed or anxious enough in the past year to need the help of a health professional, and many did not get the help they needed.
4. At least 27% of respondents never exercise.
5. 13% of respondents said that they are actively seeking employment.

Improving safety in Plainfield; preventing falls among older adults; providing more accessible mental health care; increasing exercise opportunities; and helping older adults find jobs are also worthy goals that United Way and its partners can also pursue in the near future and beyond.

Lifelong Plainfield Survey

Demographic Table

Note: Percentages may not add up to 100% due to rounding

	%	Count
GENDER (N=347)		
Male	30%	103
Female	70%	244
AGE (N=347)		
62 to 64 years old	9%	30
65 to 74 years old	43%	149
75 to 84 years old	35%	122
85 years old or older	13%	46
RACE (N=319); more than one answer could be selected		
White	16%	50
Black or African American	69%	220
Asian	1%	4
American Indian or Alaska Native	3%	11
Native Hawaiian or Other Pacific Islander	0.3%	1
Other	16%	51
HISPANIC/LATINO (N=305)		
Hispanic/Latino background	18%	56
MARITAL STATUS (N=334)		
Married/Living with Partner	13%	42
Not Married (Single, Partnered but not living together, Widowed, Divorced, Separated)	87%	292
EDUCATION (N=329)		
Less than High School	31%	101
High School Grad or GED	38%	125
Some College/In College.	20%	67
College/Associate Grad or More	11%	36

	%	Count
HEALTH STATUS (N=340)		
Excellent/Very Good/Good	72%	244
Fair/Poor	28%	96
ACTIVITIES OF DAILY LIVING (ADL) LIMITATIONS (N=334)		
No ADLs	85%	284
One or more ADLs	15%	50
INSTRUMENTAL ACTIVITIES OF DAILY LIVING (IADL) LIMITATIONS (N=334)		
No IADLs	70%	234
One or more IADLs	30%	100
HOUSEHOLD TYPE (N=336)		
Lives alone	80%	269
Lives with others	20%	67
NUMBER OF CHILDREN LIVING (N=342)		
None	18%	60
One or more	82%	282
TYPE OF HOUSING (N=336)		
Senior Housing	50%	169
One or two family house	20%	68
Apartment or condominium	18%	60
Assisted living residence	7%	22
Other	5%	17
NUMBER OF YEARS IN CURRENT HOME (N=333)		
Less than 10 years	57%	190
10-19 years	23%	76
20 years or more	20%	67
CONTACT WITH NEIGHBORS, FRIENDS OR FAMILY (N=337)		
Every day	53%	178
A few times a week	27%	90
Once a week or less	20%	69

	%	Count
EMPLOYMENT STATUS (N=321)		
Working full-time or part time	9%	28
Not working, but seeking work	13%	41
Not working, and not seeking work	79%	252
YEARLY INCOME (N=302)		
<10K	46%	140
10-20K	36%	110
20-35K	13%	38
35K+	5%	14