

Report to the Community on Older Adults in Shelby County

Results from the 2012 AdvantAge Initiative Survey



The Plough Foundation

Message From the Plough Foundation

Dear Community Leader,

Grantmaking efforts of the Plough Foundation reflect the many pressing social and economic issues facing Memphis and Shelby County. Often we concentrate our resources in special areas of interest when our City experiences dynamic changes. Bringing awareness to the comprehensive needs of the older citizens in our community needs to be a strategic priority because of its profound impact on our society. The Foundation is pleased to share the data and insights from a survey it commissioned in the spring of 2012. AdvantAge, a leader in surveys concerning the needs of older adults, provided a thoughtful analysis of data used to help us further understand this highly valued group of citizens. We hope it will be a useful tool to encourage a collective sense of urgency to create an elder-friendly environment.

I especially want to commend Katie Midgley, the Project Director, whose knowledge and insight have helped her become an important participant in the national dialogue over a short period of time. The oversight and guidance provided by Program Director Barbara Jacobs has been highly valued.

We will continue to encourage community and government leaders to offer plausible solutions for an effective future.

Sincerely yours,



Diane Rudner
Chairman, Plough Foundation

Acknowledgments

The Plough Foundation's Report to the Community on Older Adults in Shelby County from the 2012 Shelby County AdvantAge Initiative Survey could not be produced and distributed without the help of numerous individuals.

The Foundation is appreciative for strategic contributions from many community stakeholders:

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**Community stakeholder participants who assisted in AdvantAge survey review and development are noted in italics.*

Introduction

Background on the AdvantAge Initiative Survey

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 Initiative provides a means for communities to: 1) measure the extent to which they are elder-friendly; 2) identify and prioritize aging-related issues and problems; and 3) develop data-driven solutions.

The AdvantAge Initiative planning tool consists of a model showing the components of an elder-friendly community (“Figure 1: The Four Domains of an Elder-Friendly Community”), indicators of elder-friendliness, and a scientific survey of consumers aged 65+¹. The survey results are representative of the community’s 65+ population overall. The planning process consists of four steps: 1) collecting data through the survey; 2) analyzing and presenting the results to help stakeholders understand the current status of older adults in their community; 3) using the survey results to inform action; and 4) monitoring progress toward defined goals.

The initial support from the aforementioned foundations was used to develop the AdvantAge Initiative tool and pilot test it in 10 communities across the nation. Since then, communities have been contracting with the team to conduct the telephone survey in defined geographic areas and provide stakeholders with a range of data analysis and technical assistance services. To date, the AdvantAge Initiative survey has been conducted in 50 communities; a national survey was also conducted in 2004.

The Four Domains of an Elder-Friendly Community

The organizing framework for the AdvantAge Initiative model is the four domains of community elder-friendliness. In early 2000, a series of focus groups in four diverse U.S. cities brought together a large number of residents of all ages as well as community leaders to imagine what an elder-friendly community would look like and what attributes it would need to have in order to be considered a good place for older adults to “age in place”. The results of that research culminated in the domains framework and provided the basis for the survey questionnaire.

The stakeholder groups that were asked to review the findings of the Shelby County survey, identify priorities, and propose recommendations were organized according to the four domains of an elder-friendly community.

1. A full description of the Shelby County survey methodology can be found in the Appendix.

Figure 1: Four domains of an elder-friendly community

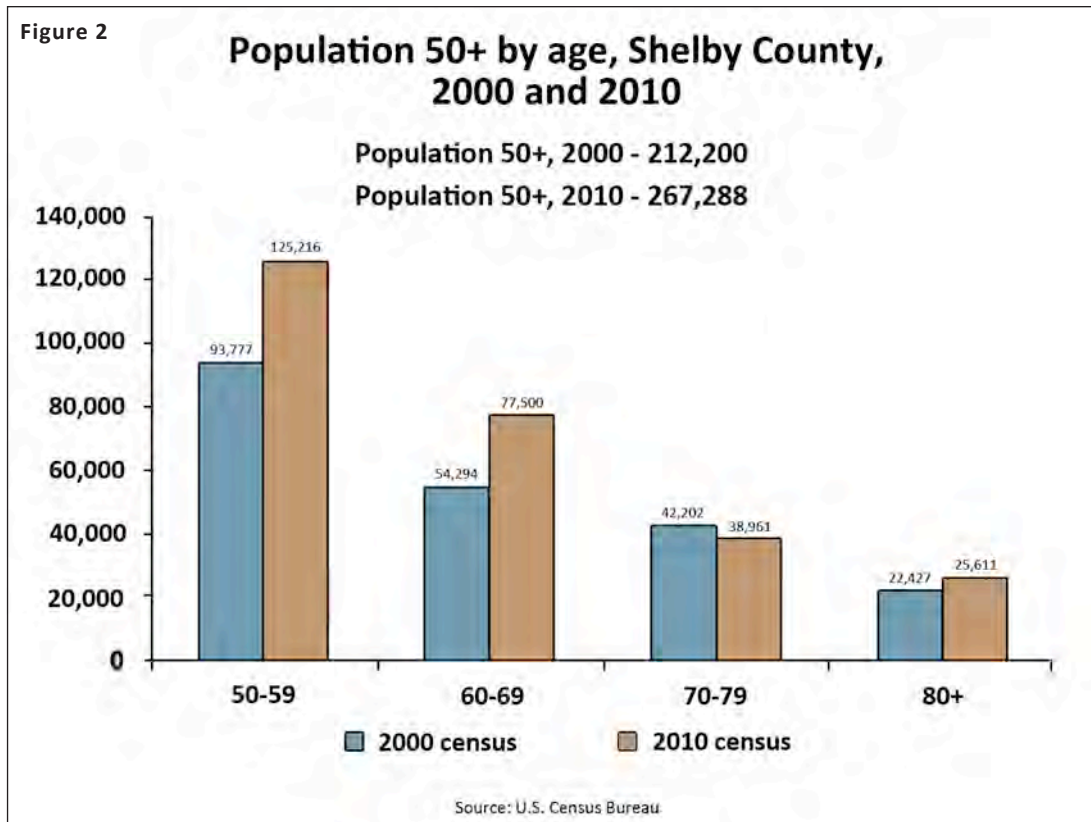
Aging in Shelby County

Plough Foundation staff member, Katie Midgley, conducted a significant amount of research in preparation for the survey and related participation activities. The data reported here are derived from this research.

In 2009, the population of residents aged 65+ was estimated at 10.2% of the total population of Shelby County. ² The Figure on page 3 shows the changes in the Shelby County population aged 50+ between the 2000 and 2010 U.S. Census reports. As the figure illustrates, the effects of the baby boom have already been appearing on the scene in Shelby County, and we can expect these trends to continue.

2. U.S. Census Bureau, 2009. In the AdvantAge Initiative survey findings, the estimated population of people aged 65+ in Shelby County is 92,472 (10.2 %), based on the 2010 American Community Survey (ACS).

Figure 2



It is clear that Shelby County is experiencing similar demographic changes that are affecting other parts of the country. While there are several southern states with higher percentages of older residents, such as Virginia (23.9%) and North Carolina (24.8%), Tennessee, with 13.4% of the population aged 65+, is close to the national average of 13%.

However, looking to the future, it is projected that the 50+ population in Tennessee will grow by almost 34% by 2020, an increase from 267,240 reported by the Census Bureau in 2000 to an estimated 357,010 older adults in 2020. This growth will be significantly faster than the growth of other segments of the population and will have a profound effect on state and local institutions and communities.

Aging and Diversification are Co-occurring

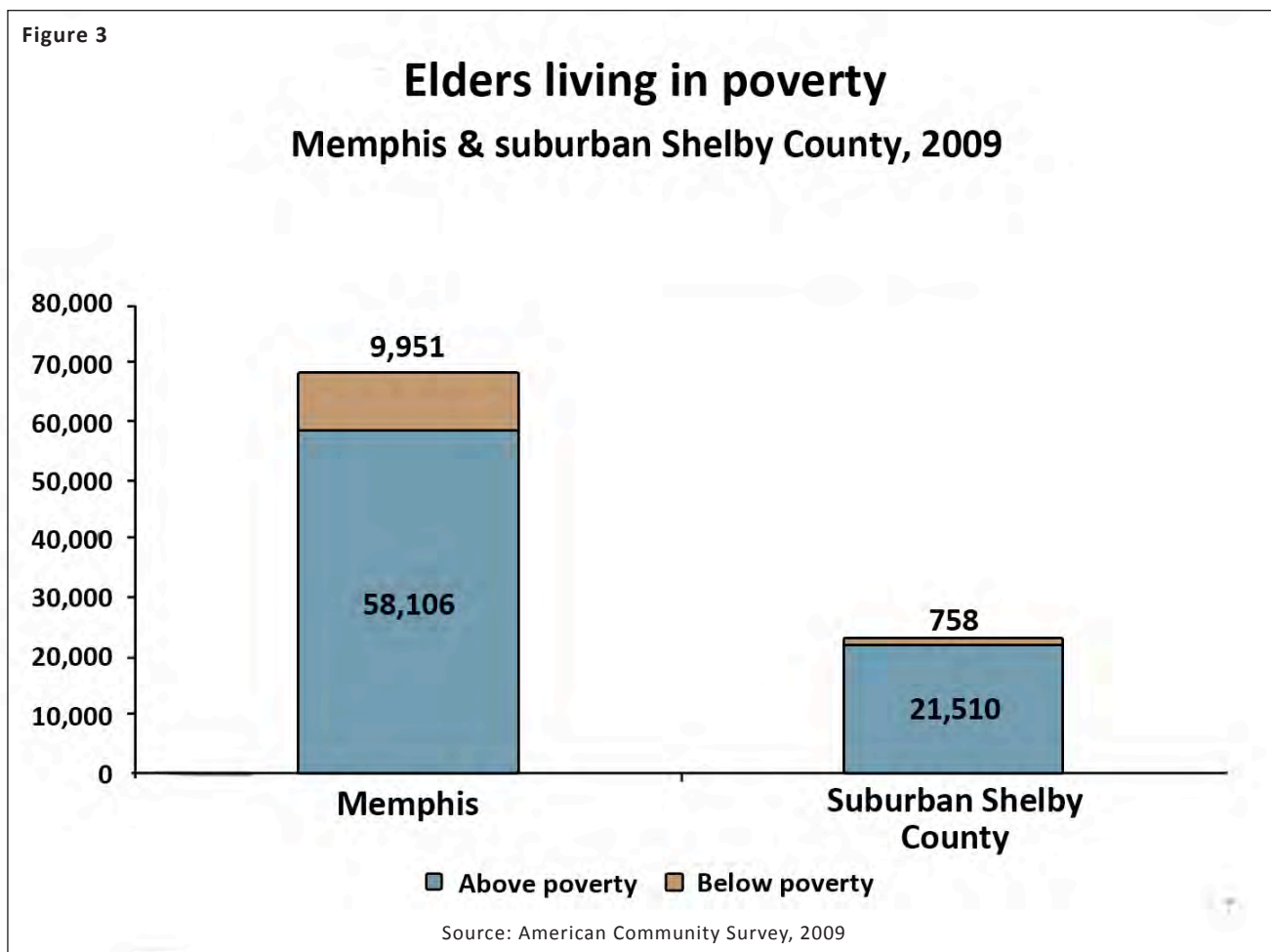
Increasing racial and ethnic diversity in the U.S. is perhaps as significant a change as the aging demographic. According to the U.S. Census Bureau, minority populations have increased from 5.7 million in 2000 (16.3% of the total 65+ population) to 8.1 million in 2010 (20% of the total 65+ population) and are projected to increase to 13.1 million in 2020 (24% of the total 65+ population).³ As illustration of this demographic change, we note that currently in Shelby County almost one in three older adults is Black.

3. U.S. Administration on Aging, 2012. A Profile of Older Americans.

Shelby County Seniors and Poverty

When it comes to financial well being, Shelby County seniors appear to be at higher risk compared to their counterparts in other parts of the country. Whereas the national poverty rate among persons 65+ is 8.9%, in Shelby County that figure is nearly 12%, ranking it second highest in poverty rates among Memphis peer cities,⁴ defined by the Memphis Area Chamber of Commerce.

By far, the greatest number of older adults in poverty in Shelby County live in Memphis, as noted in the following figure:⁵



4. The "peer cities" selected by the Memphis Chamber of Commerce in 2005 include Atlanta, Birmingham, Charlotte, Dallas, Indianapolis, Louisville, and Nashville.

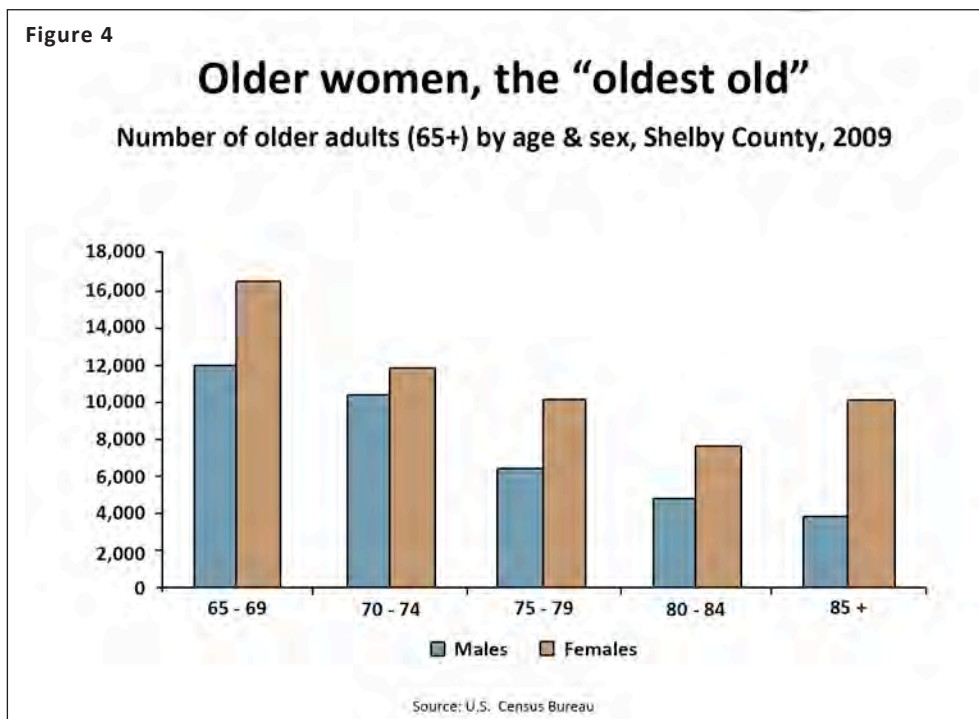
5. Based on the American Community Survey of 2009, almost 12% of Shelby County seniors are living below the poverty level, and in the city of Memphis, almost 15% of the older population lives below the federal poverty level. The federal poverty level for a one-person household is \$10,830/year and for a 2-person household is \$14,570/year.

Older Women, the “Oldest Old”

As older women greatly outnumber older men in the current generation of seniors, some special attention is worthwhile, as gender is a main determinant of living alone in old age. Living alone brings about its own special requirements and should be considered by philanthropies and other organizations as they identify priorities and propose solutions to aging issues.

In Shelby County, almost 30% (27,032) of the older adult population lives alone. A large proportion of these —75% or 20,126—are women. Older adults who are single are 255% more likely to be impoverished than those who are married.⁶

The “oldest old,” that is people over the age of 85, have been for some time the most rapidly growing segment of the U.S. population. In 2010, the 65-74 age group (20.8 million) was 10 times larger than in 1900. In contrast, the 75-84 age group (13.1 million) was 17 times larger, and the 85+ group (5.5 million) was 45 times larger.⁷ The concerns of people in the oldest age range are significantly different from those of the so-called “young old,” that is people in their 60’s and 70’s.



Note the degree to which older women outnumber older men in the oldest age ranges. According to the Census Bureau, in the country as a whole females continue to outnumber males at older ages, but the gap is narrowing, and for now the issue is still significant.⁸

6. Center for Health Workforce Studies, March 2006. The impact of the aging population on the health workforce in the United States. http://www.albany.edu/news/pdf_files/impact_of_aging_excerpt.pdf; <http://bhpr.hrsa.gov/healthworkforce/reports/impactaging2005.pdf>.

7. U.S. Administration on Aging, 2012. A Profile of Older Americans.

8. U.S. Census Bureau, 2010. <http://www.census.gov/prod/cen2010/briefs/c2010br-09.pdf>.

Demographic Characteristics of Survey Participants

Following is a table showing the demographic characteristics of the 551 survey respondents, which are representative of the total 65+ population in Shelby County, estimated at 92,472, as noted earlier. This table will enhance readers' understanding of the survey results in this report.

Table 1: Demographic characteristics of survey respondents, N=551

CHARACTERISTIC	PERCENT ⁸
Gender	
Male	39.7%
Female	60.3%
Age	
65-74	57.2%
75-84	31.2%
85+	11.7%
Race	
White	61.4%
Black	37.0%
Asian	0.9%
Other	0.2%
Refused	0.5%
Hispanic or Latino (of any race)	0.8%
Educational level	
Less than high school	19.6%
High school or GED	38.4%
Some college	18.8%
College graduate	11.2%
Some graduate study/graduate degree	11.9%
Marital status	
Single	3.2%
Married/partnered	60.1%
Widowed	29.8%
Divorced/separated	7.0%
Demographic Area	
Memphis	73.4%
Non-Memphis	26.6%

8. Percentages may not add up to 100% due to rounding.

Living arrangements	
Lives alone	27.7%
Lives with others	72.1%
Refused	0.2%
Living children	
Has no children	8.9%
Has one child	13.4%
Has two children	32.4%
Has three or more children	45.2%
Don't know	0.1%
Self-rated health	
Excellent/very good	43.6%
Good	38.3%
Fair	14.0%
Poor/very poor	3.9%
Don't know/refused	0.1%
Employment status	
Retired	82.5%
Working full-time	7.0%
Working part-time	7.7%
Not working, but not seeking employment	2.4%
Not working, but seeking employment	0.1%
Refused	0.2%
Income	
Less than \$20,000 per year	17.4%
\$20,000 per year or above	66.4%
Don't know	8.1%
Refused	8.0%
Number of years in the community	
Less than 10 years	3.6%
10 to 19 years	3.0%
20 to 29 years	5.7%
30 to 39 years	15.4%
40 to 49 years	15.5%
50 years or more	56.6%
Don't know	0.1%

Older Adults: A Vital Community Asset

The AdvantAge Initiative survey is not merely a needs assessment, it also provides a window into the contributions of older adults in Shelby County. And the contributions are major!

Taking an “asset-based” approach to community change allows us to meet what may be the biggest need of all that older adults express—the need to continue playing a meaningful role in their family, neighborhood, and larger community. Providing a ride to a senior may meet that person’s individual need. But if that ride takes the senior to the local school where he or she provides tutoring to children, it’s the community that reaps the rewards.

“Our enormous and rapidly growing older population...is a vast, untapped social resource. If we can engage these individuals in ways that fill urgent gaps in our society, the result will be a windfall for American civic life in the twenty-first century.”

Marc Freedman

CEO, encore.com

(A think tank on boomers, work, and social purpose)

Shelby County Seniors are Connected...

To their families and neighbors...

- **89%** say that if they have a problem, there is always someone to help them in the neighborhood
- **83%** of survey respondents say their neighbors and family members do favors and chores for one another
- **20%** of the older adults with children actually live with their children and **65%** say their children live less than 60 minutes away

And to their communities.....

- **94%** want to stay in their current home for as long as possible
- **92%** voted in local elections
- **89%** have made donations to charity
- **73%** are very satisfied with their neighborhood as a place to live
- **57%** of survey respondents have lived in their communities for 50 years or more
- **35%** are engaged in community volunteer work

Shelby County Seniors are Caregivers...

For their grandchildren....

- **18%** of these grandparents spend more than 20 hours each week providing care
- **13%** of those with grandchildren say they are involved with babysitting

For their friends and relatives...

- **44%** of these caregivers have been doing this work for more than 3 years
- **21%** are providing care for a sick or disabled friend or relative

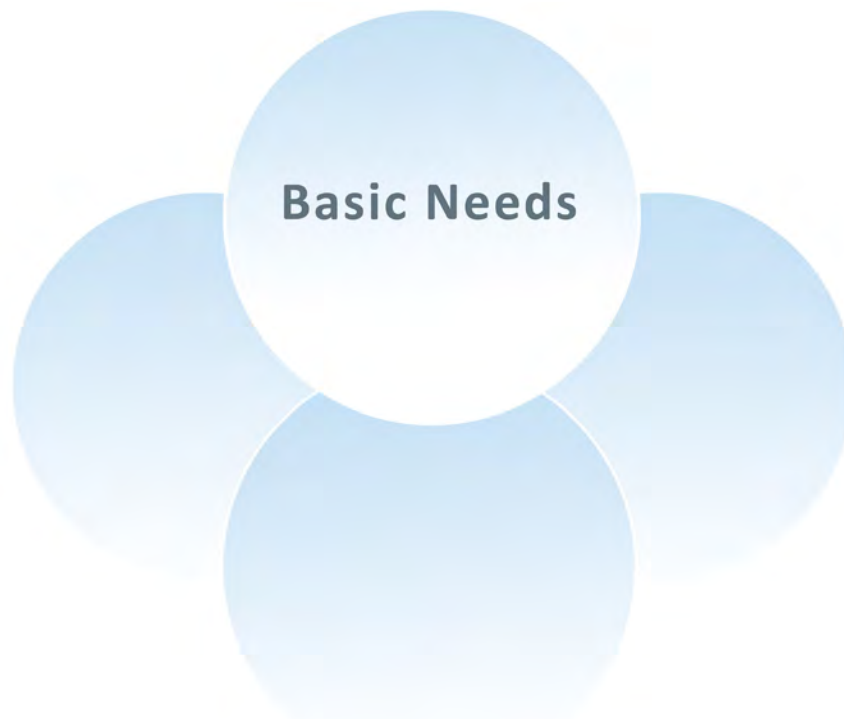


Focusing on the strengths and contributions of older adults in Shelby County gives reason to celebrate.

Should we not, then, be considering how, as a community, we can reciprocate for the gifts from the Greatest Generation?

The AdvantAge Survey helps Shelby County understand the needs of older adults, which we consider “opportunities for action.”

The survey results are discussed within the framework of the four domains of an elder-friendly community, as diagrammed in the introduction. We will take each in turn.....



Opportunities for Action: Basic Needs

In the “Basic Needs” domain, we include four broad topics that are essential to older adults’ ability to stay in their homes and communities for as long as they would like, which is popularly known as “aging in place”:

- Access to information about services and programs
- Neighborhood safety and security
- Financial security
- Housing needs

Access to Information About Services and Programs

The survey asked several questions about services and programs available in Shelby County. The questions were designed to discover the level of awareness older people have about existing services and programs. As Table 2 shows, older adults in Shelby County are more aware of some resources than others. Given the fact that many of these resources could help older people age in place, it’s troublesome that awareness about many of them is comparatively low.

25% of Shelby County seniors say they ***don’t know*** where to go for information about services and programs. That is an estimated 23,118 seniors in Shelby County who don’t know where to get such information. Many seniors do without essential services because they are not aware of them. Needs that are simple may become urgent and even critical because information and assistance are not easily accessible.

Additionally, respondents were asked to name places they consider to be the best resources for getting information about such services and programs. The top three cited were:

- Libraries (11%)
- Faith organizations (11%)
- Senior centers (10%)

Table 2: Awareness of services among older adults

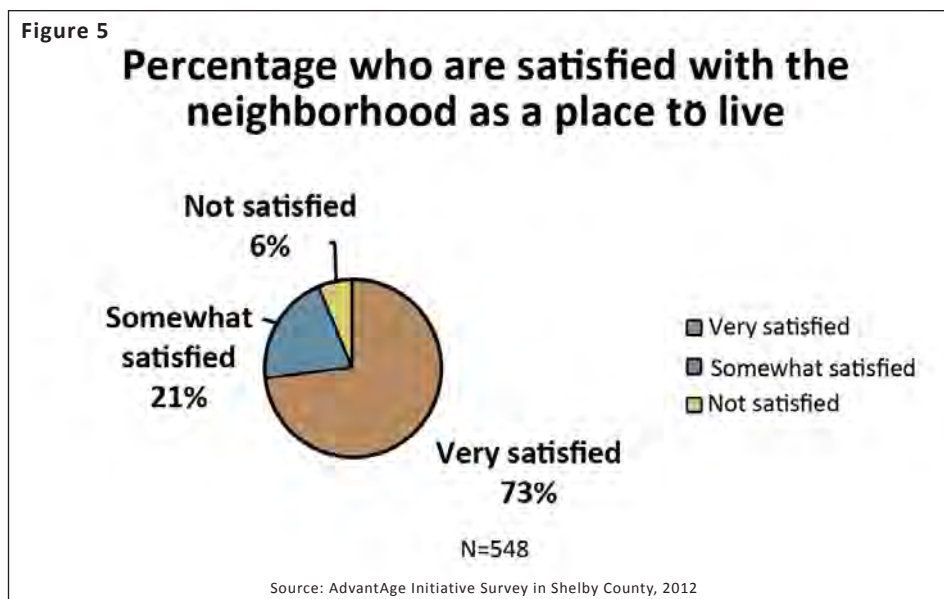
This table shows the percentages of respondents who said they “don’t know” whether selected services or programs exist in Shelby County:

Services and programs	Percentage responding “don’t know”
An Aging Commission	46%
A service that helps with home repairs and/or home modifications for safety and independence	42%
Free legal services	37%
Congregate meals such as senior lunch programs	30%
Respite services such as adult day care that help a caregiver get a break from caregiving duties	28%
Chore or homemakers services such as someone coming in to do light housekeeping or cleaning	24%
Outdoor maintenance, such as lawn care or snow removal	22%
End of life hospice care	20%
Special transportation service like one for seniors or persons with disabilities	19%
Home health aides, personal care attendants, or other assistants who help with personal needs such as bathing, dressing, meds or meals	17%
Meals-on-wheels or home delivered meals	16%
A visiting nurse who provides health care in people’s homes	16%
Recreation services, such as exercise facilities, activities, programs and walking clubs	12%
Senior or community center	5%

Source: AdvantAge Initiative Survey in Shelby County, 2012

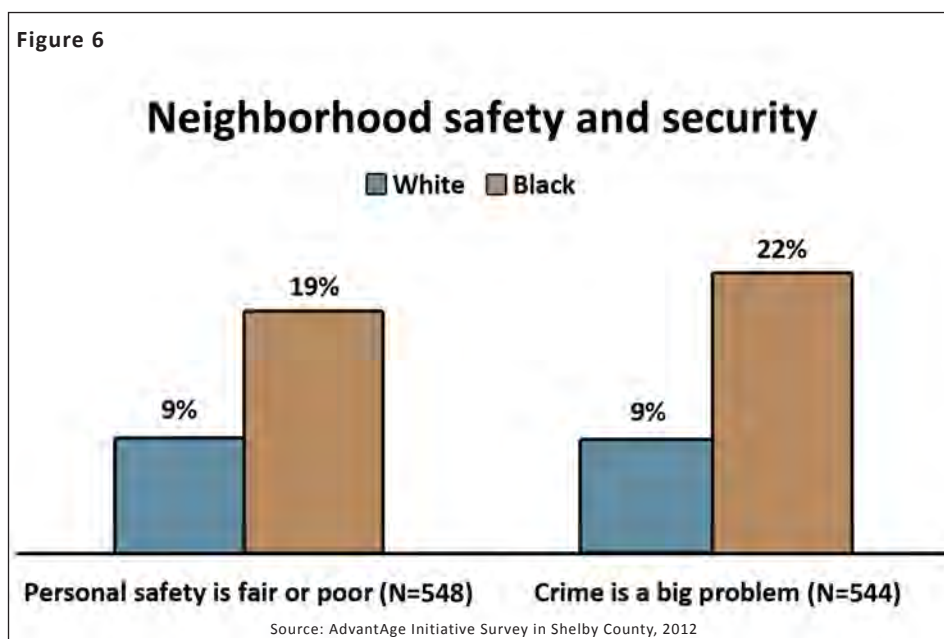
Neighborhood Satisfaction, Safety, and Security

Overall, Shelby County older adults are satisfied with the neighborhoods in which they live.



However, these positive numbers fail to give a true impression of serious concerns about personal safety and crime in the neighborhood. Being safe in one's home is a basic need, but just as important is the connection between that home and the surrounding neighborhood. Being safe but isolated is not an acceptable definition of a good community. The neighborhood is the field of our social relations, thus is extremely important to physical, mental and spiritual health.

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



In addition, the survey provides a comprehensive overview and ranking of the kinds of neighborhood problems older residents identify. The *top three* neighborhood problems reported by the overall sample, expressed as percentages and the numbers of people they represent, include:

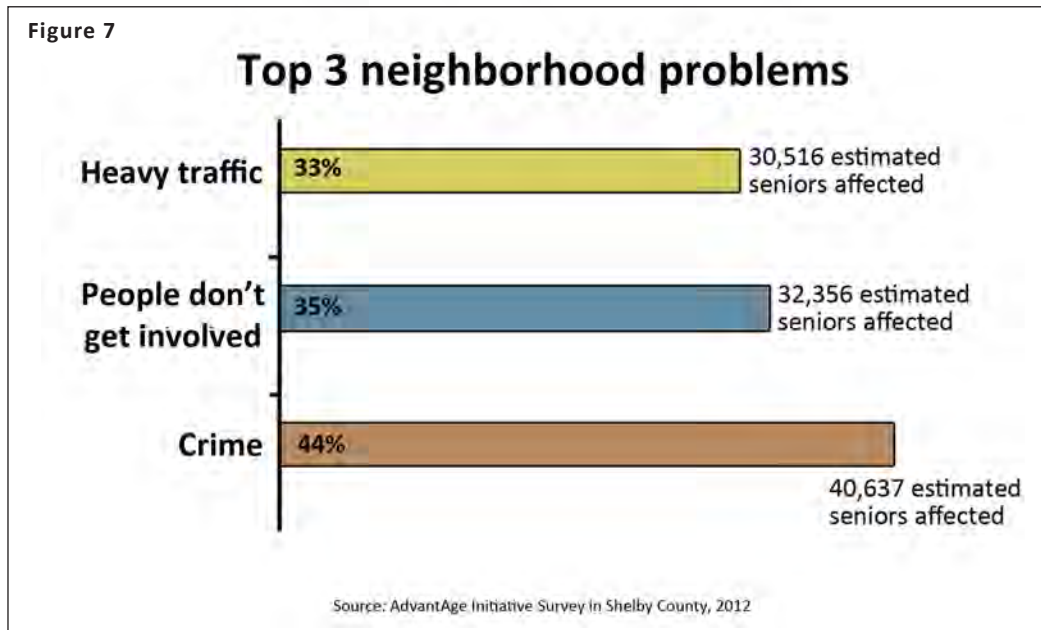


Table 3: Other neighborhood problems

Street, sidewalks need repair or don't exist	27%
Noise	23%
Rundown or abandoned buildings or apartments	21%
Not enough arts or cultural opportunities	20%
Not enough affordable housing	19%
Streets too dark	18%
Too far away from shopping, banks, other needed services	16%
Traffic lights are too few or too fast	15%
Too far away from parks and recreation	15%
Poor public services, such as garbage and snow removal	13%

Source: AdvantAge Initiative Survey in Shelby County, 2012

Do older adults feel they have a voice?

Over one-quarter (26%) of all respondents said they don't feel they have much influence in making their neighborhoods better places to live. Among lower income residents, more than a third (**35%**) say they don't have much influence.

One in three (34%) respondents overall said that they do not think public officials take into account the interests and concerns of residents in their neighborhoods. Nearly half (**47%**) of Blacks and more than half (**52%**) of lower income residents agree.



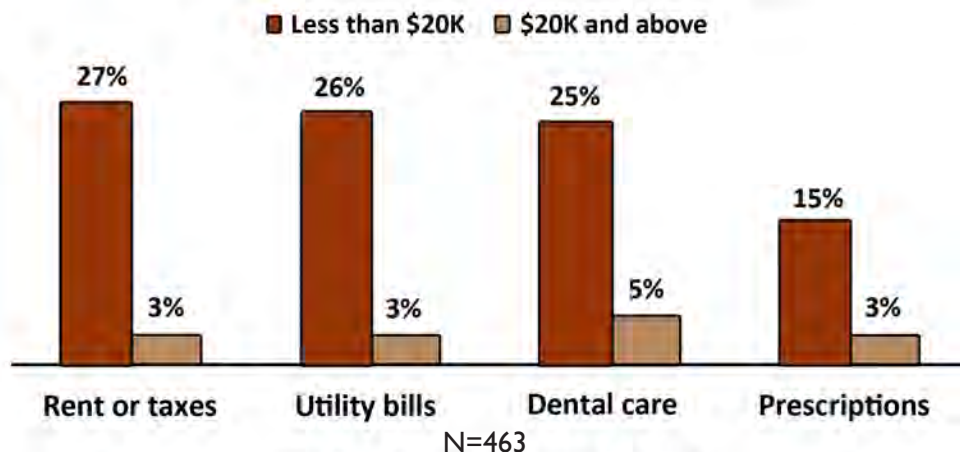
Financial Security

Financial hardship and race emerged as key variables in the survey, and many quality of life disparities are revealed when we analyze the results with these demographics.

Compared to higher income older adults in Shelby County, those with lower incomes are often unable to cover their basic expenses.

Figure 8

Difficulty in meeting selected expenses in the past year, by income level



Source: AdvantAge Initiative Survey in Shelby County, 2012

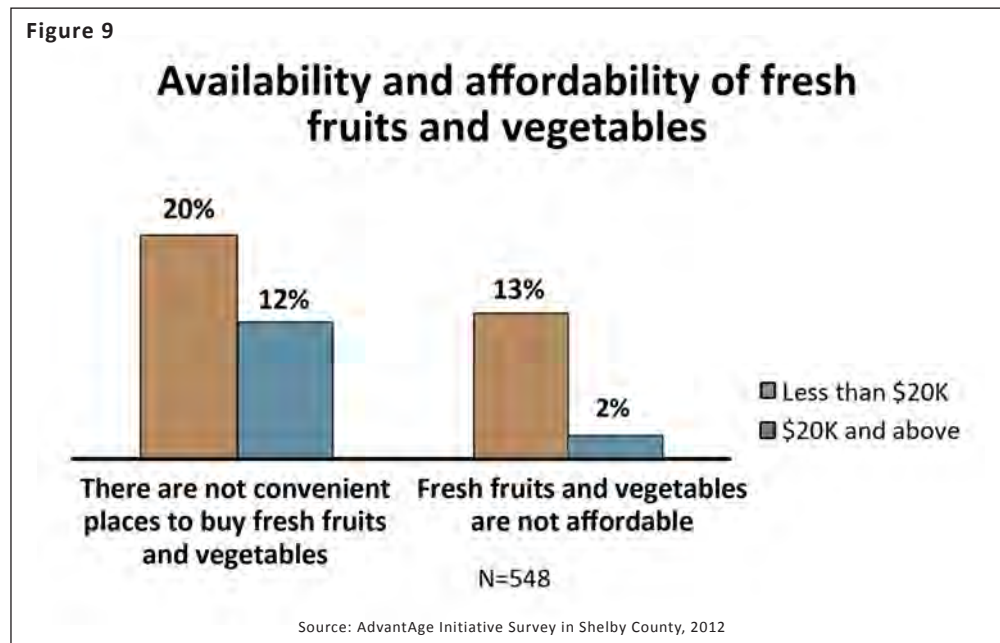
Food Security

Food security refers to a household's physical and economic access to sufficient, safe, and nutritious food that fulfills the dietary needs and food preferences of that household for living an active and healthy life.⁹

The basic question was asked: "Have you ever had to cut the size of or skip meals in the past six months because there wasn't enough money for food?" Overall, an affirmative response was fairly rare: Only 4% of respondents answered "yes" to this question. Yet 4% might be seen as problematic when you consider that means nearly 3,700 older adults in Shelby County are food insecure. Among older people with incomes below \$20,000 per year, one in ten is food insecure.

More than half of lower income respondents report that food pantries and food banks don't exist or they are not aware if they exist in Shelby County—that's an estimated 4,700 people to reach with a marketing campaign alerting them to low-cost or no-cost food resources available in the community.

We want people to eat healthy food, but clearly that's not always possible in the community, particularly among lower income older adults.

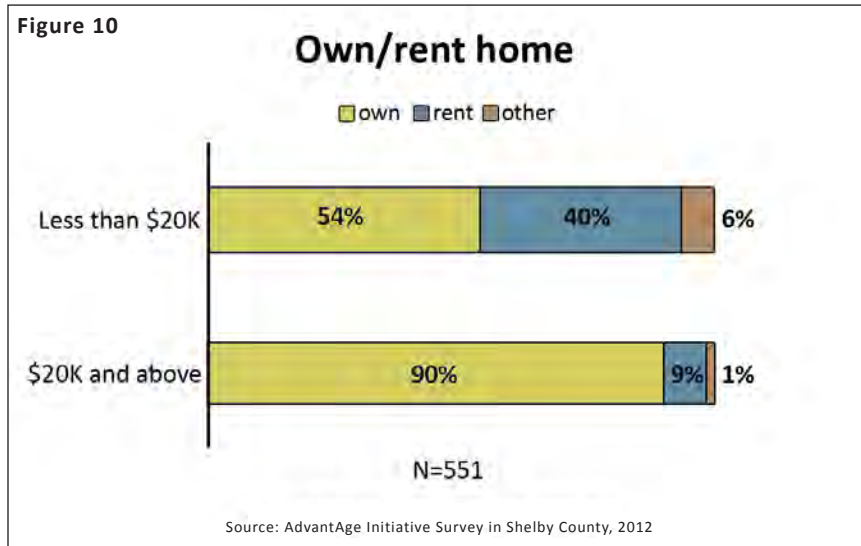


How does this affect nutrition? Lower income older adults in Shelby County reported eating fewer servings of fruits and vegetables per day. **Only one in ten (9%)** lower income older adults said they eat four or more servings each day, compared with **one in four (26%)** with incomes of \$20K and above.

9. Agricultural and Economics Division, UN Food and Agriculture Organization, June 2006. Food Security Policy Brief, Issue Two. ftp://ftp.fao.org/es/ESA/policybriefs/pb_02.pdf.

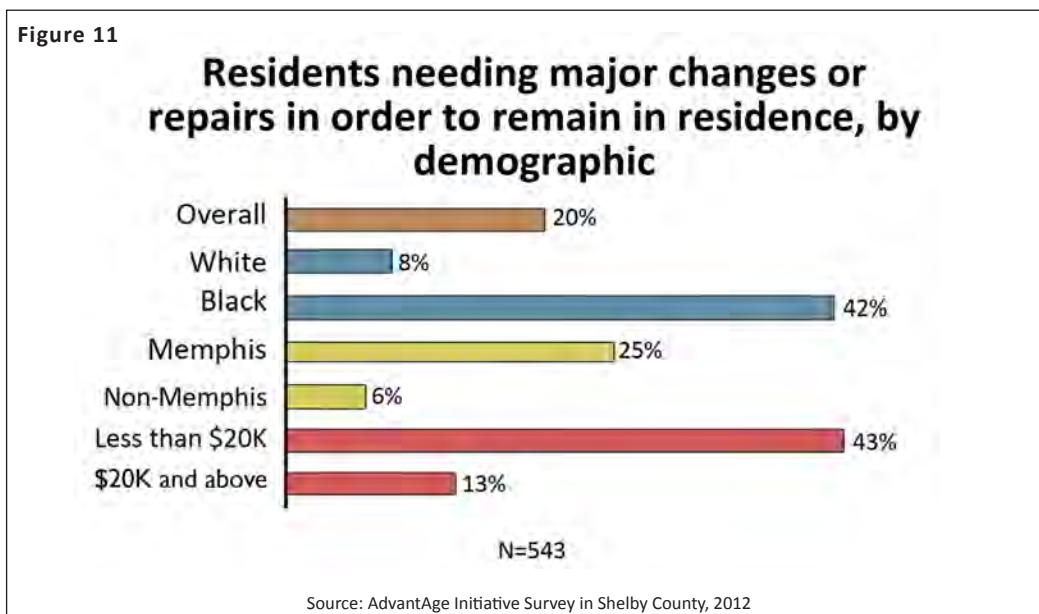
Housing Needs of Lower Income Seniors

While there are many different housing options, income disparities begin to tell a tale of “two cities.” Lower income older adults in Shelby County are much more likely to rent than own their own homes, as compared to older adults who are more financially secure.



Keeping the Place Up

There are significant needs to improve the housing stock of lower income elders, and racial, geographic, and income figures reveal wide disparities. The question was asked: ***“Does your current residence need any major repairs or changes to improve your ability to live there over the next five years?”*** While 20% of the overall sample of respondents said that their residence is in need of major repairs, there are wide disparities in need by race and income, as illustrated in the figure below.





Among lower income elders who say that they need home modifications:

- **76%** need minor or cosmetic repairs, such as painting or floor refinishing
- **64%** need major structural repairs, such as a new roof or new plumbing
- **60%** need bathroom modifications, such as grab bars, handrails, elevated toilets, or non-slip floors
- **56%** said their apartment buildings need better maintenance
- **45%** need help dealing with insects or rodents
- **43%** need better cooling in the summer
- **35%** need better heating in the winter
- **29%** need an emergency response system installed
- **9%** say they need better access into and within the home (e.g. stair rails, ramps, wider doorways)

Of those not planning to make needed home modifications, the most often cited reason is "I can't afford it."

Home Modifications: Turning Percentages Into People

Since the AdvantAge survey findings are based on a representative sample of older adults in Shelby County, it is fair to generalize from the percentages and turn them into numbers of real people. Doing so gives us a sense of the scope of need. For example:

7,901 lower income households with an older adult in Shelby County report that their residences need repairs or modifications to enable them to age in place. Of those planning to make the changes....

- **6,004** homes need only minor cosmetic repairs, such as painting or floor treatments.
- **5,056** homes need major structural repairs, such as roofing or plumbing.
- **4,740** need bathroom modifications to improve safety, self-care, and caregiving.
- **711** need improvements for access into and within their homes.

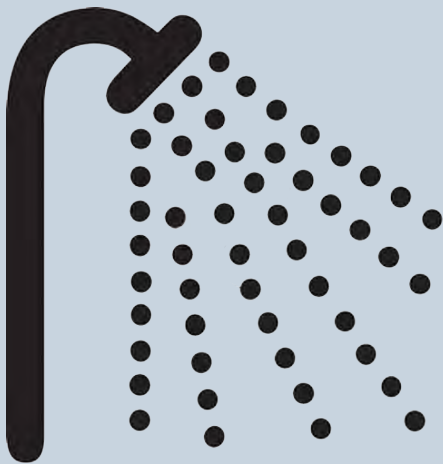
The need is great but it's unlikely that lower income older people in Shelby County will be able to afford many of these changes.



How to Use the Data

Let's imagine a scenario that targets the subset of lower income residents who need but can't afford to make changes.

A Shelby County Safe Bath Program



Assume 4,740 **lower income** householders (renters and owners) need bathroom modifications...

Of these, 1,516 are not planning to make these changes for a variety of reasons, but 849 of them say the main reason is that they simply can't afford to make the changes.

A community based "safe bath" program investing \$500 on average in these 849 households, with 10% administrative costs, would require about \$466,950 from the community. A five-year plan for this project would mean an annual investment of \$93,390, reducing risks and potential health care costs for nearly 850 older residents of Shelby County. Such a program, bolstered through the involvement of trained volunteers, could reach much further into the broader population in need—the 8,877 households of all incomes that report such a need. Breaking out the Memphis from the non-Memphis numbers would even allow for estimating a city versus a county budget for such a program.

From Data to Action

On Wednesday, June 27, 2012, a large group of invited community stakeholders met to review survey data, identify major issues, and brainstorm possible action steps in each of the four domains. Knowing that much work needs to be done across multiple opportunities for action, one breakout group reviewed survey results and focused on the BASIC NEEDS domain.

In their domain group discussions, each group discussed the impact of the issue on individuals and the community, assets already in hand to address the challenges, barriers to success, and potential action steps.

Impact

Group members offered stories from their experiences regarding the impact of financial hardship on Shelby County seniors.

Overall, it was felt, a fundamental state of isolation, insecurity, even fear, results from not having enough money to buy medications, fix the house, get out to attend church or synagogue and social functions, and having to hide in one's house to avoid crime and other social ills.

In neighborhoods confronting these issues, families don't want to be there, stores and other services leave for better markets, and economic opportunities move elsewhere.

Assets

The BASIC NEEDS breakout group was aware of the contributions of multiple organizations striving to address these issues at the neighborhood level. They include the Memphis Police Department; Operation Safe Community; the University of Memphis Criminal Justice program; the Family Safety Center; Memphis Fast Forward; the University of Tennessee Health Sciences Center College of Nursing; Adult Protective Services; the health care community; several faith communities; and others. It was felt that the school system could play a larger role in providing opportunities for seniors to contribute to their community, as mentors, tutors, and classroom assistants.

Barriers

While there are numerous organizations concerned with and working on these issues, there was a sense that the impact of these issues on the lives of older residents is not well understood or in the foreground. The impact of neighborhood distress on children and other groups (such as the homeless population) seems to dominate the conversation about solutions.

Potential Action Steps

- **Build awareness in the general public and among key stakeholders**

One potential and important action step would be to increase the sense of urgency to address the impact on elders' lives; to bring the circumstances of isolated and vulnerable elders into public view. The group felt that this can be done through a positive approach that reframes and redefines the problem as a question: "What is lost to the community and its children when elders are prevented from being full, contributing members of their neighborhoods due to poverty and isolation?"

- **Engage lower income seniors in the advocacy movement**

Participants felt that lower income seniors need to be more actively engaged with this initiative and the advocacy that is possible through the sharing of data. It was suggested that a review of best practices in senior/community advocacy could move the initiative along more quickly.

An advocacy initiative should first resolve the question whether senior issues should be marketed as a new campaign or whether senior voices should be supported within existing community initiatives, as there are so many projects emerging around food, housing, poverty, crime and quality of life.

61% (or approximately 9,701) Black seniors and **58%** (or approximately 4,796) of lower income seniors want to participate in intergenerational programs that mobilize people of all ages to support one another and address critical social issues in their communities, such as mentoring and tutoring initiatives. This could be a very positive, win-win approach to overcoming the isolation of Shelby County seniors.

- **Combine senior advocacy with a major marketing campaign to inform the community about existing services and assets**



While senior advocacy provides an authentic picture of older adults' needs and contributions, it is important to better educate the public and older consumers about existing services, as awareness is low for many of them. It was felt that marketing both needs and contributions are not mutually exclusive. Services can be marketed to users by highlighting the way that community supports such as transportation and housing enable Memphis seniors to stay in their homes and become contributing members of their neighborhoods.

Participants in the Basic Needs work group left the meeting feeling that they can each return to their own organizations and advocate as individuals to get their peers more aware of and involved in aging issues in Shelby County.



Opportunities for Action: Optimizing Physical and Mental Health and Well-Being

In the “Physical and Mental Health and Well-Being” domain we include three broad topics that are essential to maintaining health and the ability to perform tasks of daily living:

- Access to medical services
- Access to preventive health services
- Healthy behaviors

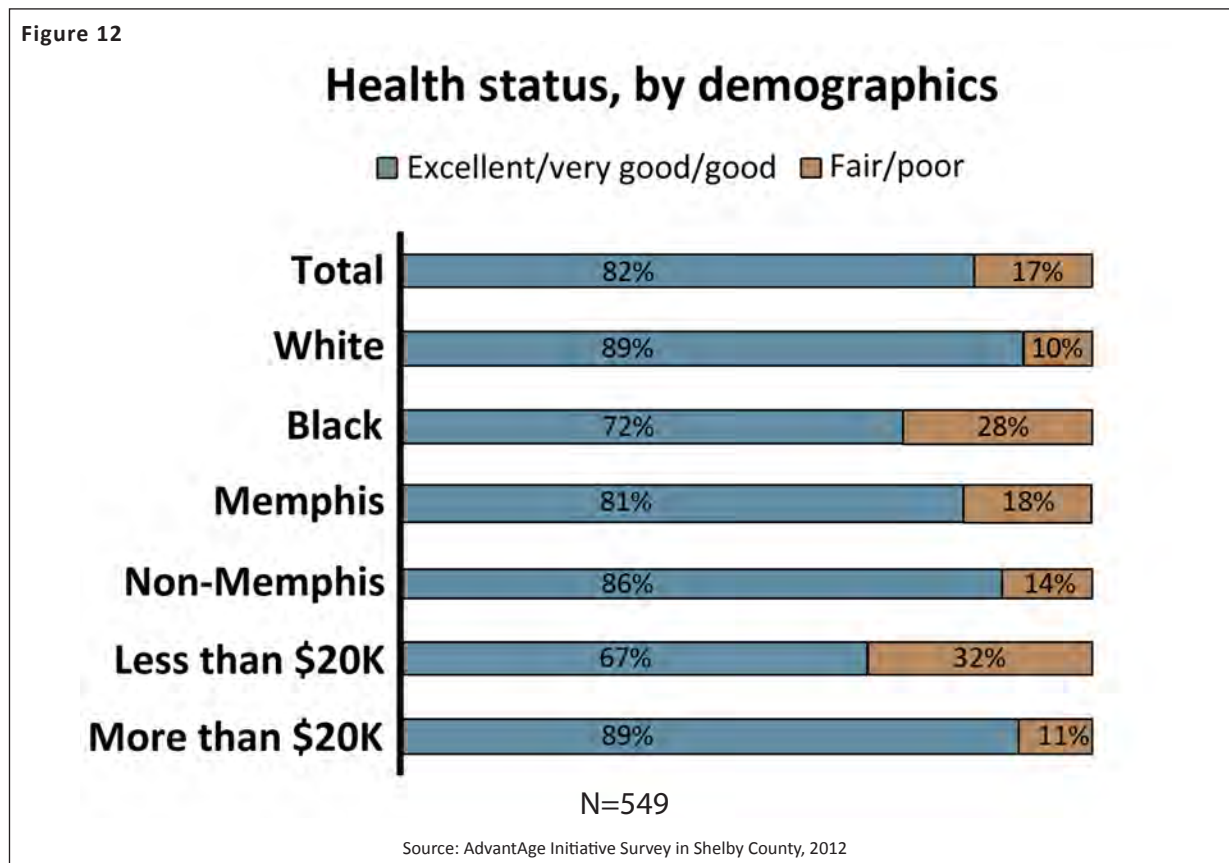
First, some good news:

As is true nationwide, the survey findings show that the majority (**82%**) of individuals over the age of 65 in Shelby County report that their health is “good” to “excellent,” which counters the stereotype that all older adults are in declining health. This finding is important because research has shown that people’s self-reported health status is a good predictor of future health.

Offsetting this good news, however, are some health disparities among older Shelby County residents that were revealed in the survey findings.

This is evident in the following figure, which shows that there are marked demographic differences in the percentage of seniors who say that their health is good, very good, or excellent:

Figure 12



Blacks and people with lower incomes (under \$20,000 per year) are considerably more likely to rate their health as fair or poor than the other demographic groups shown.

Access to Medical Services



There is good news to report here as well. Survey findings show that **100%** of respondents have health insurance coverage, and **91%** reported that the place they go to most often when they are sick or need health-related advice is their doctor's office.

While access to health care seems to be widespread, disparities can be found in the prevalence of specific health conditions among Shelby County older adults. In the survey, respondents were asked whether in the past five years their doctor had told them that they have one or more health conditions. The following Table shows the top 10 reported health conditions among older adults in Shelby County, with a comparison of the prevalence of these conditions among Whites and Blacks.

Table 4: Top 10 health conditions among people 65+ (diagnosed in the past 5 years)

Health Condition	Total	White	Black
Hypertension	68%	58%	83%
Arthritis	57%	56%	60%
High Cholesterol	48%	45%	53%
Mobility Problems	32%	27%	39%
Diabetes	31%	23%	41%
Sadness, Depression or Anxiety	31%	26%	39%
Chronic Pain	27%	31%	19%
Obesity	25%	28%	23%
Eye Disease	23%	19%	31%
Urinary Incontinence	17%	22%	9%

Source: AdvantAge Initiative Survey in Shelby County, 2012

As shown in the Table, health disparities cut both ways. For example, Whites are more likely to report diagnoses of chronic pain, obesity, and urinary incontinence than Blacks, and Blacks are much more likely than Whites to report diagnoses of high blood pressure, diabetes, and eye disease.

Seeking Help for Depression and Anxiety

Access to mental health care seems to be a different story. Table 4 shows that, overall, **31%** of respondents said that they had been diagnosed with depression or anxiety within the past five years. Respondents were also asked whether they thought they needed the help of a health professional or counselor in the past year because they felt sad, blue, or anxious. Eight percent said they needed professional help in the past year, but a substantial proportion of them (**46%**) said that they did not get the help they thought they needed.

Access to Preventive Services

Physicians recommend that their older patients avail themselves of preventive health care services, such as having their blood pressure checked by a health professional, getting an annual flu shot, and having periodic cancer screenings to help prevent disease and improve health and the ability to perform everyday tasks.

Survey respondents were asked whether they had had selected preventive health care measures or tests in the past year, and once again some disparities were revealed according to respondents' income levels, as shown in Tables 5 and 6 on the next page.

Table 5: Preventive measures and screenings among males in the past 12 months (N=171)

Health Condition	Total Males	Males with incomes below \$20K	Males with incomes above \$20K
Blood Pressure	97%	93%	98%
Cholesterol Test	84%	60%	90%
Blood Glucose	83%	40%	88%
Complete Physical Exam	82%	50%	86%
Eye Exam	74%	42%	78%
Prostate Screening	74%	49%	76%
Flu Shot	73%	67%	75%
Hearing Test	38%	14%	41%
Bone Density	13%	4%	12%

Source: AdvantAge Initiative Survey in Shelby County, 2012

Table 6: Preventive measures and screenings among females in the past 12 months (N=380)

Health Condition	Total Females	Females with incomes below \$20K	Females with incomes above \$20K
Blood Pressure	99%	97%	99%
Cholesterol Test	88%	79%	91%
Complete Physical Exam	83%	83%	83%
Blood Glucose	82%	84%	84%
Eye Exam	78%	64%	81%
Flu Shot	72%	67%	75%
Mammogram	63%	51%	65%
Bone Density	46%	37%	50%
Pap Smear	35%	28%	37%
Hearing Test	24%	37%	19%

Source: AdvantAge Initiative Survey in Shelby County, 2012

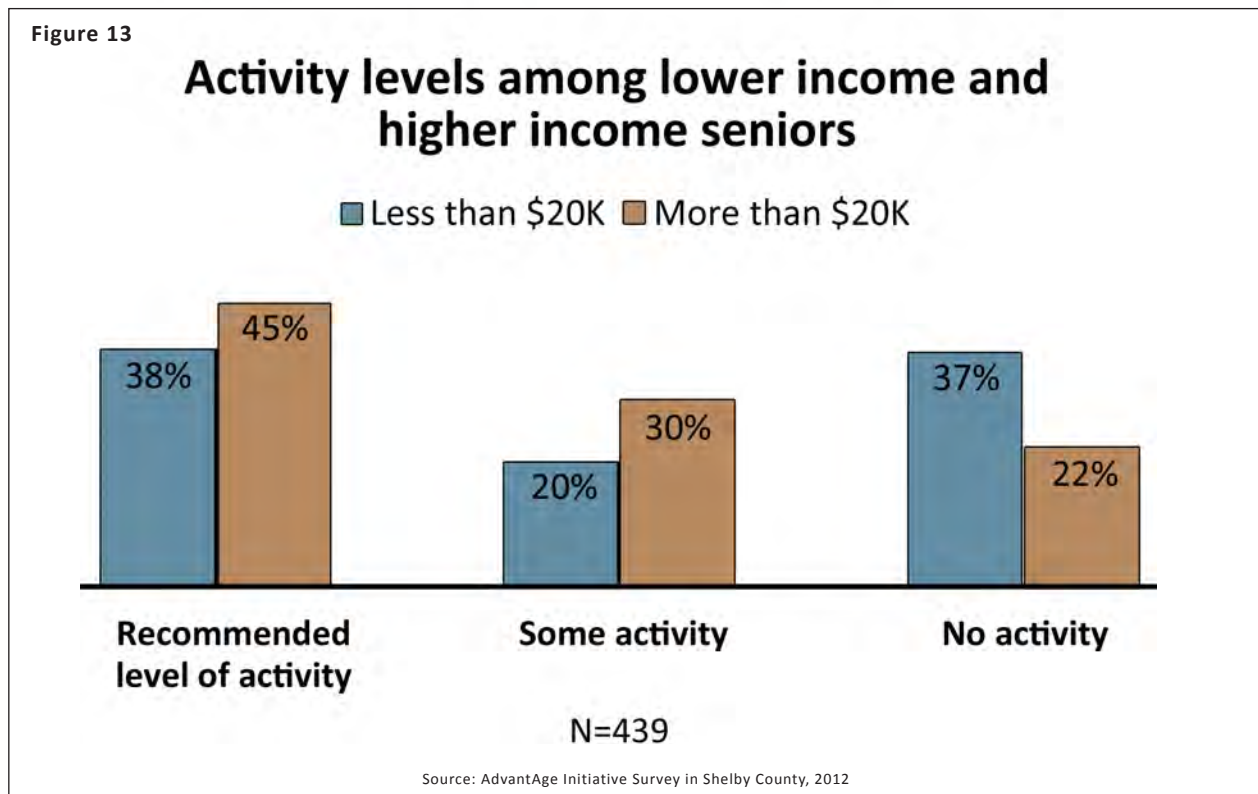
Males with incomes under \$20,000 a year were much less likely to have accessed the preventive services included in Table 5 than men with incomes over \$20,000. Women with lower incomes did a bit better than their male counterparts, but were still below the percentages seen among women with higher incomes.

Healthy Behaviors

Physical Activity

In addition to nutrition, discussed in the BASIC NEEDS section, the survey inquired about another important healthy behavior – physical activity.

Using the Centers for Disease Control and Prevention (CDC) guidelines for physical activity,¹⁰ the survey found that overall **27%** of Shelby County seniors do not engage in any type of physical activity. Once again, there were differences in physical activity levels among lower income and higher income older adults, as shown in the following figure:



The survey findings also showed that lower income seniors are more likely than higher income seniors to say that there are no recreational services in their neighborhoods or that they are unaware if any exist.

10. The CDC recommends that older adults get at least 150 minutes of moderate-intensity physical activity or 75 minutes of vigorous-intensity aerobic activity every week. The agency also recommends that older adults engage in muscle strengthening activities.

From Data to Action

A second breakout group that met in June focused on the “Physical And Mental Health And Well-Being” domain to review survey data, identify major issues, and brainstorm possible action steps. Many members of the group were either involved in or very knowledgeable about the health care system in Shelby County.

Impact

Breakout group participants discussed the impact on individuals when they don’t have adequate information for self-care and when they encounter delays in treatment. Participants noted that some older adults feel that they are fated to develop a chronic condition, like diabetes or hypertension, and as a result may not feel that they can actively control the condition. When a condition such as diabetes is considered a normal part of aging, an individual might well assume nothing can be done about it. Participants also talked about the difficulties Medicare and Medicaid beneficiaries have in finding doctors who will take their insurance. Having to approach many different doctors before finding one that accepts new Medicare patients is not uncommon.

As for community impact, participants cited the significant need for greater education of both patients and health care providers regarding standards for geriatric and palliative care and for communicating effectively with older patients and empowering them.

Assets

Group participants enumerated the many efforts already underway in Shelby County to improve the health of residents of all ages, such as Healthy Shelby, Healthy Memphis Common Table, Memphis Healthy Churches, and others. Building on existing initiatives to improve the health of older adults was deemed the best approach.



Barriers


While there are health promotion initiatives underway, participants noted that barriers continue to exist within the attitudes and knowledge base of individual patients regarding disease and aging and with the allocation of health care resources across Shelby County. Specifically, participants maintained that fatalistic attitudes about aging constitute a barrier to care and that the allocation of health care resources favors higher income areas of the community.

Potential Action Steps

In addition to recommending that efforts continue to encourage older adults to avail themselves of preventive health care services, to get physically active, and watch their diets, participants brainstormed three major approaches or steps that could be taken to address physical and mental health care issues:



- *Extend health care beyond traditional walls still further into the community, tap existing assets such as faith communities, and provide them with the necessary resources so that they can implement interventions to increase health literacy and improve health and the ability to perform everyday tasks among their older constituents.*
- *Integrate mental health services with primary care, including co-location, to facilitate access to mental health care.*
- *Infuse the new “healthy aging” concepts into the very fabric of the community, bringing about a sustainable change in the health and mental health of older adults now and in the future.*



Maximizing Independence

Opportunities for Action: Maximizing Independence

It would be difficult, if not impossible, to find an adult in the U.S. who does not want to remain independent throughout his or her life, including in the later years. Some would say, however, that we take the value of independence too far and don't acknowledge the fact that, at every stage of life, we sometimes need to rely on others to help us remain independent.

The "Maximizing Independence" domain includes the following three broad topics. These are things that older adults need to sustain their independence at home in the face of very old age and/or disabling conditions:

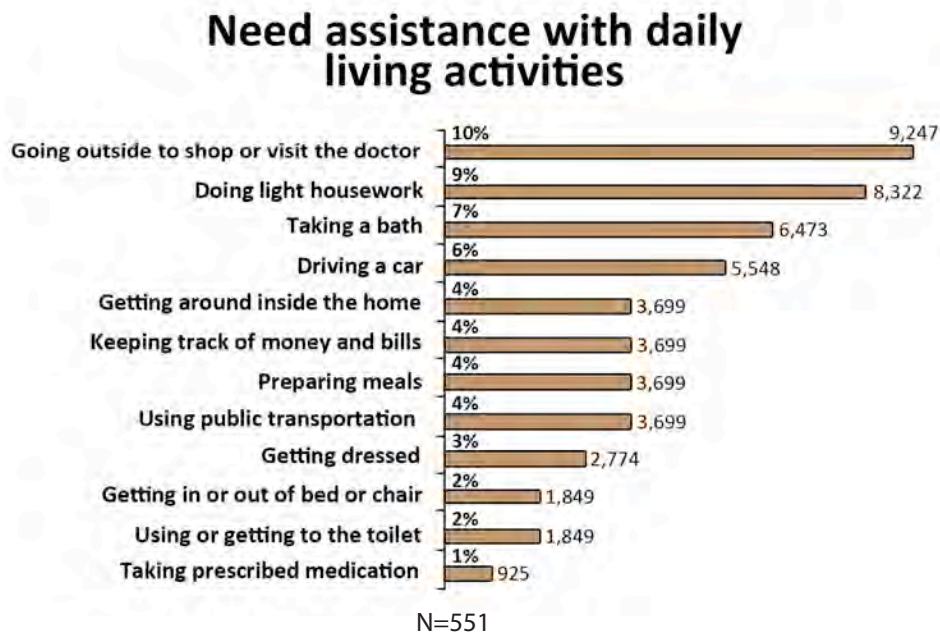
- Resources that facilitate "living at home"
- Access to transportation
- Support for caregivers

Resources That Facilitate Living at Home

Help with Activities of Daily Living¹¹

The survey in Shelby County asked many questions about respondents' *activities of daily living* and *instrumental activities of daily living*—measures that researchers have devised to assess function in older adults and help determine what sorts of assistance they might need to live independently. The survey provided some good insight about the daily activities that some older adults in Shelby County struggle with. Typically, the proportion of older adults in a community who need assistance with activities of daily living is small. But when the percentages are translated into population figures, the true magnitude of need is revealed, as illustrated in Figure 14, which includes percentages and numbers:

Figure 14



Source: AdvantAge Initiative Survey in Shelby County, 2012

Surveys that ask community-residing older adults about activities of daily living typically show that people have the most trouble with the instrumental activities of daily living (see Footnote 11), thus it is not at all surprising that the activity Shelby County older adults have the most difficulty with is “going outside to shop or visit the doctor.” As Figure 14 shows, “doing light housework,” which involves mobility inside the home, is a close second.

11. There are two groups of daily living activities. These are referred to as the activities of daily living (ADLs), which include basic routine tasks, such as bathing, dressing, eating, toileting, and getting in and out of a chair and around the home, that most people are able to perform on a daily basis without assistance, and the instrumental activities of daily living (IADLs), which include more complex activities that require sound judgment, physical dexterity, and organizational skills, such as keeping track of money and bills, doing housework, going out to shop or visit the doctor, driving a car, and taking medications. In the Shelby County survey, no one reported difficulties with eating, therefore this ADL was not included in Figure 14.

Access to Transportation

There is no doubt that our transportation system favors the automobile. The vast majority of Americans use their cars as their primary form of transit, whether they are the car drivers or passengers. The same is true of older adults. In Shelby County, **97%** of older adults say that their primary mode of transportation is the automobile.

14%, or an estimated 4,737, older Black residents of Shelby County ride the MATA buses.

Still, **7%** say that they are sometimes or never able to get transportation to the places they need to go, and that percentage is substantially higher (**19%**) among lower income older adults. Overall, **13%** said that public transportation is too far away, too limited, or not available. However, public transportation, such as Memphis Area Transit Authority (MATA) buses, does meet a critical need for some residents of the area, with **16%** of lower income seniors reporting that they use the MATA buses, compared with only **2%** of higher income seniors.

The mere availability of public transportation does not often translate into high utilization among older adults, except in highly urbanized areas, such as New York City. In any case, for older adults, public transportation must not only be available, it must be convenient, flexible, and affordable.

Support for Caregivers

Older Adults as Caregivers

Caregivers of older adults share the same goal of maximizing independence for their loved ones. Indeed, informal caregiving¹² far outpaces the formal, paid caregiving sector in helping seniors remain at home.

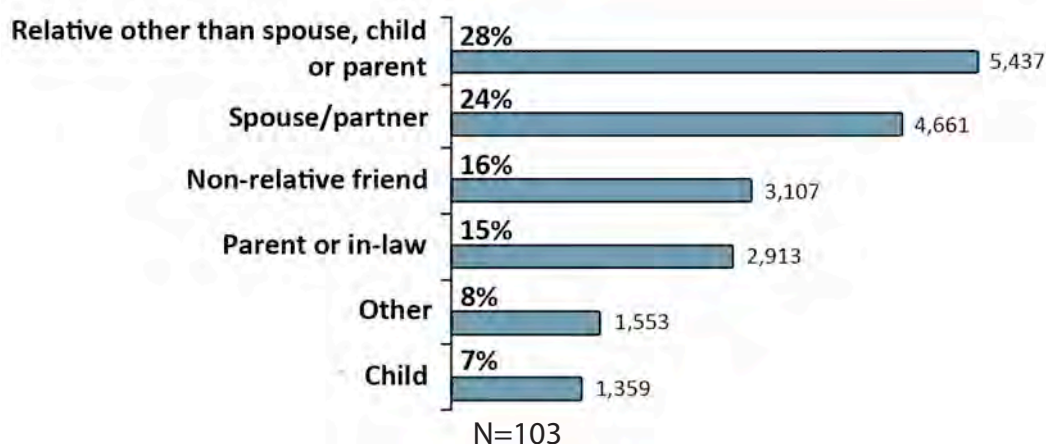
Something we often forget, however, is that older adults themselves provide much of the care in society for those less able to help themselves. Whether caring for spouses, disabled adult children and other relatives or friends, the caregivers themselves may be under significant stress as a result of performing caregiving tasks over long periods of time.

12. Informal caregiving refers to unpaid care provided to recipients by family members or friends.

In Shelby County, **21%** of older adults, an estimated 19,419 people, said that they are caregivers. The following Figure displays the percentages and numbers of older Shelby County caregivers and their relationships to the care recipients:

Figure 15

Percentages and estimated numbers of caregivers by type of relationship to care recipient



Source: AdvantAge Initiative Survey in Shelby County, 2012

Many of these caregivers have been providing care for a long period of time—more than two in five say that they have been caregiving for more than three years—and a sizeable percentage (**29%**) say that they do not get relief from their caregiving duties. While many caregiver support programs are designed for spouses and children who provide care to their older relatives, the informal care provided to friends or neighbors is often invisible and less likely to qualify a caregiver for support and respite.

Help from Adult Children

The vast majority (**90%**) of older Shelby County residents have one or more children, and the vast majority of these (**85%**) live close by; **20%** actually live with their parents. This is fortunate for older residents of Shelby County as many of them say that they regularly get assistance from their children. In the survey, nearly one in three older adults said that they depend on their children's help at least once a week; **14%** say they need the help every day.

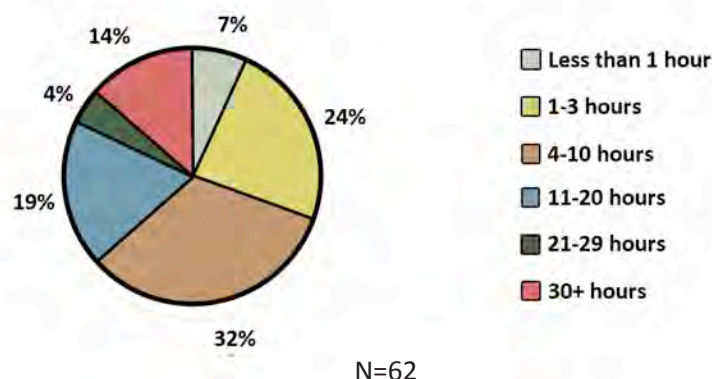


Grandparents Caring for Grandchildren

Many older adults in Shelby County are very involved in taking care of their grandchildren and great-grandchildren. An estimated 79,525 older adults in Shelby County are grandparents, and of these, **13%** (or 10,338) actively provide care for their grandchildren. Some of these older adults provide care for their grandchildren many hours each week, as illustrated by Figure 16.

Figure 16

Number of hours a week spent caring for grandchildren or great-grandchildren



Source: AdvantAge Initiative Survey in Shelby County, 2012

Action Steps

A third group of stakeholders who met in June focused on the Maximizing Independence domain.

Impact

The group pointed out that “Access to Information About Services and Programs,” discussed in the Basic Needs section of this report, is also relevant to the Maximizing Independence domain. Members of the group argued that a critical skill for maintaining one’s own and a loved one’s independence is to know how to access services that are available to help. As Table 2 in the Basic Needs section shows, a sizeable proportion of Shelby County elders say that they don’t know whether some of the very services that could help them remain independent are available in the community. For example, although one in five are caregivers, **28%** of older adults said they don’t know whether caregiver respite services exist. Among older Shelby County residents who need help with tasks of daily living, **9%** said that they need help with light housework, yet **24%** of them said that they don’t know whether chore or homemaker services are available in the community. Moreover, **32%** said that they do not know where to go to get information about services such as these.

The group felt that this lack of knowledge could be a key obstacle to older adults' independence and decided to focus its energy on identifying current "players" and on brainstorming potential solutions that will bring about higher levels of awareness of services that can help.

Assets

Multiple organizations (the "players") are invested in disseminating information to seniors and others in the community, through print media outlets, local television stations, public libraries, United Way, faith organizations, individual agencies, public information fairs, and other usual channels. However, participants felt that several local institutions, the media included, could do more to build public awareness about services. Faith communities, in particular, were cited as having great potential to contribute to the solutions needed.

Barriers

Participants identified several barriers they felt contributed to seniors' lack of knowledge of services:

- Low literacy levels of segments of the senior population
- The lack of a centralized repository for accurate information
- The lack of coordination and collaboration by non-profits around this issue, reflecting a fragmented rather than holistic view of information provision
- The disinclination of economically stretched non-profits to actually invest in advertising and social marketing
- The lack of data on this issue to justify funding requests from public and private sources

Potential Action Steps

- *Participants in this breakout group suggested stepping back to conduct a basic analysis of gaps in information available to older adults in Shelby County.*
- *The analysis would then be followed by a comprehensive, expert-driven social marketing initiative that would target key groups with selective information.*



Opportunities for Action: Social and Civic Engagement

The fourth domain, “Social and Civic Engagement” includes the following topics:

- Meaningful relationships
- Active engagement in community life
- Meaningful paid and voluntary work

Of the four domains in the AdvantAge Initiative framework, this may be the one domain that receives the least attention from public policy makers and service providers. Yet it is, perhaps, the most important in this age of declining resources. Social and civic engagement opportunities for older adults provide access to *social capital*¹³ through relationship networks that can be “budget neutral” while contributing to the richness of social life in the entire community. In the AdvantAge survey, questions in this domain address the social and cultural lives of seniors, as well as their contributions and perspectives as citizens of the community.

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

Meaningful Relationships

Connections with Family Members and Neighbors

As mentioned in the Maximizing Independence section, the vast majority of seniors **(90%)** in Shelby County have one or more children. The vast majority **(83%)** of these adult children live within 2 hours of their parents. Most older adults **(59%)** see their children every day or a few times a week; another **15%** see their children once a week; and only **16%** see their children less frequently than once a week. This proximity to adult children and frequent contact with them are major assets for Shelby County seniors as many of them depend on their children for help.



Having contact with neighbors is another key asset. Neighbors, while not family, can still play a critical role in providing support to elders, and they also provide an opportunity for elders to reciprocate—the hallmark of a healthy neighborhood. In Shelby County, the vast majority of seniors **(83%)** said that they and their neighbors do favors or chores for each other; **36%** said they do so often and another **47%** said they do so occasionally.

Intergenerational Contact

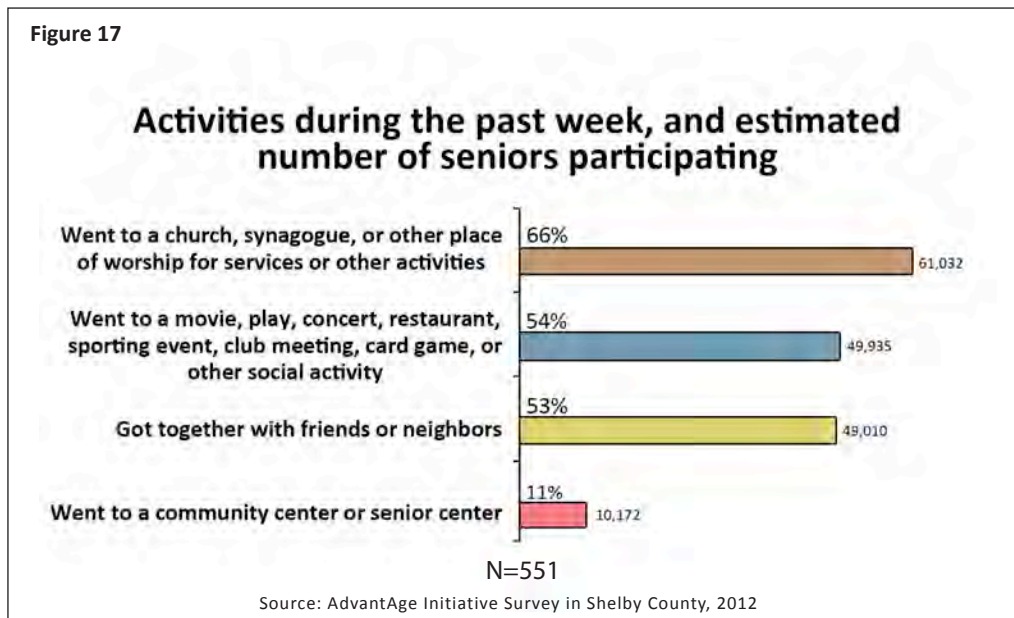
Interest in participating in intergenerational programs was highest among lower income (58%) and Black (61%) Shelby County seniors.

In the AdvantAge survey, respondents were asked a series of questions about their knowledge of and interest in programs that bring older generations and younger generations together to socialize and share experiences. In response to the question, “Are there any intergenerational programs in your community?”, **25%** said that there are such programs; **37%** said such programs don’t exist in Shelby County; and **38%** said that they do not know whether such programs exist. Though only one in four seniors is aware of an intergenerational program in their neighborhood or community, an interest in such programs is sizeable: **37%** said they would be interested in participating in an intergenerational program in the future.

Active Engagement in Community Life

Social Activities

There was wide variability in the types of social activities that Shelby County seniors participate in during a typical week.



52% of lower income older adults in Shelby County said that they would like to be involved in more social activities.

The percentages of seniors who went to a place of worship in the past week were consistent across all demographic groups. White or Black, those living in Memphis and those living in other areas of Shelby County, those with lower or higher incomes—at least two-thirds or more of each of these groups went to a place of worship in the last week. This was not the case with taking part in other social activities, however. Black residents (**35%**) and those with lower incomes (**25%**) were much less likely than older Shelby County residents overall (**54%**) to go to a movie, restaurant, sporting event, or other social activity, suggesting that the cost associated with such activities is a limiting factor. But surprisingly, the same disparities among demographic groups were

found in response to a question about getting together with friends or neighbors in the past week, suggesting that factors other than cost impact the frequency with which some people socialize.

Civic Engagement

Social and civic engagement are related, but not synonymous. Civic engagement activities include such things as voting and getting involved in community improvement. Older people are known as reliable voters and, as in other areas of the country, the vast majority (**92%**) of seniors in Shelby County voted in local elections in the past three years. In addition, **31%** contacted their local elected official and **31%** notified the police or a government agency about a problem. However, one quarter to one half do not think that their local officials take into account the interests and concerns of residents in their neighborhoods. And one quarter to one third do not think they have much influence in making their neighborhoods better places to live.

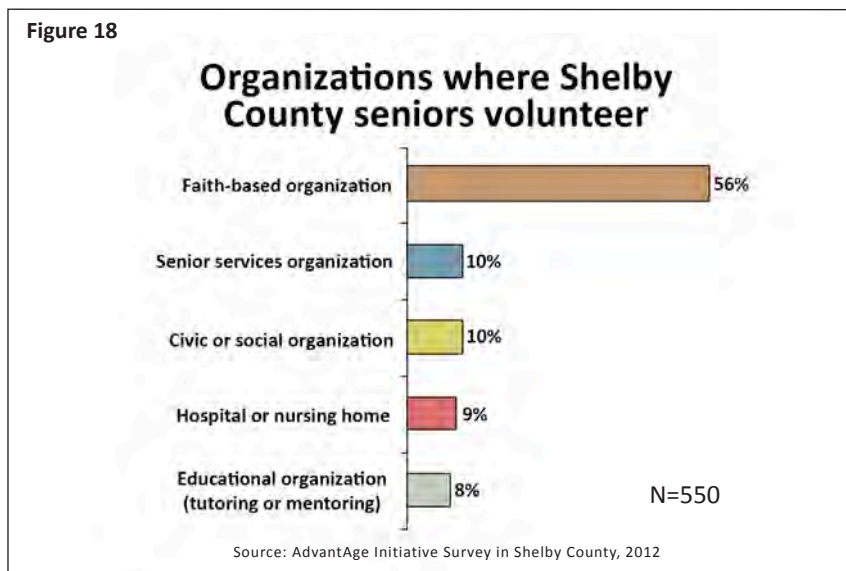
Survey respondents had very positive feelings about the people who live in their neighborhoods:

- Nearly all (**93%**) said that most people in their neighborhood are willing to help if they need it.
- Nearly all (**90%**) said that most people in their neighborhood are basically honest and can be trusted.
- More than four out of five (**89%**) said that there is always someone in the neighborhood who would help them if they had a problem.

And these positive feelings were quite consistent across all demographic groups.

Meaningful Paid and Voluntary Work

In the Shelby County survey, the vast majority (**83%**) of respondents identified themselves as being retired; only **15%** said they were working full or part time; and virtually no one said that they were looking for paid work.



Relatively few older adults have paying jobs, but many more—**35%** overall—do volunteer work. Figure 18 above shows the top five types of organizations where older adults in Shelby County volunteer, with faith-based organizations outweighing the others by far. As might be expected, people with lower incomes are almost half as likely (**21%**) as people with higher incomes (**40%**) to perform volunteer work in the community. Nonetheless, **63%** of lower income older adults made donations of money or goods to charity in the past several years, demonstrating that they too are able to contribute to the community.

Action Steps

The fourth group of stakeholders focused on the Social and Civic Engagement domain and provided a number of recommendations to address identified issues.

Impact

The group pointed out that there may be a relationship between the extent of older adults' social engagement and their mental health. As noted earlier, nearly one in three (**31%**) older adults in Shelby County said they were diagnosed with depression or anxiety in the past five years, and this could certainly be related to diminished social networks and participation in community life.

Assets

On the positive side, the group acknowledged through stories that activities that engage seniors for a practical purpose, such as a senior exercise program, could have significant social benefits. In fact, the potential for social benefit may be the prime motivator for many seniors to engage in activities. This is an important insight for many sectors in the community, including medical and social service providers as well as cultural institutions and community centers that are working to increase participation in their programs.

Barriers

According to group members, barriers that stand in the way of progress around social and civic engagement issues include:

- Lack of awareness of social needs and social potential of elders by traditional community institutions, such as faith organizations and hospitals.
- Lack of awareness of social and civic engagement opportunities by older individuals.
- Transportation barriers that make it difficult to access social activities at all times of the day and week, for people with all levels of ability.
- Community "discomfort" with the idea that older people should be present at all times in the life of the community. The group noted that this discomfort even extends to some older people themselves, who have difficulty relating to people younger and older than they are.

Potential Action Steps

When challenged to brainstorm some potential action steps to begin elevating the social and civic engagement of Shelby County seniors, the group generated numerous ideas, which included the need to:

- *Develop a media campaign to inform: 1) the diverse spectrum of the aging population about social and civic engagement opportunities in Shelby County and 2) traditional community institutions about the social potential of elders.*
- *Build awareness about the importance of involvement in the community, not only among seniors but also the community at large.*
- *Share positive stories about active seniors.*
- *Encourage caregivers to learn about available resources and help seniors access them.*
- *Recognize emerging cultural issues and increase contact and understanding across cultures.*
- *Engage medical providers to develop programs to encourage healthy behaviors that also reap social benefits.*
- *Advance interagency partnerships to promote social and civic engagement.*

Survey Methodology*

Overview

The Visiting Nurse Service of New York (VNSNY) contracted with Social Science Research Solutions/SSRS to conduct interviews with a representative sample of non-institutionalized adults, 65 years of age and older, in Shelby County, Tennessee. This study was conducted by telephone from April 5 to May 1, 2012. A total of 551 interviews were conducted, with a margin of error for total respondents of +/-5.54% at the 95% confidence level.

This report is organized in five sections. The first section discusses the sample design. The next two sections describe data collection and fielding. The final two sections address weighting procedures and the response rate to the survey.

Sample Design

The sample was supplied by Marketing Systems Group (M-S-G) and drawn from InfoUSA's database of listed landline telephone numbers for which geographic location, age, and other demographic data are available. Specifically, this study utilized an age-targeted sample (including an adult age 65 or older) for Shelby County along with oversamples of (1) households outside of Memphis and (2) low income households with incomes of less than \$20,000/year in order to attain a minimum number of low income completes in Memphis and in non-Memphis areas.

The study attained the following distributions for each area and income level:

	Income under 20,000	Income over \$20,000	DK or refused income	Total
Memphis	100	156	58	314
Other Shelby County	51	156	30	237
Total	151	312	88	551

Source: AdvantAge Initiative Survey in Shelby County, 2012

Field Preparations

VNSNY provided the draft instrument for the Shelby County project. SSRS adapted the instrument from a hard-copy configuration to a format that would be more conducive to a telephone survey; as part of this process, SSRS compared the Shelby County instrument to versions of the AdvantAge instrument that SSRS has fielded in the past (e.g., AdvantAge Initiative 2009 Community Surveys conducted in Brownsville and the Central Harlem NNORC, in New York City). Prior to the field period, SSRS programmed the study into CfMC Computer Assisted Telephone Interviewing (CATI) software. Extensive checking of the program was conducted to assure that skip patterns followed the design of the questionnaire.

The field period for this study was April 5 through May 1, 2012. All interviews were done through the CATI system. The CATI system ensured that questions followed logical skip patterns and that complete dispositions of all call attempts were recorded.

Data Collection Procedures

CATI interviewers received both written materials on the survey and formal training. The written materials were provided prior to the beginning of the field period and included an annotated questionnaire that contained information about the goals of the study as well as detailed explanations of why questions were being asked, the meaning and pronunciation of key terms, potential obstacles to be overcome in getting good answers to questions, and respondent problems that could be anticipated ahead of time as well as strategies for addressing the potential problems.

Interviewer training was conducted immediately before the survey was officially launched. Call center supervisors and interviewers were walked through each question from the questionnaire. Interviewers were given instructions to help them maximize response rates and ensure accurate data collection.

*This Survey Methodology Report was prepared by Social Science Research Solutions/SSRS, 53 West Baltimore Pike, Media, PA, 19063

In order to maximize survey response, SSRS enacted the following procedures during the field period:

- An average of four follow-up attempts were made to contact non-responsive numbers (no answer, busy, answering machine).
- Each non-responsive number was contacted multiple times, varying the times of day and the days of the week that call-backs were placed using a programmed differential call rule.
- Respondents were offered the option to set a schedule for a call-back.
- Phone numbers received a daytime call attempt, if necessary.

Weighting Procedures

Survey data are weighted to adjust for differential sampling probabilities, to reduce any biases that may arise because of differences between respondents and non-respondents (i.e., non-response bias), and to address gaps in coverage in the survey frame (i.e., coverage bias). Survey weights, when properly applied in surveys can reduce the effect of non response and coverage gaps on the reliability of the survey results.

The Shelby County Survey data were weighted to (1) adjust for the fact that not all survey respondents were selected with the same probability and (2) account for gaps in coverage and non-response biases in the survey frame. Base weights (design weights) address the differential sampling rates described in the Sample Design section of this report. Post-stratification weights address gaps in coverage and non-response. The overall design effect of the weighting procedure is 1.76.

In the first stage, SSRS developed design weights to compensate for sample frame biases and to correct for differential household probabilities of selection.

(1) Baseweight: The baseweight adjustment consisted of two components: sampling frame correction and differential household probabilities of selection.

- Design correction: As explained in the sampling section, the sampling design distinguished between two types of sample: listed, age-targeted sample drawn proportionately and listed, age-targeted sample drawn disproportionately in order to oversample the non-Memphis population within Shelby County.
- Household correction: Interviews received a Household correction for the differential probability of selection based on the number of adults age 65 and older in the household.
- The baseweight (pre-weight) was then calculated as the product: Baseweight = (Design correction) X (Household correction)

(2) Post-stratification weighting is conducted to correct for any biases in response rates and coverage across various demographic groups, allowing the demographic breakdown of the final data to approximate the breakdown in the target population.

Target percentages were selected from the 2010 American Community Survey (ACS) for respondents age 65 and older living in the Public Use Microdata Areas (PUMAs) that comprise Shelby County, Tennessee.

Estimates used for ranking (the process of fitting the unweighted data to the weighted targets), within each race-based population:

- Gender
- Age = the age of the respondent recoded into one of three mutually exclusive categories (65-74, 75-84, 85+),
- Education=the education of the respondent recoded into one of four mutually exclusive categories: less than high school, high school graduate, some college, four year college degree or more,
- Race = race of the respondent recoded into one of two mutually exclusive categories: white and other races, and black,
- Home ownership = own home, rent home or another arrangement,
- Income = 2011 household income recoded into one of two mutually exclusive categories (less than \$20,000, \$20,000 or more)

The raking method generates a weight through iterative corrections for each demographic parameter:

- Trimming: Due to the very small preweights (some were <.2) and the relatively small sample sizes for some of the oversampled races, several of the final post-stratification weights were similarly small, and a small number were, accordingly, large (>4). To minimize design effect, these weights were trimmed to a range from .2 to 4. In order to reduce the variance inflation due to such extreme weights, trimmed weights were developed. As a result of trimming, variance was reduced and the overall design effect was reduced from 1.93 to 1.76, while keeping the population estimates in the sample close to the corresponding ACS population estimates.

Comparison of benchmark data, unweighted sample, and weighted sample

Parameter	Value Label	Benchmark*	Unweighted*	Weighted*
Education	Less than High School	20.9%	11.6%	19.6%
	High School Graduate	38.2%	28.9%	38.4%
	Some College	18.4%	22.5%	18.9%
	College+	22.5%	37.0%	23.1%
Gender	Male	40.1%	31.0%	39.7%
	Female	59.9%	69.0%	60.3%
Age	65-74	57.6%	51.9%	57.2%
	75-84	30.9%	34.3%	31.2%
	85+	11.4%	13.8%	11.7%
Race	Whites + others	61.9%	74.6%	62.5%
	Black (non-Hispanic)	37.7%	25.0%	37.0%
Home/Rent	Own home	81.1%	85.7%	81.1%
	Rent/other	18.9%	14.3%	18.9%
Income	Less than \$20,000	16.7%	27.4%	17.4%
	\$20,000 or more	67.3%	56.6%	66.5%

* Percentages may not add to 100% to account for cases where respondents refused to provide this demographic information.

Response Rate

The response rate was 23.0%, using AAPOR's RR3 formula. Below is a full disposition of the sample selected for the survey.**

Sample dispositions

	Total
Eligible, Interview (Category 1)	
Complete	551
Eligible, non-interview (Category 2)	
Refusal (Eligible)	635
Break off (Eligible)	225
Answering machine, household	196
Unknown eligibility, non-interview (Category 3)	
Always busy	85
No answer	1349
Answering machine, don't know if household	
(CATI code indicating that the interviewer is not sure if the answering machine/voicemail reached is for a household)	684
Call blocking	33
Technical phone problems	11
Housing unit, unknown if eligible respondent	19
No screener completed	36
Not eligible (Category 4)	
Fax/data line	158
Non-working number	364
Business, government office, other organizations	48
No eligible respondent	2327
Quota filled	17
Total phone numbers used	6,738

**The response rate for this study is comparable to surveys of similar populations employing similar methodologies. Industry wide, response rates have declined sharply over the past few years. Thus, it is likely that a similar study conducted five years ago would have had a response rate of 45% or more. Strategies that contribute to somewhat higher response rates are extended field periods, additional call attempts, additional attempts to convert refusals, pre-notification letters, incentives, and grassroots or advertising campaigns aimed at encouraging participation. In many cases, the additional costs involved in utilizing these strategies are not deemed worthwhile. Notably, a recent study conducted by the Pew Research Center confirms previous research indicating that well-constructed surveys with low response rates that are weighted to match the demographic composition of the population yield accurate data (<http://www.people-press.org/2012/05/15/assessing-the-representativeness-of-public-opinion-surveys/>).

