CICOA Aging and In-Home Solutions
2017

Report Highlights

CASOA™
Community Assessment Survey for Older Adults™

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Introduction

The Community Assessment Survey for Older Adults (CASOA™), administered by National Research Center, Inc., provides a statistically valid survey of the strengths and needs of older adults as reported by older adults themselves in communities across America. Used in conjunction with the CASOA Strategies and Resources Handbook (provided under separate cover), CASOA is intended to enable local governments, community-based organizations, the private sector and other community members to understand more thoroughly and predict more accurately the services and resources required to serve an aging population. With this report, CICOA Aging and In-Home Solutions (CICOA) stakeholders can shape public policy, educate the public and assist communities and organizations in their efforts to sustain a high quality of life for older adults. The objectives of the CASOA are to:

- Identify community strengths in serving older adults
- Articulate the specific needs of older adults in the community
- Estimate contributions made by older adults to the community
- Determine the connection of older adults to the community

The results of this exploration will provide useful information for planning and resource development as well as strengthen advocacy efforts and stakeholder engagement. The ultimate goal of the assessment is to create empowered communities that support vibrant older adult populations.

The CASOA questionnaire contains many questions related to the life of older residents in the counties served by CICOA (Boone, Hamilton, Hancock, Hendricks, Johnson, Marion, Morgan and Shelby counties). Survey participants were asked to rate their overall quality of life, as well as aspects of quality of life in Central Indiana. They also evaluated characteristics of the community and gave their perceptions of safety. The questionnaire assessed the individual needs of older residents and involvement by respondents in the civic and economic life of Central Indiana.

Study Methods

The CASOA survey and its administration are standardized to assure high quality survey methods and comparable results across communities. Participating households with residents 60 years or older were selected at random and the household member who responded was selected without bias. Multiple mailings gave each household more than one prompt to participate with a self-addressed and postage-paid envelope to return the survey. Results were statistically weighted to reflect the proper demographic composition of older adults in the entire community.

The survey was mailed on September 14, 2017 to a random selection of 4,480 older adult households in CICOA’s service area. Older adult households were contacted three times about participation in the survey. A total of 488 completed surveys was obtained, providing an overall response rate of 11% and a margin of error of plus or minus 4% around any given percent and three points around any given average rating for the entire sample.

Since this was the second CASOA of CICOA Aging and In-Home Solutions older adults, the 2017 results are presented along with the 2013 ratings, when available. Differences between 2013 and 2017 can be considered “statistically significant” if they are six percentage points or greater than any given percent and four points or greater than any given average rating. Trend data for the AAA represent important comparisons and should be examined for improvements or declines.

For more methodological information, refer to the Report of Results, available under separate cover.
This report is based around six community dimensions (Figure 2):

- Overall Community Quality
- Community and Belonging
- Community Information
- Productive Activities
- Health and Wellness
- Community Design and Land Use

Each section discusses older adult ratings of the community, participation in activities and potential problems faced by older adults as related to each of the six dimensions. The final section of the report, Community Readiness, summarizes these dimensions as index scores and provides an overall picture of Central Indiana as a livable community for older adults.
Figure 2: Community Dimensions Assessed through CASOA

<table>
<thead>
<tr>
<th>Category</th>
<th>Dimensions</th>
</tr>
</thead>
<tbody>
<tr>
<td>Overall Community Quality</td>
<td>• Community as a place to live and retire</td>
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<tr>
<td></td>
<td>• Recommend community to others</td>
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<tr>
<td></td>
<td>• Residential stability</td>
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<tr>
<td>Community and Belonging</td>
<td>• Sense of community</td>
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<td></td>
<td>• Overall safety</td>
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<tr>
<td></td>
<td>• Valuing older residents in community</td>
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<td></td>
<td>• Crime victimization and abuse</td>
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<tr>
<td>Community Information</td>
<td>• Availability of information about older adult resources</td>
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<td></td>
<td>• Financial or legal services</td>
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<td>Productive Activities</td>
<td>• Civic engagement - volunteerism, voting, civic attentiveness</td>
</tr>
<tr>
<td></td>
<td>• Social engagement - social and religious activities</td>
</tr>
<tr>
<td></td>
<td>• Recreation - recreational activities, personal enrichment</td>
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<tr>
<td></td>
<td>• Caregiving - providing care for children or adults</td>
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<td></td>
<td>• Economic contribution - the dollar value of activities</td>
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<td>Health and Wellness</td>
<td>• Physical health - physical fitness, fitness opportunities, diet</td>
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<td></td>
<td>• Mental health - emotional well being, quality of life, confusion</td>
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<tr>
<td></td>
<td>• Health care - health services, medications, oral and vision care</td>
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<td></td>
<td>• Independent living - activities of daily living, hospitalizations</td>
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<tr>
<td>Community Design and Land Use</td>
<td>• Housing variety and availability</td>
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<tr>
<td></td>
<td>• Ease of travel by car, foot and bus</td>
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<td></td>
<td>• Access to daily needs</td>
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<td></td>
<td>• Overall quality of life</td>
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Key Findings

Not all older adults complain, nor does every community leave older adults raving about the quality of community life or the services available for active living and aging in place. Communities that assist older adults to remain or become active community participants provide the requisite opportunities for recreation, transportation, culture, education, communication, social connection, spiritual enrichment and health care.

Further, older adults, more than others, face difficulties with aspects of everyday life. For many older adults these difficulties vastly exceed the minor physical pains or small losses of function that characterize almost everyone’s circumstances after a certain age. When individual problems are added together, a group picture emerges that provides a useful description of the entire community.

The results of this survey describe Central Indiana as a livable community for older adults within six community dimensions of Overall Community Quality, Community and Belonging, Community Information, Productive Activities, Health and Wellness and Community Design and Land Use. The extent to which older adults experience difficulties and problems within these dimensions is also described.

Overall Community Quality

Overall Community Quality explores how older residents view the community overall, how connected they feel to the community and how well they can access information and services offered by CICOA, as well as how likely residents are to recommend and remain in the community.

- Most of CICOA’s older residents gave high ratings to the community as a place to live.
- About three-quarters of older adults would recommend CICOA to others.
- Just over half of respondents had lived in their community for more than 20 years and 85% planned to stay in the CICOA service area throughout their retirement.
- When compared to other communities across the nation, CICOA older residents had similar ratings for the Overall Community.

Community and Belonging

A “community” is often greater than the sum of its parts, and having a sense of community entails not only a sense of membership and belonging, but also feelings of emotional and physical safety, trust in the other members of the community and a shared history. Older residents rated several aspects of Community and Belonging, including their sense of community and overall feelings of safety, as well as the extent to which they felt accepted and valued by others.

- Almost two-thirds of respondents reported “excellent” or “good” overall feelings of safety and between 6% and 23% had experienced safety problems related to being a victim of crime, abuse or discrimination.
- About 5 in 10 older residents rated the sense of community as “excellent” or “good”; similar ratings were provided for CICOA’s neighborliness and valuing of older residents.
- When compared to other communities in the U.S., older residents in CICOA’s service area generally provided similar ratings for aspects of Community and Belonging.
Community Information

The education of a large community of older adults is not simple, but when more residents are made aware of attractive, useful and well-designed programs, more residents will benefit from becoming participants.

- About 5 in 10 survey respondents reported being “somewhat” or “very” informed about services and activities available to older adults, which was lower than reports from other communities in the U.S.
- About one-third of older adults felt they had “excellent” or “good” information about resources for older adults and 43% had “excellent” or “good” information about financial or legal planning services.
- About two-thirds of respondents had problems with not knowing what services were available and 56% had concerns with feeling like their voice was heard in the community.
- About one-third reported having problems with finding meaningful volunteer work, a rate that was similar to other communities.

Productive Activities

Productive activities such as traditional and non-traditional forms of work and maintenance of social ties combine with health and personal characteristics to promote quality of life in later life and contribute to active aging.² Productive Activities examined the extent of older adults’ engagement participation in social and leisure programs and their time spent attending or viewing civic meetings, volunteering or providing help to others.

- About 8 in 10 elders felt they had “excellent” or “good” volunteer opportunities, but only about one-third participated in some kind of volunteer work, a volunteer rate lower than other communities in the U.S.
- About 14% of respondents had used a senior center in the community, which was similar to senior center use in other communities.
- About 5 in 10 seniors said that they had at least “minor” problems having interesting social events or activities to attend.
- The majority of older residents (65%) rated the recreation opportunities in the region as “excellent” or “good”; use of parks, libraries and recreation centers tended to be lower in Central Indiana than in other communities.
- Over half of older residents in CICOA said they were caregivers; respondents averaged between 9 and 11 hours per week providing care for children, adults and older adults.
- About one in four older adults in CICOA felt physically, emotionally or financially burdened by their caregiving.
- Only 63% of respondents were fully retired, and 36% of respondents experienced at least minor problems with having enough money to meet daily expenses.
- The value of paid (part- and full-time work) and unpaid (volunteering, providing care) contributions by older adults in Central Indiana totaled about $4.9 billion in a 12-month period.
Health and Wellness

Of all the attributes of aging, health poses the greatest risk and the biggest opportunity for communities to ensure the independence and contributions of their aging populations. Health and wellness, for the purposes of this study, included not only physical and mental health, but issues of independent living and health care.

- Overall, the older adults in CICOA had similar ratings for aspects of physical health compared with other communities in the U.S. including ratings of fitness opportunities, physical health care and their overall physical health.
- The portions of older residents reporting problems with doing heavy or intense housework (61%) and maintaining their yards (50%) was similar to elsewhere in the country while participating in moderate or vigorous physical activity (31%) was lower.
- About 4 in 10 older residents felt there was “excellent” or “good” availability of mental health care in Central Indiana while 8 in 10 rated their overall mental health/emotional wellbeing as “excellent” or “good.”
- The most commonly cited mental health issues included feeling bored (48%), feeling depressed (42%) or dealing with a loss (41%). Fewer cited issues included figuring out which medications to take and when (10%) and having friends or family to rely on (29%); these mental health problems experienced by older adults tended to be similar to problems experienced by older adults in other communities.
- The availability of preventive health services were rated similar to the national average.
- About half of older adults reported at least minor problems with having adequate information or dealing with public programs such as Social Security, Medicare and Medicaid.
- Close to one-quarter of respondents reported spending time in a hospital, and one-third had fallen and injured themselves in the 12 months prior to the survey. Falls and hospitalizations occurred at similar rates in Central Indiana as in other communities.
- Many older adults reported at least minor problems with aspects of independent living, including 38% who reported having problems with performing regular activities, including walking, eating and preparing meals and 18% being no longer able to drive.

Community Design and Land Use

The movement in America towards designing more “livable” communities – those with mixed-use neighborhoods, higher-density development, increased connections, shared community spaces and more human-scale design – will become a necessity for communities to age successfully. Communities that have planned for older adults tend to emphasize access – a community design that facilitates movement and participation.

- Respondents rated the ease of getting to the places they usually have to visit and ease of car travel positively with about 7 in 10 rating each as “excellent” or “good.”
- About 5 in 10 respondent felt they had “excellent” or “good” availability of affordable quality housing and variety of housing options.
- Some older adults experienced problems with having safe and affordable transportation available (26%) while others experienced problems with having housing to suit their needs (20%) or having enough food to eat (15%). Daily living problems tended to be similar to other communities across the nation.
- Over three-quarters of older residents rated their overall quality of life as “excellent” or “good”, which was similar to other communities in the U.S.
Community Readiness

Communities that assist older adults to remain or become active community participants provide the requisite opportunities for recreation, transportation, culture, education, communication, social connection, spiritual enrichment and health care. It is not a package mix, so each community must identify what its older adults seek and what the community provides. The judgments of the residents for whom community planning takes place provide the elements of an equation that describes overall community quality in Central Indiana (Figure 3).

The following section of this report summarizes how older residents view Central Indiana as a community that creates a thriving environment for its older adults within the six community dimensions of Overall Community Quality, Community and Belonging, Community Information, Productive Activities, Health and Wellness and Community Design and Land Use.

Further, older adults, more than others, face difficulties with aspects of everyday life. For many older adults these difficulties vastly exceed the minor physical pains or small losses of function that characterize almost everyone’s circumstances after a certain age. When individual problems are added together, a group picture emerges that provides a useful description of the entire community. Nationally, areas where older adults face the largest share of life’s challenges include caregiving, health and mental health, in-home support, nutrition and food security and transportation. This study also explored specific problems or stressors encountered by older adults in CICOA’s service area, such as physical and emotional difficulties and injuries that have compromised their independence. Within the five community dimensions of Community and Belonging, Community Information, Productive Activities, Health and Wellness and Community Design and Land Use, the magnitude of these individual-level needs is presented (Figure 5).
Opportunities and Challenges

Survey respondents were asked to rate a number of aspects of the community which were converted to an average scale of 0 (the lowest rating, e.g., “poor”) to 100 (the highest rating, e.g., “excellent”) and then combined to provide one overall rating (index1) for each of the six dimensions of Community Readiness. Summary scores provide a broad picture of the perceived fit between what CICOA offered to older adults and what older residents needed:

- Older residents felt the area of Overall Community Quality best met their needs
- Community Information was rated less favorably and received the lowest average rating
- Ratings of each of the dimensions of Community Readiness remained stable between 2017 and 2013 (see Figure 4)

**Figure 3: Central Indiana Community Readiness Chart**

1 These ratings are not to be understood like ratings from school tests. Because they are summaries of several questions that range from 0 as “poor,” 33 as “fair,” 66 as “good” and 100 as “excellent”, a score of 58, as one example, should be interpreted as closer to “good” than “fair” (with the midpoint of the scale, 50, representing equidistance between “good” and “fair”).
Figure 4: Central Indiana Community Readiness by Year

- **Quality of Community Index**: 2013 - 65, 2017 - 67
- **Community and Belonging Index**: 2013 - 50, 2017 - 52
- **Community Information Index**: 2013 - 43, 2017 - 44
- **Opportunities for Productive Activities Index**: 2013 - 54, 2017 - 57
- **Health and Wellness Opportunities Index**: 2013 - 49, 2017 - 52
- **Community Design and Land Use Index**: 2013 - 51, 2017 - 52

Scale: 0 = Lowest/most negative, 100 = Highest/most positive
Older Resident Needs in Central Indiana

Over 40 individual survey questions about specific problems faced by older community members, as well as participation levels and community engagement were summarized into 12 larger areas to provide a broad picture of older resident needs in Central Indiana. These 12 areas have been organized into the five community dimensions of Community and Belonging, Community Information, Productive Activities, Health and Wellness and Community Design and Land Use (no needs areas have been defined for the community dimension of Overall Community Quality).

Typically, it is understood that the self-reported needs of older adults represent a minimum level, a conservative estimate attenuated by respondents’ strong desire to feel and appear self-reliant and further reduced by the silent voice of some older adults who, no matter how sensitive the attempt, are too frail to participate in any survey enterprise. Nonetheless, clear patterns of needs and strengths emerged from this assessment:

- Older residents had the largest needs in the areas of civic engagement and physical health
- Few reported needs in the areas of safety and caregiver burden
- Compared to 2013, the areas of safety and civic engagement increased in need in 2017 while meaningful activities decreased (see Figure 5)
Figure 5: Older Adult Needs in Central Indiana by Community Dimension by Year

- **COMMUNITY AND BELONGING**
  - Safety (2017: 19%, 2013: 11%)

- **PRODUCTIVE ACTIVITIES**
  - Civic engagement (2017: 79%, 2013: 68%)
  - Social engagement (2017: 37%, 2013: 40%)
  - Recreation (2017: 32%, 2013: 30%)
  - Caregiver burden (2017: 14%, 2013: 17%)
  - Financial and legal (2017: 42%, 2013: 42%)

- **COMMUNITY INFORMATION**
  - Meaningful activities (2017: 44%, 2013: 50%)

- **HEALTH AND WELLNESS**
  - Physical health (2017: 66%, 2013: 61%)
  - Mental health (2017: 46%, 2013: 48%)
  - Health care (2017: 34%, 2013: 36%)
  - Institutionalization risk (2017: 32%, 2013: 37%)

- **COMMUNITY DESIGN AND LAND USE**
  - Basic necessities (2017: 31%, 2013: 30%)

Percent with need