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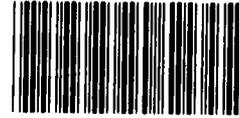
111501

Human Resources
Division

B-165430

FEBRUARY 8, 1980

To the Chairman and the
Ranking Minority Member
Special Committee on Aging *SEN05500*
United States Senate



111501

Subject: [Comparison of Well-Being of Older People in
Three Rural and Urban Locations] (HRD-80-41)

In the Committee's August 21, 1978, letter and later discussions with your office, we were asked to provide information about the well-being of older people in rural and urban areas. We are providing information about the well-being of older people living in three locations--Cleveland, Ohio (urban); Lane County, Oregon (rural and urban); and Gateway Health District, northeastern Kentucky (rural). These locations were chosen because comparable data were available for people 65 years old and older living there.

In summary, our comparison of rural and urban older people in these three locations shows:

- People in rural northeastern Kentucky were generally in worse condition--with respect to health, security, loneliness, and outlook on life--than people in Cleveland or in rural and urban Lane County.
- Older people in rural and urban Lane County were less impaired than people in either Cleveland or rural northeastern Kentucky. We defined a person as impaired if the person could not do one or more daily tasks, such as preparing meals, bathing, walking, and eating even if helped.
- At all locations, a significant percentage of the older people--ranging from 58 percent in urban Lane County to 84 percent in rural northeastern Kentucky--needed one or more kinds of help.

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--Many older people needing help were not receiving all the help needed. This unmet need ranged from 47 percent of those people needing help in rural Lane County to 71 percent in rural northeastern Kentucky.

--The predominant source of help in rural Lane County and northeastern Kentucky was the family and friends. Help in urban Lane County and Cleveland was more likely to come from a combination of agency and family and friends.

Enclosure I contains detailed information in the question and answer format agreed to by your office. The data for older people in these locations come from three studies of people 65 years old and older not residing in institutions. All three studies used the Older Americans Resources and Services questionnaire developed by a multidisciplinary team headed by Dr. Eric Pfeiffer at the Duke University Center, in collaboration with the Administration on Aging, the former Social and Rehabilitation Service, and the Health Resources Administration of the Department of Health, Education, and Welfare. The questionnaire contains 101 questions about an older person's well-being in five areas of functioning--social, economic, mental, physical, and activities of daily living. The demographic characteristics of each sample are in enclosure II.

As requested by your office, we did not obtain comments on this report from the Department of Health, Education, and Welfare.

As arranged with your office, we will send copies of this report to the Secretary of Health, Education, and Welfare and the Commissioner of the Administration on Aging. Copies will be available to others upon request.

This report and our report to you, "The Potential Need for and Cost of Congregate Housing for Older People" (HRD-80-8, Oct. 15, 1979), conclude our work undertaken pursuant to your August 21, 1978, request,


Gregory J. Ahart
Director

Enclosures - 3

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QUESTIONS AND ANSWERS ABOUT PEOPLE65 YEARS OLD AND OLDERIN THREE LOCATIONSDESCRIPTION OF DATA BASES

The data for our comparative analyses come from three studies that included information about people 65 years old and older not residing in institutions. The older people in the samples lived in Cleveland, Ohio; Lane County, Oregon; and the Gateway Health District, northeastern Kentucky. Using U.S. Bureau of Census definitions of rural and urban, we classified the data from Cleveland as urban, the data from Lane County as rural and urban, and the data from northeastern Kentucky as rural.

In our comparative analyses we applied appropriate statistical tests to determine if the differences we observed between locations were statistically significant. These statistical tests consider the sample sizes. When we state differences between locations in answering the questions, these differences are statistically significant.

Although the older people in the three locations were interviewed at different times, our statistical procedures made it possible to compare the information. We did not compare people by income, sex, or race because the total number of people in these comparisons was too small to be statistically meaningful.

Cleveland, Ohio

We took a statistical sample from over 80,000 people in Cleveland who were 65 years old and older and were not in institutions, such as nursing homes. In our study, 1,609 older people were interviewed by Case Western University in 1975, and 1,311 were reinterviewed a year later. This analysis uses data on the 1,311 older people interviewed in 1976. We refer to these people in the analyses as urban Cleveland.

Lane County, Oregon

The Lane County study was conducted by the University of Oregon and the Lane County Community Health and Social Services Department. The Oregon study was initiated to develop a comprehensive data base for planning programs for persons 60 years old and older living in the county. The county, located in west-central Oregon, contains two

adjacent cities, Eugene and Springfield, that had a 1976 combined population of about 132,000 (54 percent of the county). The county also contains four other incorporated areas each with a population over 2,500.

The selection process for the Oregon study involved a statistical sample of 1,197 people from six subareas of the county. The people sampled were interviewed in 1978. Data from the study are to be used for planning and evaluation with a capability to study rural and urban differences.

We segregated data on 868 persons 65 years old and older from the Lane County sample. We divided these data into three groups, which we refer to as rural Lane County, Oregon; urban Lane County, Oregon; and Lane County, Oregon (town). They are described as follows:

- Rural Lane County, Oregon--426 older persons who live in unincorporated areas consisting of farms, timberland, or open space or in incorporated areas with a population less than 2,500 people.
- Urban Lane County, Oregon--318 older persons who live within the corporation limits of Eugene and Springfield, Oregon. Over 60 percent of Lane County's residents who are 65 years old and older live in these two cities.
- Lane County, Oregon (town)--124 older persons who live in three small towns--Florence, Cottage Grove, and Oakridge. These towns have populations of 3,050, 6,900, and 3,930, respectively.

Gateway Health District, Kentucky

The Gateway Health District studied the demographic characteristics and needs of people 60 years old and older living in the district. This district consists of five counties in northeastern Kentucky (Bath, Menifee, Montgomery, Morgan, and Rowan) within the Cumberland Plateau. The district is a severely economically depressed rural area consisting of small communities and homes dispersed over a large area of mountainous terrain in Appalachia. In 1970, this five-county area had a population of 55,678.

A statistical sample of people 60 years old and older living in the five-county area was selected for interviews. This sample included people from rural and urban areas and people in institutions. People not in institutions were interviewed in 1977. Data on 128 people 65 years old and

older, not in institutions and living in an unincorporated or incorporated areas of fewer than 2,500 people, were segregated by us from this sample and used in our comparative analyses. We refer to these 128 people as rural northeastern Kentucky.

QUESTIONS AND ANSWERS

1. Question: What is the well-being (personal conditions) of older people living in the three locations?

Answer: We defined, measured, and compared selected personal conditions--health, security, loneliness, and outlook on life--for older people living in the three locations. The comparisons showed that for all four conditions, older people in rural northeastern Kentucky were in a significantly worse condition than older people elsewhere. Over half the people in rural northeastern Kentucky were in the worst overall condition, compared to 21 percent in Cleveland and 17 percent or less in rural and urban Lane County, as shown in the following table.

Level of conditions (note a)	Urban		Lane	Rural	
	Cleveland	Lane County, Oregon	County, Oregon (town)	Lane County, Oregon	North-eastern Kentucky
(percent)					
Health:					
Best	51	57	51	52	28
Marginal	28	27	29	27	25
Worst	21	16	20	21	47
Security:					
Best	53	64	65	60	24
Marginal	25	22	24	25	28
Worst	22	14	11	15	48
Loneliness:					
Best	60	73	68	66	39
Marginal	28	19	22	25	32
Worst	12	8	10	9	29
Outlook on life:					
Best	25	35	26	29	11
Marginal	51	46	54	49	45
Worst	24	19	20	22	44
Overall:					
Best	31	44	33	37	9
Marginal	48	40	56	46	38
Worst	21	16	11	17	53

a/For a description of conditions and level of conditions, see enclosure III.

Older people in urban Lane County were in a significantly better personal condition than older people in Cleveland at all levels. For example, 44 percent of the people in urban Lane County were in the best overall condition, compared to 31 percent in Cleveland.

Also, older people in rural Lane County were in a better personal condition than older people in Cleveland at the security, loneliness, and overall levels. For example, 60 percent of the older people in rural Lane County were in the best security condition, compared to 53 percent in Cleveland.

Illnesses contributed to the worse overall personal condition of people in rural northeastern Kentucky. We focused our analyses on illnesses that interfered a great deal with a person's activities of daily living. Activities of daily living include preparing meals, bathing, walking, eating, and shopping. One of every three older people (34 percent) in rural northeastern Kentucky had three or more illnesses, compared to 1 of 11 older people (9 percent) in rural Lane County and Cleveland, as shown in the following table.

Number of illnesses greatly interfering with daily living activities	Urban		Lane	Rural	
	<u>Cleveland</u>	<u>Lane County, Oregon</u>	<u>County, Oregon (town)</u>	<u>Lane County, Oregon</u>	<u>North-eastern Kentucky</u>
	(percent)				
None	63	65	66	60	37
One	19	23	19	22	19
Two	9	8	10	9	10
Three or more	9	4	5	9	34
Total	<u>100</u>	<u>100</u>	<u>100</u>	<u>100</u>	<u>100</u>

People 75 years old and older tended to have more illnesses that interfered with activities of daily living. For example, a higher percentage of people 75 years old and older had illnesses interfering with activities of daily living, compared to people 65 to 74 years old at all locations, as shown in the following table.

Number of illnesses greatly interfering with daily living activities	Urban		Lane County, Oregon (town)	Rural	
	Cleveland	Lane County, Oregon		Lane County, Oregon	North-eastern Kentucky
	(percent)				

None:

65 to 74 years old	68	70	75	67	48
75 years old and older	56	57	53	48	20

One:

65 to 74 years old	18	20	14	19	17
75 years old and older	21	28	27	27	21

Two or more:

65 to 74 years old	7	7	8	7	9
75 years old and older	13	10	12	13	12

Three or more:

65 to 74 years old	7	3	3	7	26
75 years old and older	10	5	8	12	47

In northeastern Kentucky, a greater percentage of people 75 years old and older had three or more illnesses compared to the other locations. As shown, 47 percent of the people 75 years old and older in northeastern Kentucky had three or more illnesses, compared to 12 percent or less at all other locations.

Mental impairments and arthritis most frequently interfered with activities of daily living. As shown in the following table, the percentage of people with mental impairments interfering with activities ranged from 10 percent in urban Lane County to 37 percent in northeastern Kentucky. For arthritis, the range was from 14 percent in urban Lane County to 34 percent in Kentucky.

Illness greatly inter- fering with activities	Urban		Lane	Rural	
	Cleveland	Lane County, Oregon	County, Oregon (town)	Lane County, Oregon	North- eastern Kentucky
	(percent)				
Mental impair- ment	12	10	10	14	37
Arthritis	18	14	15	20	34
Circulation	10	5	5	7	21
Heart trouble	7	5	5	8	20
High blood pressure	5	4	5	3	16
Stroke	4	2	2	2	5

2. Question: What percentages of older people in the three locations are impaired; that is, people who are unable to do one or more daily tasks even if helped?

Answer: Older people in rural and urban Lane County were less impaired than people in either Cleveland or rural northeastern Kentucky. We defined impairment in terms of a person's ability to perform activities of daily living. If older people could not do one or more of these tasks even if helped, they were considered impaired. As shown in the following table, the percentage of people 65 years old and older who were impaired in rural and urban Lane County is less (7 to 10 percent) than the percentages in Cleveland (15 percent) and in rural northeastern Kentucky (17 percent).

Ability to do daily tasks	Urban		Lane	Rural	
	Cleveland	Lane County, Oregon	County, Oregon (town)	Lane County, Oregon	North- eastern Kentucky
	(percent)				
Can do all without help	59	75	68	74	35
Can do all, but only with help in one or more	26	18	26	16	48
Cannot do one or more even with help	<u>15</u>	<u>7</u>	<u>6</u>	<u>10</u>	<u>17</u>
	<u>100</u>	<u>100</u>	<u>100</u>	<u>100</u>	<u>100</u>

Because age affects a person's ability to do daily tasks, we analyzed the samples by comparing two age groups, 65 to 74 years old and 75 years old and older. At all locations, a greater percentage of people 75 years old and older needed assistance in daily tasks than people 65 to 74 years old. For example, 28 percent of the people 65 to 74 years old in Cleveland either needed some help or were totally unable to do one or more active daily living tasks. Of the people 75 years old and older in Cleveland, 56 percent needed help--twice the percentage of the younger group. The table below shows the comparative ability to do daily tasks for the two age groups.

Ability to do <u>daily tasks</u>	Urban		Lane	Rural	
	Cleve- land	Lane County, Oregon	County, Oregon (town)	Lane County, Oregon	North- eastern Kentucky
	(percent)				
Can do all without help:					
65 to 74 years old	72	83	85	81	48
75 years old and older	44	61	43	60	15
Can do all, but only with help in one or more:					
65 to 74 years old	20	12	14	14	46
75 years old and older	34	29	45	22	51
Cannot do one or more even with help:					
65 to 74 years old	8	5	1	5	6
75 years old and older	22	10	12	18	33

3. Question: What percentages of the people in the three locations are (1) not in need of services and (2) in need of services? For those in need of services, are they receiving all the help needed?

Answer: We determined the help needed by older people and compared their needs to the help they indicated they were receiving. This comparison shows the extent of unmet needs by kinds of help. At all locations, a significant percentage of the older people (58 to 84 percent) needed one or more kinds of help. About half or more of these people (47 to 71 percent) were not receiving all the help needed, as shown in the table on the following page.

The need for medical treatment was the greatest unmet need at all locations except for Cleveland. In Cleveland, the need for both medical treatment and developmental help was the greatest unmet need--23 percent. The need for this help ranged from 34 percent of the people in Lane County (town) to 63 percent in rural northeastern Kentucky. A range of 20 percent of the people in urban Lane County to 43 percent in rural northeastern Kentucky were not receiving all the help needed.

Older people in rural northeastern Kentucky had the greatest unmet need when compared to other locations. Overall, about 7 of every 10 persons (71 percent) in rural northeastern Kentucky had an unmet need for one or more kinds of help, compared to about 5 of every 10 people at other locations (47 to 57 percent).

The greatest percentage of people needing more than one kind of help was in rural northeastern Kentucky--nearly double that of the other locations. Sixty-eight percent of the people in that area needed more than one kind of service, compared to 31 percent in rural Lane County and 39 percent in Cleveland, as shown in the following table.

Number of types of help needed	Urban		Lane	Rural	
	Cleveland	Lane County, Oregon	County, Oregon (town)	Lane County, Oregon	North- eastern Kentucky
	(percent)				
None	33	42	27	41	16
One	28	24	41	28	16
Two or more	39	34	32	31	68
Total	<u>100</u>	<u>100</u>	<u>100</u>	<u>100</u>	<u>100</u>

Kind of help	Definition of need	Location	Percent of sampled in need			
			Percent of sample		Receiving all	Not receiving all
			Not in need	In need	the help needed	the help needed
Medical treatment	Have illness that interferes a great deal with activities	Cleveland	63	37	14	23
		Urban Lane County, Oregon	65	35	15	20
		Lane County, Oregon (town)	66	34	14	20
		Rural Lane County, Oregon	60	40	15	25
		Rural northeastern Kentucky	37	63	20	43
Compensatory	Cannot do daily task without help	Cleveland	59	41	20	21
		Urban Lane County, Oregon	75	25	11	14
		Lane County, Oregon (town)	68	32	14	18
		Rural Lane County, Oregon	74	26	11	15
		Rural northeastern Kentucky	35	65	35	30
Social recreational	Infrequent social contacts	Cleveland	85	15	1	14
		Urban Lane County, Oregon	87	13	1	12
		Lane County, Oregon (town)	81	19	2	17
		Rural Lane County, Oregon	86	14	0	14
		Rural northeastern Kentucky	77	23	0	23
Caregiving	No one available to help if become sick or disabled or help available only now and then	Cleveland	86	14	3	31
		Urban Lane County, Oregon	80	20	6	14
		Lane County, Oregon (town)	79	21	10	11
		Rural Lane County, Oregon	90	10	5	5
		Rural northeastern Kentucky	80	20	7	13
Developmental	Negative outlook on life	Cleveland	76	24	1	23
		Urban Lane County, Oregon	81	19	2	17
		Lane County, Oregon (town)	80	20	3	17
		Rural Lane County, Oregon	78	22	1	21
		Rural northeastern Kentucky	56	44	3	41
Overall	One or more of the above	Cleveland	33	67	12	55
		Urban Lane County, Oregon	42	58	9	49
		Lane County, Oregon (town)	27	73	16	57
		Rural Lane County, Oregon	41	59	12	47
		Rural northeastern Kentucky	16	84	13	71

4. Question: Who provides the predominant source of help to people?

Answer: The predominant source of help in rural areas comes from family and friends, compared to a combination of family and friends and agencies in urban areas. In rural Lane County and rural northeastern Kentucky, people who needed help in activities of daily living and received all help needed received about 90 percent of this help from family and friends only. In contrast, people in Cleveland and urban Lane County received about 68 percent of their help from family and friends only, and the rest from agencies or a combination of family and friends and agencies, as shown in the following table:

<u>Source of help</u>	<u>Urban</u>		<u>Rural</u>	
	<u>Cleveland</u>	<u>Lane County, Oregon</u>	<u>Lane County, Oregon</u>	<u>North-eastern Kentucky</u>
	(percent)			
Family and friends only	68	68	89	91
Agency only	7	9	2	2
Both	<u>25</u>	<u>23</u>	<u>9</u>	<u>7</u>
Total	<u>100</u>	<u>100</u>	<u>100</u>	<u>100</u>
Number in sample	264	35	45	44
Total sample	1,311	318	426	128
Percent of sample	20	11	11	34

We also analyzed data about people who needed help in activities of daily living and did not receive help for all their needs. At all locations, about one-third of the people who needed help received none, as shown in the following table.

<u>Category</u>	<u>Urban</u>		<u>Rural</u>	
	<u>Cleveland</u>	<u>Lane County, Oregon</u>	<u>Lane County, Oregon</u>	<u>North-eastern Kentucky</u>
	(percent)			
Needed help but received none	7	4	5	9
Needed help and received some	<u>14</u>	<u>10</u>	<u>10</u>	<u>20</u>
All who needed help	<u>21</u>	<u>14</u>	<u>15</u>	<u>29</u>

For people who needed help and received some, the percentage of this help from agencies or the combination of family and friends and agencies was similar at all the locations, as shown in the following table.

<u>Source of help</u>	<u>Urban</u>		<u>Rural</u>	
	<u>Cleveland</u>	<u>Lane County, Oregon</u>	<u>Lane County, Oregon</u>	<u>North-eastern Kentucky</u>
	(percent)			
Family and friends only	74	72	68	69
Agency only	5	3	7	4
Both	<u>21</u>	<u>25</u>	<u>25</u>	<u>27</u>
Total	<u>100</u>	<u>100</u>	<u>100</u>	<u>100</u>
Number in sample	180	32	44	26
Total sample	1,311	318	426	128
Percentage of total sample	14	10	10	20

Contrasting the two source of help tables (pp. 10 and 11), the percentage of people receiving agency services or a combination of agency and family and friend help was similar in urban areas. However, in rural areas, those getting all the help needed received more help from their family and friends than those who did not receive all the help they needed.

DEMOGRAPHIC CHARACTERISTICS OF SAMPLES

<u>Characteristics</u>	<u>Urban</u>		<u>Lane</u>	<u>Rural</u>	
	<u>Cleveland</u>	<u>Lane County, Oregon</u>	<u>County, Oregon (town)</u>	<u>Lane County, Oregon</u>	<u>North- eastern Kentucky</u>
	(percent)				
Sex:					
Male	38	43	40	50	30
Female	62	57	60	50	70
Age:					
65-74	54	65	59	64	60
75 and older	46	35	41	36	40
Education:					
Less than 12 years	75	53	56	62	87
12 years or more	25	47	44	38	13
Race:					
White	72	99	100	98	98
Black	28	1	0	2	2
Marital status:					
Married	38	59	55	67	61
Widowed	48	32	40	25	37
Single	14	9	5	8	2
Income:					
Less than \$3,000	32	13	15	14	52
\$3,000 to \$6,999	50	44	50	51	40
More than \$7,000	18	43	35	35	8
Sample size	1,311	318	124	426	128

METHODOLOGY

The information contained in this report is based on our study of the personal conditions of older people in Cleveland, Ohio. Five other reports have been issued on this study entitled (1) "The Well-Being of Older People in Cleveland, Ohio" (HRD-77-70, Apr. 19, 1977), (2) "Conditions of Older People: National Information System Needed" (HRD-79-95, Sept. 20, 1979), (3) "Home Health--The Need for a National Policy to Better Provide for the Elderly" (HRD-78-19, Dec. 30, 1977), (4) "Conditions and Needs of People 75 Years Old and Older" (HRD-80-7, Oct. 15, 1979), and (5) "The Potential Need for and Cost of Congregate Housing for Older People" (HRD-80-8, Oct. 15, 1979). Following are the details of the data gathering and analytical methodology from the two-phase study.

WELL-BEING STATUS AND SERVICES DATA BASES

We took a sample from over 80,000 people in Cleveland, Ohio, who were 65 years old and older and were not in institutions, such as nursing homes. In our study, 1,609 older people were interviewed by Case Western Reserve University personnel from June through November 1975. A year later, 1,311 of these older people were reinterviewed.

In interviewing, we used a questionnaire containing 101 questions developed by a multidisciplinary team at the Duke University Center, in collaboration with HEW's Administration on Aging, former Social and Rehabilitation Service, and Health Resources Administration. The questionnaire contains questions about an older person's well-being status in five areas of functioning--social, economic, mental, physical, and activities of daily living.

To identify factors that could affect the well-being of older people, we

--developed specific definitions of services being provided to older people and dimensions for quantifying the services;

--identified the providers of the services--families and friends, health care providers, and over 100 social service agencies;

--obtained information about the services provided to each person in our sample and the source and intensity of these services; and

--developed an average unit cost for each of the 28 services.

In defining and quantifying the services, we used a format developed by the Duke University Center to define 28 different services. These services are defined in appendix V of our prior report. ^{1/} Services are defined according to four elements: purpose, activity, relevant personnel, and unit of measure. For example, meal preparation was defined as follows:

Purpose: To regularly prepare meals for an individual.

Activity: Meal planning, food preparation, and cooking.

Relevant personnel: Cook, homemaker, family member.

Unit of measure: Meals.

Examples: Meals provided under 42 U.S.C. 3045 (supp. V, 1975), the Older Americans Act, and meals-on-wheels programs.

To quantify the service, we used the unit of measure along with the duration, or number of months, during which the service was received.

We also developed an average unit cost for each service based on the experience of 27 Federal, State, local, and private agencies in Cleveland between October 1976 and March 1977. We compared these costs to similar costs in Chicago, Illinois, and Durham, North Carolina. As discussed in our prior report, the family and friends are also important sources of services. In their absence, any services received would have to be from an agency. Therefore, we assigned the same cost to family and friend services that we found for agencies.

^{1/}"The Well-Being of Older People in Cleveland, Ohio," April 19, 1977, HRD-77-70.

Each piece of data was collected so that it could be related to an individual in our sample. This included the questionnaire data, data on the 28 services provided by social service agencies, and data on the services provided by health care providers. By relating these data to the individual, we were able to do comparative analyses of sampled older people for over 500 different variables.

ANALYTICAL TECHNIQUES

In our prior report, we combined the five areas of functioning--(1) social, (2) economic, (3) mental, (4) physical, and (5) activities of daily living--into a well-being status because we wanted to consider the entire person. We described well-being status as (1) unimpaired, (2) slightly impaired, (3) mildly impaired, (4) moderately impaired, (5) generally impaired, (6) greatly impaired, (7) very greatly impaired, or (8) extremely impaired.

The Duke University Center's questionnaire is unique in that data from the questionnaire can be aggregated into a number of useful measures, each with a specific purpose. As previously discussed, the questionnaire can provide a five-dimensional functional assessment or be combined into a well-being status that we used in our first report. This assessment was not designed, however, for determining the benefits of help for older people. Through our analyses, we were able to develop useful measures of personal conditions of, problems of, and help available to older people. The conditions of older people used in this report--health, security, loneliness, and outlook on life--are described on the following page.

Health condition

An older person's health condition is the ability to do daily tasks. In categorizing a person's ability to do daily tasks, we considered his or her responses to questions on 13 different tasks. For example, regarding meal preparation, each person was asked "Can you prepare your own meals * * * without help, with some help, or are you completely unable to prepare any meals?" We then categorized each person based on the number of the 13 tasks they needed some help with or were completely unable to do. For most of this report we used three categories--(1) can do all 13 tasks without help, (2) need help with one or more but can do all with help, and (3) cannot do any even with help.

Level of condition	Illness	Health Ability to do daily tasks (note a)	CONDITIONS				Overall personal condition
			Overall	Security	Loneliness	Outlook on life	
Best	No illness that interferes a great deal with activities	Can do all 13 daily tasks without help	In best category for both illness condition and ability to do daily tasks	Worries hardly ever	Feels lonely almost never	Does not feel useless and finds life exciting	(1) In best category for all 4 conditions or (2) Best for 3 and marginal for the other
Marginal	One illness that interferes a great deal with activities	Can do all 13 daily tasks but only with help in one or more	(1) In best category for illness condition or ability to do daily tasks and marginal in other or (2) in marginal category for both	Worries fairly often	Feels lonely sometimes	(1) Finds life exciting but feels useless or (2) Does not feel useless but finds life dull or routine	(1) In marginal category for 2 or more conditions and best for other(s) or (2) In worst category for only one condition
Worst	Two or more illnesses that interfere a great deal with activities	Can't do at least one task even with help	In worst category for either illness condition or ability to do daily tasks	Worries very often	Feels lonely quite often	Feels useless and finds life routine or dull	In worst category for 2 or more conditions

a/Daily tasks include preparing meals, bathing, walking, shopping, eating, etc. Details on these daily tasks are described on pages 57 to 59 of appendix IV of our April 19, 1977, report, "Well-Being of Older People in Cleveland, Ohio" (HRD-77-70).

If an older person is not in the best health condition, illnesses were used in defining the person's problems. In categorizing an older person's illness situation, we considered whether an older person had any of 27 different illnesses, including mental illnesses, and how much the illness interfered with his or her activities. For example, each person was asked if he or she had heart trouble. If the person said "yes," he or she was then asked "how much does it interfere with your activities--not at all, a little (some), or a great deal?" We then categorized each person based on the number of illnesses that interfered with his or her activities a great deal. For most of this report we used three categories--(1) those with no illnesses bothering them a great deal, (2) those with one, and (3) those with two or more.

Security condition

A person's security condition can be described by how often a person worries. How often a person worries can be related to the amount of income and caregiving help a person receives. In developing a person's security condition, we used the following question in the questionnaire:

--"How often would you say you worry about things--very often, fairly often, or hardly ever?"

In defining security problems, we used the following three questions. To define a money problem, we asked:

--"How well does the amount of money you have take care of your needs--very well, fairly well, or poorly?"

And these questions were used in defining caregiving problems:

--"Is there someone who would give you any help at all if you were sick or disabled? If 'yes,' * * *"

--"Is there someone who would take care of you as long as needed, or only a short time, or only someone who would help you now and then * * *?"

Loneliness condition

A person's loneliness condition was identified using the following question:

--"Do you find yourself feeling lonely quite often, sometimes, or almost never?"

The information for identifying loneliness problems was obtained from the following questions:

--"About how many times did you talk to someone-- friends, relatives, or others--on the telephone in the past week?"

--"How many times during the past week did you spend some time with someone who does not live with you * * * not at all, once, two to six times, once a day or more?"

Using these questions, the following table shows information combined to establish a loneliness problem variable called social contacts.

<u>How often a week talks on telephone</u>	<u>How often a week visits with someone</u>			
	<u>Once a day or more</u>	<u>Two to six times</u>	<u>Once</u>	<u>Not at all</u>
Once a day or more	High	High	Medium	Medium
Two to six times	High	Medium	Medium	Low
Once	Medium	Medium	Low	Low
Not at all	Medium	Low	Low	Low

Using high, medium, and low activity as a measure of intensity of social contacts, this variable was related to loneliness condition.

Outlook on life condition

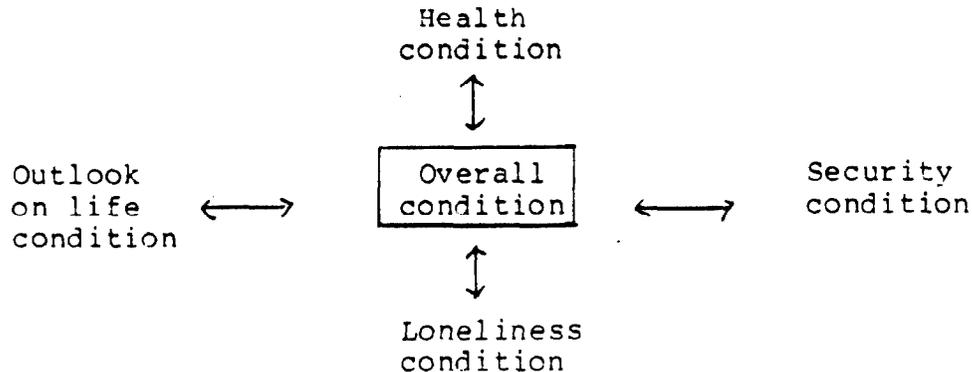
The outlook on life condition is obtained by defining life view using information from the questions shown in the following table.

<u>Life is generally</u>	<u>Feel useless at times</u>	
	<u>Yes</u>	<u>No</u>
Exciting	Fair	Good
Pretty routine	Poor	Fair
Dull	Poor	Fair

Using this information, we were able to define three levels of outlook on life condition--good, fair, and poor.

Overall condition

Because a person is at all times in some overall condition which results from the integration of each of the four conditions, we constructed a composite condition of a person illustrated as follows.



Our methodology and analytical results show that a useful measure of the conditions of a person can be developed. In some instances, such as the outlook on life condition, the amount of data for constructing this variable is minimal. Nevertheless, methodological concepts and analytical results show the existence of this condition. Further, our measures are logically equivalent to the five-dimensional functional assessment used in our prior report based on the Duke University Center's questionnaire. The health condition is equivalent to the mental, physical, and activities of daily living dimensions; the security condition is related to the economic dimension; and the loneliness condition is related to the social dimension.