LONG ISLAND SENIOR NEEDS ASSESSMENT SURVEY

August, 2011

Report Prepared by

Long Island Center for Health Policy Studies

Stony Brook University Center for Survey Research

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EXECUTIVE SUMMARY

Given dramatic increases in the number and percentage of adults living over the age of 65, and the anticipated continuation of this trend, the Long Island Center for Health Policy Studies (LICHPS), in collaboration with Stony Brook University Center for Survey Research**,** conducted a survey of senior needs on Long Island. The purpose of the survey was to identify issues and challenges to better understand the needs of seniors, particularly the challenges of the "older" old (85+) on Long Island.

To assess the needs of Long Island seniors, the survey examined five major areas:

- Transportation
- Health Status and Issues
- Social Supports
- Economic Factors
- Community Services and Characteristics

KEY FINDINGS

Transportation

Most non-institutionalized seniors have little difficulty with transportation on Long Island. In fact, 93% of all respondents get around by car: 83% of seniors either drive themselves or their spouses do the driving. "Walking" is the next most common method of getting around. The oldest seniors, those who don't drive, and those in poor health had greater difficulty attending appointments, seeing family and friends, getting to their places of worship, and shopping. Of those who don't drive, most still get around by car but rely on someone else (other than their spouses) to drive. Very few seniors rely on public transportation or seniors services vans; less than 2% of respondents said they use public transportation.

Health Status and Issues

Almost half (46%) of seniors report that they are in excellent or good health. Age is linked to health condition in this sample of community-based seniors, but the relationship is not especially strong. Of the oldest age group, one-third rates their health as excellent or very good; about one-quarter say their health is fair or poor. Among the youngest age group (65-74), 50% say their health is excellent or very good and 16% say it is fair or poor. Numerically, over three-quarters of seniors who rate their health as fair or poor are under the age of 85 largely because there are significantly more seniors in that age group. Education is also associated with better health. Those who are in fair or poor health are least likely to drive.

In terms of medical conditions and medications, almost all senior respondents report taking some type of medication on a daily basis. A majority of seniors (57%) have been diagnosed with hypertension and almost all take daily medication for it. A majority have arthritis, a condition that is far more common among women than men and among those aged 75 and older. Of those with arthritis, roughly one-third take daily medication for it. Roughly one-third of seniors have heart disease, a condition that is more common among men than women, and most take daily medication for it. Roughly 1 in 5 has some form of cancer, a condition that is slightly more common in Suffolk than Nassau and among those aged 75 and older. One in 5 seniors also has diabetes. This is more common among those with less than a

high school education (25%), who live alone (25%), and rate their health as fair or poor (36%). Ten percent of all seniors have been told that they are obese, something that is almost totally confined to seniors under the age of 85. Obesity is also more common among those with less than a high school education (13%), and among those who rate their health as poor (17%). Roughly 10% have asthma. This is more common among younger seniors and those in poor health.

Approximately 9% of seniors on Long Island report suffering from depression, which is least common among the oldest seniors, more common among those who live alone, and is associated with poor health. Medication treatment of depression is more common among women than men, residents of Nassau than of Suffolk, the retired, those who do not live alone, and those who describe their health as only good, fair or poor. Roughly 10% of respondents report suffering from anxiety, a condition more common among women than men, more residents of Suffolk than of Nassau, those without a college degree, and seniors living alone. Very few seniors in the study reported suffering from Alzheimer's Disease, but this is higher among those aged 75 and older.

Those who rate their health as fair or poor are far more likely than others to have reported hypertension (66%), arthritis (70%), heart disease (49%), diabetes (36%), obesity (17%), and depression (13%). Those who don't drive are more likely to have arthritis (70%), heart disease (41%), and asthma (21%).

Respondents overall indicated that 11% had injured themselves seriously from a fall in the previous 12 months. This number is significantly higher among those aged 85 and older (18%) and those in poor health (19%).

Social Supports

Men are far more likely than women to rely on a spouse as their primary source of assistance, whereas women are far more reliant than men on children. Men are more likely than women to have someone who could act as a caregiver. Older seniors are more likely than younger seniors to rely on a child to act as a caregiver whereas younger seniors are more reliant on their spouses.

Over 90% of Long Island seniors have someone to talk to when they are upset. These numbers are slightly lower among seniors who are in poor health and/or don't drive. Among married seniors, almost all turn to their spouses for comfort and support, although men are slightly more likely to do this than are women. Better educated seniors are more likely than the less well educated to rely on their spouses for support. Somewhat fewer seniors (80%) turn to at least one of their children for support and this is more common among women than men, and less common among seniors who live alone. Two-thirds of seniors have another relative they can turn to for comfort and support and three-quarters have a friend. The oldest seniors and those in poorest health are least likely to have a friend to turn to for support. Most seniors have someone with whom they do enjoyable activities, and the majority see this person on a daily basis.

Those in poor health are the least satisfied with their lives. Better educated seniors report feeling more satisfied with life than do less well educated seniors. It is somewhat difficult to disentangle the true effects of education however, as younger seniors are also better educated than older seniors, but trends showing greater life satisfaction among the better educated older seniors suggest that the effects of education transcend age. There is a very

obvious positive link between education and health in the survey as 63% of seniors with a college or more advanced degree report very good or excellent health compared to 42% of those with no more than a high school diploma. The positive effects of higher education on good health are large and striking.

Economic Factors

As a general rule, the majority of Long Island seniors have little difficulty in meeting bills for food, groceries, transportation, housing, utilities, or other expenses. A somewhat greater percentage of those in the poorest health have difficulty paying for food, housing, utilities and other expenses. The best educated seniors have by far the fewest problems in meeting their bills. Some of the youngest seniors are still struggling to keep up with their housing costs and utilities; a slightly higher number of seniors still in the workforce (many of whom are likely to be younger) also have problems with housing and utility bills.

Community Services and Characteristics

Sixty-seven percent of respondents reported living in their communities for 30 years or more. Senior centers are reasonably well used; over 37% the respondents report having visited the senior centers in their communities. Older seniors, women, those living alone, and those in poor health are among the most likely to have visited a senior center.

ADVISORY COMMITTEE RECOMMENDATIONS

Recommendation #1

The results indicated that while men are more likely to rely on a spouse as their primary source of assistance, women are far more reliant on children. Long Island's young adults continue to out migrate, as evidenced by a 15% decrease in the 25 to 34 year age group in the ten year period between 2000 and 2010.[8] This presents a serious challenge to those seniors, particularly women, who rely on their children for assistance with daily activities (e.g., meal preparation), as well as for social support. One-third of seniors who live alone report that they do not have someone to help them prepare a meal. As Long Island's senior population expands and its young adults continue to leave, it is important to create or further expand programs/services that provide basic assistance to seniors who live alone and require minor assistance performing daily activities. Below are some types of programs/services that may offer solutions.

- **Nutritional and Meal Delivery Programs.** Expanding nutritional and meal preparation programs will be key, especially for homebound seniors.
- **In-Home Services.** Services such as shopping, laundry assistance, light housekeeping, and grooming will need to be expanded as the population ages and family supports dwindle.
- **Social Support Programs.** Programming to provide live and/or telephone contacts/safety checks to those who live alone will be necessary for emotional and physical well-being. As nine percent of respondents reported depression, social support programs should include in-home counseling.

Although many programs already exist across Long Island to provide the recommended services, these programs will need to expand in a targeted manner, based on future community need.

Recommendation #2

The survey results indicated that 11% of seniors were injured seriously during the previous 12 months from a fall; percentages increase significantly higher among those 85+ (18%) and among those in poor health (19%). This phenomenon is not unique to Long Island; some chilling statistics from a 2005 Centers for Disease Control and Prevention (CDC) report note "…In the next 17 seconds, an older adult will be treated in a hospital emergency department for injuries related to a fall. In the next 30 minutes, an older adult will die from injuries sustained in a fall. Falls are the leading cause of injury among adults aged 65 years and older in the United States, and can result in severe injuries such as hip fractures and head traumas."

As Long Island's senior population increases, falls prevention best practice programming should be expanded. The Falls-Free Coalition, supported by the CDC, suggests major areas of prevention best practice programming. Four of the areas focus on a local level that would serve Long Island well. To ensure consumer (and caregiver) awareness of their risk of falling, strategically planned consumer education campaigns to increase awareness of falls risks need to be implemented, and must include a component in each of the following areas:

- **Physical mobility.** All older adults need to have knowledge of, and access to, effective programs and services that preserve or improve their physical mobility and lower the risk of falls. Therefore, we need to increase awareness among older adults, their caregivers, and health care professionals of factors that contribute to declines in physical mobility and increase the availability of appropriate physical mobility programs and services for older adults. For the greatest effectiveness, these programs should be culturally sensitive and community-based.
- **Medications management.** It is important that older adults living on Long Island have an annual medication review conducted by a health care provider or pharmacist; this review should include an adequate focus on falls and fall-related injury prevention, with the goal of reducing or eliminating medications that increase falls risk.
- **Home safety.** All older adults need to have knowledge of and access to home safety measures including information, assessments and home modifications that reduce home hazards, improve independent functioning, and lower the risk of falls. Further, sources and community-based resources to assist older adults in accessing home assessments and making appropriate modifications should be identified. Finally, Long Island policymakers should support simple, cost effective home modifications.
- **Environmental safety in the community.** All older adults need to have access to community environments that lower the risk of falls, and facilitate full participation, mobility, and independent functioning. For example, sidewalk safety is a clear priority in ensuring public environmental safety for older adults. Seniors and their caregivers, in collaboration with Long Island policymakers, should be empowered to make changes within their communities.

Both Nassau and Suffolk County Departments of Health address the problem of falls among older adults with in their 2010-2013 Community Health Assessments. The Long Island Geriatric Education Consortium (LIGEC) provides educational opportunities to healthcare professionals and social service providers regarding best practices guidelines for falls prevention and a tool kit for falls. These programs will require expansion as the population ages.

Recommendation #3

Survey results showed that seniors who do not drive (nor have a spouse who drives) were significantly more likely to have difficulties getting to doctor appointments, the grocery store, and the pharmacy/drug store. Transportation is a particularly challenging issue for older and sicker seniors: our projections estimate that 36% of the almost 50,000 Long Island seniors over 85 years of age (and 20% of the sickest, regardless of age) do not drive, and rarely use public transportation. Volunteer senior transportation services are essential for seniors with reduced mobility.

- **Volunteer transportation and subsidized taxi services.**[1] These services transport eligible seniors to supermarkets, doctor's appointments, and other essential destinations.

[1] It should be noted that any new transportation service may be accompanied by liability and safety issues. Volunteers and taxi providers should be carefully screened and monitored.

- **Home delivery and shopping assistance programs.** A number of supermarkets and pharmacies deliver to the home. Additionally, community agencies provide shopping assistance at little or no cost.

Several townships and community-based agencies on Long Island provide senior transportation services. This type of programming will need to expand in a targeted manner, based on future community need.

Recommendation # 4

Survey results revealed that a significant proportion (64%) of Long Island seniors over 85 still drive. Research has shown that drivers over 75 (along with younger drivers aged 16 - 24) have the highest crash rates per mile of travel. As Long Island continues to age and the number of older drivers increases, measures should be taken that both ensure driving fitness and promote independence. Below are three potential measures.

- **Deficit Screening.** Functional capacity screening tests, which assess important factors in driving ability, are one important avenue to ensure driving fitness and could promote independence. Specifically, they assess visual, cognitive and physical abilities (such as mobility of the neck) that could impair one's ability to drive. Test results alone may not determine driving status, but rather, provide justification for further evaluation of functional impairments. The Medical Society of the State of New York (MSSNY) encourages physicians to assess impairments that may affect a resident's driving abilities. Technological advancements have reduced the administration time of such testing, making them more plausible for administration. A major issue is identifying the entities to provide functional capacity screening tests and further evaluation when indicated.
- **Deficit Reporting Laws.** Certain states require physicians to report disabilities that impair a resident's ability to drive. The Medical Society of the State of New York promotes a system that would allow, but not require, physicians, family members, and caregivers to report patients with substantial driving impairments to the appropriate agency or department. The system should also provide immunity from civil or criminal liability for reporting, or not reporting, when done in good faith.
- **Educational/Outreach Programs.** These programs, targeting seniors, their families and health care professionals, aim to enhance awareness of age-related driving issues. Educational topics include adjustments in driving habits (e.g., not driving at night), medication effects on driving, and alternative transportation options.

Recommendation # 5

Given the recent release of the 2010 Census tract/zip code data, projecting age cohorts to identify the current and future location of densely populated communities of seniors should be considered. Survey results found that those over 85 have different and/or more severe issues than their younger counterparts. Our survey found that 77% of the respondents live in single family homes that they own, with 63% reporting residence in their current community for over 30 years. These communities are representative models of what the demographic makeup of Long Island will be in the future.

According to an AARP senior survey, the majority of seniors prefer to live at home for as long as possible, a concept known as “aging in place”. This preference has created concentrations called Naturally Occurring Retirement Communities (NORC). This demographic term describes neighborhoods that have a high percentage of senior residents (defined as 40% or more in New York State), “aging in place” in the homes they have lived in for many years.

By utilizing a geographic information system (GIS) analysis to integrate hardware, software, and the 2010 census data at the block level, we can project age cohorts forward to identify current and future NORCs in need of targeted health care and social services.

A NORC-SSP (supportive service program) is a community-based model of care which unites senior residents with nursing, health and social service providers. NORC-SSPs are government-designated, providing residents with a reliable source of information, referral, and chronic care support, in response to their inevitably changing needs.

Once future high need communities are identified, Long Island policymakers should: 1) develop additional NORC-SSPs, as defined by federal legislation, and 2) develop “NORC-SSP-like” programs, such as Project Independence in the Town of North Hempstead, that also provide nursing and social services, as well as much-needed transportation and recreational programs in the community. This infrastructure offers an excellent venue for the implementation of best practice programming.

I. INTRODUCTION

A. ***The Aging Tsunami in the US: National Current & Future Trends***. A remarkable demographic transition has occurred over the last century that has dramatically increased the number and percentage of adults living over the age of 65, and this "aging tsunami" is expected to continue for several decades. At the beginning of the last century, 1 in 25 persons living in the U.S. were over 65. By the year 2030, as many as 1 in 5 Americans will be over the age of 65.[1]

The increase in the over-65 population is expected to cause a 25% increase in national health care spending.[2] In the recent past, chronic care management of frail seniors was accomplished in health related or residential health care facilities. This method of care has declined over time; today most seniors living with chronic illness live at home, as they either do not qualify for long term care or cannot afford assisted living.

In addition, most seniors *want* to remain at home: a 2008 AARP survey indicates that 89 percent of respondents want to remain at home for as long as possible.[3] They like where they live and would prefer not to move: their homes often hold strong memories, and friends and family often live in close proximity. They tend to be well acquainted with the area, and are hesitant to move to new surroundings.

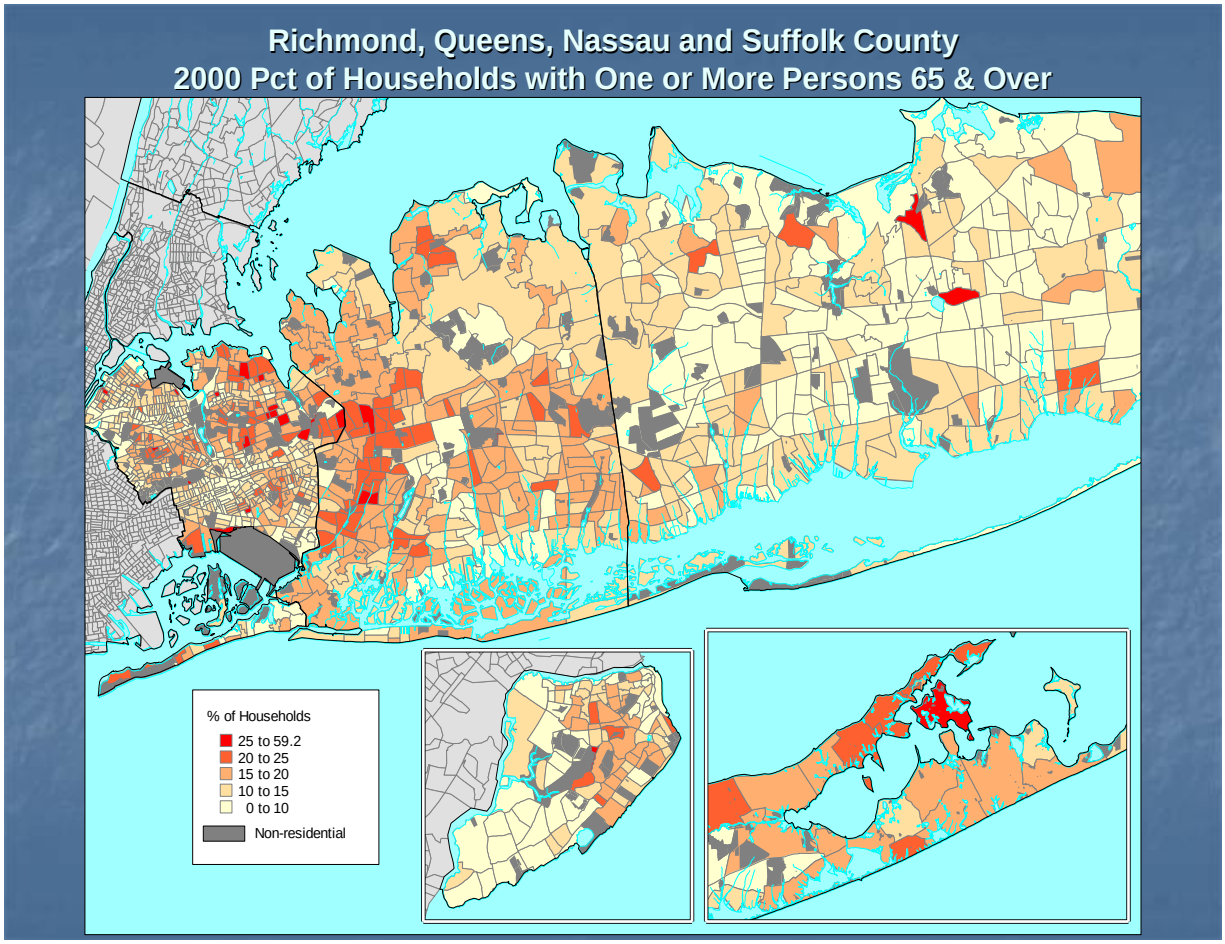
Many, however, have not planned for management in their homes as their health deteriorates. Further, while family members have traditionally provided a huge part of America's safety net, this is going to become more difficult as children of seniors become seniors themselves, and are caring for the fastest growing demographic group in the country: the "older" old (85+).[4]

1. ***The Aging of Suburban America.*** Some suggest that there are disadvantages to this aging-in-place behavior; that older suburban neighborhoods will increasingly be at odds with their evolving needs.[5] As baby boomers age, they face numerous challenges, including:

- **Financial.** Many retired older Americans live on fixed incomes, and their "emptier" homes may be too large, as leftover mortgage payments, property taxes, insurance and utilities can be a strain.
- **Mobility.** For many reasons (e.g., financial, health-related), seniors often reduce their automobile usage, and sprawling suburbs can put seniors at a disadvantage in maintaining access to food, friends, and other vital resources such as pharmacies.
- **Physical activity.** Recent studies find that seniors walk less frequently in the suburbs than in higher-density locations where familiar destinations are more likely within walking distance.[6]
- **Social Support and Self Sufficiency.** As seniors age, they're likely to become more reliant on others for assistance, making it difficult to live an independent, suburban life. Exacerbating the problem is the probability that family and friends may have moved away or died.

B. ***The Aging Tsunami on Long Island: Current & Future Trends.*** Long Island is similar to the rest of the country. Figure 1 illustrates the large concentration of aging communities within Nassau and Suffolk counties. The highest concentration of older communities as identified by the 2000 Census are located in western Nassau county, with a fairly limited concentration of older communities in Suffolk.

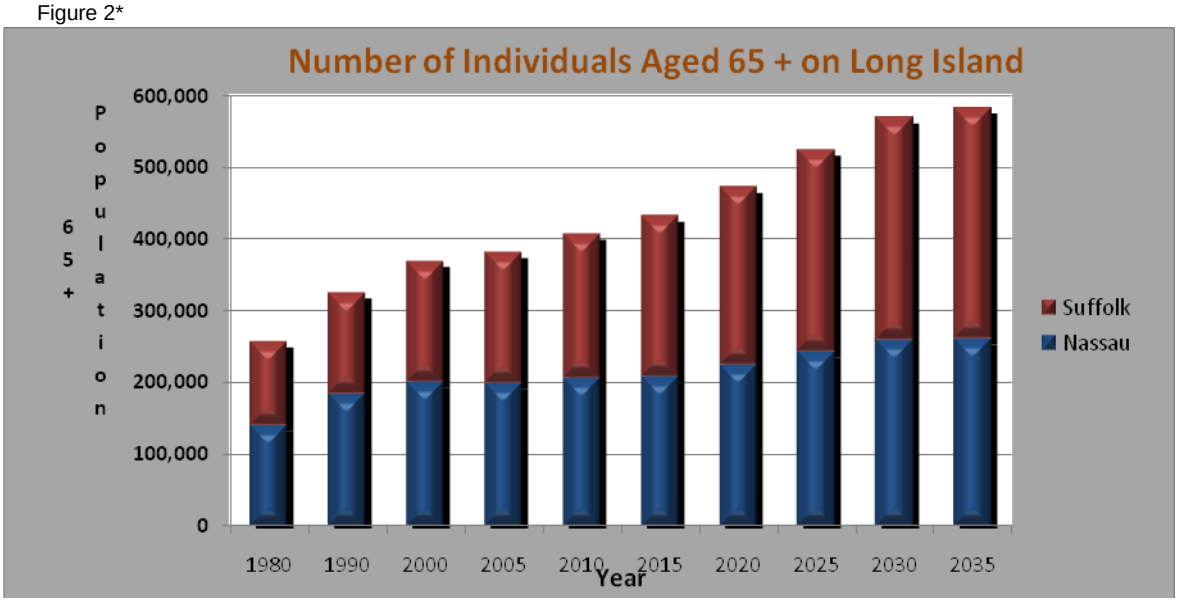
Figure 1



Source: US Census Bureau, 2000

This, however, is expected to change. According to the *Cornell Program on Applied Demographics*, the **concentration of older *communities is expected to move further east.*** As can be seen in Figure 2, while a 27% increase in the over 65 population is expected in Nassau, a much larger increase in the 65+ population- *60%* - is expected in Suffolk by 2035.[7]

Figure 2*



Source: Cornell Program on Applied Demographic

*It should be noted that Figure 2 represents U.S. census data for 1980-2000 and 2010; estimates for 2005; and projections for 2015 - 2035

C. ***Purpose of the Survey.*** Given that the population of Long Island seniors is likely to be facing many of the aforementioned challenges of suburban America in general, the Long Island Center for Health Policy Studies (LICHPS) conducted a survey of senior needs to identify key issues and challenges to facilitate an understanding of how to improve quality of life for seniors living on Long Island.

The purpose of the survey was:

- To better understand issues of seniors, particularly the challenges of the "older" old (85+) on Long Island.
- To inform the Long Island community about senior issues/survey results.
- To make recommendations to policymakers with regard to improving quality of life for our seniors.

To assess the needs of Long Island seniors, the survey examined five major areas, including:

- Transportation
- Health Status and Issues
- Social Supports
- Economic Factors
- Community Services and Characteristics

These areas of inquiry were chosen by the LICHPS Survey Subcommittee (see Methodology), based upon previous studies of suburban aging.

II. METHODOLOGY

A. The Survey Development Process. LICHPS staff developed the initial questionnaire after reviewing a number of national surveys of the elderly. A Senior Needs Assessment Survey Subcommittee was formed from volunteers of LICHPS Advisory Committee. The Subcommittee, along with staff, held two meetings to review each individual item of the survey and modify it for relevance to Long Island. Feedback from the subcommittee was extremely helpful. The program director, research assistant and the senior fellows (responsible for the LICHPS grant from the New York State Department of Health) further refined the instrument at a series (3) of meetings. The aforementioned staff also submitted an Institutional Review Board (IRB) application and was issued an exemption for the survey.

LICHPS staff developed and released a Request for Application (RFA) for bids to administer the survey via telephone. The Senior Needs Assessment Survey RFA had four (4) respondents submitting proposals. LICHPS staff also developed an RFA evaluation tool. An evaluation committee was formed from LICHPS staff and volunteers from the Senior Needs Assessment subcommittee (Program Director, Research Analyst, and Senior Fellow and 3 member of the subcommittee). Copies of the four proposals and a 5 dimension rating instrument were distributed to the 6 evaluation committee members. Two meetings were held to finalize the ratings. The committee selected Stony Brook University Center for Survey Research to administer the survey.

B. Survey Implementation. The Stony Brook Center for Survey Research worked with LICHPS staff to develop the questionnaire and conducted the survey by telephone between November 24 and January 26. A targeted sample was used to obtain phone numbers likely to include at least one person aged 65 or older on Long Island. In addition, a targeted oversample of households was also included in which it was believed that a person over 85 resided.[2] In total, 3,819 numbers were attempted (2,735 from the main sample; 1,084 from the oversample). Selected households were screened for a person of the appropriate age with the most recent birthday (either 65+ for the main sample, or 85+ for the oversample). Up to 9 contact attempts at various times of the day and week were made at each household phone number. In order to assure a representative sample, all households and individuals who initially were not willing to participate in the survey were contacted again, and an attempt was made to persuade them to participate. Interviews were completed with 842 eligible respondents with 22% overall response rate (638 from the main sample with 23% response rate; 204 from the oversample with 19% response rate).

[2] The targeted sample was drawn by GENESYS Sampling Systems from records in the InfoUSA database. The list is updated bi-monthly and is based on telephone directories, automobile and motorcycle registrations, voter registration, real estate listings, driver's license data, birth records, and some marketing and proprietary data sources. This list is further enhanced with census data, the outcome of direct mail efforts, and other sources. The entire list is compared and corrected to the National Change of Address (NCOA) file on a monthly basis.

The survey questionnaire was translated into Spanish and Spanish speakers were called back by Spanish speaking interviewers. This yielded two completed interviews (included in the figure above for the main sample).

C. Weighting the Data. Weights created for the data were based on six variables drawn from the 2009 U.S. Census Bureau's American Community Survey county-level estimates for the Long Island population aged 65 and older: gender, education, race, ethnicity, income and marital status, broken down by county and age group. Weighting was done using an iterative process that has been developed to estimate joint weights for any number of demographic variables for which population percentages are known only individually, not jointly. Generally speaking, minorities, males, less educated, lower income individuals, and employed individuals tend to be underrepresented in a typical telephone survey. Weights compensate for a lower response rate among these groups. All data presented in this report is weighted.

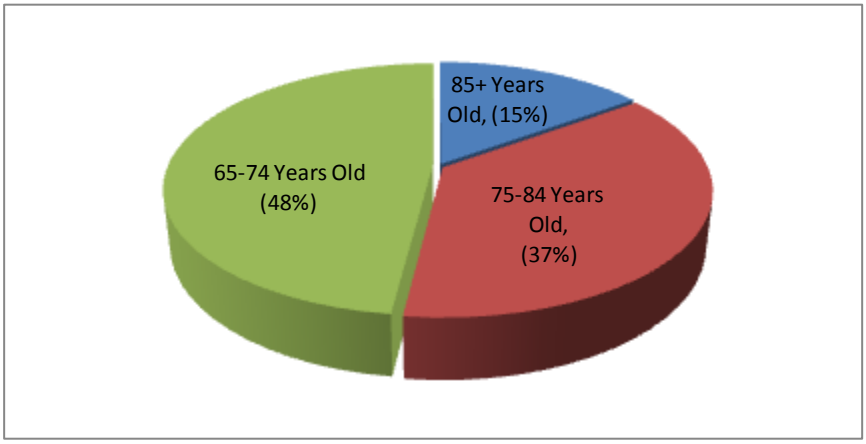
Six variables used in the report were derived from original survey questions: Age in three categories, Residency for 30 years or more, Health Status in three categories, Educational Attainment in three categories, Retirement Status, Living Alone Status, Driving Status, and Income in three categories. These derived variables are used in the analysis for the sake of clarity and brevity. The original variables can be found in the Data Appendix.

III. RESULTS

A. Demographics of Survey Respondents

After the application of weights, the reported mean age of survey respondents was 76, with about half of the respondents (48%) reporting to be between the ages of 65 and 74. 37% reported their age as between 75 and 84, and 15% reported being over 85 (See Figure 3).

Figure 3: Age of the Survey Respondents



As seen in Table 1, the majority (58%) of survey respondents identified their gender as female. In terms of racial distribution, 87% of respondents identified their race as white, 6% identified their race as African American or black, and 1% as Asian. Less than 1% reported being Native American, and another 3% identified their race as 'other'.

4% of respondents identified their ethnicity as Hispanic or Latino.

More than half (58%) of respondents reported finishing high school, while 17% reported completing some college. A quarter of the respondents reported having completed a bachelor's or higher level degree.

The respondents reported an even split in terms of county of residence, with 50% reporting to be Nassau and 50% reporting to be Suffolk residents.

The majority of respondents (80%) were retired, and 33% of the sample reported living alone.

A large minority of respondents (37%) reported their combined household incomes as below $35,000; with a similar proportion (43%) reporting incomes between $35,000 and $100,000. 21% reported combined household incomes of more than $100,000.

The majority of respondents (63%) reported being residents of their current community for more than 30 years.

Table 1: Demographic Information

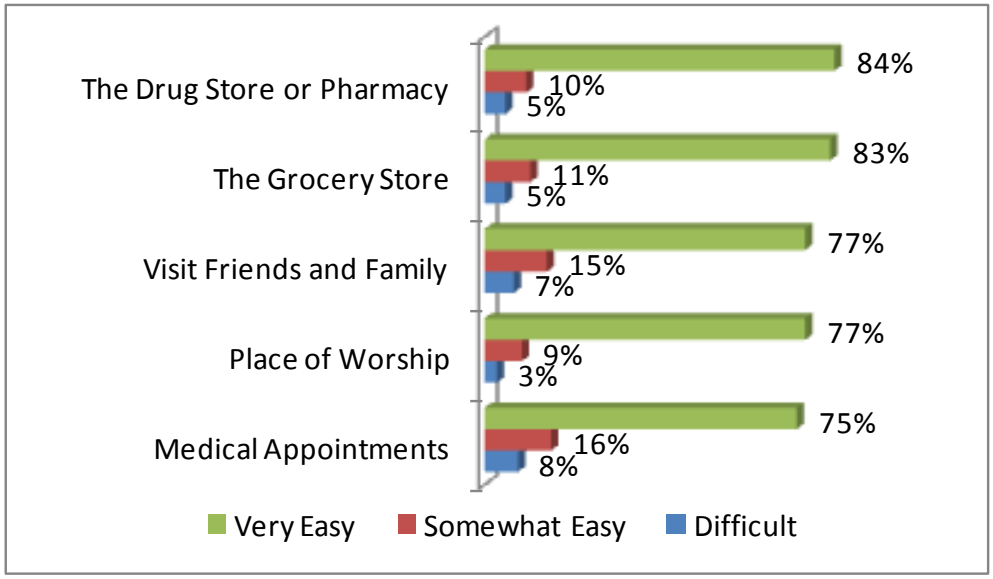
Demographics	%
Gender	
Male	42
Female	58
Race	
White	87
African American/Black	6
Asian	1
Native American	1
Other	3
Hispanic/Latino	
Hispanic	4
Not Hispanic	95
Education	
High School or less	58
Some College	17
Bachelor's or Higher	25
County	
Nassau	50
Suffolk	50
Length of Residency	
Less than 30 years	37
30 years or more	67
HH Income	
Less than $35,000	37
$35,000 – $100,000	43
More than $100,000	21
Employment Status	
Retired	80
Not Retired	20
Living Status	
Living Alone	33
Living with Others	67
Living Close to Grocery Store	
Yes	75
No	25

B. Transportation

Difficulty Getting Around

Overall, most respondents did not find it difficult to get around on Long Island regardless of their age. Roughly 3 in 4 found it 'very easy' to get to medical appointments, their place of worship (if they had one), and get together with friends and family (See Figure 4). Over 8 in 10 found it very easy to get to a grocery or drug store. Very few seniors, less than 1 in 10, found it difficult to get to their appointment, place of worship, stores or social engagements.

Figure 4: Difficulty Getting Around – All Seniors



Who has difficulty getting around?

Health status is the biggest single factor in explaining why some seniors have difficulty getting around on Long Island. As seen in Table 2, almost all seniors (8 in 10 or more) who rate their health as good, very good or excellent have a very easy time getting around. In contrast, a substantial minority of those who rate their health as fair or poor have at least some difficulty in getting around. Less than a half (48%) of those in fair or poor health found it very easy to get to medical appointments, and just two-thirds said it was very easy to get to the grocery or drug store. In addition, almost a quarter (23%) of those in fair or poor health found it difficult to make it to medical appointments.

Table 2: Difficulty Getting Around by Health Status

	Health Status		
	Excellent/ Very Good	**Good**	**Fair/Poor**
	%	**%**	**%**
Drug Store or Pharmacy			
Very easy	91	90	65
Somewhat easy	8	8	22
Difficult	2	3	14
Grocery Store or Bodega			
Very easy	89	88	67
Somewhat easy	9	9	17
Difficult	2	3	16
Medical Appointments			
Very easy	85	80	48
Somewhat easy	13	14	29
Difficult	3	6	23
Place of Worship			
Very easy	85	81	56
Somewhat easy	7	7	16
Difficult	2	3	6
Do not have a regular place of worship	*6*	*9*	*22*
Friends and Family			
Very easy	84	82	54
Somewhat easy	10	12	32
Difficult	6	6	14

Women were somewhat more likely than men to have difficulty getting around on Long Island. For example, 86% of men but only 67% of women found it very easy to get to medical appointments, as seen in Table 3. The same gender difference in ease of getting around is observed for other activities. Not surprisingly, those who do not drive or do not have a spouse that drives have greater difficulty getting around than do other seniors. Among those who don't drive, 53% find it very easy to get to medical appointments whereas 27% find it difficult. The good news is that a majority of those who don't drive still find it easy to get around on Long Island. Nonetheless, there is a sizeable minority of seniors who don't drive who find it difficult to shop, get to appointments, or visit friends and family.

Table 3: Difficulty Getting Around by Gender & Driving Status

	Gender		Driving Status	
	Female	Male	Does Not Drive	Drivers
	%	%	%	%
Drug Store or Pharmacy				
Very easy	80	91	61	90
Somewhat easy	14	6	18	9
Difficult	6	3	21	1
Grocery Store or Bodega				
Very easy	78	92	62	89
Somewhat easy	15	6	13	10
Difficult	8	3	25	1
Medical Appointments				
Very easy	67	86	53	81
Somewhat easy	21	11	20	15
Difficult	12	3	27	4
Place of Worship				
Very easy	72	84	54	83
Somewhat easy	12	5	9	9
Difficult	5	1	12	1
Do not have a place of worship	*11*	*10*	*26*	*7*
Friends and Family				
Very easy	69	87	58	81
Somewhat easy	20	10	25	13
Difficult	11	3	18	5

In general, younger (65-74) seniors found it easier than older seniors to get around and better educated seniors found it easier than those with less education. Over 80% of those aged 65-74 found it very easy to get to medical appointments compared to only two-thirds of those aged 85 and older, as seen in Table 4. Similar age differences are observed in the ease with which seniors can get to other activities.

Better educated seniors also have less difficulty getting around. Over 8 in 10 (83%) of those with a college degree found it very easy to get to medical appointments compared to just 7 in 10 (71%) of those with a high school education or less. In addition, 10% of the least well educated group found it difficult to get to medical appointments compared to only 4% of those with a college degree.

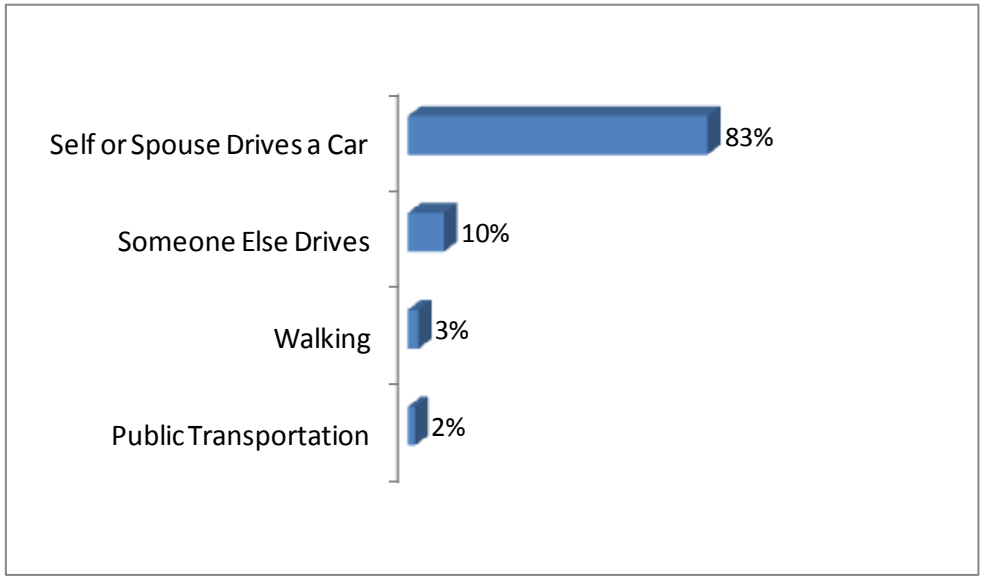
Table 4: Difficulty Getting Around by Age & Education

	Age			Education		
	65-74	75-84	85+	High School or Less	Some College	Bachelor's Degree or More
	%	%	%	%		
Drug Store or Pharmacy						
Very easy	90	81	78	79	93	92
Somewhat easy	7	13	16	14	6	7
Difficult	3	6	6	7	1	1
Grocery Store or Bodega						
Very easy	88	80	81	78	93	91
Somewhat easy	8	13	13	14	6	8
Difficult	4	7	6	8	1	1
Medical Appointments						
Very easy	81	73	68	71	79	83
Somewhat easy	14	17	21	18	14	13
Difficult	6	10	11	10	7	4
Place of Worship						
Very easy	81	73	74	74	83	80
Somewhat easy	8	10	9	11	6	7
Difficult	2	4	6	3	2	4
Do not have a place of worship	*8*	*13*	*11*	*11*	*8*	*10*
Friends and Family						
Very easy	85	71	68	72	82	85
Somewhat easy	12	18	20	19	12	10
Difficult	4	11	12	9	6	5

Main Method of Transportation

Figure 5 demonstrates that the main method of transportation for Long Island seniors is the car - 83% of respondents reported driving themselves (or having their spouse drive them), and 10% indicated they use a car driven by someone other than their spouse. After the car, the next most common method was walking (3.4%). Less than 2% of respondents said they use public transportation (such as train or bus) as their primary means of getting around.

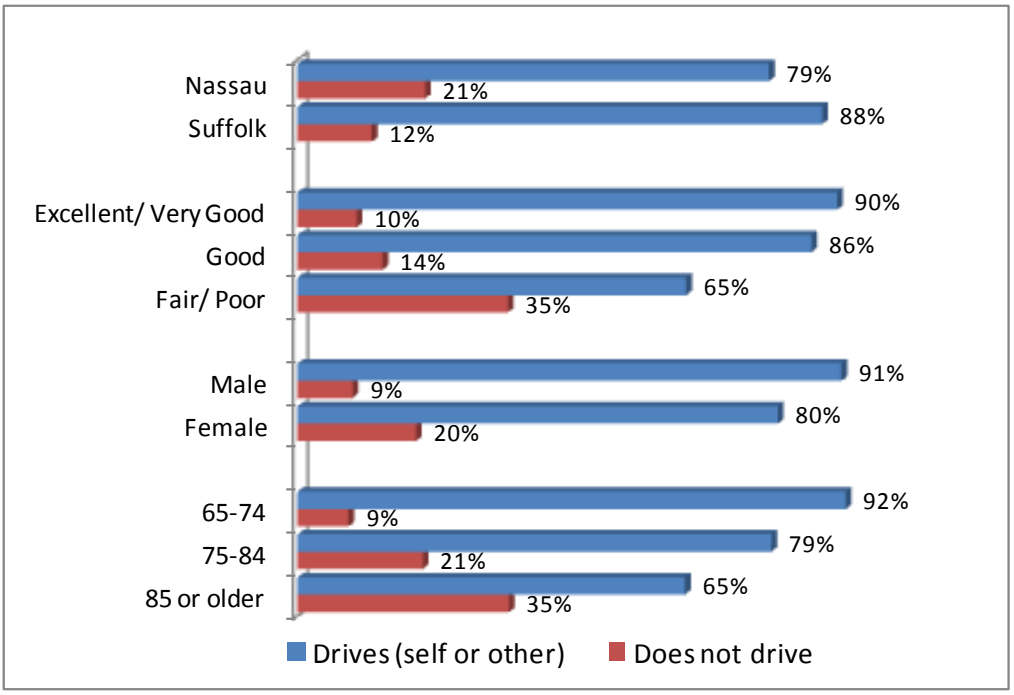
Figure 5: Primary Method of Transportation



Who Uses a Car?

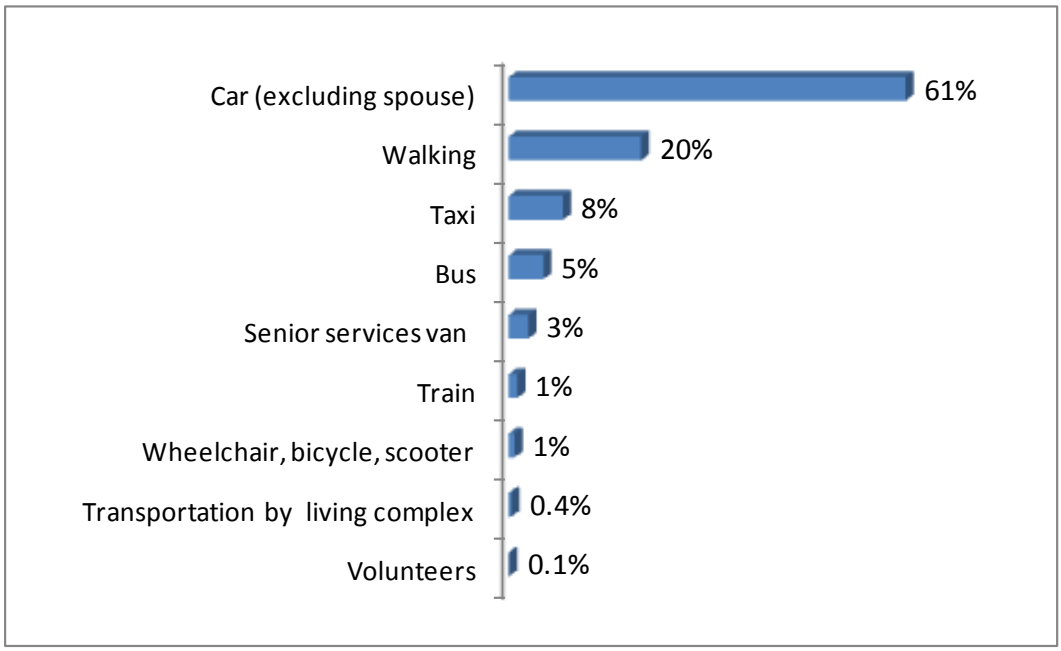
Younger respondents aged between 65 and 74 were significantly more likely than those aged 85 and older to report that they drive or have a spouse drive them (92% compared to 65%). These differences are shown in Figure 6. Similarly large differences in driving status are observed across those at different levels of good health. 9 in 10 of those who rate their health as excellent or very good drove or were driven by their spouse compared to only 65% of those in fair or poor health. Men were more likely than women to drive or have their spouse drive (91% compared to 80%). Suffolk county residents were more like to drive or be driven by their spouse than residents of Nassau County (88% compared to 79%).

Figure 6: Driving Status By County, Health Status, Gender, and Age



Main Methods of Transportation (Other than Driving/Spouse Driving)
Among the 17% of seniors who do not drive and do not have a spouse who drives them, 61% still get around by car which is driven by someone other than their spouse as seen in figure 7. The next most common primary method of getting around is walking (20%), followed by taxi (8%) and bus (5%). Overall, seniors on Long Island remain heavily dependent on car transportation even when they do not drive themselves.

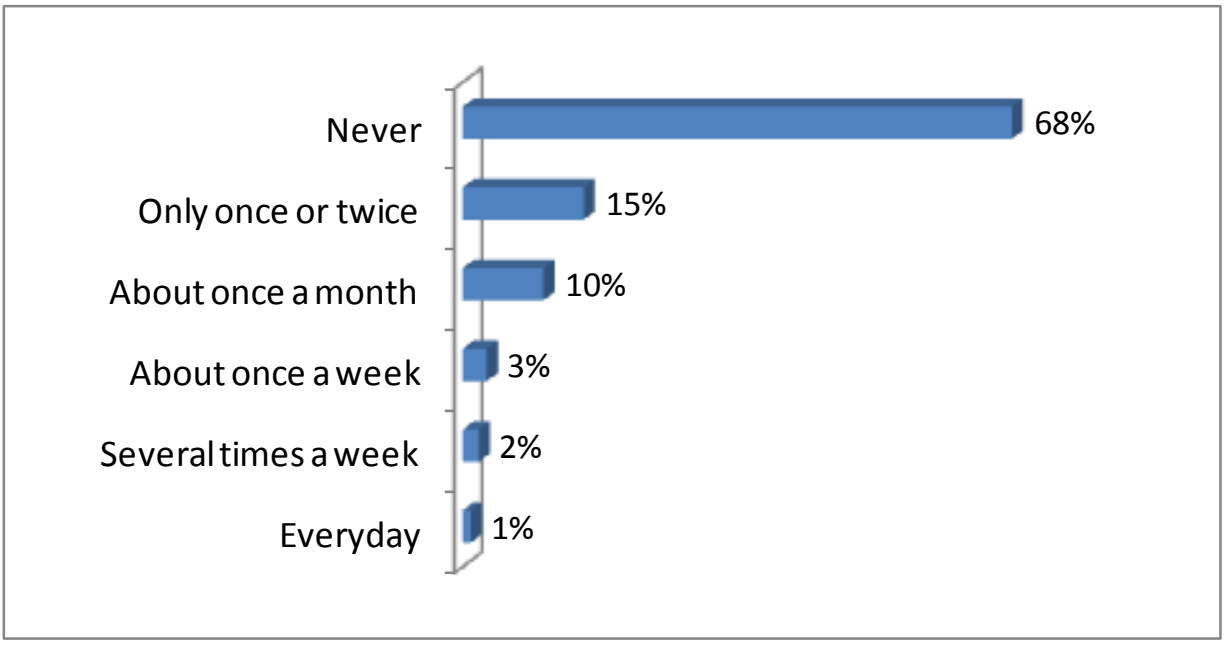
Figure 7: Primary Method of Transportation for Non-Driving Seniors



Use of Public Transportation

Overall, the majority of Long Island seniors do not report using public transportation often, if at all. Almost 7 in 10 (68%) seniors had not used public transportation at all in the past six months, 15% had used it once or twice, 10% had used it once a month and 6% had used it once a week or more often, as seen in Figure 8.

Figure 8: Frequency of Public Transportation Use Over the Last 6 months



The main reason seniors gave for not using public transportation was that they were able to drive or had access to a car. Those who had used public transportation in the past six months were more likely to be younger (aged 65-74), male, and live in Nassau County. For example, 44% of the youngest seniors aged between 65 and 74 had used public transportation in the last 6 months compared with only 13% of those aged 85 and older, as seen in Table 5. Thirty-seven percent of Nassau County residents had used public transportation in the last six months compared to only 26% of Suffolk county residents.

Table 5: Public Transportation Usage by Gender, County and Age

	Once a Week or More	About Once a Month	Only Once or Twice	Never
	%	%	%	%
Gender				
Female	5	8	16	72
Male	9	13	13	65
County				
Nassau	10	12	15	63
Suffolk	3	8	15	75
Age				
65-74	8	15	21	57
75-84	7	6	12	76
85 or older	2	6	5	88

C. Health Status and Issues

General Health Status

The majority of Long Island seniors report that they are in good health. Almost half of the respondents claimed to be in 'very good' or 'excellent' health, while nearly a third indicated their health was 'good.' 17% of respondents indicated their health was 'fair,' and just 4% claimed to be in 'poor' health.

Figure 9: Self-Reported Health Status Among Long Island Seniors

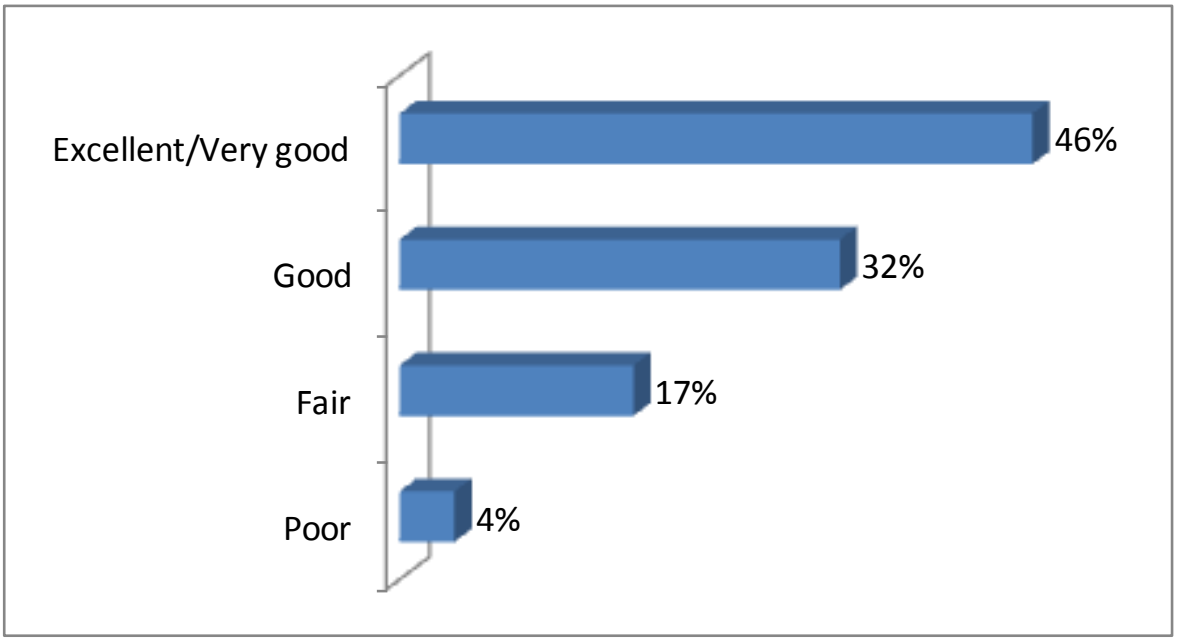


Table 6 shows differences in health status by age, county, education, driving status and gender. As expected, respondents under the age of 75 were more likely than respondents aged 75 and over to describe their health status as 'excellent'. *However, the positive relationship between age and health status was not particularly strong*. Nassau County seniors claimed to have slightly worse health than Suffolk County residents. In terms of education, respondents with a high school education or less claimed to be in slightly worse health than respondents with some college education or more. Those respondents who drive claimed to be in better health than those respondents who indicated they do not drive. Finally, there was no significant difference in health status between males and females.

Table 6: Health Status by Age, County, Education, Driving Status and Gender

	Health Status		
	Excellent/ Very Good	**Good**	**Fair/Poor**
	%	**%**	**%**
Age			
65-74	50	33	16
75-84	47	29	24
85 or older	36	35	28
County			
Nassau	43	30	27
Suffolk	49	34	16
Education			
Highs School or less	40	31	28
Some College	47	40	12
Bachelor's or More	63	27	10
Driving Status			
Drivers	50	33	16
Not Drivers	27	27	45
Gender			
Female	44	30	25
Male	47	34	17

Better educated seniors were in better health regardless of their age. As seen in Table 7, the percentage of older seniors who claim to be in an excellent/very good health with a college degree is significantly higher than those with no college degree.

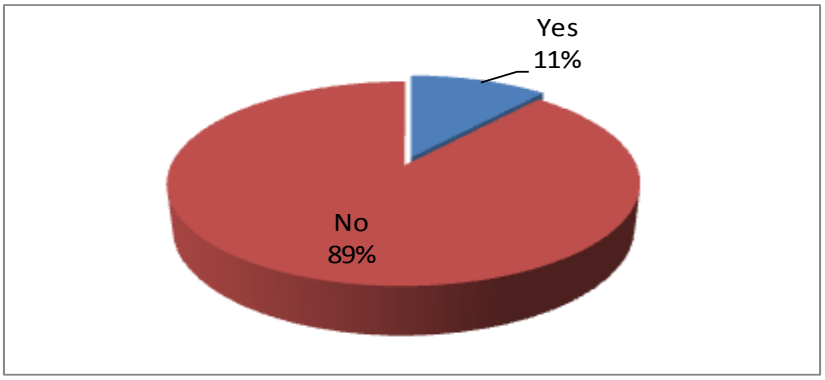
Table 7: Health Status by Age and Education

	Health Status		
	Excellent/ Very Good	Good	Fair/Poor
	%	%	%
65-74			
No College	43	31	25
Some College or more	47	48	5
75-84			
No College	43	26	31
Some College or more	45	38	18
85+			
No college	28	42	28
Some College or more	57	24	19

Risk of Falling

Figure 10 shows that 11% of seniors overall indicated that they had injured themselves seriously from a fall in the past 12 months. This number is significantly higher among older respondents. Almost 1 in 5 (18%) of those aged 85 and older had fallen and injured themselves in the last 12 months compared to 8% of those aged 65 to 74. Injury was also higher among those in poor health; again 1 in 5 (19%) of those in fair or poor health had fallen and injured themselves compared to only 6% of those in very good or excellent health.

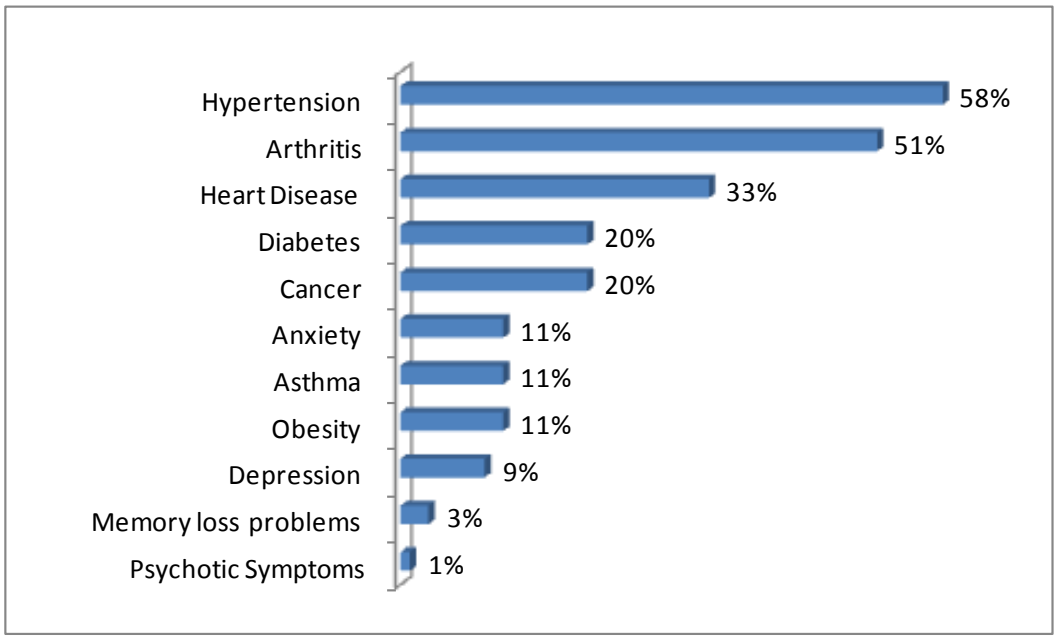
Figure 10: Injured Seriously in the Past 12 Months



Health Complications (by disease)
Hypertension was the most common disease reported by seniors (58%), followed by arthritis (51%), heart disease (33%), cancer (20%), diabetes (20%), obesity (11%), asthma (11%), anxiety (11%), depression (9%), memory loss problems such as Alzheimer (3%). Less than 1% reported having any psychotic symptoms (see Figure 11).

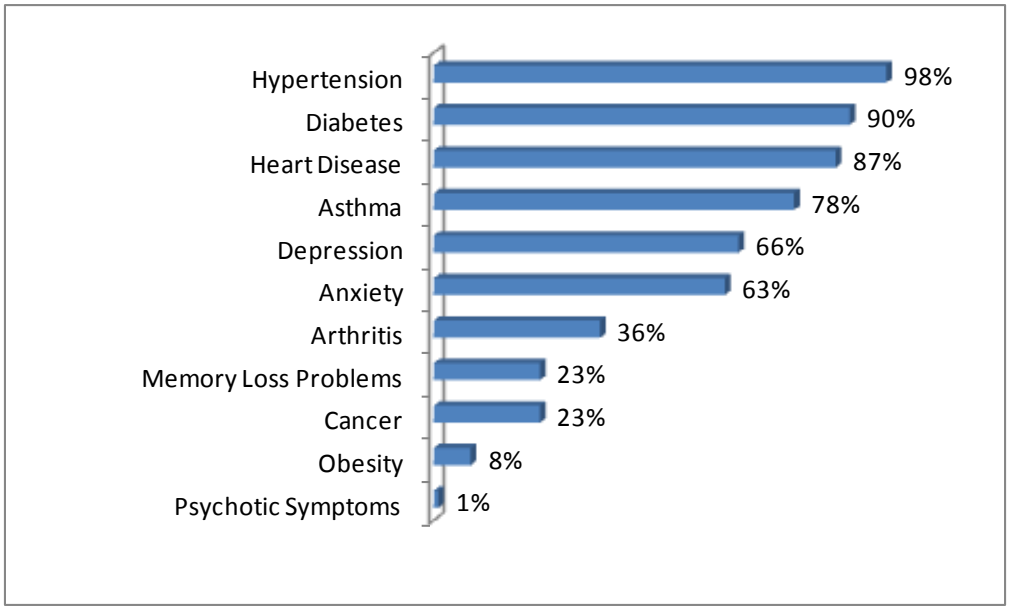
Women (61%) are somewhat more likely than men (52%) to have hypertension, and it is more common among those in fair or poor health (66%) than those in very good or excellent health (52%). A majority have arthritis, a condition that is far more common among women than men and among those aged 75 and older. Heart disease is more common among men (43%) than women (25%). Roughly 1 in 5 has cancer, a condition that is slightly more common in Suffolk than Nassau and among those aged 75 and older. One in 5 seniors also has diabetes. This is more common among those with less than a high school education (25%), who live alone (25%), and rate their health as fair or poor (36%). Ten percent of all seniors have been told that they are obese, something that is almost totally confined to seniors under the age of 85. Obesity is also more common among those with less than a high school education (13%), and those who rate their health as poor (17%). Roughly 10% have asthma. This is more common among younger seniors and those in poor health.

Figure 11: Percent of Long Island Seniors with Different Diseases



In terms of medical conditions and medications, almost all seniors (89%) take some type of medication on a daily basis. The most uniformly medicated group are those with hypertension, followed by diabetes, heart disease, asthma, depression and anxiety Almost all of those diagnosed with hypertension take daily medication for it. Most seniors with heart disease take daily medication for it. In contrast, among those with arthritis, roughly a third takes daily medication for it. Figure 12 shows the percentage of respondents with a given disease who are take daily prescription medication.

Figure 12: Percent of Seniors With A Disease Taking Daily Prescription Medication



When it comes to psychological disorders, approximately 9% suffer from depression which is least common among the oldest seniors, more common among those who live alone, and is associated with poor health. A majority takes medication for depression. There are some interesting differences among those who take medication for depression; it is more common among women than men, residents of Nassau than Suffolk, the retired, those who do not live alone, and those who describe their health as only good, fair or poor. Roughly 10% suffer from anxiety, a condition more common among women than men, residents of Suffolk than Nassau, those without a college degree, and seniors living alone. Very few seniors in the study suffer from Alzheimer's but this is higher among those aged 75 and older.

Those who rate their health as fair or poor are far more likely than others to have hypertension (66%), arthritis (70%), heart disease (49%), diabetes (36%), suffer from obesity (17%), and be depressed (13%). Those who don't drive are more likely to have arthritis (70%), heart disease (41%), and asthma (21%).

Where Do Seniors Go When Condition Suddenly/Significantly Worsens (during daytime hours)?

Figure 13 shows what seniors are most likely to do if their health condition 'suddenly or significantly worsened' *during daytime hours*. The most common response was 'go to the emergency room' (40%), followed by 'call or visit your doctor's office' (32%), and 'call your relatives or friends' (20%).

Figure 13: Action Taken When Health Condition Worsens during Daytime Hours

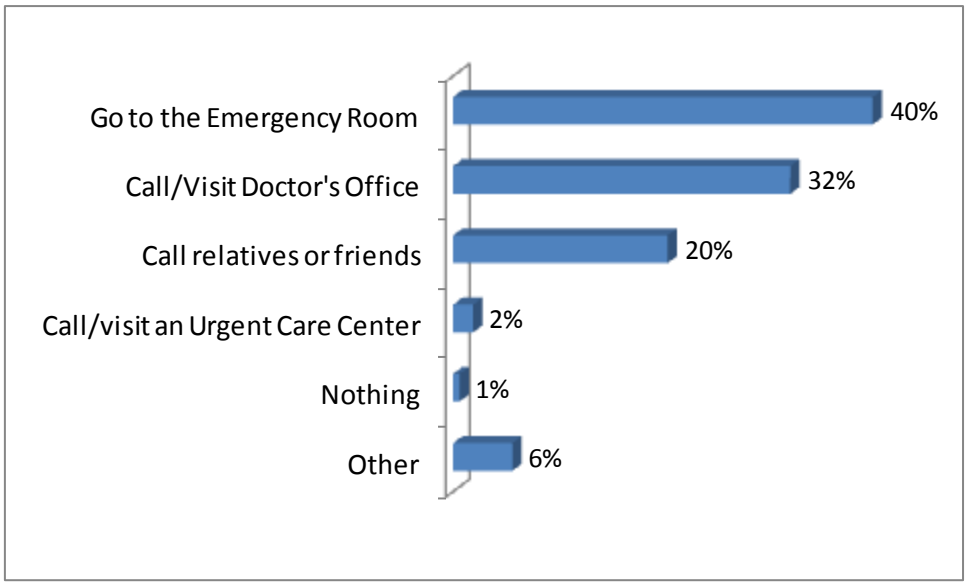


Figure 14 depicts gender differences in the tendency to visit an emergency room during the day. Men were significantly more likely than women to visit the emergency room (47% compared to 32%). Roughly a third of both men and women said they would visit a doctor's office. But women are far more likely than men to call a friend or relative (25% vs. 12%).

Figure 14: Gender Differences in Action Taken when Health Condition Worsens during Daytime Hours

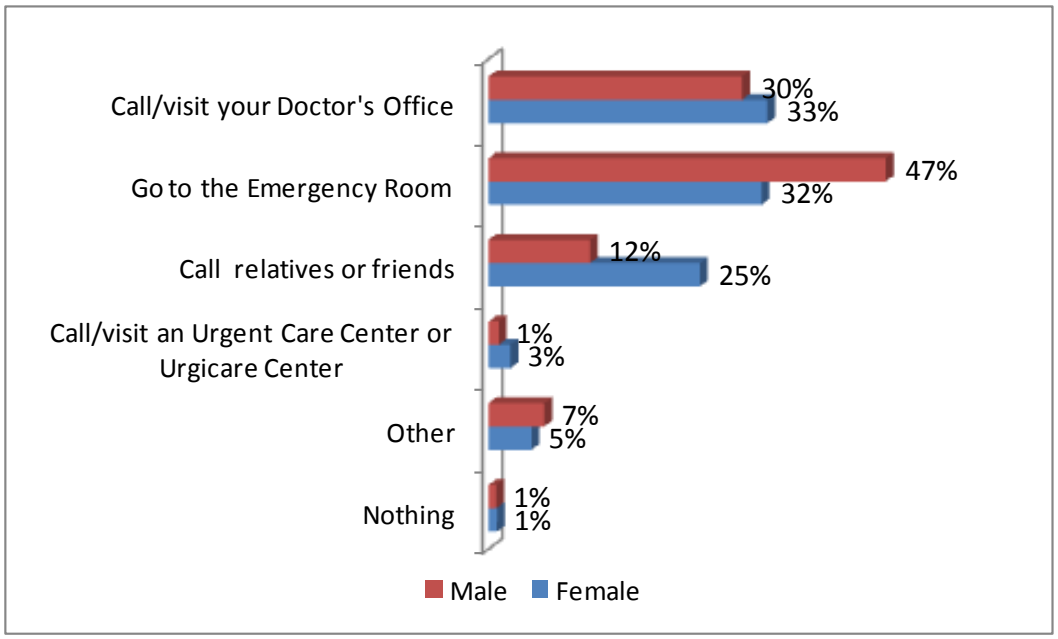


Table 8: Action Taken When Health Condition Worsens during Daytime Hours

	Visit Doctor	Go to the ER	Call relative/ friend	Other
	%	%	%	%
Living Situation				
Lives alone	31	31	28	8
Lives with others	31	42	16	8
Driving Status				
Drives	34	39	17	7
Does not drive	18	40	34	6
Age				
65-74	34	42	16	5
75-84	27	37	25	9
85 or older	29	36	22	10
Education				
High School or less	31	35	23	8
Some College	30	48	17	3
Bachelor's or More	32	40	14	11

Seniors who live alone were less likely than others to use the emergency room (31% compared to 42%), and those who live alone were significantly more likely to call relatives or friends (28% compared to 16%). Those who drive were more likely than those who don't drive to visit a doctor's office (34% vs. 18%), and less likely to call a relative or friend (17% vs. 34%), as seen in Table 8. There were only small age differences in whether someone would go to the ER, a doctor's office, or call a relative or friend if their health worsened. Seniors aged 85 or older were somewhat more likely to call a relative or friend than seniors aged 65 to 74 (22% vs. 16%). Less well educated seniors were also more likely than the better educated to call a relative or friend (see Table 8).

Where Do Seniors Go For Routine Medical Care?
Almost 9 in 10 seniors go to a private doctor's office if they need routine medical care for a cold, flu, or some other minor health problem. Four percent of seniors have no regular place of care, and 3% would visit a community health care center.

Emergency Room Utilization (past 12 months)
Most seniors (80%) have *not* visited an emergency room in the last 12 months, as seen in Figure 15. An added 11% of seniors have been there once, 6% have been there twice, and 2% have been there roughly three or more times in the last year.

Figure 15: Visits to the Emergency Room in the Past 12 Months

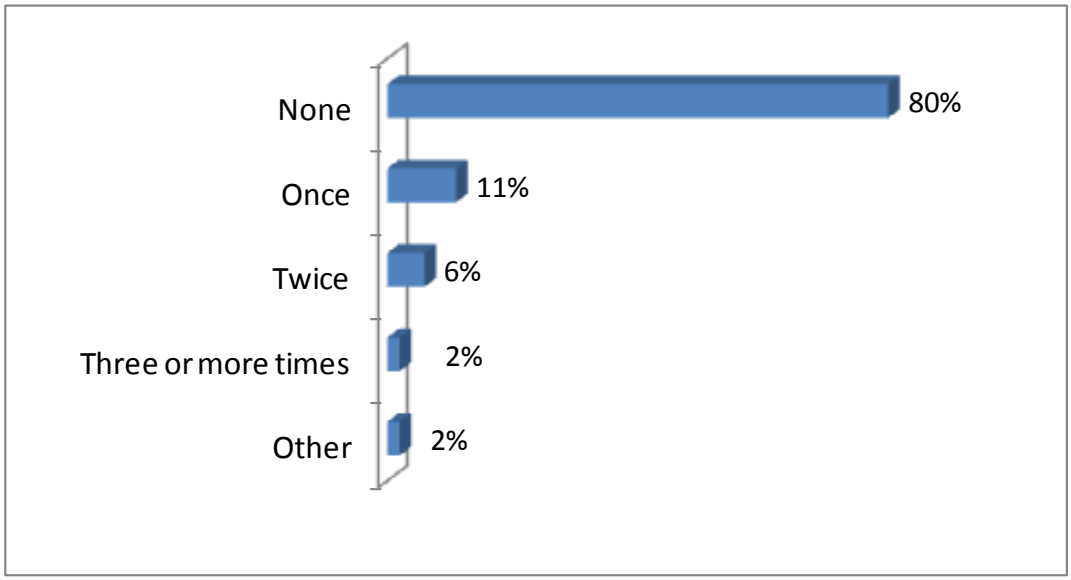


Table 9 shows differences in ER utilization across health status, age, gender, and county of residence. Health status is a major determinant of ER usage. Seniors in fair or poor health were more than twice as likely to have gone to the ER as those in very good of excellent health (31% vs. 13%). Age was a modest factor in accounting for visits to the ER. The youngest seniors were less likely to have visited the ER than older seniors but the difference is modest (16% among those aged 65-74 vs. 24% among those aged 75 or older). Women were only slightly more likely than men to have gone to the ER. And residents from Nassau County (25%) were somewhat more likely than those from Suffolk County (16%) to have visited the ER in the last 12 months.

Table 9: Emergency Room Usage Among Seniors

	None	Once	Twice	Three or More times	Other
	%	%	%	%	%
Health Status					
Excellent/ Very Good	87	10	2	-	1
Good	77	13	6	1	3
Fair or Poor	69	11	12	9	-
Age					
65-74	84	8	6	2	1
75-84	76	14	5	3	3
85 or older	76	13	7	4	-
Gender					
Female	80	11	6	2	-
Male	78	11	5	3	3
County					
Nassau	75	12	7	3	3
Suffolk	84	10	4	2	-

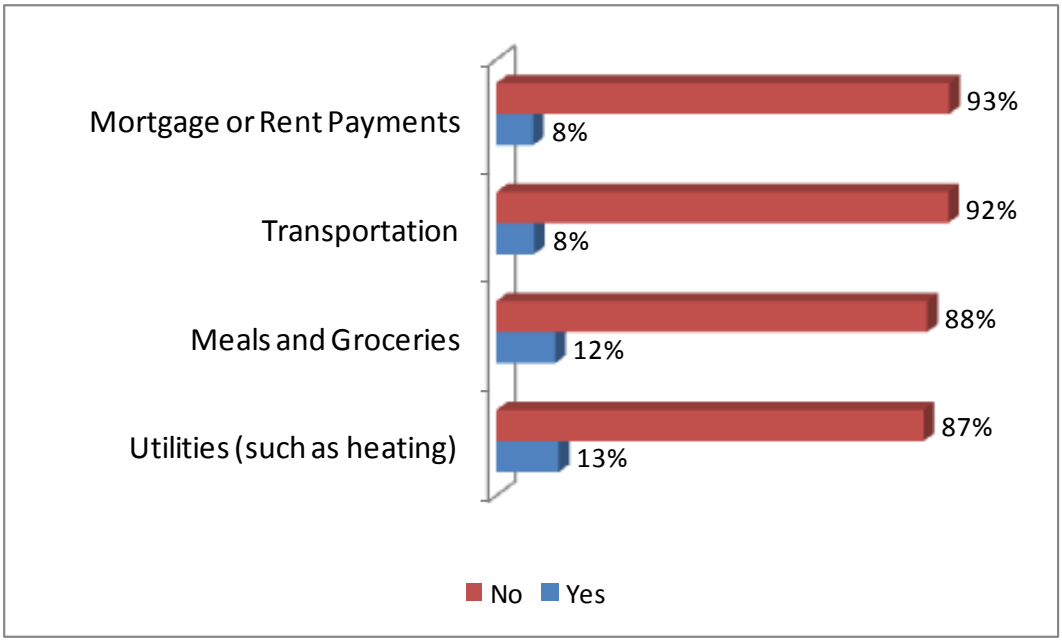
Access to Health Care

Overall, only 5% of respondents reported that they were told by a doctor's office that the office was not accepting Medicare patients. This was slightly more common in Nassau (6%) than Suffolk counties (4%). Seniors in the workforce were somewhat more likely than retired seniors to have had their doctor reject Medicare coverage (11% compared to 4%).

Health Related Financial Difficulties

Figure 16 shows the products or services that seniors have had difficulty paying for as a result of out-of-pocket costs for medication and health care treatment. A little more than 10% of seniors have had trouble paying for utilities and meals and groceries. But a majority of seniors did not find that out-of-pocket costs for medication and health care were placing a burden on their finances.

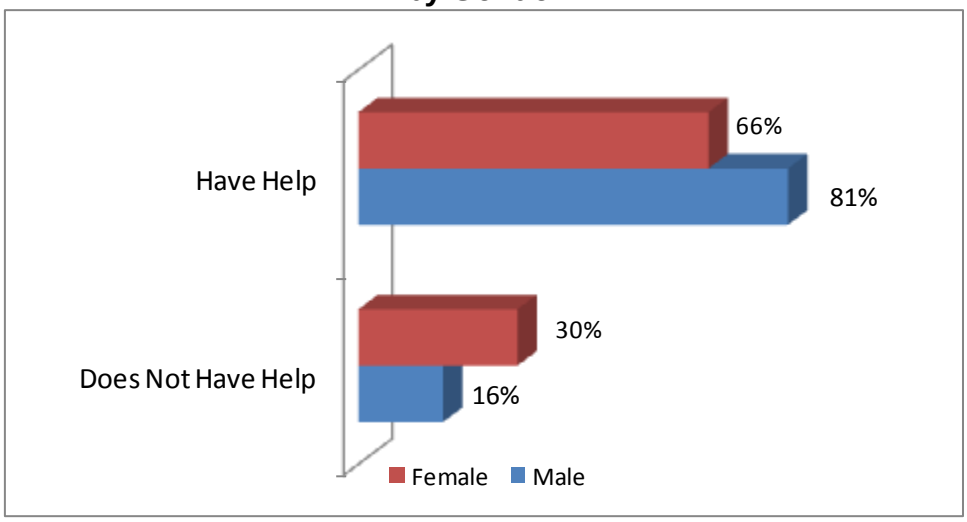
Figure 16: Goods or Services That Seniors Can't Afford Because of Health Care and Medical Expenses



D. Social Supports

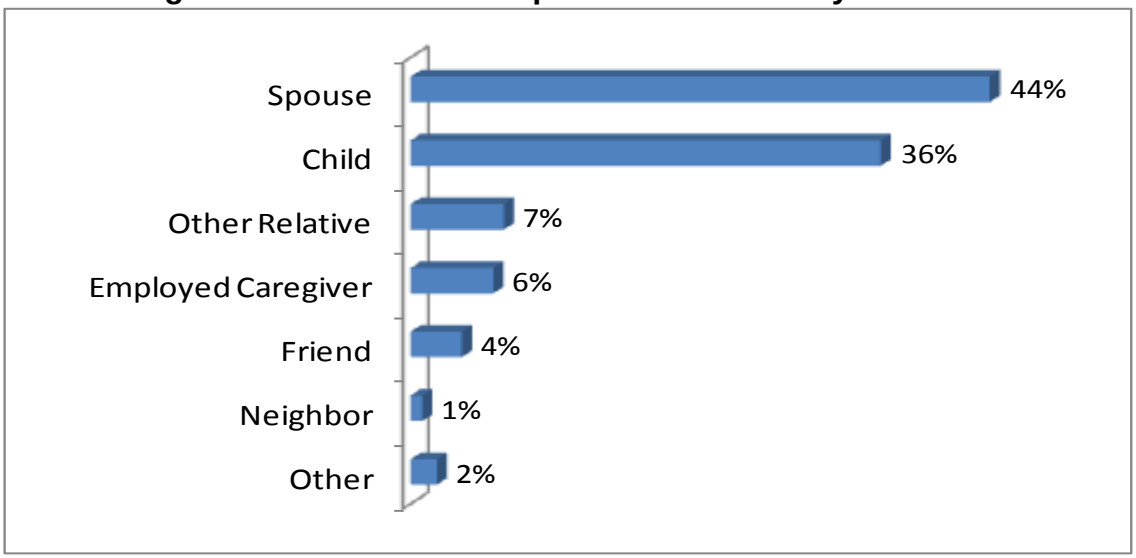
The majority of respondents (76%) reported that they had someone to help them prepare their own meals or perform daily activities if they were unable to do so. Women were somewhat less likely than men to have someone who could help them (66% vs. 81%) (see Figure 17). Respondents in better health and those who were not retired were somewhat more likely to have someone assist them.

Figure 17: Have Someone to Help with Meals & Daily Activities by Gender



The person helping was identified most often as a spouse (44%), followed by a child (36%), other relative (7%), employed caregiver (6%), and friend (3.9%), as seen in Figure 18.

Figure 18: Who Would Help with Meals or Daily Activities



Men were far more likely to rely on a spouse as their primary source of assistance, whereas women were far more reliant on children, as seen in Table 10. Older seniors relied more on a child whereas younger seniors were more likely to depend on a spouse. Respondents in better health were more likely to rely on a spouse for assistance, whereas those in poorer health were more likely to rely on a child. Seniors with a college degree were far more likely to rely on a spouse whereas seniors with a high school education were more reliant on a child. Not surprisingly, those who lived alone were more reliant on a child as were those who did not drive.

Table 10: Primary Source of Assistance

	Have Help		Relation to the Person						
	Yes	No	Spouse	Child	Other Relative	Friend	Employed Caregiver	Neighbor	Other
	%	%	%	%	%	%	%	%	%
Health Status									
Excellent/Very Good	77	20	47	33	9	3	4	1	3
Good	69	28	48	35	4	3	7	1	-
Fair or Poor	71	27	30	42	7	7	11	2	1
Gender									
Female	66	30	29	48	7	4	9	1	1
Male	81	16	62	21	5	4	4	-	1
Age									
65-74	76	20	58	28	5	3	5	-	2
75-84	70	28	35	43	8	6	5	1	2
85+	74	24	20	40	14	4	16	2	2
Education									
High School or Less	70	28	37	44	9	3	5	1	1
Some College	83	15	48	25	10	4	8	1	5
Bachelor's or More	75	20	58	26	2	6	7	1	2
Living Status									
Lives alone	63	33	7	49	11	11	13	3	6
Lives with others	78	19	59	30	6	1	4	-	-

E. Economic Factors

As is common in survey research, a fairly large proportion of respondents refused to give their income (23%). Among seniors who provided information about their household income, the median household income was between $35,000 and $50,000. Among seniors aged 85 and older the median income was $20,000 to $35,000. Obviously, household income varies with the number of adults in the household. Among seniors who live alone, the median household income was $20,000 to $35,000 compared to $50,000 to $70,000 for those who do not live alone (see Table 11).

Education is also a source of income disparity among seniors. Among seniors who provided information about their household income, 66% of those with a BA/BS degree or higher earn $75,000 or more compared to 12% of those with a high school degree or less. The median income for seniors with a high school degree is $35,000 to $50,000, $50,000 - $75,000 for those with some college, and above $100,000 for those with a college degree. A third of men report a household income above $100,000 whereas only 12% of women live in households with this income.

Table 11: Annual Income

	Less than $20,000	$20,000 to less than $35,000	$35,000 to less than $50,000	$50,000 to less than $75,000	$75,000 or more	Don't know/Refused
	%	%	%	%	%	%
Age						
65-74	10	11	13	15	32	19
75-84	16	18	14	13	16	23
85+	28	13	14	7	11	27
Education						
High School or Less	21	18	16	15	9	21
Some College	10	13	9	14	26	28
Bachelor's or More	3	6	9	9	53	20
Living Status						
Lives alone	23	24	16	9	6	22
Lives with others	10	9	11	15	32	23

The out-of-pocket costs of medication and health care have little effect on seniors' budget. However, table 12 shows that women and those in poorer health have greater difficulty paying for their meals and groceries. Roughly twice as many seniors with a high school education (12%) versus a college degree (7%) have trouble paying basic bills because of health-related costs.

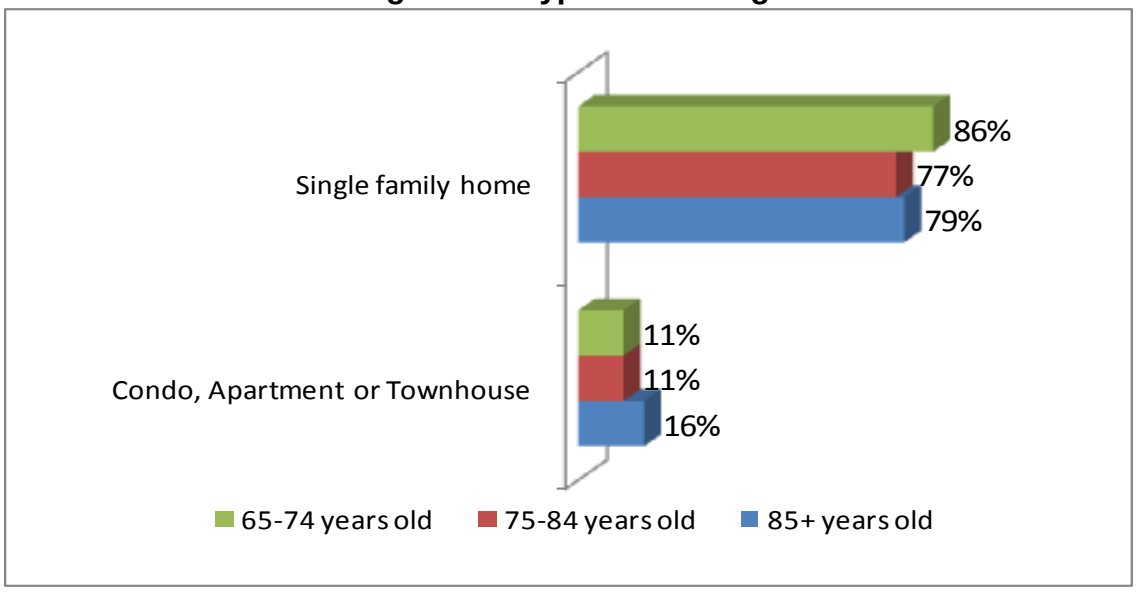
Table 12: Difficulty Meeting Basic Costs Because of Medical and Health Care Expenses

MEALS and GROCERIES		
	Have Difficulty	**Does Not Have Difficulty**
	%	**%**
Gender		
Female	14	86
Male	8	91
Health Status		
Excellent or Very Good	8	92
Good	14	86
Fair or Poor	18	82

F. Community Services and Characteristics

Figure 19 shows that most seniors (77%) live in a single family home that they own. This is more frequent among those who are 65-74 years of age, those who have lived in their community for 30 years or more, and those in good health. Renting is most common among seniors who live alone, don't drive, and have less education. Few seniors live with their children (3%). Seniors who live alone are slightly more likely to live in a condominium, apartment or senior housing.

Figure 19: Type of Housing



Approximately 75% of seniors report living close to a grocery or food store and a drug store. This is more common in Nassau than Suffolk County. A majority of seniors (78%) have no problem buying and preparing food at home. It is somewhat harder for those aged 85 and older, and those in poor health. More than a third (39%) of seniors are unaware of whether or not their community has a meals-on-wheels program. Almost all seniors who say their community does not have a meals-on-wheel program or are not aware of it say they would not use it at the present time. Older seniors, those in poor health, don't drive, and live alone are more likely to say that such a program exists in their community.

The majority of seniors (69%) have no problem obtaining information on issues affecting changes to Medicare, Social Security, local transportation and community activities. Better educated seniors have the least difficulty in obtaining this information.

More than half of all seniors (59%) believe it is important to have a place such as a senior center in their local community. Over 37% of the respondents have visited the senior center in their community. Older seniors, women, those living alone, and in poor health are most likely to have visited a senior center.

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