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LINES

THE WELL-BEING OF OLDER  
PEOPLE IN CLEVELAND, OHIO /  
DEPARTMENT OF HEALTH, EDUCATION,  
AND WELFARE /AND OTHER FEDERAL  
AGENCIES /

~~8-165730~~  
HRD-77-70  
4/19/77

We have identified at least 134 Federal programs which assist the elderly. To measure the impact of such programs, we interviewed a random sample of more than 1,600 people, 65 years or older, in Cleveland, using a questionnaire designed to determine each individual's well-being at one point in time. In addition, we identified the providers of services to the elderly in Cleveland, including families, friends, and over 100 social service agencies, and obtained information on the services provided to each person in our sample and the source and type of service. Funding for the social service agencies was provided under 23 Federal programs; State, county, and city governments; and private sources.

By relating the above data to each individual, we performed comparative analyses of our sample and prepared a report, the first of two, that (1) discusses the well-being of older people, (2) describes the assistance they are receiving, and (3) provides insights into issues relating to the many programs designed to help them.

We have reinterviewed our sample of older people 1 year later to identify changes in their well-being over the year and are again gathering data on services provided. After collecting and analyzing this additional information, we will report on the changes in well-being and the factors influencing those changes. This should help to identify what effects the programs could have on the lives of older people and what the Congress, the executive branch, State and local governments, and others can do to improve older people's lives.

~~Because the report does not contain findings, an index was not prepared.~~

HRD-77-70  
4-19-77

# REPORT TO THE CONGRESS

BY THE COMPTROLLER GENERAL  
OF THE UNITED STATES

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## The Well-Being Of Older People In Cleveland, Ohio

This report, the first of two on the well-being of older people in Cleveland, describes the help they receive from others and the programs designed to help them. The report should help Congress and the Executive Branch deal with the problems of older people.

The second report will discuss the changes in well-being of older people over a 1-year period, what may have contributed to those changes, and what can be done to improve older people's well-being.

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COMPTROLLER GENERAL OF THE UNITED STATES  
WASHINGTON, D.C. 20548

B-165430

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To the President of the Senate and the  
Speaker of the House of Representatives

This report describes the well-being of older people in Cleveland, Ohio, the help they receive from others, and issues related to the many programs designed to help them.

The report contains no conclusions or recommendations; its purpose is to assist the Congress and the executive branch in dealing with the matters discussed and to demonstrate what can be learned by assessing the well-being of a target population and looking across agency lines at how a large number of programs affect these people. Recommendations will be addressed in a second phase report discussing the changes in well-being of older people over a 1-year period, what may have contributed to those changes, and what can be done to improve the well-being of older people. That report will be issued when data on the impact of the program is available.

We made our review pursuant to the Budget and Accounting Act, 1921 (31 U.S.C. 53), and the Accounting and Auditing Act of 1950 (31 U.S.C. 67).

We are sending copies of this report to the Director, Office of Management and Budget; the Secretaries of Agriculture, Labor, Transportation, Housing and Urban Development, and Health, Education, and Welfare; the Administrator of the Community Services Administration; and the Director of ACTION.

*R. H. Kistner*  
ACTING Comptroller General  
of the United States

D I G E S T

About 20 million people--1 of every 10 Americans--are 65 years old or older. They receive billions in retirement funds and are assisted by over 134 Federal programs. How these programs affect their lives is a question that confronts the Congress each time legislation related to older people is considered.

This question cannot be answered easily. Information is spread piecemeal throughout many Federal, State, local, and private agencies. As a consequence, no Federal agency has evaluated the combined effect of the many programs on older people. Even the total amount of Federal funds supporting programs for older people cannot be determined.

An overview of the effect of Federal, State, local, and private programs on older people is needed. To assist the Congress in this regard, GAO developed a two-phase approach:

1. Assessing and measuring the overall well-being of a sample of older people in terms of their social and economic status, mental and physical health, and ability to do daily tasks, and gathering information on the services and other factors that could affect the well-being of individuals in the sample.
2. Updating information about these individuals a year later, to identify changes in well-being and attribute them to services and other factors.

This report on the study's first phase assesses the well-being of a target population and looks across agency lines at how 23 Federal programs affect these people. The second phase, to be reported on later, will present recommendations.

Cleveland, Ohio, was selected for the study because of the community's interest in participating. More than 1,600 people 65 years and older were interviewed. Over 100 Federal, State, and local agencies cooperated in the study; particularly helpful was the Cleveland Foundation.

#### WELL-BEING OF A POPULATION OF OLDER PEOPLE IN CLEVELAND

Only one of every five older people was not impaired in some way. Conversely, 23 percent were impaired in at least four of the five areas of human functioning--social and economic status, physical and mental health, and ability to do daily tasks--or worse: The remaining 56 percent were between these two extremes--21 percent were impaired only in one area, 18 percent in two, and 17 percent in three. (See p. 10.)

#### SOURCES OF HELP

About \$67 million in Federal funds is spent annually for services to older people in Cleveland. Medicare, Medicaid, and Supplemental Security Income programs administered by the Department of Health, Education, and Welfare account for over \$58 million. The rest comes from 23 Federal programs administered by 7 agencies, including the Departments of Agriculture; Health, Education, and Welfare; Housing and Urban Development; Labor; and Transportation. (See p. 15.)

Older people receive a variety of services from 118 social service agencies. Some of the most offered services--information and referral (77 agencies), transportation (63), escort (51), and outreach (43)--lend themselves to centralized administration. (See p. 17.)

Family and friends are a large source of service for many older people--9 of every 10 people sampled received some service from their families or friends. (See p. 18.)

#### LOCATION OF SERVICES

Many low-income people who are impaired in four areas or more live in higher income neighborhoods served by

few social service agencies and as a result may not be receiving appropriate services. (See p. 20.)

Social service agencies usually emphasize services to older people in public housing. Many older people who might benefit from multiple services do not live in public housing and are not receiving multiple services (see p. 23), and many low-income people who own their homes are not receiving financial help from a public agency or from family and friends. (See p. 25.)

#### ELIGIBILITY

Many older people were eligible for Federal programs but were not using them. Eighty-nine percent of those eligible were not using public housing; 77 percent were not using food stamps; 52 percent were not using Supplemental Security Income; and 29 percent were not using Medicaid. (See p. 24.)

#### RECOGNIZED NEED FOR HELP

Older people recognize that they could benefit from certain services, such as home help services, but do not recognize the benefits from others such as social/recreational ones. This information could be used in designing outreach efforts for Federal programs. (See p. 26.)

#### MATTERS FOR CONSIDERATION BY THE CONGRESS

A number of proposals specifically affecting older people have been introduced in both Houses of the Congress. Further, other legislative actions on transportation, housing, and food stamps will also affect the ability of older people to cope with their environment. This report is designed to be a resource document for the Congress when deliberating on these proposals.

#### AGENCY COMMENTS

GAO discussed the contents of this report with officials of the Department of Health, Education, and Welfare, and their comments were considered in finalizing the report.

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ABBREVIATIONS

GAO	General Accounting Office
HEW	Department of Health, Education, and Welfare



## CHAPTER 1

### INTRODUCTION

The Congress has passed much legislation setting policies and authorizing billions of dollars for programs to improve the lives of older people. How these programs affect the lives of the older people they were designed to benefit is a question that confronts the Congress each time such legislation is considered.

To answer this question, the Congress needs information on the impact of Federal programs on the people they are trying to help. Such information is spread piecemeal throughout many Federal, State, local, and private agencies. As a consequence, no Federal agency has evaluated the combined effect of the many programs on older people. Currently, even the amount of Federal funds supporting programs for older people cannot be determined. An overview of the impact of Federal programs on older people--multiprogram evaluation--is needed.

Multiprogram evaluations performed by a single agency looking across agency lines at many different departments are necessary. To assist the Congress and demonstrate that meaningful multiprogram evaluations can be made, we attempted to determine the impact of Federal programs on older people. We looked at 23 Federal programs administered by various agencies, including the Departments of Agriculture; Health, Education, and Welfare (HEW); Housing and Urban Development; Labor; and Transportation.

Our overall method involves these steps:

1. The overall well-being of a sample of older people was assessed, including many separate aspects of well-being.
2. Information was gathered on the many factors that could affect a person's well-being.
3. This information was related to individuals in the sample.
4. Steps 1 through 3 are being repeated to identify changes in a 1-year period and those factors which may have influenced the change.

These steps are being carried out in two phases: the first phase (steps 1 through 3), already completed, is the subject of this report; the second phase (step 4) is under way.

We selected older people for the study because (1) they make up a sizable portion of the population, (2) they have a variety of needs, and (3) there are many Federal programs designed to help them:

--One of every 10 Americans--some 20 million persons--is 65 years old or older.

--They (1) vary in age from 65 to over 125 (the Social Security Administration is paying benefits to more than 5,200 centenarians), (2) vary considerably in income, health, and housing, and (3) receive over \$90 billion in retirement funds from pension and disability funds--Social Security, Supplemental Security Income, Railroad Retirement, and Federal Employee Retirement.

--There are at least 134 federally sponsored or supported programs which provide assistance to older people. (See app. I.)

Older persons were selected for another reason, which was expressed as follows by Dr. Eric Pfeiffer, formerly of the Duke University Center for the Study of Aging and Human Development:

"Older persons have lived a long time, but more importantly, they are facing problems head-on now and personally, that the rest of us as a society will face a little ways down the road. They are facing problems of access to health care, of transportation, of loneliness in the midst of lots of people \* \* \* and they are trying to work out for themselves some kinds of answers to these problems. I think we have an opportunity to work with them to see what will suffice. I think they are pioneers in the sense that if you design a health care system which is adequate for the aging population, it will be superb for the rest of the population. If you develop a transportation system that will meet the needs of the elderly, it will meet the needs of all the people. If you design communities that are truly communities with interaction for the elderly, you will have learned how to design communities for all of us,

and in this sense I think aging can be considered not a national disgrace but a cause for a national celebration. \* \* \*"1/

#### PURPOSE AND SCOPE

This report (1) discusses the well-being of older people, (2) describes the help they receive from others, and (3) explores issues relating to the many programs designed to help them. The purpose is to assist the Congress and the executive branch in dealing with these issues and to demonstrate what can be learned by assessing the well-being of a target population and looking across agency lines at how these people are affected by the many programs designed to aid them. Recommendations on these issues will be addressed in the second phase report when data on the impact of programs is available.

Cleveland, Ohio, was selected for the study because of the interest of the community in participating. A scientific random sample of more than 1,600 people of age 65 and over in Cleveland were interviewed during June through November 1975. In addition, many Federal, State, and local agencies serving older persons in Cleveland also cooperated in the study. (See app. II.) The Cleveland Foundation was particularly supportive to us in obtaining interviews and acting as a catalyst in obtaining the support of the agencies in Cleveland.

We discussed the contents of this report with officials of HEW, and their comments were considered in finalizing the report.

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1/From an Apr. 1974 speech given at Case Western Reserve University. Dr. Pfeiffer is Acting Director of the Davis Institute for the Care and Study of the Aged, Denver, Colo.

## CHAPTER 2

### METHODOLOGY

#### ASSESSING WELL-BEING OF OLDER PEOPLE

We sampled people in Cleveland who were 65 years old and older and were not in institutions, such as nursing homes. We assured ourselves that our sample was demographically representative by comparing the characteristics of our sample to national statistics. (See app. III.)

In our study, 1,609 older people were interviewed by Case Western Reserve University personnel from June through November 1975. We reviewed each interview questionnaire of almost 100 questions for completeness and consistency of answers.

We used a questionnaire developed by a multidisciplinary team at the Duke University center in collaboration with the Administration on Aging, the Social and Rehabilitation Service, and the Health Resources Administration of HEW. (See app. IV.) The questionnaire contains questions about an older person's status in five areas of functioning--(1) social, (2) economic, (3) mental, (4) physical, and (5) activities of daily living.

The older person's responses to questions during the interview were used to categorize his or her status in each of the five areas as one of the following: excellent, good, mildly impaired, moderately impaired, severely impaired, or completely impaired. For example, the older person's physical health status was placed in the appropriate category on the following scale after considering his or her responses to 22 detailed questions on physical health:

1. In excellent physical health.  
Engages in vigorous physical activity, either regularly or at least from time to time.
2. In good physical health.  
No significant illnesses or disabilities.  
Only routine medical care such as annual checkups required.

3. Mildly physically impaired.  
Has only minor illnesses and/or disabilities which might benefit from medical treatment or corrective measures.
4. Moderately physically impaired.  
Has one or more diseases or disabilities which are either painful or which require substantial medical treatment.
5. Severely physically impaired.  
Has one or more illnesses or disabilities which are either severely painful or life threatening, or which require extensive medical treatment.
6. Totally physically impaired.  
Confined to bed and requiring full-time medical assistance or nursing care to maintain vital bodily functions.

Although the questionnaire responses show a separate status for the five areas of human functioning, we wanted to consider the entire person, or what we have defined as the "well-being" of the person. Therefore, we combined the status in each of the five areas to form the overall well-being of the individual as shown in the following groupings:

<u>Well-being</u>	<u>Description based on five areas included in Duke University questionnaire</u>
Unimpaired	Excellent or good in all five areas of human functioning.
Slightly impaired	Excellent or good in four areas.
Mildly impaired	Mildly or moderately impaired in two areas, or mildly or moderately impaired in one area and severely or completely impaired in another.
Moderately impaired	Mildly or moderately impaired in three areas, or mildly or moderately impaired in two and severely or completely impaired in one.
Generally impaired	Mildly or moderately impaired in four areas.

Greatly impaired	Mildly or moderately impaired in three areas, and severely and completely impaired in another.
Very greatly impaired	Mildly or moderately impaired in all five areas.
Extremely impaired	Mildly or moderately impaired in four areas and severely or completely impaired in the other, or severely or completely impaired in two or more areas.

IDENTIFYING FACTORS THAT  
COULD AFFECT WELL-BEING

To identify those factors affecting the well-being of older people, we

- developed specific definitions of services being provided to older people (see app. V) and a technique for quantifying the services;
- identified the providers of the services-- families and friends, Medicare and Medicaid, and over 100 social service agencies; and
- obtained information about the services provided to each person in our sample and the source and intensity of that service during our interviews with the older people and from the records of the agencies and Medicare and Medicaid.

In defining and quantifying the services, we used a technique developed by the Duke University center. It defines a service according to five elements: purpose of the service, activity, relevant personnel, unit of measure, and example. 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  
measures: Meals.

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

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

Using the above, we gathered data on 28 individual services that were being provided to older people in Cleveland. (See app. V.) However, because of the variety of services being provided and their many possible combinations, we grouped the individual services into types to enable meaningful analyses. We formed the following groupings based on the commonalities described below:

Home help--provided in the home by a minimally trained adult.

Medical--provided by a medically trained adult.

Financial--direct or in-kind financial assistance.

Assessment and referral--provided by an adult trained in evaluation and/or familiar with resources available to provide service.

Social/recreational--not grouped.

Transportation--not grouped.

The following shows how the individual services were grouped:

Types of Service

Home help

Personal care  
Checking  
Homemaker  
Administrative and legal  
Meal preparation  
Continuous supervision

Medical

Medical  
Psychotropic drugs  
Supportive devices  
Nursing care  
Physical therapy  
Mental health

Financial

Financial  
Housing  
Groceries and food  
stamps

Assessment and referral

Coordination, information,  
and referrals  
Overall evaluation  
Outreach

Social/recreational

Social/recreational

Transportation

Transportation

RELATING DATA TO INDIVIDUALS

Each piece of data was collected so that it could be related to an individual in our sample. This included the questionnaire data, the data on the 28 services provided, and the services provided through the Medicare and Medicaid programs. By relating data to the individual, we were able to do comparative analyses of sampled older people for over 500 different variables.

GATHERING INFORMATION

A SECOND TIME

Currently, Case Western Reserve University is reinterviewing the 1,609 people to identify changes in their assessed well-being over the year. Also, we are gathering data on services provided. After collecting and analyzing this information in the second phase of our study, we will report on (1) the changes in well-being over a 1-year period and (2) the factors influencing those changes. This should help to identify the effects the programs have had and are having on the lives of older people and what could be done



by the Congress and the executive branch, State and local governments, and others, to improve older people's lives.

#### ANALYTICAL TECHNIQUES

We used a variety of statistical analysis techniques to identify those factors that could be affecting the well-being of older people and to explore certain issues relating to programs for older people. These techniques included, among others, multiple regression analysis, factor analysis, and comparative analysis. Chapters 3 and 4 discuss the results of our analysis.

### CHAPTER 3

#### ASSESSED WELL-BEING OF OLDER PEOPLE

Only one of every five older people in Cleveland whose well-being we assessed was not impaired. Conversely, about 23 percent were generally impaired or worse including 7 percent considered extremely impaired.

Our projections of the number of older people in Cleveland by assessed well-being are:

<u>Assessed well-being</u>	<u>1975 estimate of people 65 and over</u>	
	<u>Number</u>	<u>Percent</u>
Unimpaired	13,400	21
Slightly impaired	13,200	21
Mildly impaired	11,500	18
Moderately impaired	10,300	17
Generally impaired	5,700	9
Greatly impaired	1,900	3
Very greatly impaired	2,300	4
Extremely impaired	<u>4,300</u>	<u>7</u>
Total	a/ <u>62,600</u>	<u>100</u>

a/Total does not include all older people in Cleveland because the projections are based on only those who responded during interviews and does not include those in institutions.

These results are similar to those of a comparable study done in Durham, North Carolina. (See app. III.)

#### CHARACTERISTICS AFFECTING WELL-BEING

A person's assessed well-being is the result of some characteristics which assistance cannot change (like age) and some which assistance can change (like income). To identify those characteristics which have affected an older person's well-being we used a multiple regression analysis considering several characteristics, both changeable and unchangeable.

Unchangeable characteristics associated with well-being were age and race. Our analysis showed that the younger a person was, the less likely he or she was to be impaired and that whites were less likely to be impaired than blacks.

Changeable characteristics associated with well-being were income and education. Our analysis showed that older people with more income were less likely to be impaired, as were those with more education. For example, the following table shows that for older people of the same race, sex, and age group (white females of age 75 and under), 65 percent with annual income over \$4,000 were unimpaired or only slightly impaired, compared to only 35 percent of those with \$4,000 or less annual income.

Assessed Well-Being By Income—  
Accounting For Race, Sex, and Age (note a)

<u>Group</u> <u>assessed</u> <u>well-being</u>	<u>White females 75 and under</u>	
	<u>\$4,000 or less</u> <u>income</u>	<u>Over \$4,000</u> <u>income</u>
	----- (Percent) -----	
Unimpaired or slightly impaired	35	65
Mildly or moderately impaired	37	26
Generally impaired or worse	<u>28</u>	<u>9</u>
Total	<u>100</u>	<u>100</u>
Number of sampled people	193	193

a/An analysis excluding economic status still showed a significant difference for income levels.

In the second phase of the study we will examine the changes in well-being of low-income people over the year. At that time we will determine to what extent the lack of income may have contributed to a decline in well-being.

Education also appeared to make a difference. For example, the following table shows that for older people of the same race, sex, age group, and income range, 74

percent of those with more than 8 years of education were unimpaired or only slightly impaired, compared to only 53 percent of those with 8 years or less education.

Assessed Well-Being By Education--  
Accounting For Race, Sex, Age, and Income

<u>Group</u> <u>assessed</u> <u>well-being</u>	<u>White females 75 and under</u> <u>with over \$4,000 income</u>	
	<u>8 years or less</u> <u>of education</u>	<u>Over 8 years of</u> <u>education</u>
	----- (Percent) -----	
Unimpaired or only slightly impaired	53	74
Mildly or moderately impaired	30	23
Generally impaired or worse	<u>17</u>	<u>3</u>
Total	<u>100</u>	<u>100</u>
Number of sampled people	78	115

In the second phase, we will see if older people with more education maintain their well-being or decline less rapidly than those with less education and explore the reasons why this occurs; from this, programs may be designed to help older, less educated people cope with the problems of aging.

SERVICES AFFECTING  
WELL-BEING

In the second phase, we will assess the impact of services on the well-being of older people in our sample. The following shows examples of the data we developed in the first phase and a discussion of what we plan to look for in the second phase.

Medical services

Our data indicated that some older people who could benefit from medical services had not received them. Also, many others who were not impaired in physical health were receiving medical services, apparently as a preventive measure.

For example, about 5.7 percent of our sample were impaired in physical health and did not receive medical services. About 25.8 percent of our sample were not impaired in physical health and were receiving medical services.

Physical health <u>rating</u>	<u>Percent of total sample who</u>	
	<u>Received</u> medical <u>service</u>	<u>Did not</u> receive <u>service</u>
Excellent or good	25.8	15.5
Mildly or moderately impaired	47.9	5.5
Severely or completely impaired	<u>5.1</u>	<u>.2</u>
Total	<u>78.8</u>	<u>21.2</u>

We are unable at this time to determine whether the medical services had an effect on the physical health of the sampled older people. In the second phase we will determine whether changes in physical health over time can be attributed to medical services.

If we find in the second phase that (1) older people who were unimpaired in physical health and received medical services generally did not become impaired and (2) those not receiving medical services generally did become impaired, outreach efforts should be redirected toward older people who are not impaired in physical health and are not receiving medical services. As shown in the above schedule, this latter group represents an estimated 15.5 percent of the population of older people in our sample.

If we find that older people who were impaired in physical health and received medical services generally fared better over the year than those not receiving medical services, outreach efforts should be redirected to those persons in the latter group, who make up about 5.7 percent of the population of older people.

### Social/recreational services

Most older people receiving social/recreational services, 82 percent, were not assessed as being impaired socially, as shown in the following table.

<u>Assessed level of impairment in social function</u>	<u>Percent who</u>	
	<u>Received services</u>	<u>Did not receive services</u>
Excellent or good	82	65
Mildly or moderately impaired	15	29
Severely or completely impaired	<u>3</u>	<u>6</u>
Total	<u>100</u>	<u>100</u>

Data from the second phase will enable us to determine whether (1) most people are unimpaired socially when they first obtain social/recreational services or (2) people who are impaired socially when they enter social/recreational services improve as a result of the services. If the first premise is supported, the question arises whether services should be provided to unimpaired older people, which could possibly prevent or slow down the decline in social functioning. If the second is supported, outreach efforts to locate older people who are impaired socially should be directed at this portion (about 24 percent) of the population of older people.

## CHAPTER 4

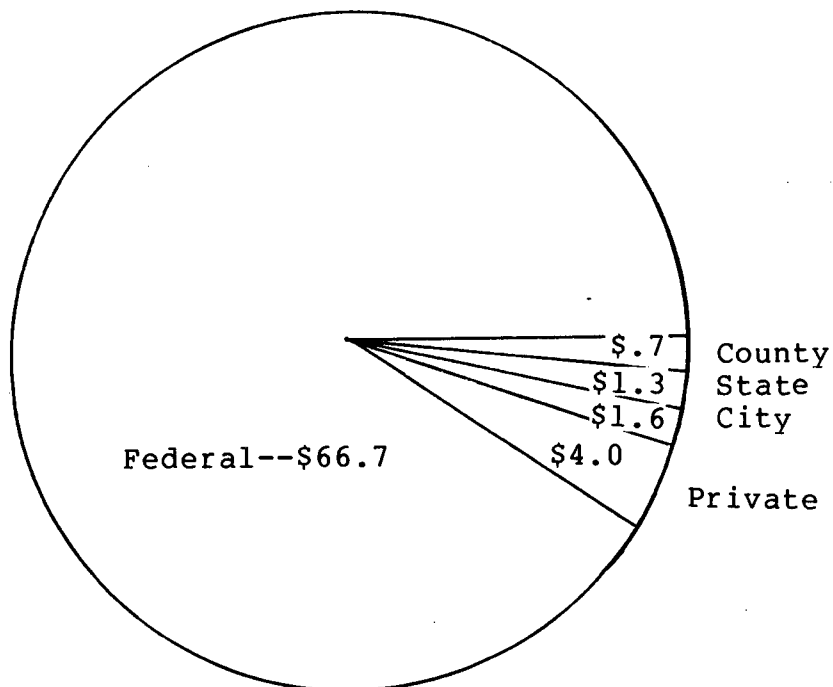
### HOW SERVICES ARE DELIVERED

Using a multiprogram approach, we were able to study many programs designed to help older people. The following describes some of our results and suggests ways that they can be used by Federal agencies in administering the programs. Data showed that

- many social service agencies provide certain kinds of service which lend themselves to centralized administration;
- family and friends are a large source of service for many older people;
- many low income older people live in higher-income neighborhoods served by few social service agencies and, as a result, they may not be receiving agency services;
- many social service agencies emphasize public housing sites and as a result do not reach some older people who could benefit from multiple services;
- many older people who are eligible for assistance under certain Federal programs are not receiving that assistance;
- many low-income older people who own their homes do not get financial help;
- older people are likely to recognize a need for certain services but not for other services;
- provision of more assessment and referral type services could lead to more older people receiving all appropriate services; and
- many impaired older people do not receive social/recreational services.

### CENTRALIZING SERVICES

Over \$74 million was spent in Cleveland in 1975 to provide services through social service agencies and health services under Medicaid and Medicare, as follows:



Total funds--\$74.3 million

Of the \$74.3 million, \$58.6 million was for health services under Medicaid and Medicare and subsistence under Supplemental Security Income. The remaining \$15.7 million, which was spent by the 118 social service agencies, came from the following sources:

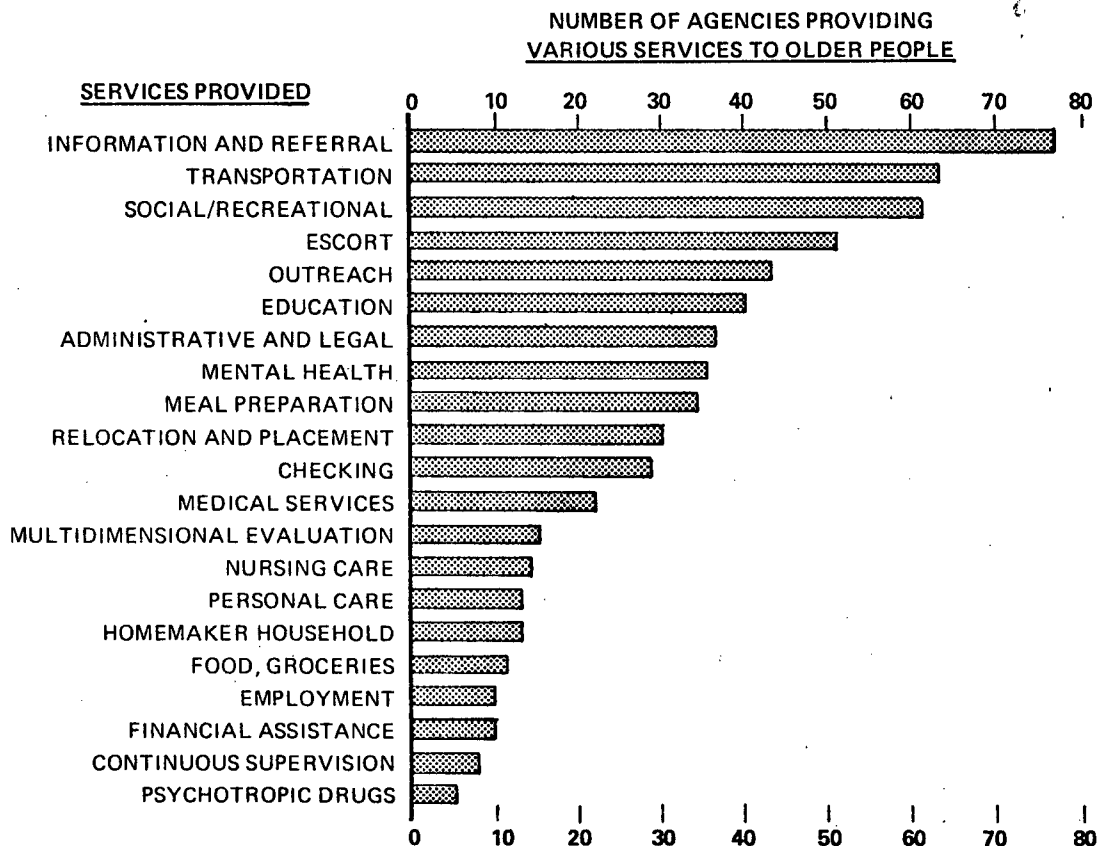
<u>Source of funds</u>	<u>Amount (millions)</u>	<u>Percent</u>
Federal	\$ 9.4	60
County	.7	4
City	1.6	10
Private	<u>4.0</u>	<u>26</u>
Total	<u>\$15.7</u>	<u>100</u>



The \$9.4 million of Federal funds went to 84 of the 118 agencies and came from 23 Federal programs administered by 7 Federal agencies, including the Departments of Agriculture; Health, Education, and Welfare; Housing and Urban Development; Labor; and Transportation. (App. VI shows the Federal agencies and programs funding services in Cleveland, and funding levels for fiscal year 1975.)

The 1975 annual funding level of most agencies was less than \$100,000. Of the 118 agencies, 92 (78 percent) receive less than \$100,000 each in Federal funds annually.

Many of the agencies provide similar services. For example, the most offered services are information and referral (77 agencies), transportation (63), social/recreational (61), escort (51), and outreach (43). Information on the number of agencies providing each service is shown in the following graph.



NOTE: Seven services provided by fewer than five agencies are not shown. Also, most agencies provided more than one service.

Opportunities for centralizing the administration of services are apparent, considering the number of agencies providing similar services. Particular services which may by their nature lend themselves to consolidation and centralization of administration include four of the five most-offered services--information and referral, transportation, escort, and outreach.

FAMILY AND FRIENDS PROVIDE CERTAIN SERVICES TO MANY OLDER PEOPLE

For the most part, home help types of service and transportation were provided by the family or friends. Medical and social/recreational services were provided mostly by agencies. Financial assistance and assessment and referral services were split about evenly between family and friends and an agency. The table on the following page shows the percent of sampled people receiving each individual service by source.

<u>Medical services</u>	<u>Source</u>			<u>Total</u>
	<u>Family/ friends</u>	<u>Agency</u>	<u>Both</u>	
	----- (Percent) -----			
Medical care	-	75	-	75
Psychotropic drugs	-	20	-	20
Supportive devices	-	15	-	15
Nursing care	3	3	1	7
Physical therapy	-	4	-	4
Mental health	-	3	-	3
<u>Home help services</u>				
Personal care	56	1	1	58
Checking	44	1	1	46
Homemaker	20	5	1	26
Administrative and legal	15	7	1	23
Meal preparation	13	8	1	22
Continuous supervision	6	1	1	8
<u>Financial assistance</u>				
General financial	2	7	-	9
Housing	12	10	-	22
Groceries and food stamps	7	8	-	15
<u>Assessment and referral</u>				
Coordination, information, and referral	8	3	1	12
Overall evaluation	-	8	-	8
Outreach	-	5	-	5
Social/recreational (formal, organized <u>activities outside the home)</u>	-	30	-	30
<u>Transportation</u>	60	3	5	68

Most older people have someone available to help

We asked each sampled older person if he or she had a primary source of help if he or she became sick or disabled. Eighty-seven percent said they did. Most said they had someone who would take care of them as long as needed.

The most frequent primary source of available help was the older person's children--42 percent of those who said they had help available mentioned their children. The next most frequent source was the husband or wife--27 percent said the help would come from their spouse--followed by brother or sister (10 percent), other relative (9 percent), and friend (8 percent). The remaining percentage included all others.

Since the family and friends are now providing home help and transportation services, it may well be that the family and friends of other older people could be encouraged and trained to provide similar services. Ways to encourage family and friends to help older people could be identified, developed, and tested. These could include training for family and friends and financial incentives through the income tax system or direct payments. However, any such effort should be structured to encourage and support the many family members or friends who are currently serving older people.

OLDER PEOPLE MAY NOT RECEIVE SERVICES BECAUSE AGENCIES SERVE ONLY CERTAIN NEIGHBORHOODS

The availability of agency services in a neighborhood could be affecting receipt of services. Older people who lived in neighborhoods served by few agencies received considerably fewer services than those living where many agencies provided services.

To illustrate, when considering only the sampled older people who were assessed as generally impaired or worse, only 41 percent of those living in neighborhoods served by only 2 agencies received 2 or more types of service from the agencies. This compares to 64 percent of those living in neighborhoods served by 15 agencies, as shown in the following table:

<u>Agency service level in neighborhood</u>	<u>Average number of agencies serving neighborhood</u>	<u>Percent of sampled people generally impaired or worse receiving two or more services from agencies</u>
Very low	2	41
Low	5	58
Medium	10	63
High	15	64

Further, the family and friends of older people are apparently not compensating for the unavailability of services. Looking at services received from both agencies and the family and friends, only 15 percent of those living in neighborhoods with a very low agency service level received five or more services. This compares to 34 percent of those in neighborhoods with a high agency service level, as shown below.

<u>Agency service level in neighborhood</u>	<u>Percent of sampled older people generally impaired or worse receiving five or more service types</u>
Very low	15
Low	19
Medium	19
High	34

#### Agencies located in inner city

Most neighborhoods with a high agency service level were located in the low-income, inner portion of the city. Those with a very low service level were mostly in the higher income areas of the city. Thus, it appears that many agencies have focused on the low-income neighborhoods with the idea that low-income older people could benefit most from services.

However, many older people living in higher income neighborhoods have both low income and an assessed well-being that indicates they could benefit from services. To illustrate, there are a projected 4,750 older people who have annual incomes less than \$3,000 living in neighborhoods with a very low service level, compared to only a few more--a total of 5,000--in neighborhoods with a high service level. Also, there are a projected 4,050 people with an assessed well-being of generally impaired or worse living in neighborhoods with a very low service level,

compared to 2,960 in the high service level neighborhoods, as shown below.

<u>Service level in neighborhood</u>	<u>Projected number of older people with less than \$3,000 annual income</u>	<u>Projected number of older people generally impaired or worse</u>
Very low	4,750	4,050
Low	4,550	4,100
Medium	3,700	3,070
High	5,000	2,960

The data presented raises questions about where new or expanded services should be located. This data could be used in planning the locations of new agencies or the expansion of existing agencies.

One possible way to identify those neighborhoods where agencies should focus is to project the number of older people in each neighborhood who are impaired in a particular area of functioning and are not receiving a related service. For example, we projected the number of older people in Cleveland who are mildly or worse impaired socially and are not receiving social/recreational services. We found more socially impaired older people (5,050) in neighborhoods with very low service levels than in neighborhoods with a high level (2,700). The following table shows our projections.

<u>Service level in neighborhood</u>	<u>Projected number of older people impaired socially and not receiving social/recreational services</u>	
	<u>Number</u>	<u>Percent</u>
Very low	5,050	33
Low	4,000	26
Medium	3,400	23
High	<u>2,700</u>	<u>18</u>
Total	<u>15,150</u>	<u>100</u>

A similar technique could be used for other services also. The table on the following page shows our projections by service level of the number of older people in Cleveland who are impaired in the other four areas of functioning and not receiving a related service:

Projected number of people  
impaired and not receiving  
a related service (note a)

<u>Service level in neighborhood</u>	<u>Economic status</u>	<u>Mental health</u>	<u>Physical health</u>	<u>Active daily living</u>
Very low	4,350	3,500	1,350	400
Low	4,200	3,700	1,050	250
Medium	3,800	3,050	900	250
High	<u>2,700</u>	<u>2,650</u>	<u>800</u>	<u>350</u>
Total	<u>15,050</u>	<u>12,900</u>	<u>4,100</u>	<u>1,250</u>

a/Related services were defined as (1) Economic: Financial assistance, groceries or food stamps, housing; (2) Mental: Mental health services, psychotropic drugs; (3) Physical: Medical care, physical therapy, supportive devices, nursing care; and (4) Active daily living: Personal care, meal preparation, homemaker household, administrative and legal.

Using this technique in the second phase of this study, we will attempt to attribute changes in assessed well-being to services and project the number of older people not receiving services who could benefit from them.

#### EMPHASIS ON PUBLIC HOUSING

Older people living in public housing are much more likely to receive multiple services which could be appropriate to their assessed well-being than older people who own their homes or rent. Examining those in the sample who were generally impaired or worse, we found that 84 percent of those living in public housing received four or more types of service, compared to 53 percent of those who rent and 39 percent of those who own their homes.

The difference is in the services provided by the agencies. Older people in public housing received as many services from their family or friends as those not in public housing. However, more than half (58 percent) of those in public housing received three or more services from an agency compared to only 5 percent of those not in public housing. The table on the following page shows this in detail.

Number of services received (note a)	People in public housing		People not in public housing	
	Source of service		Source of service	
	Family and friends	Agencies	Family and friends	Agencies
None	11	-	13	50
1 or 2	72	42	69	45
3 or more	<u>17</u>	<u>58</u>	<u>18</u>	<u>5</u>
Total	<u>100</u>	<u>100</u>	<u>100</u>	<u>100</u>
Number of sampled people	124	124	1,485	1,485

a/Not including medical type services.

As the above data indicates, multiple services are available primarily at public housing sites. However, about 9 percent of our sample, a projected 5,718 older people in Cleveland, are not living in public housing but could benefit from multiple services and are not receiving them. Conversely, many older people in public housing may not need multiple services--27 percent of our sample who lived in public housing, a projected 1,284 people, were unimpaired or only slightly impaired.

One way to make multiple services available to those who need them most could be to expand the eligibility criteria for public housing to give preference to older people who could benefit the most from multiple services. Currently, eligibility is based primarily on economic consideration. Also, a way could be developed to provide multiple services to older people who do not live in public housing.

#### MANY OLDER PEOPLE DO NOT USE FEDERAL PROGRAMS

Many older persons in our sample had income low enough to be eligible for Federal programs. Although eligible, many were not using the services from these programs even though their low income indicates they could benefit from some services.



Using our sample and applying the income criteria for four Federal programs, we determined the percent of eligible persons who were receiving benefits. More than half of the eligibles were not using 3 programs and 29 percent were not using the fourth program as shown below.

<u>Program</u>	<u>Number in sample eligible</u>	<u>Number not eligible</u>	<u>Percent of eligible not receiving</u>
Public Housing	1078	954	89
Food Stamps	566	433	77
Supplemental Security Income (SSI)	146	76	52
Medicaid	77	22	29

Some of the reasons for not using these services could be lack of public housing units, unawareness of services, or hesitancy to use the services. Attempts could be made to determine the reasons and then modify these programs accordingly.

#### HOMEOWNERS NOT RECEIVING FINANCIAL HELP

Older people who own their homes are much less likely to be receiving financial services than those who rent. To illustrate, of those with less than \$2,000 income, only 46 percent of the homeowners received financial services, compared to 87 percent of the renters. Also, of those with income between \$2,000 and \$4,000, only 12 percent of the homeowners received financial services, compared to 57 percent of the renters.

Homeowners were less likely to receive financial help from either their family and friends or from an agency. To illustrate, of those with less than \$2,000 income only 29 percent of the homeowners received financial services from their family and friends, compared to 51 percent of the renters. Of those with less than \$2,000 income, only 20 percent of the homeowners received financial services from an agency, compared to 62 percent of the renters.

One possible explanation for this is that many families and friends provide financial services to older people by encouraging the older people to move into their homes. Another could be that older homeowners are hesitant to accept financial services from agencies.

## OLDER PEOPLE SEE BENEFITS OF SOME SERVICES BUT NOT OTHERS

Older persons' responses to the questionnaires indicate recognition that they could benefit from certain services but do not see the benefit of others. The data suggests that older people may be willing to accept certain services and not others and that outreach efforts may have to be designed accordingly.

Generally, older people who might benefit, as indicated by their responses, from a home help type of service did express a need <sup>1/</sup> for one or more of such services. But, older people who might benefit from social/recreational services and mental health services (including psychotropic drugs) generally did not express a need for them. Only about half of those who might benefit from financial services expressed a need.

Most older people who could benefit from home help services expressed a need for them. Forty-six of the 50 people who were unable to dress without help expressed a need for personal care, as did 20 of the 23 who could not eat without help, 47 of the 53 who could not take care of their appearance without help, and 141 of the 166 who could not take a bath or shower without help. Also, 344 of the 484 people who were unable to do housework expressed a need for homemaker-household service, 177 of the 218 who were unable to prepare meals expressed a need for meal preparation, and 134 of the 176 who were unable to handle money expressed a need for administrative and legal service.

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<sup>1/</sup>In this chapter and throughout the report we use the word "need" only to indicate that an older person said he or she "needed" a service. The word is used in such instances because it was also used on the questionnaire. (See app. IV.) We have generally avoided the word because it has many meanings and can be used ambiguously. In general we have tried to replace the word "need" by the word "benefit"; that is, instead of saying an older person "needs a service," we have said an older person "could benefit from a service." In the second phase, an older person will be said to "need" a service if he or she is not receiving a service and we find evidence that older people with the same well-being status benefited from the service.

Because older people are willing to express a need for home help services, they may be willing to accept and even seek out such services. Thus, efforts to encourage people to use home help services may be successful if the older persons are merely made aware that the service exists.

Of those who were impaired economically, only 52 percent expressed a need for more financial aid or food stamps. Possible explanations are that older people (1) hesitate to accept financial help from others, (2) do not recognize their economic status, or (3) have learned to cope with it.

If nearly half of those older people who could benefit from financial services are not willing to express a need, they probably will not take steps to obtain them. Thus outreach efforts for financial services apparently must involve more than merely making older people aware that the services are available.

Only 21 percent of those older people who were impaired in social functioning expressed a need for social/recreational services. Outreach efforts may have to be specifically tailored to deal with the special problems associated with social-impaired older persons. (See p. 29.)

Of those who were impaired in mental health, only 8 percent expressed a need for mental health services in general and only 35 percent said they needed psychotropic drugs. Again outreach efforts may have to be specifically designed for mentally impaired older people.

#### ASSESSMENT AND REFERRAL SERVICES AIDS IN USING OTHER APPROPRIATE SERVICES

Assessment and referral services may be enabling older persons to receive other types of service. Considering only those who were generally impaired or worse, 56 percent of those who received assessment and referral services received four or more other service types, compared to only 40 percent of those who did not receive assessment and referral services, as shown on the next page.

Number of other five service types received	Assessment and referral for <u>generally impaired older people</u>	
	<u>Percent who received</u>	<u>Percent who did not receive</u>
0	-	2
1	3	4
2	6	12
3	35	42
4	36	34
5	20	6
	} 56	} 40
Total	<u>100</u>	<u>100</u>
Number of sampled people	110	254

Except for medical and home help, older people were much more likely to receive each type of service if they were also receiving assessment and referral. For example, considering only those who were impaired in social functioning, 28 percent of those who received assessment and referral services also received social/recreational services, compared to 16 percent of those who did not receive assessment and referral services. The following table illustrates this for all service types.

Type of service received in addition to assessment and referral	Functional impairment accounted for	<u>Assessment and referral</u>	
		<u>Percent who received</u>	<u>Percent who did not receive</u>
Social/recreational	Social	28	16
Financial	Economic	61	47
Medical	Physical health	94	87
Transportation	None	81	65
Home help	Active daily living	98	96

The data presented above indicates that older people who receive assessment and referral are more likely to receive other appropriate services. Therefore, increased efforts to provide more assessment and referral types of service could lead to more older people receiving all appropriate types of service.

IMPAIRED OLDER PEOPLE  
DO NOT RECEIVE SOCIAL/  
RECREATIONAL SERVICES

Older people who were impaired in any of the five functional areas were less likely to receive social/recreational services than those who were unimpaired. The level of impairment could also make a difference.

The following table shows the likelihood of an older person receiving social/recreational services by level of impairment for five functional areas. To illustrate, the table shows that only 8 percent of those who were severely or completely impaired in active daily living received social/recreational services, compared to 26 percent of those who were mildly or moderately impaired, and 33 percent of those who were unimpaired (good or excellent).

<u>Area of functioning</u>	<u>Percent receiving social/recreational services</u>		
	<u>Good or excellent</u>	<u>Mildly or moderately impaired</u>	<u>Severely or completely impaired</u>
Active daily living	33	26	8
Physical health	34	28	15
Economic status	32	28	11
Mental health	34	23	2
Social status	35	18	20

The above indicates that older people who are impaired in any functional area may have problems in taking part in social/recreational services. For example, socially impaired older people may have certain characteristics that make them difficult to locate and/or difficult to communicate with.

Thus, outreach efforts and social/recreation services may have to be specially designed to deal with such problems. Also, efforts directed toward mildly or moderately impaired older people may be more successful than those directed toward the severely or completely impaired.

FEDERAL DOMESTIC  
ASSISTANCE PROGRAMS BENEFITING  
OLDER AMERICANS

Program  
 number 1/

Department of Agriculture

10.001	Agricultural Research - Basic and Applied Research
10.410	Low to Moderate Income Housing Loans
10.415	Rural Rental Housing Loans
10.417	Very Low Income Housing Repair Loans
10.423	Community Facilities Loans
10.500	Cooperative Extension Service
10.550	Food Distribution
10.551	Food Stamps

Department of Defense

12.500	United States Soldiers' and Airman's Home
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Department of Health, Education, and Welfare

13.210	Comprehensive Public Health Services - Formula Grants
13.224	Health Services Development - Project Grants
13.226	Health Services Research and Development - Grants and Contracts
13.228	Indian Health Services
13.229	Indian Sanitation Facilities
13.237	Mental Health - Hospital Improvement Grants
13.238	Mental Health - Hospital Staff Development Grants
13.240	Mental Health - Community Mental Health Centers
13.241	Mental Health Fellowships
13.242	Mental Health Research Grants
13.244	Mental Health Training Grant
13.246	Migrant Health Grants
13.258	National Health Service Corps
13.284	Emergency Medical Services
13.289	President's Council on Physical Fitness and Sports

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1/As shown in the Catalog of Federal Domestic Assistance.

13.370	Schools of Public Health - Grants
13.379	Family Medicine - Training Grants
13.383	Health Professions - Special Project
13.400	Adult Education - Grants to States
13.464	Library Services - Grants for Public Libraries
13.465	Library Services - Interlibrary Cooperation
13.491	University Community Service - Grants to States
13.560	Regional Education Programs for Deaf and Other Handicapped Persons
13.603	Office for Handicapped Individuals
13.609	Special Programs for the Aging
13.612	Native American Programs
13.714	Medical Assistance Program
13.754	Public Assistance - Social Services
13.761	Public Assistance - Maintenance Assistance (State Aid)
13.766	Public Assistance Research
13.800	Medicare - Hospital Insurance
13.801	Medicare - Supplementary Medical Insurance
13.802	Social Security - Disability Insurance
13.803	Social Security - Retirement Insurance
13.804	Social Security - Special Benefits for Persons Aged 72 and Over
13.805	Social Security - Survivors Insurance
13.806	Special Benefits for Disabled Coal Miners
13.807	Supplemental Security Income
13.866	Aging Research
N/A <u>1/</u>	Programs of the Office of Nursing Home Affairs
N/A	Programs of the National Institute on Aging
N/A	Rehabilitation Services Administration's Program for the Aging

Department of Housing and Urban Development

14.103	Interest Reduction Payments - Rental and Cooperative Housing for Lower Income Families (236)
14.104	Interest Subsidy - Acquisition and Rehabilitation of Homes for Resale to Lower Income Families (235j)
14.105	Interest Subsidy - Homes for Lower Income Families (235i)
14.106	Interest Subsidy - Purchase of Rehabilitated Homes by Lower Income Families

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1/N/A--Not Available.

14.108 Major Home Improvement Loan Insurance -  
Housing Outside Urban Renewal Areas

14.129 Mortgage Insurance - Nursing Homes and  
Related Care Facilities

14.138 Mortgage Insurance - Rental Housing for the  
Elderly

14.146 Public Housing - Acquisition (Turnkey and  
Conventional Production Methods)

14.148 Public Housing - Leased

14.149 Rent Supplements - Rental Housing for Lower  
Income Families

14.156 Lower-Income Housing Assistance Program

14.218 Community Development Block Grants/Entitlement  
Grants

14.219 Community Development Block Grants/Discre-  
tionary Grants

14.607 Public Housing - Modernization of Projects

Department of the Interior

15.100 Indian Education - Adults

15.113 Indian Social Services - General Assistance

15.115 Indian Housing - Development

15.116 Indian Housing - Improvement

15.124 Indian Loans - Economic Development

15.132 Indian Social Services - Counseling

Department of Labor

17.103 Employee Benefits Security

17.207 Employment Service

17.221 Manpower Research - Small Grant Research  
Projects

17.223 National Older Workers Program - Operation  
Mainstream

17.225 Unemployment Insurance - Grants to States

17.228 National On-The-Job Training

17.232 Comprehensive Employment and Training Programs

17.235 Senior Community Service Employment Program

17.300 Age Discrimination in Employment

17.303 Minimum Wage and Hour Standards

Department of Transportation

20.500 Urban Mass Transportation Capital Improvement  
Grants

20.504 Mass Transportation Technology



Appalachian Regional Commission

23.005 Appalachian Housing Planning Loan  
 23.006 Appalachian State Housing Technical Assistance  
 23.014 Appalachian Housing Site Development and Off  
 Site Improvement Grants

Library of Congress

42.001 Books for the Blind and Physically Handicapped

Community Services Administration

49.002 Community Action  
 49.008 Legal Services  
 49.010 Older Persons Opportunities and Services  
 49.011 Community Economic Development  
 49.013 State Economic Opportunity Offices

Railroad Retirement Board

57.001 Social Insurance for Railroad Workers

Veterans Administration

64.001 Biomedical Research  
 64.002 Community Nursing Home Care  
 64.003 Education and Training of Health Service  
 Personnel  
 64.005 Grants to States for Construction of State  
 Nursing Home Care Facilities  
 64.006 Prosthetics Research  
 64.007 Blind Veterans Rehabilitation Centers  
 64.008 Veterans Domiciliary Care  
 64.009 Veterans Hospitalization  
 64.010 Veterans Nursing Home Care  
 64.011 Veterans Outpatient Care  
 64.012 Veterans Prescription Service  
 64.013 Veterans Prosthetic Appliances  
 64.014 Veterans State Domiciliary Care  
 64.015 Veterans State Nursing Home Care  
 64.016 Veterans State Hospital Care  
 64.017 Grants to States for Remodeling of State Home  
 Hospital/Domiciliary Facilities  
 64.018 Sharing Medical Facilities, Equipment, and  
 Information  
 64.019 Veterans Rehabilitation - Alcohol and Drug  
 Dependency

- 64.100 Automobiles and Adaptive Equipment for Certain Disabled Veterans and Members of the Armed Forces
- 64.101 Burial Allowance for Veterans
- 64.102 Compensation for Service-Connected Deaths for Veterans Dependents
- 64.103 Life Insurance for Veterans
- 64.104 Pension for Non-Service-Connected Disability for Veterans
- 64.105 Pension to Veterans Widows and Children
- 64.106 Specially Adapted Housing for Disabled Veterans
- 64.107 Veterans Assistance Centers
- 64.109 Veterans Compensation for Service-Connected Disability
- 64.110 Veterans Dependency and Indemnity Compensation for Service-Connected Death
- 64.111 Veterans Educational Assistance
- 64.113 Veterans Housing - Direct Loans and Advances
- 64.114 Veterans Housing - Guaranteed and Insured Loans
- 64.115 Veterans Information and Assistance
- 64.116 Vocational Rehabilitation for Disabled Veterans
- 64.117 Dependents Educational Assistance
- 64.119 Veterans Housing - Mobile Home Loans

ACTION

- 72.001 The Foster Grandparents Program
- 72.002 Retired Senior Volunteer Program
- 72.003 Volunteers in Service to America
- 72.006 Service Corps of Retired Executives and Active Corps of Executives
- 72.007 ACTION Cooperative Volunteer Program
- 72.008 The Senior Companion Program

AGENCIES PARTICIPATING IN  
OLDER AMERICANS STUDY

Addison Square Senior Community Center	Cuyahoga County Welfare Department-Adult Social Services
Alta Social Settlement	Cuyahoga Metropolitan Housing Authority-Public Housing
American Red Cross	Deaconess Hospital of Cleveland
Apthrop Towers Senior Center	Martin DePorres Center-Catholic Charities
Bellaire Gardens Senior Center	East Cleveland Community Center-Senior Activity Center
Lucia J. Bing Center	East End House
Bing Golden Age Center - Cedar Estates	East End Neighborhood House
Bohn Tower Center	East End Neighborhood House-EDCON
Ernest J. Bohn Center	Elder-Lot Inc.
Ernest J. Bohn Golden Age Center-Wade Park Extension Program	Fairview General Hospital
Calvary Presbyterian Church	Federal Housing Authority--U.S. Department of Housing and Urban Development
Calvary Reformed Church	First United Methodist Church
Catholic-Family & Children Service	Foster Grandparents
Cedar Coordinated Services Center for Human Services Counseling-Central Unit	Franklin Circle Christian Church
Chronic Illness Center	Free Medical Clinic of Greater Cleveland
Cleveland Board of Education	Friendly Inn Settlement
Cleveland Clinic Hospital	Garden Valley Neighborhood House
Cleveland Foot Clinic of Ohio-College of Podiatric Medicine	Glenville Multi-Service Center
The Cleveland Foundation	Glenville Neighborhood & Community Center
Cleveland Metropolitan General Hospital	Glenville United Presbyterian Church and Service Center
Cleveland Psychiatric Institute	Goodrich-Gannett Center
Collingwood Arts Center	
Collingwood Community Service Center	
Collingwood Eldercare Center	
Community Services Center of Mount Pleasant	
Cudell Senior Center	
Cuyahoga County Office on Aging	
Cuyahoga County Welfare Department-Food Stamp Program	

Goodwill Industries	Polyclinic Hospital
Harvard Community Services Center	Project Senior-Ethnic-Find
Holy Trinity Baptist Church	Rainey Institute
Home Crafters Shop	Retired Senior Volunteer Program
Hough Multi-Service Center	Riverview Clinic
Hough Norwood Family Health Care Center	Benjamin Rose Institute
Huron Road Hospital	Benjamin Rose Riverview Service Project
King-Kennedy Center	Salvation Army-Addison Superior
King-Kennedy Golden Age Center-I (South)	Salvation Army- Harbor Light
King-Kennedy Health Clinic	Senior Community Service Aides Project
Kinsman Multi-Service Center	Seniors of Ohio-Greater Cleveland Chapter
Lakeview Terrace Center	Skills Available
LaRonde Apartments	Spanish Speaking Elderly of Ohio
Legal Aid Society	St. Agatha Center
Lexington Square Community Center	St. Alexis Hospital
Lorain Square Senior Citizen Club	St. Augustine Manor
Lutheran Medical Center	St. Luke's Hospital
Mayor's Commission on Aging-Cleveland	St. Vincent Charity Hospital
Thomas J. McCafferty Family Health Care Center	Tremont Coordinated Program for the Elderly
Model Cities	Tremont Multi-Service Center
Model Cities-Dental Care Station	Tremont People's Free Clinic
Model Cities-Medical Care Center	UAW-Retired Workers Center-East
Model Cities-Mini Bus Program	Unionites of Union Square
Merrick House	University Hospital of Cleveland
Metropolitan General Hospital	University Settlement
Miles-Broadway Health Center	Upjohn Homemakers Inc.
Mt. Auburn Golden Age Center	U.S. Public Health Service Outpatient Clinic
Mt. Sinai Hospital	Veterans Administration Hospital
Mt. Sinai Hospital-Springbrook Clinic	Visiting Nurses Association
Nationalities Services Center	Vocational Guidance & Rehabilitation Services, Eagle's Nest
Neighborhood Elderly Transportation (Dial-A-Bus)	
Our Lady of Mount Carmel	
Phillis Wheatley Association	
Pilgram Congregational Church	

West Side Community House  
West Side Multi-Service Center  
Willson Center  
James H. Woods Center  
James H. Woods Golden Age Center

OTHER COOPERATING AGENCIES

Blue Cross of Northeast Ohio  
Bureau of Public Health Nursing  
Federation Community Information  
Center  
Greater Cleveland Hospital  
Association  
Metropolitan Health Planning  
Corporation  
Nationwide Mutual Insurance  
Company  
Ohio Commission on Aging  
The Travelers Insurance Company  
United Torch Service

COMPARISON OF OLDER PEOPLE  
IN CLEVELAND WITH OLDER PEOPLE  
IN DURHAM, NORTH CAROLINA

To identify differences in the status of older people living in different geographic regions we compared our results in Cleveland--a northern industrial city of about 750,000 people--with the results of a similar study in Durham, North Carolina--a smaller southern city with a population of less than 100,000. The Durham study was conducted in the spring of 1973 by the Duke Center for the Study of Aging and Human Development. Our Cleveland study was conducted in the summer of 1975 using essentially the same questionnaire and methodology.

The results of the two studies were very similar. To illustrate, 57 percent of the older people interviewed in Cleveland had no worse than a mild impairment in any of five functional areas, compared to 59 percent of the people in Durham. In Cleveland, 23 percent were moderately impaired or worse in only one functional area, compared to 19 percent in Durham. Also, 20 percent of those in Cleveland were moderately impaired or worse in two or more functional areas, compared to 22 percent in Durham.

In individual functional areas, the results of the two studies were also similar. To illustrate, 70 percent of the older people interviewed in Cleveland were excellent or good in social functioning, compared to 73 percent in Durham. In the activities of daily living functional area, 64 percent in both cities were excellent or good. The following table shows the details for all five functional areas:

Rating	Functional Area (percent)									
	Social		Economic		Mental Health		Physical Health		Activities of daily living	
	Cleveland	Durham	Cleveland	Durham	Cleveland	Durham	Cleveland	Durham	Cleveland	Durham
Excellent or good	70	73	52	44	68	64	41	43	64	64
Mildly or moderately impaired	25	24	46	54	28	32	53	47	30	27
Severely or completely impaired	5	3	2	2	4	4	5	9	6	10

NOTE: Data related to the city of Durham was obtained from the Older Americans Resources and Services Program of the Duke University Center for the Study of Aging and Human Development, Durham.

Demographic characteristics

We compared the demographic characteristics of our sample of older people with those of the Durham sample and nationwide data. Again, we found similarities. The only difference was in race, with the Durham and Cleveland samples having more blacks represented than in the nationwide figures. The following shows the details.

	<u>Cleveland sample</u>	<u>Durham sample</u>	<u>1974 nationwide</u>
	----- (Percent) -----		
<u>Sex</u>			
Male	38	37	41
Female	62	63	59
<u>Age</u>			
65-74	59	68	63
75 and over	41	32	37
<u>Race</u>			
White	74	66	92
Black	26	34	8
<u>Marital status</u>			
Single	7	5	8
Married	40	44	50
Widowed	46	46	37
Divorced or separated	7	5	5

DUKE UNIVERSITY MULTIDIMENSIONAL  
FUNCTIONAL ASSESSMENT QUESTIONNAIRE

		CARD #	CARD 1
Case Number _____			<u>1</u> (cc 1)
		CASE #	<u>        </u> (cc 2-5)
Last 2 Numbers of Zip Code _____			<u>        </u> (cc 6-7)
Date of Interview _____	Month	Day	<u>        </u> (cc 8-9 & 10-11)
Time Interview Began _____			
Interviewer's Number _____		(2 Digits)	<u>        </u> (cc 12-13)
Relationship of Informant to Subject			
1. Spouse	5. Nephew or Niece		
2. Brother or sister	6. Cousin		
3. Son or daughter	7. Friend		
4. Grandchild	8. Other (specify _____)		<u>        </u> (cc 14)
Place of interview			
	1. Subject's home		
	2. Institution (specify: _____)		<u>        </u> (cc 15)
Subject's residence			
	1. House		
	2. Institution (specify: _____)		<u>        </u> (cc 16)



CARD 1

- (cc 17)
- (cc 18)
- (cc 19)
- (cc 20)
  
- (cc 21)
- (cc 22)
- (cc 23)
  
- (cc 24)
- (cc 25)
- (cc 26)
  
- (cc 27)
  
- (cc 28-29)

**PRELIMINARY QUESTIONNAIRE**

**[/ASK QUESTIONS 1-10 AND RECORD ALL ANSWERS. (ASK QUESTION 4a. ONLY IF SUBJECT HAS NO TELEPHONE.) CHECK CORRECT (+) OR INCORRECT (-) FOR EACH AND RECORD TOTAL NUMBER OF ERRORS BASED ON TEN QUESTIONS./]**

CODE		
1	0	
+	-	

1. What is the date today? \_\_\_\_\_  
Month     Day     Year
2. What day of the week is it? \_\_\_\_\_
3. What is the name of this place? \_\_\_\_\_
4. What is your telephone number? \_\_\_\_\_
- a. [/ASK ONLY IF SUBJECT DOES NOT HAVE A PHONE./]  
What is your street address?  
\_\_\_\_\_
5. How old are you? \_\_\_\_\_
6. When were you born? \_\_\_\_\_  
Month     Day     Year
7. Who is the president of the U.S. now? \_\_\_\_\_
8. Who was the president just before him? \_\_\_\_\_
9. What was your mother's maiden name? \_\_\_\_\_
10. Subtract 3 from 20 and keep subtracting 3 from each new number you get, all the way down.

**[/CORRECT ANSWER IS: 17, 14, 11, 8, 5, 2**

\_\_\_\_\_ **Total number of errors.**

CARD 1

1. Telephone Number  IF SUBJECT IS RELIABLE TRANSFER FROM  
 PRELIMINARY QUESTIONNAIRE; OTHERWISE, OBTAIN FROM INFORMANT  
 OR LOOK ON TELEPHONE. \_\_\_\_\_  
 (Code - 1. Has Telephone 2. No phone)

\_\_\_\_\_ (cc 30)

2. Sex of Subject  
 1 Male  
 2 Female

\_\_\_\_\_ (cc 31)

3. Race of Subject  
 1 White (Caucasian)  
 2 Black (Negro)  
 3 Oriental  
 4 Spanish American (Spanish surname)  
 5 American Indian  
 - Not answered

\_\_\_\_\_ (cc 32)

4.  GET FROM PRELIMINARY QUESTIONNAIRE IF SUBJECT IS RELIABLE;  
 FROM INFORMANT IF NOT. (Code year only)

a. When were you born? \_\_\_\_\_  
 (Month) (Day) (Year)

\_\_\_\_\_ (cc 33-34)

b. How old are you? \_\_\_\_\_

\_\_\_\_\_ (cc 35-36)

5. How far did you go (have you gone) in school?  
 1 0-4 years  
 2 5-8 years  
 3 High school incomplete  
 4 High school completed  
 5 Post high school, business or trade school  
 6 1-3 years college  
 7 4 years college completed  
 8 Post graduate college  
 - Not answered

\_\_\_\_\_ (cc 37)

SOCIAL RESOURCES

Now I'd like to ask you some questions about your family and  
 friends.

6. Are you single, married, widowed, divorced or separated?  
 1 Single  
 2 Married  
 3 Widowed  
 4 Divorced  
 5 Separated  
 - Not answered

\_\_\_\_\_ (cc 38)

CARD 1 7. Who lives here with you?

CHECK "YES" OR "NO" FOR EACH OF THE FOLLOWING.

		Code		
		1	0	
		Yes	No	
<u>(cc 39)</u>				No one
<u>(cc 40)</u>				Husband or wife
<u>(cc 41)</u>				Children
<u>(cc 42)</u>				Grandchildren
<u>(cc 43)</u>				Parents
<u>(cc 44)</u>				Grandparents
<u>(cc 45)</u>				Brothers and sisters
<u>(cc 46)</u>				Other relatives <u>Does not include in-laws covered in the above categories.</u>
<u>(cc 47)</u>				Friends
<u>(cc 48)</u>				Non-related paid* helper <u>*Includes free room</u>
<u>(cc 49)</u>				Others <u>SPECIFY</u> _____

8. How many people do you know well enough to visit with in their homes?

1 None  
 2 One to two  
 3 Three to four  
 4 Five or more  
 - Not answered

9. About how many times did you talk to someone--friends, relatives, or others on the telephone in the past week (either you called them or they called you)? IF SUBJECT HAS NO PHONE, QUESTION STILL APPLIES.

1 Not at all  
 2 Once  
 3 Two to six times  
 4 Once a day or more  
 - Not answered

10. How many times during the past week did you spend some time with someone who does not live with you, that is you went to see them or they came to visit you, or you went out to do things together?

1 Not at all  
 2 Once  
 3 Two to six times  
 4 Once a day or more  
 - Not answered

(cc 50)

(cc 51)

(cc 52)

CARD 1

11. Do you have someone you can trust and confide in?  
 1 Yes  
 0 No  
 - Not answered

---

(cc 53)

12. Do you find yourself feeling lonely quite often, sometimes, or almost never?  
 1 Quite often  
 2 Sometimes  
 3 Almost never  
 - Not answered

---

(cc 54)

13. Do you see your relatives and friends as often as you want to or are you somewhat unhappy about how little you see them?  
 1 As often as wants to  
 2 Somewhat unhappy about how little  
 - Not answered

---

(cc 55)

14. Is there someone who would give you any help at all if you were sick or disabled, for example your husband/wife, a member of your family, or a friend?  
 1 Yes  
 0 No one willing and able to help  
 - Not answered

---

(cc 56)

IF "YES" ASK a. AND b.

- a. Is there someone who would take care of you as long as needed, or only for a short time, or only someone who would help you now and then (for example, taking you to the doctor, or fixing lunch occasionally, etc.)?  
 1 Someone who would take care of Subject indefinitely (as long as needed)  
 2 Someone who would take care of Subject for a short time (a few weeks to six months)  
 3 Someone who would help the Subject now and then (taking him to the doctor or fixing lunch, etc.)  
 - Not answered

---

(cc 57)

- b. Who is this person?

Name \_\_\_\_\_

Relationship 1. Spouse 2. Brother/Sister 3. Offspring

4. Grandchild 5. Other relative 6. Friend 7. Other

---

(cc 58)

CARD 1

ECONOMIC RESOURCES

Now I'd like to ask you some questions about your work situation.

15. Are you presently:

[CHECK "YES" OR "NO" FOR EACH OF THE FOLLOWING.]

		Code		
		1	0	
		Yes	No	
<u>(cc 59)</u>				Employed full-time
<u>(cc 60)</u>				Employed part-time
<u>(cc 61)</u>				Retired
<u>(cc 62)</u>				Retired on disability
<u>(cc 63)</u>				Not employed and seeking work
<u>(cc 64)</u>				Not employed and not seeking work
<u>(cc 65)</u>				Full-time student
<u>(cc 66)</u>				Part-time student

16. What kind of work have you done most of your life?

[CIRCLE THE MOST APPROPRIATE.]

- |  |                          |
|--|--------------------------|
| 0 Never employed                       | 6 Clerical or sales      |
| 1 Housewife                            | 7 Farmer, farm laborer   |
| 2 Military                             | 8 Non-farm laborer       |
| 3 Proprietor, manager or official      | 9 Other (SPECIFY: _____) |
| 4 Craftsman, foreman or service worker |                          |
| 5 Professional                         |                          |

(cc 67)

17. Does your husband/wife work or did he/she ever work? [QUESTION APPLIES ONLY TO SPOUSE TO WHOM MARRIED THE LONGEST.]

- 1 Yes
- 2 No
- 3 Never married
- Not answered

(cc 68)

[IF "YES" ASK a.]

a. What kind of work did or does he/she do?

- [CIRCLE ONE OF FOLLOWING.] 1. Housewife 2. Military 3. Professional  
 4. Owner, manager or official 5. Craftsman 6. Clerical/Sales  
 7. Farm Laborer 8. Non-farm laborer 9. Other (Specify: \_\_\_\_\_)

(cc 69)

Card 1

18. Do you (and your husband/wife) support yourself(ves), that is provide more than half of their needs?  
 1 Yes 0 No - Not answered

(cc 70)

/IF "YES" ASK a./

a. How many others do you support? \_\_\_\_\_

(cc 71)

19. Where does your income (money) come from (yours and your husband's/wife's)?

EDITORS: CODE "00" IF "NO" FOR EACH OF FOLLOWING.  
 IF YES, CODE # CORRESPONDING TO AMOUNT IN TABLE OF PART a.

/IF COMPLETE INCOME AMOUNTS ARE OBTAINED IN QUESTION 19 SKIP TO QUESTION 20, BUT IF ANY AMOUNTS ARE MISSING ASK a./

	CODE	
	OO	SAME AS PART a
Earnings from employment (wages, salaries, or income from your business)		IF YES HOW MUCH CIRCLE ONE
		Weekly
		Monthly
		Yearly
Income from rental, interest from investments, etc. (Include trusts, annuities, & payments from insurance policies & savings)		Weekly
		Monthly
		Yearly
Social Security (Include Social Security disability payments but not SSI.)		Weekly
		Monthly
		Yearly
V.A. benefits such as G.I. Bill, and disability payments		Weekly
		Monthly
		Yearly
Disability payments not covered by Social Security, SSI, or VA. Both government & private, & including Workmen's Compensation		Weekly
		Monthly
		Yearly
Unemployment Compensation		Weekly
		Monthly
		Yearly
Retirement pension from job		Weekly
		Monthly
		Yearly
Alimony or child support		Weekly
		Monthly
		Yearly
Scholarships, stipends (Include only the amount beyond tuition.)		Weekly
		Monthly
		Yearly
Regular assistance from family members (including regular contributions from employed children)		Weekly
		Monthly
		Yearly
SSI payments (yellow government check)		Weekly
		Monthly
		Yearly
Regular financial aid from private organizations or churches		Weekly
		Monthly
		Yearly
Welfare payments or Aid for Dependent Children		Weekly
		Monthly
		Yearly
Other		Weekly
		Monthly
		Yearly

(cc 72-73)

(cc 74-75)

(cc 76-77)

(cc 78-79)

\*BEGIN CARD 2  
SEE BELOW

(cc 6-7)

(cc 8-9)

(cc 10-11)

(cc 12-13)

(cc 14-15)

(cc 16-17)

(cc 18-19)

(cc 20-21)

(cc 22-23)

(cc 24-25)

\*CARD 2  
(cc 1)  
CASE #  
(cc 2-5)

CARD 2

a. How much income do you (and your husband/wife) have a year?

SHOW ANNUAL INCOME LADDER AND CIRCLE THE NUMBER WHICH IDENTIFIES EITHER YEARLY OR MONTHLY INCOME CATEGORY.

YEARLY		MONTHLY
01	0 - \$ 499	(0 - \$ 41)
02	\$ 500 - \$ 999	(\$ 42 - \$ 83)
03	\$ 1,000 - \$ 1,999	(\$ 84 - \$ 166)
04	\$ 2,000 - \$ 2,999	(\$ 167 - \$ 249)
05	\$ 3,000 - \$ 3,999	(\$ 250 - \$ 333)
06	\$ 4,000 - \$ 4,999	(\$ 334 - \$ 416)
07	\$ 5,000 - \$ 6,999	(\$ 417 - \$ 583)
08	\$ 7,000 - \$ 9,999	(\$ 584 - \$ 833)
09	\$10,000 - \$14,999	(\$ 834 - \$1249)
10	\$15,000 - \$19,999	(\$1250 - \$1666)
11	\$20,000 - \$29,999	(\$1667 - \$2499)
12	\$30,000 - \$39,999	(\$2500 - \$3333)
13	\$40,000 or more	(\$3334 or more)
-	Not answered	

(cc 26-27)

20. Do you own your own home?

- 1 Yes
- 0 No
- Not answered

IF "NO" ASK c. AND d.  
(Code these at far left bottom)

(cc 28)

IF "YES" ASK a. AND b.

- a. How much is it worth?
- 1 Up to \$10,000
  - 2 \$10,000 - \$24,000
  - 3 \$25,000 - \$50,000
  - 4 More than \$50,000
  - Not answered

(cc 29)

- a. b. Do you own it outright or are you still paying a mortgage?
- 1 Own outright
  - 2 Still paying
  - Not answered
- b.(1)

(cc 30)

(cc 31)

IF 2 ASK (1).

- c. (1) How much is the monthly payment?
- 1 0-\$ 59
  - 2 \$ 60-\$ 99
  - 3 \$100-\$149
  - 4 \$150-\$199
  - 5 \$200-\$249
  - 6 \$250-\$349
  - 7 \$350 up
- c.(1)
- d.

(cc 32)

(cc 33)

(cc 34)

c. Do you (and your husband/wife) pay the total rent for your house (apartment) or do you contribute to the cost, or does someone else own it or pay the rent?

- 1 Subject pays total rent
- 2 Subject contributes to the cost
- 3 Someone else owns it or pays the rent (Subject doesn't contribute)
- Not answered

IF 1 OR 2 ASK (1).

- (1) How much rent do you pay?
- 1 \$ 0-\$ 59 per month
  - 2 \$ 60-\$ 99 per month
  - 3 \$100-\$149
  - 4 \$150-\$199
  - 5 \$200-\$249
  - 6 \$250-\$349
  - 7 \$350 up
  - Not answered

d. Do you live in public housing or receive a rent subsidy?

- 0 No, neither
- 1 Yes, live in public housing
- 2 Yes, receives a rent subsidy
- Not answered

CARD 2

- 21. Are your assets and financial resources sufficient to meet emergencies?
  - 1 Yes
  - 0 No
  - Not answered

(cc 35)

- 22. Are your expenses so heavy that you cannot meet the payments, or can you barely meet the payments, or are your payments no problem to you?
  - 1 Subject cannot meet payments
  - 2 Subject can barely meet payments
  - 3 Payments are no problem
  - Not answered

(cc 36)

- 23. Is your financial situation such that you feel you need financial assistance or help beyond what you are already getting?
  - 1 Yes
  - 0 No
  - Not answered

(cc 37)

- 24. Do you pay for your own food or do you get any regular help at all with costs of food or meals?
  - 1 Subject pays for food himself
  - 2 Subject gets help
  - Not answered

(cc 38)

IF 2 ASK a.]

a. From where? [CHECK "YES" OR "NO" FOR EACH OF THE FOLLOWING.]

1      0

YES	NO

Family or friends

(cc 39)

Food stamps

(cc 40)

Prepared food (meals) from an agency or organization program [SPECIFY:]

(cc 41)

\_\_\_\_\_

\_\_\_\_\_

1. Specified    2. Not Specified

(cc 42)

Number of meals per week

(cc 43-44)



CARD 2

25. Do you feel that you need food stamps?

- 1 Yes
- 0 No
- Not answered

(cc 45)

26. Are you covered by any kinds of health or medical insurance?

- 1 Yes
- 0 No
- Not answered

(cc 46)

[IF "YES" ASK a.]

a. What kind?

[CHECK "YES" OR "NO" FOR EACH OF THE FOLLOWING.]

1	0
Yes	No

Medicaid

Medicare Plan A only (hospitalization only)

Medicare Plan A and B (hospitalization and doctor's bills)

Other insurance: hospitalization only (Blue Cross or other)

Other insurance: hospitalization and doctor's bills (Blue Cross and Blue Shield, major medical or other)

(cc 47)

(cc 48)

(cc 49)

(cc 50)

(cc 51)

27. Please tell me how well you think you (and your family) are now doing financially as compared to other people your age -- better, about the same, or worse?

[PROBE AS NECESSARY.]

- 3 Better
- 2 About the same
- 1 Worse
- Not answered

(cc 52)

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

- 3 Very well
- 2 Fairly well
- 1 Poorly
- Not answered

(cc 53)

29. Do you usually have enough to buy those little "extras"; that is, those small luxuries?

- 1 Yes
- 0 No
- Not answered

(cc 54)

CARD 2

30. Do you feel that you will have enough for your needs in the future?
- 1 Yes
  - 0 No
  - Not answered

---

(cc 55)

## MENTAL HEALTH

Next, I'd like to ask you some questions about how you feel about life.

31. How often would you say you worry about things--very often, fairly often, or hardly ever?
- 1 Very often
  - 2 Fairly often
  - 3 Hardly ever
  - Not answered

---

(cc 56)

32. In general, do you find life exciting, pretty routine, or dull?
- 3 Exciting
  - 2 Pretty routine
  - 1 Dull
  - Not answered

---

(cc 57)

33. Taking everything into consideration how would you describe your satisfaction with life in general at the present time--good, fair, or poor?
- 3 Good
  - 2 Fair
  - 1 Poor
  - Not answered

---

(cc 58)

CARD 2

34. Please answer the following question "Yes" or "No" as they apply to you now. There are no right or wrong answers, only what best applies to you. Occasionally a question may not seem to apply to you, but please answer either "Yes" or "No", whichever is more nearly correct for you.

[CIRCLE "YES" OR "NO" FOR EACH.]

(CODE ALL CAPITAL RESPONSES "1" AND LOWER CASE ANSWERS "0".)      0    1

<u>          </u>	(1) Do you wake up fresh and rested most mornings?.....	yes	NO
(cc 59)		0	1
<u>          </u>	(2) Is your daily life full of things that keep you interested?...	yes	NO
(cc 60)		1	0
<u>          </u>	(3) Have you, at times, very much wanted to leave home?.....	YES	no
(cc 61)		1	0
<u>          </u>	(4) Does it seem that no one understands you?.....	YES	no
(cc 62)			
<u>          </u>	(5) Have you had periods of days, weeks, or months when you		
	couldn't take care of things because you couldn't "get	1	0
(cc 63)	going"?.....	YES	no
<u>          </u>	(6) Is your sleep fitful and disturbed?.....	YES	no
(cc 64)		0	1
<u>          </u>	(7) Are you happy most of the time?.....	yes	NO
(cc 65)		1	0
<u>          </u>	(8) Are you being plotted against?.....	YES	no
(cc 66)		1	0
<u>          </u>	(9) Do you certainly feel useless at times?.....	YES	no
(cc 67)			
<u>          </u>	(10) During the past few years, have you been well most of	0	1
(cc 68)	the time?.....	yes	NO
<u>          </u>	(11) Do you feel weak all over much of the time?.....	YES	no
(cc 69)		1	0
<u>          </u>	(12) Are you troubled by headaches?.....	YES	no
(cc 70)			
<u>          </u>	(13) Have you had difficulty in keeping your balance in	1	0
(cc 71)	walking?.....	YES	no
<u>          </u>	(14) Are you troubled by your heart pounding and by a	1	0
(cc 72)	shortness of breath?.....	YES	no
<u>          </u>	(15) Even when you are with people, do you feel lonely much	1	0
(cc 73)	of the time?.....	YES	no
<u>          </u>	Sum of Responses in Capital letters _____		
(cc 74-75)			

35. How would you rate your mental or emotional health at the present time--excellent, good, fair, or poor?

4 Excellent  
 3 Good  
 2 Fair  
 1 Poor  
 - Not answered

36. Is your mental or emotional health now better, about the same, or worse than it was five years ago?

3 Better  
 2 About the same  
 1 Worse  
 - Not answered

CARD 2

(cc 76)

(cc 77)

PHYSICAL HEALTH

Let's talk about your health now.

37. About how many times have you seen a doctor during the past six months other than as an inpatient in a hospital, nursing home, or rehabilitation center? EXCLUDE PSYCHIATRISTS.

\_\_\_\_\_ Times

(cc 78-79)

38. During the past six months how many days were you so sick that you were unable to carry on your usual activities--such as going to work or working around the house?

- 1 None  
 2 A week or less  
 3 More than a week but less than one month  
 4 1-1.9 months  
 5 2-3.9 months  
 6 4-5.9 months  
 7 6 months  
 - Not answered

(cc 80)

BEGIN CARD 3

CARD #

3  
 (cc 1)

CASE #

(cc 2-5)

39. How many days in the past six months were you in a hospital for physical health problems?

\_\_\_\_\_ Days (Code all answers of 98 or more as 98)

(cc 6-7)

40. How many days in the past six months were you in a nursing home, or rehabilitation center for physical health problems?

\_\_\_\_\_ Days (Code all answers of 98 or more as 98)

(cc 8-9)

41. Do you feel that you need medical care or treatment beyond what you are receiving at this time?

- 1 Yes  
 0 No  
 - Not answered

(cc 10)

CARD 3 42. I have a list of common medicines that people take. Would you please tell me if you've taken any of the following in the past month.

[CIRCLE AND CODE 1 FOR "YES" OR 0 FOR "NO" FOR EACH MEDICINE.]

	<u>YES</u>	<u>NO</u>	
<u>(cc 11)</u>	<u>1</u>	<u>0</u>	Arthritis medication
<u>(cc 12)</u>	<u>1</u>	<u>0</u>	Prescription pain killer (other than above)
<u>(cc 13)</u>	<u>1</u>	<u>0</u>	High blood pressure medicine
<u>(cc 14)</u>	<u>1</u>	<u>0</u>	Pills to make you lose water or salt (water pills)
<u>(cc 15)</u>	<u>1</u>	<u>0</u>	Digitalis pills for the heart
<u>(cc 16)</u>	<u>1</u>	<u>0</u>	Nitroglycerin tablets for chest pain
<u>(cc 17)</u>	<u>1</u>	<u>0</u>	Blood thinner medicine (anticoagulants)
<u>(cc 18)</u>	<u>1</u>	<u>0</u>	Drugs to improve circulation
<u>(cc 19)</u>	<u>1</u>	<u>0</u>	Insulin injections for diabetes
<u>(cc 20)</u>	<u>1</u>	<u>0</u>	Pills for diabetes
<u>(cc 21)</u>	<u>1</u>	<u>0</u>	Prescription ulcer medicine
<u>(cc 22)</u>	<u>1</u>	<u>0</u>	Seizure medications (like dilantin)
<u>(cc 23)</u>	<u>1</u>	<u>0</u>	Thyroid pills
<u>(cc 24)</u>	<u>1</u>	<u>0</u>	Cortisone pills or injections
<u>(cc 25)</u>	<u>1</u>	<u>0</u>	Antibiotics
<u>(cc 26)</u>	<u>1</u>	<u>0</u>	Tranquillizers or nerve medicine
<u>(cc 27)</u>	<u>1</u>	<u>0</u>	Prescription sleeping pills (once a week or more)
<u>(cc 28)</u>	<u>1</u>	<u>0</u>	Hormones, male or female (including birth control pills)

43. What other prescription drugs have you taken in the past month?

[RECORD THE "others". THEN ENTER THEM IN APPROPRIATE CATEGORIES ABOVE IF POSSIBLE.] CODE THE NUMBER OF OTHERS NOT ENTERED ABOVE.

[SPECIFY.] \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_

(cc 29)

44. Do you have any of the following illnesses at the present time?

CHECK "YES" OR "NO" FOR EACH OF THE FOLLOWING. IF "YES", ASK: "How much does it interfere with your activities, not at all, a little (some), or a great deal." AND CHECK THE APPROPRIATE BOX.

	IF YES				
	0 NO	1 NOT AT ALL	2 A LITTLE	3 A GREAT DEAL	
Arthritis or rheumatism					(cc 30)
Glaucoma					(cc 31)
Asthma					(cc 32)
Emphysema or chronic bronchitis					(cc 33)
Tuberculosis					(cc 34)
High blood pressure					(cc 35)
Heart trouble					(cc 36)
Circulation trouble in arms or legs					(cc 37)
Diabetes					(cc 38)
Ulcers (of the digestive system)					(cc 39)
Other stomach or intestinal disorders or gall bladder problems					(cc 40)
Liver disease					(cc 41)
Kidney disease					(cc 42)
Other urinary tract disorders (including prostrate trouble)					(cc 43)
Cancer or Leukemia					(cc 44)
Anemia					(cc 45)
Effects of Stroke					(cc 46)
Parkinson's Disease					(cc 47)

CARD 3

(cc 48)

(cc 49)

(cc 50)

(cc 51)

(cc 52)

(cc 53)

(cc 54)

(cc 55)

Epilepsy

Cerebral Palsy

Multiple Sclerosis

Muscular Dystrophy

Effects of Polio

Thyroid or other glandular disorders

Skin disorders such as pressure sores, leg ulcers or severe burns

Speech impediment or impairment

0	1	2	3
NO	NOT AT ALL	A LITTLE	A GREAT DEAL

(cc 56)

(cc 57)

(cc 58)

(cc 59)

(cc 60)

45. Do you have any physical disabilities such as total or partial paralysis, missing or non-functional limbs, or broken bones?
- 0 No
  - 1 Total paralysis
  - 2 Partial paralysis
  - 3 Missing or non-functional limbs
  - 4 Broken bones
  - Not answered
46. How is your eyesight (with glasses or contacts), excellent, good, fair, poor, or are you totally blind?
- 5 Excellent
  - 4 Good
  - 3 Fair
  - 2 Poor
  - 1 Totally blind
  - Not answered
47. How is your hearing, excellent, good, fair, poor, or are you totally deaf?
- 5 Excellent
  - 4 Good
  - 3 Fair
  - 2 Poor
  - 1 Totally deaf
  - Not answered
48. Do you have any other physical problems or illnesses at the present time that seriously affect your health?
- 1 Yes
  - 0 No
  - Not answered
- [IF "YES" SPECIFY.] \_\_\_\_\_
- \_\_\_\_\_

CODE NUMBER OF OTHER ILLNESSES SPECIFIED.

CARD 3

SUPPORTIVE DEVICES AND PROSTHESES

49. Do you use any of the following aids all or most of the time?

[CIRCLE AND CODE "YES" = 1 OR "NO" = 0 FOR EACH AID.]

	<u>YES</u>	<u>NO</u>	
Cane (including tripod-tip cane)	1	0	(cc 61)
Walker	1	0	(cc 62)
Wheelchair	1	0	(cc 63)
Leg brace	1	0	(cc 64)
Back brace	1	0	(cc 65)
Artificial limb	1	0	(cc 66)
Hearing aid	1	0	(cc 67)
Colostomy equipment	1	0	(cc 68)
Catheter	1	0	(cc 69)
Kidney dialysis machine	1	0	(cc 70)
Other [SPECIFY.] _____			(cc 71)
	CODE NUMBER OF OTHERS SPECIFIED.		

50. Do you need any aids (supportive or prosthetic devices) that you currently do not have?

- 1 Yes
- 0 No
- Not answered

(cc 72)

[IF "YES", ASK a.]

a. What aids do you need? [SPECIFY.]

\_\_\_\_\_

CODE NUMBER OF AIDS NEEDED.

(cc 73)

51. Do you have a problem with your health because of drinking or has your physician advised you to cut down on drinking?

- 1 Yes
- 0 No
- Not answered

(cc 74)



CARD 3

52. Do you regularly participate in any vigorous sports activity such as hiking, jogging, tennis, biking, or swimming?
- 1 Yes
  - 0 No
  - Not answered

---

(cc 75)

53. How would you rate your overall health at the present time—excellent, good, fair, or poor?
- 4 Excellent
  - 3 Good
  - 2 Fair
  - 1 Poor
  - Not answered

---

(cc 76)

54. Is your health now better, about the same, or worse than it was five years ago?
- 3 Better
  - 2 About the same
  - 1 Worse
  - Not answered

---

(cc 77)

55. How much do your health troubles stand in the way of your doing the things you want to do—not at all, a little (some) or a great deal?
- 3 Not at all
  - 2 A little (some)
  - 1 A great deal
  - Not answered

---

(cc 78)

## ACTIVITIES OF DAILY LIVING

Now, I'd like to ask you about some of the activities of daily living, things that we all need to do as a part of our daily lives. I would like to know if you can do these activities without any help at all, or if you need some help to do them, or if you can't do them at all.

BE SURE TO READ ALL ANSWER CHOICES IF APPLICABLE IN QUESTIONS 56. THROUGH 69. TO RESPONDENT.

## Instrumental ADL

56. Can you use the telephone...
- 2 without help, including looking up numbers and dialing
  - 1 with some help (can answer phone or dial operator in an emergency, but need a special phone or help in getting the number or dialing),
  - 0 or are you completely unable to use the telephone?
  - Not answered

---

(cc 79)

CARD 3

57. Can you get to places out of walking distance...
- 2 without help (can travel alone on buses, taxis, or drive your own car),
  - 1 with some help (need someone to help you or go with you when traveling) or
  - 0 are you unable to travel unless emergency arrangements are made for a specialized vehicle like an ambulance?
  - Not answered

---

(cc 80)

---

BEGIN CARD 4

---

CARD # 4

---

(cc 1)

---

CASE #

---

(cc 2-5)

58. Can you go shopping for groceries or clothes ASSUMING S HAS TRANSPORTATION/...
- 2 without help (taking care of all shopping needs yourself, assuming you had transportation),
  - 1 with some help (need someone to go with you on all shopping trips),
  - 0 or are you completely unable to do any shopping?
  - Not answered

---

(cc 6)

59. Can you prepare your own meals...
- 2 without help (plan and cook full meals yourself),
  - 1 with some help (can prepare some things but unable to cook full meals yourself),
  - 0 or are you completely unable to prepare any meals?
  - Not answered

---

(cc 7)

60. Can you do your housework...
- 2 without help (can scrub floors, etc.),
  - 1 with some help (can do light housework but need help with heavy work),
  - 0 or are you completely unable to do any housework?
  - Not answered

---

(cc 8)

61. Can you take your own medicine...
- 2 without help (in the right doses at the right time),
  - 1 with some help (able to take medicine if someone prepares it for you and/or reminds you to take it),
  - 0 or are you completely unable to take your medicines?
  - Not answered

---

(cc 9)

62. Can you handle your own money...
- 2 without help (write checks, pay bills, etc.),
  - 1 with some help (manage day-to-day buying but need help with managing your checkbook and paying your bills),
  - 0 or are you completely unable to handle money?
  - Not answered

---

(cc 10)

## CARD 4

## Physical ADL

63. Can you eat...  
 2 without help (able to feed yourself completely),  
 1 with some help (need help with cutting, etc.),  
 0 or are you completely unable to feed yourself?  
 - Not answered

---

(cc 11)

64. Can you dress and undress yourself...  
 2 without help (able to pick out clothes, dress and undress yourself),  
 1 with some help,  
 0 or are you completely unable to dress and undress yourself?  
 - Not answered

---

(cc 12)

65. Can you take care of your own appearance, for example combing your hair and (for men) shaving...  
 2 without help,  
 1 with some help,  
 0 or are you completely unable to maintain your appearance yourself?  
 - Not answered

---

(cc 13)

66. Can you walk...  
 2 without help (except from a cane),  
 1 with some help from a person or with the use of a walker, or crutches, etc.,  
 0 or are you completely unable to walk?  
 - Not answered

---

(cc 14)

67. Can you get in and out of bed...  
 2 without any help or aids,  
 1 with some help (either from a person or with the aid of some device),  
 0 or are you totally dependent on someone else to lift you?  
 - Not answered

---

(cc 15)

68. Can you take a bath or shower...  
 2 without help,  
 1 with some help (need help in getting in and out of the tub, or need special attachments on the tub),  
 0 or are you completely unable to bathe yourself?  
 - Not answered

---

(cc 16)

69. Do you ever have trouble getting to the bathroom on time?  
 2 No  
 1 Have a catheter or colostomy  
 0 Yes  
 - Not answered

---

(cc 17)

[IF "YES" ASK a.]

CARD 4

- a. How often do you wet or soil yourself (either day or night)?
  - 1 Once or twice a week
  - 2 Three times a week or more
  - Not answered

(cc 18)

- 70. Is there someone who helps you with such things as shopping, housework, bathing, dressing, and getting around?
  - 1 Yes
  - 0 No
  - Not answered

(cc 19)

[IF "YES" ASK a. AND b.]

- a. Who is your major helper?

Name \_\_\_\_\_ Relationship \_\_\_\_\_

(cc 20)

- b. Who else helps you?

Name \_\_\_\_\_ Relationship \_\_\_\_\_

(cc 21)

(FOR a. and b. CODE 1. SPOUSE 2. SIBLING 3. OFFSPRING  
4. GRANDCHILD 5. OTHER RELATIVE 6. FRIEND 7. OTHER)

UTILIZATION OF SERVICES

[ASK QUESTION 72 OF EITHER THE SUBJECT OR, IF THE SUBJECT IS UNRELIABLE, OF AN INFORMANT---NOT OF BOTH.]

- 71. QUESTION 72 WAS ASKED OF:
  - 1 Subject
  - 2 Informant

(cc 22)

- 72. Now I want to ask you some questions about the kinds of help you are or have been getting or the kinds of help that you feel you need. We want to know not only about the help you have been getting from agencies or organizations but also what help you have been getting from your family and friends.

TRANSPORTATION

- (1) Who provides your transportation when you go shopping, visit friends, go to the doctor, etc.?

[CIRCLE AND CODE "YES" = 1 OR "NO" = 0 FOR EACH.]

	<u>YES</u>	<u>NO</u>	
Yourself	1	0	
Your family or friends	1	0	(cc 23)
Use public transportation (bus, taxi, subway, etc.)	1	0	(cc 24)
Public agency [SPECIFY] _____	1	0	(cc 25)
Other [SPECIFY] _____	1	0	(cc 26)
			(cc 27)

CARD 4

- a. On the average how many round trips do you make a week?
- 0 None
  - 1 Less than one a week
  - 2 One to three a week
  - 3 4 or more
  - Not answered

---

(cc 28)

- b. Do you feel you need transportation more often than it is available to you now for appointments, visiting, social events, etc.?
- 1 Yes
  - 0 No
  - Not answered

---

(cc 29)

- SOCIAL/RECREATIONAL SERVICES
- (2) In the past six months (since \_\_\_\_\_/SPECIFY MONTH./) have you participated in any planned and organized social or recreational programs or in any group activities or classes such as arts and crafts classes? /EXCLUDE EMPLOYMENT-RELATED CLASSES./

- 1 Yes
- 0 No
- Not answered

---

(cc 30)

/IF "NO" SKIP TO c.; IF "YES" ASK a., b., AND c./

- a. About how many times a week did you participate in these activities?
- 1 Once a week or less
  - 2 2-3 times a week
  - 3 4 times a week or more
  - Not answered

---

(cc 31)

- b. Do you still participate in such activities or groups?
- 1 Yes
  - 0 No
  - Not answered

---

(cc 32)

- c. Do you feel you need to participate in any planned and organized social or recreational programs or in any group activities or classes?
- 1 Yes
  - 0 No
  - Not answered

---

(cc 33)

- EMPLOYMENT SERVICES
- (3) Has anyone helped you look for or find a job or counseled you in regard to getting employment in the past six months (since \_\_\_\_\_/MONTH/)?

- 1 Yes
- 0 No
- Not answered

/IF "NO" SKIP TO b.; IF "YES" ASK a. AND b. ON NEXT PAGE./

---

(cc 34)

CARD 4

- a. Who helped you?  
 1 Family members or friends  
 2 Someone from an agency (SPECIFY AGENCY: \_\_\_\_\_)  
 3 Both  
 - Not answered

---

(cc 35)

- b. Do you feel you need someone to help you find a job?  
 1 Yes  
 0 No  
 - Not answered

---

(cc 36)**SHELTERED EMPLOYMENT**

- (4) During the past six months have you worked in a place like a sheltered workshop which employs people with disabilities or special problems?  
 1 Yes  
 0 No  
 - Not answered

---

(cc 37)IF "NO" SKIP TO b.; IF "YES" ASK a. AND b.]

- a. Do you still work there?  
 1 Yes  
 0 No  
 - Not answered

---

(cc 38)

- b. Do you feel you need to work in a sheltered workshop?  
 1 Yes  
 0 No  
 - Not answered

---

(cc 39)**EDUCATIONAL SERVICES, EMPLOYMENT RELATED**

- (5) In the past six months have you had any occupational training or on the job training to further prepare you for a job or career?  
 1 Yes  
 0 No  
 - Not answered

---

(cc 40)IF "NO" SKIP TO c.; IF "YES" ASK a., b., AND c.]

- a. Was this full or part-time training?  
 1 Full-time  
 2 Part-time  
 - Not answered

---

(cc 41)

- b. Are you still in classes or training?  
 1 Yes  
 0 No  
 - Not answered

---

(cc 42)

## CARD 4

- c. Do you feel you need education or on the job training to prepare you for a job?
- 1 Yes
  - 0 No
  - Not answered

---

(cc 43)

## REMEDIAL TRAINING

- (6) In the past six months have you had any remedial training or instruction in learning basic personal skills, for example speech therapy, reality orientation, or training for the blind or physically or mentally handicapped?

EXCLUDE PHYSICAL THERAPY.

- 1 Yes
- 0 No
- Not answered

---

(cc 44)

IF "NO" SKIP TO c.; IF "YES" ASK a., b., AND c.

- a. On the average about how many training sessions a week did you have over the past six months?
- 1 Less than one a week
  - 2 One a week
  - 3 Two or more a week
  - Not answered

---

(cc 45)

- b. Are you currently receiving this type of training or instruction?
- 1 Yes
  - 0 No
  - Not answered

---

(cc 46)

- c. Do you think you need remedial training or instruction in basic personal skills?
- 1 Yes
  - 0 No
  - Not answered

---

(cc 47)

## MENTAL HEALTH SERVICES

- (7) Have you had any treatment or counseling for personal or family problems or for nervous, or emotional problems in the past six months, that is, since \_\_\_\_\_ (SPECIFY MONTH.)?

- 1 Yes
- 0 No
- Not answered

---

(cc 48)

IF "NO" SKIP TO d.; IF "YES" ASK a., b., c., AND d.

- a. Were you hospitalized for nervous, or emotional problems at any time during this period? (Last six months)
- 1 Yes
  - 0 No
  - Not answered

---

(cc 49)

CARD 4

b. During the past six months how many sessions have you had with a doctor, psychologist or counselor for these problems (other than those when you were an inpatient in the hospital)?

- 0 None, had treatment only as an inpatient
- 1 Less than 4 sessions (only occasionally or for evaluation)
- 2 4-12 sessions
- 3 More than 12 sessions
- Not answered

---

 (cc 50)

c. Are you still receiving this help?

- 1 Yes
- 0 No
- Not answered

---

 (cc 51)

d. Do you feel that you need treatment or counseling for personal or family problems or for nervous or emotional problems?

- 1 Yes
- 0 No
- Not answered

---

 (cc 52)

**PSYCHOTROPIC DRUGS**

(8) Have you taken any prescription medicine for your nerves in the past six months, like medicine to calm you down or to help depression?

- 1 Yes
- 0 No
- Not answered

---

 (cc 53)

IF "NO" SKIP TO b.; IF "YES" ASK a. AND b.]

a. Are you still taking it?

- 1 Yes
- 0 No
- Not answered

---

 (cc 54)

b. Do you feel you need this kind of medicine?

- 1 Yes
- 0 No
- Not answered

---

 (cc 55)

**PERSONAL CARE SERVICES**

(9) In the past six months has someone helped you with your personal care, for example helping you to bathe or dress, feeding you, or helping you with toilet care?

- 1 Yes
- 0 No
- Not answered

---

 (cc 56)

IF "NO" SKIP TO d.; IF "YES" ASK a., b., c., AND d.]



CARD 4

- a. Who helped you in this way?
- 1 Unpaid family members or friends
  - 2 Someone hired to help you in this way  
or someone from an agency (NAME AGENCY: \_\_\_\_\_)
  - 3 Both
  - Not answered

---

(cc 57)

- b. On the average, how much time per day has this person helped you to bathe, dress, eat, go to the toilet, etc.?
- 1 Less than  $\frac{1}{2}$  hour per day
  - 2  $\frac{1}{2}$  to  $1\frac{1}{2}$  hours per day
  - 3 More than  $1\frac{1}{2}$  hours per day
  - Not answered

---

(cc 58)

- c. Are you still being helped in this way?
- 1 Yes
  - 0 No
  - Not answered

---

(cc 59)

- d. Do you feel you need help with bathing, dressing, eating, or going to the toilet, etc.?
- 1 Yes
  - 0 No
  - Not answered

---

(cc 60)

## NURSING CARE

- (10) During the past six months have you had any nursing care, in other words did a nurse or someone else give you treatments or medications prescribed by a doctor?  EXCLUDE NURSING CARE WHILE IN THE HOSPITAL.

- 1 Yes
- 0 No
- Not answered

---

(cc 61)

IF "NO" SKIP TO e.; IF "YES" ASK a., b., c., d., and e.]

- a. Who helped you in this way?
- 1 Unpaid family members or friends
  - 2 Someone hired to help you in this way  
or someone from an agency (NAME AGENCY: \_\_\_\_\_)
  - 3 Both
  - Not answered

---

(cc 62)

- b. On the average, how many hours a day did you receive this help?
- 1 Only occasionally, not every day
  - 2 Gave oral medicine only
  - 3 Less than  $\frac{1}{2}$  hour per day
  - 4  $\frac{1}{2}$  to 1 hour per day
  - 5 More than 1 hour per day
  - Not answered

---

(cc 63)

CARD 4

c. For how long did you have this help within the past six months?

- 1 Less than one month
- 2 1-3 months
- 3 More than 3 months
- Not answered

\_\_\_\_\_  
(cc 64)

d. Are you still receiving nursing care?

- 1 Yes
- 0 No
- Not answered

\_\_\_\_\_  
(cc 65)

e. Do you feel you need nursing care?

- 1 Yes
- 0 No
- Not answered

\_\_\_\_\_  
(cc 66)

PHYSICAL THERAPY

(13) During the past six months have you received physical therapy?

- 1 Yes
- 0 No
- Not answered

\_\_\_\_\_  
(cc 67)

IF "NO" SKIP TO d.; IF "YES" ASK a., b., c., AND d.

a. Who gave you physical therapy or helped you with it?

- 1 Unpaid family members or friends
- 2 Someone hired to provide this or someone from an agency (NAME AGENCY: \_\_\_\_\_)
- 3 Both
- Not answered

\_\_\_\_\_  
(cc 68)

b. On the average how many times a week did someone help you with your physical therapy activities?

- 1 Less than once a week
- 2 Once a week
- 3 2 or more times a week
- Not answered

\_\_\_\_\_  
(cc 69)

c. Are you still receiving physical therapy?

- 1 Yes
- 0 No
- Not answered

\_\_\_\_\_  
(cc 70)

d. Do you think you need physical therapy?

- 1 Yes
- 0 No
- Not answered

\_\_\_\_\_  
(cc 71)

CARD 4

## CONTINUOUS SUPERVISION

- (14) During the past six months was there any period when someone had to be with you all the time to look after you?

1 Yes  
 0 No  
 - Not answered

(cc 72)

IF "NO" SKIP TO c.; IF "YES" ASK a., b., AND c.]

- a. Who was this person?

1 Unpaid family members or friends  
 2 Someone hired to look after you or someone from an agency (NAME AGENCY: \_\_\_\_\_)  
 3 Both  
 - Not answered

(cc 73)

- b. Do you still have to have someone with you all the time to look after you?

1 Yes  
 0 No  
 - Not answered

(cc 74)

- c. Do you feel you need to have someone with you all the time to look after you?

1 Yes  
 0 No  
 - Not answered

(cc 75)

## CHECKING SERVICES

- (15)  IF S HAS HAD CONTINUOUS SUPERVISION IN THE PAST SIX MONTHS, ASK ONLY c.]

PERSONS WHO NEED CHECKING WHO ARE LIVING IN INSTITUTIONS OR WITH FAMILY MEMBERS MAY BE PRESUMED TO BE RECEIVING IT.]

During the past six months have you had someone regularly (at least five times a week) check on you by phone or in person to make sure you were all right?

1 Yes  
 0 No  
 - Not answered

(cc 76)

IF "NO" SKIP TO c; IF "YES" ASK a., b., AND c.]

- a. Who checked on you?

1 Unpaid family members or friends  
 2 Someone from a volunteer agency or someone hired to help you (NAME AGENCY: \_\_\_\_\_)  
 3 Both  
 - Not answered

(cc 77)

b. Is someone still checking on you at least five times a week?

- 1 Yes
- 0 No
- Not answered

(cc 78)

c. Do you feel you need to have someone check on you regularly (at least five times a week) by phone or in person to make sure you are all right? CIRCLE "NO", IF S FELT HE NEEDED CONTINUOUS SUPERVISION, (llc.)

- 1 Yes
- 0 No
- Not answered

(cc 79)

RELOCATION AND PLACEMENT SERVICES

(16) In the past six months have you had any help in finding a new place to live, or in making arrangements to move in? THIS INCLUDES PLACEMENT IN INSTITUTIONS.

- 1 Yes
- 0 No
- Not answered

(cc 80)

IF "NO" SKIP TO b.; IF "YES" ASK a. AND b.

BEGIN CARD 5  
CARD # 5  
 (cc 1)  
CASE #  
 (cc 2-5)

a. Who helped you with this?

- 1 Unpaid family members or friends
- 2 Other, such as someone from an agency (NAME AGENCY \_\_\_\_\_)
- 3 Both
- Not answered

(cc 6)

b. Do you feel you need help in finding a (another) place to live?

- 1 Yes
- 0 No
- Not answered

(cc 7)

HOMEMAKER-HOUSEHOLD SERVICES

(17) During the past six months did someone have to help you regularly with routine household chores such as cleaning, washing clothes, etc.? That is did your wife/husband or someone else have to do them because you were unable to?

- 1 Yes
- 0 No
- Not answered

(cc 8)

IF "NO" SKIP TO d.; IF "YES" ASK a., b., c., AND d.

## CARD 5

- a. Who helped with household chores?
- 1 Unpaid family members or friends
  - 2 Other, such as a paid helper or agency person  
(name agency: \_\_\_\_\_)
  - 3 Both
  - Not answered

---

 (cc 9)

- b. For about how many hours a week did you have to have help with household chores?
- 1 Less than 4 hours a week
  - 2 4-8 hours a week (a half-day to a day)
  - 3 9 or more hours a week (more than one day a week)
  - Not answered

---

 (cc 10)

- c. Are you still getting this kind of help?
- 1 Yes
  - 0 No
  - Not answered

---

 (cc 11)

- d. Do you feel you need help with routine housework?
- 1 Yes
  - 0 No
  - Not answered

---

 (cc 12)

## MEAL PREPARATION

- (18) During the past six months did someone regularly have to prepare meals for you? That is did your wife/husband or someone else regularly cook because you were unable to, or did you have to go out for meals?

- 1 Yes
- 0 No
- Not answered

---

 (cc 13)

[IF "NO" SKIP TO c.; IF "YES" ASK a., b., AND c.]

- a. Who prepared meals for you?
- 1 Unpaid family members or friends
  - 2 Other, such as a paid helper or agency person  
(name agency: \_\_\_\_\_)
  - 3 Both
  - Not answered

---

 (cc 14)

- b. Is someone still having to prepare meals for you?
- 1 Yes
  - 0 No
  - Not answered

---

 (cc 15)

- c. Do you feel that you need to have someone regularly prepare meals for you because you can't do it yourself?
- 1 Yes
  - 0 No
  - Not answered

---

 (cc 16)

## ADMINISTRATIVE, LEGAL, AND PROTECTIVE SERVICES

CARD 5

- (19) During the past six months has anyone helped you with any legal matters or with managing your personal business affairs or handling your money, for example paying your bills for you?
- 1 Yes
  - 0 No
  - Not answered

---

(cc 17)

[IF "NO" SKIP TO c.; IF "YES" ASK a., b., AND c.]

- a. Who helped you?
- 1 Family members or friends
  - 2 A lawyer, the Legal Aid Society, other agency personnel, or someone hired to help you?  
(name agency: \_\_\_\_\_)
  - 3 Both
  - Not answered

---

(cc 18)

- b. Are you still getting help with legal matters or with managing your personal business affairs?
- 1 Yes
  - 0 No
  - Not answered

---

(cc 19)

- c. Do you think you need help with these matters?
- 1 Yes
  - 0 No
  - Not answered

---

(cc 20)

## SYSTEMATIC MULTIDIMENSIONAL EVALUATION

- (20) In the past six months has anyone like a doctor or social worker thoroughly reviewed and evaluated your overall condition including your health, your mental health, and your social and financial situation?
- 1 Yes
  - 0 No
  - Not answered

---

(cc 21)

- a. Do you think you need to have someone review and evaluate your overall condition in this way?
- 1 Yes
  - 0 No
  - Not answered

---

(cc 22)

CARD 5

## COORDINATION, INFORMATION AND REFERRAL SERVICES

- (21) During the past six months did someone see to it that you got the kinds of help you needed? In other words did someone give you information about the kind of help that is available or put you in touch with those who could help you?

1 Yes  
 0 No  
 - Not answered

---

 (cc 23)

[IF "NO" SKIP TO c.; IF "YES" ASK a., b., AND c.]

- a. Who was this person?

1 A family member or a friend  
 2 Someone from an agency (name agency: \_\_\_\_\_)  
 3 Both  
 - Not answered

---

 (cc 24)

- b. Is there still someone who sees to it that you get the kinds of help you need? In other words is there someone who gives you information about the kind of help that is available or puts you in touch with those who can help you?

1 Yes  
 0 No  
 - Not answered

---

 (cc 25)

- c. Do you feel you need to have someone organize or coordinate the kinds of help you need and make arrangements for you to get them?

1 Yes  
 0 No  
 - Not answered

---

 (cc 26)

CONCLUDING STATEMENT TO THE RESPONDENT  
 [MAKE A BRIEF CONCLUDING STATEMENT TO THE SUBJECT INDICATING THE CONCLUSION OF THE INTERVIEW AND EXPRESSING YOUR APPRECIATION FOR HIS COOPERATION.]

QUESTIONS TO BE ASKED OF AN INFORMANT  
 BASED ON HIS KNOWLEDGE OF THE SUBJECT

[IF THE SUBJECT IS UNRELIABLE THESE QUESTIONS MUST BE ASKED  
 OF AN INFORMANT.]

[IF THE SUBJECT IS RELIABLE, THE QUESTIONS MUST BE ASKED IF  
 AN INFORMANT IS AVAILABLE.]

SOCIAL RESOURCES

73. How well does \_\_\_\_\_ (Subject) get along with his/her  
 family and friends--very well, fairly well, or poorly  
 (has considerable trouble or conflict with them)?
- 3 Very well
  - 2 Fairly well (has some conflict or trouble with them)
  - 1 Poorly (has considerable trouble or conflict with  
 them)
- Not answered

---

(cc 27)

74. Is there someone who would help \_\_\_\_\_ (Subject) at all  
 if he/she were sick or disabled, for example his/her  
 husband or wife, a member of the family or a friend?
- 1 Yes
  - 0 No
- Not answered

---

(cc 28)

[IF "YES" ASK a. AND b.]

a. [CIRCLE THE MOST APPROPRIATE.]

Is there someone who would take care of him/her as  
 long as needed, or only for a short time, or only  
 someone who would help now and then (for example,  
 taking him/her to the doctor, fixing lunch, etc.)?

- 1 Someone who would take care of Subject  
 indefinitely (as long as needed)
  - 2 Someone who would take care of Subject a short  
 time (a few weeks to six months)
  - 3 Someone who would help him now and then (taking  
 him to the doctor or fixing lunch, etc.)
- Not answered

---

(cc 29)

b. Who is this person?

Name \_\_\_\_\_

Relationship \_\_\_\_\_

---

(cc 30)

CODE: 1. Spouse; 2. Sibling; 3. Offspring;  
 4. Grandchild; 5. Other relative;  
 6. Friend; 7. Other



CARD 5

## ECONOMIC RESOURCES

75. In your opinion are \_\_\_\_\_'s (Subject's) needs for the following basic necessities being well met, barely met, or are they not being met?

[CIRCLE AND CODE THE APPROPRIATE NUMBER FOR EACH NEED.]

	WELL MET	BARELY MET	NOT MET	
<u>                    </u> (cc 31)	2	1	0	Food
<u>                    </u> (cc 32)	2	1	0	Housing
<u>                    </u> (cc 33)	2	1	0	Clothing
<u>                    </u> (cc 34)	2	1	0	Medical care
<u>                    </u> (cc 35)	2	1	0	Small luxuries

## MENTAL HEALTH

76. Does \_\_\_\_\_(Subject) show good, common sense in making judgments and decisions?  
 1 Yes  
 0 No  
 - Not answered
- (cc 36)
77. Is \_\_\_\_\_(Subject) able to handle (cope with) major problems which occur in his/her life?  
 1 Yes  
 0 No  
 - Not answered
- (cc 37)
78. Do you feel that \_\_\_\_\_(Subject) finds life exciting and enjoyable?  
 1 Yes  
 0 No  
 - Not answered
- (cc 38)
79. How would you rate \_\_\_\_\_'s (Subject's) mental or emotional health or ability to think at the present time compared to the average person living independently--excellent, good, fair, or poor?  
 4 Excellent  
 3 Good  
 2 Fair  
 1 Poor  
 - Not answered
- (cc 39)
80. Is \_\_\_\_\_(Subject's) mental or emotional health or ability to think--better, about the same, or worse than it was 5 years ago?  
 3 Better  
 2 About the same  
 1 Worse  
 - Not answered
- (cc 40)

PHYSICAL HEALTH

CARD 5

- 81. How would you rate \_\_\_\_\_ (Subject's) health at the present time--excellent, good, fair, or poor?
  - 4 Excellent
  - 3 Good
  - 2 Fair
  - 1 Poor
  - Not answered

\_\_\_\_\_  
(cc 41)

- 82. How much do \_\_\_\_\_ (Subject's) health troubles stand in the way of his/her doing the things he/she wants to do--not at all, a little (some), or a great deal?
  - 3 Not at all
  - 2 A little (some)
  - 1 A great deal
  - Not answered

\_\_\_\_\_  
(cc 42)

[THE REMAINING QUESTIONS ARE TO BE ANSWERED BY THE INTERVIEWER IMMEDIATELY AFTER LEAVING THE INTERVIEW SITE.]

- 83. Length of interview \_\_\_\_\_  
Minutes

\_\_\_\_\_  
(cc 43-45)

- 84. Factual information obtained from:
  - 1 Subject
  - 2 Relative
  - 3 Other [SPECIFY] \_\_\_\_\_

\_\_\_\_\_  
(cc 46)

- 85. Factual questions (obtained from Subject and/or informant) are:
  - 1 Completely reliable
  - 2 Reliable on most items
  - 3 Reliable on only a few items
  - 4 Completely unreliable

\_\_\_\_\_  
(cc 47)

- 86. Subjective questions (those in boxes, obtained from Subject only) are:
  - 1 Completely reliable
  - 2 Reliable on most items
  - 3 Reliable on only a few items
  - 4 Completely unreliable
  - 5 Not obtained

\_\_\_\_\_  
(cc 48)

[IF 5 ANSWER a.]

- a. Why didn't the Subject answer the Subjective questions? [BE SPECIFIC.] Code 1 if filled in.

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

\_\_\_\_\_  
(cc 49)

## SOCIAL RESOURCES

- CARD 5 87. Which of the following best describes the availability of help for the Subject if he/she were sick or disabled?

[CIRCLE THE MOST APPROPRIATE.]

- 4 At least one person could and would take care of the Subject indefinitely (as long as needed).
- 3 At least one person could and would take care of the Subject for a short time (a few weeks to 6 months).
- 2 Help would only be available now and then for such things as taking him/her to the doctor, fixing lunch, etc.
- 1 No help at all (except possible emergency help) would be available.

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(cc 50)

88. Which of the following best describes the Subject's social relationships?

[CIRCLE THE MOST APPROPRIATE.]

- 3 Very satisfactory, extensive
- 2 Fairly satisfactory, adequate
- 1 Unsatisfactory, of poor quality, few

---

(cc 51)

## ECONOMIC RESOURCES

89. In your opinion which of the following best describes the Subject's income?

- 5 Ample
- 4 Satisfactory
- 3 Somewhat inadequate
- 2 Totally inadequate
- 1 No income at all

---

(cc 52)

90. In your opinion does the Subject have any financial reserves?

- 1 Yes, has reserves
- 0 No, has (little or) no reserves

---

(cc 53)

91. In your opinion which of the following statements best describes the extent to which the Subject's needs are being met?

- 4 Food, housing, clothing; and medical needs are met; Subject can afford small luxuries.
- 3 Food, housing, clothing, and medical needs are met; Subject cannot afford small luxuries.
- 2 Either food, or clothing, or housing, or medical needs are unmet; Subject cannot afford small luxuries.
- 1 Two or more basic needs (housing, food, clothing, medical care) are unmet; Subject cannot afford small luxuries.

---

(cc 54)

**MENTAL HEALTH**

CARD 5

92. Is it your impression that the Subject shows good, common sense in making judgments and decisions?  
 1 Yes  
 0 No  
 - Not answered
93. Is it your impression that the Subject is able to handle (cope with) major problems which occur in his/her life?  
 1 Yes  
 0 No  
 - Not answered
94. Is it your impression that the Subject finds life exciting and enjoyable?  
 1 Yes  
 0 No  
 - Not answered
95. During the interview did the Subject's behavior strike you as:

(cc 55)

(cc 56)

(cc 57)

[CHECK "YES" OR "NO" FOR EACH OF THE FOLLOWING.]

1	0	Code	
YES	NO		
		Mentally alert and stimulating	(cc 58)
		Pleasant and cooperative	(cc 59)
		Depressed and/or tearful	(cc 60)
		Withdrawn or lethargic	(cc 61)
		Fearful, anxious, or extremely tense	(cc 62)
		Full of unrealistic physical complaints	(cc 63)
		Suspicious (more than reasonable)	(cc 64)
		Bizarre or inappropriate in thought or action	(cc 65)
		Excessively talkative or overly jovial, or elated	(cc 66)

**PHYSICAL HEALTH**

96. Is the Subject either extremely overweight, or malnourished and emaciated?  
 0 No, neither  
 1 Yes, extremely overweight  
 2 Yes, malnourished or emaciated  
 - Not answered

(cc 67)

## SOCIAL RESOURCES RATING SCALE

CARD 5

97. [RATE THE CURRENT SOCIAL RESOURCES OF THE PERSON BEING EVALUATED ALONG THE SIX-POINT SCALE PRESENTED BELOW. CIRCLE THE ONE NUMBER WHICH BEST DESCRIBES THE PERSON'S PRESENT CIRCUMSTANCES. SOCIAL RESOURCES QUESTIONS ARE NUMBERS 6-14, 73, 74, 87, and 88.]

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(cc 68)

1. Excellent social resources.  
Social relationships are very satisfying and extensive; at least one person would take care of him/her indefinitely.
2. Good social resources.  
Social relationships are fairly satisfying and adequate and at least one person would take care of him/her indefinitely.  
OR  
Social relationships are very satisfying and extensive; and only short term help is available.
3. Mildly socially impaired.  
Social relationships are unsatisfactory, of poor quality, few; but at least one person would take care of him/her indefinitely.  
OR  
Social relationships are fairly satisfactory, adequate; and only short term help is available.
4. Moderately socially impaired.  
Social relationships are unsatisfactory, of poor quality, few; and only short term care is available.  
OR  
Social relationships are at least adequate or satisfactory; but help would only be available now and then.
5. Severely socially impaired.  
Social relationships are unsatisfactory, of poor quality, few; and help would only be available now and then.  
OR  
Social relationships are at least satisfactory or adequate; but help is not even available now and then.
6. Totally socially impaired.  
Social relationships are unsatisfactory, of poor quality, few; and help is not even available now and then.

## ECONOMIC RESOURCES RATING SCALE

CARD 5

98. [RATE THE CURRENT ECONOMIC RESOURCES OF THE PERSON BEING EVALUATED ALONG THE SIX-POINT SCALE PRESENTED BELOW. CIRCLE THE ONE NUMBER WHICH BEST DESCRIBES THE PERSON'S PRESENT CIRCUMSTANCES. ECONOMIC QUESTIONS ARE NUMBERS 15-30, 75, and 89-91.]

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(cc 69)

1. Economic Resources are Excellent.  
Income is ample; Subject has reserves.
2. Economic Resources are satisfactory.  
Income is ample; Subject has no reserves  
or  
Income is adequate; Subject has reserves.
3. Economic Resources are mildly impaired.  
Income is adequate; Subject has no reserves  
or  
Income is somewhat inadequate; Subject has no reserves.
4. Economic Resources are moderately impaired.  
Income is somewhat inadequate; Subject has no reserves.
5. Economic Resources are severely impaired.  
Income is totally inadequate; Subject may or may not have reserves.
6. Economic Resources are completely impaired.  
Subject is destitute, completely without income or reserves.

[Income is considered to be adequate if all the Subject's needs are being met.]

## MENTAL HEALTH RATING SCALE

CARD 5

99. [RATE THE CURRENT MENTAL FUNCTIONING OF THE PERSON BEING EVALUATED ALONG THE SIX-POINT SCALE PRESENTED BELOW. CIRCLE THE ONE NUMBER WHICH BEST DESCRIBES THE PERSON'S PRESENT FUNCTIONING. MENTAL HEALTH QUESTIONS ARE THE PRELIMINARY QUESTIONNAIRE, AND NUMBERS 31-36, 76-80, And 92-95.]

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(cc 70)

1. Outstanding mental health.  
Intellectually alert and clearly enjoying life. Manages routine and major problems in his life with ease and is free from any psychiatric symptoms.
2. Good mental health.  
Handles both routine and major problems in his life satisfactorily and is intellectually intact and free of psychiatric symptoms.
3. Mildly mentally impaired.  
Has mild psychiatric symptoms and/or mild intellectual impairment. Continues to handle routine, though not major, problems in his life satisfactorily.
4. Moderately mentally impaired.  
Has definite psychiatric symptoms, and/or moderate intellectual impairment. Able to make routine, common-sense decisions, but unable to handle major problems in his life.
5. Severely mentally impaired.  
Has severe psychiatric symptoms and/or severe intellectual impairment, which interfere with routine judgments and decisionmaking in every day life.
6. Completely mentally impaired.  
Grossly psychotic or completely impaired intellectually. Requires either intermittent or constant supervision because of clearly abnormal or potentially harmful behavior.

## PHYSICAL HEALTH RATING SCALE

100. [RATE THE CURRENT PHYSICAL FUNCTIONING OF THE PERSON BEING EVALUATED ALONG THE SIX-POINT SCALE PRESENTED BELOW. CIRCLE THE ONE NUMBER WHICH BEST DESCRIBES THE PERSON'S PRESENT FUNCTIONING. PHYSICAL HEALTH QUESTIONS ARE NUMBERS 37-55, 81, 82, AND 96.] CARD 5

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(cc 71)

1. In excellent physical health.  
Engages in vigorous physical activity, either regularly or at least from time to time.
2. In good physical health.  
No significant illnesses or disabilities. Only routine medical care such as annual check ups required.
3. Mildly physically impaired.  
Has only minor illnesses and/or disabilities which might benefit from medical treatment or corrective measures.
4. Moderately physically impaired.  
Has one or more diseases or disabilities which are either painful or which require substantial medical treatment.
5. Severely physically impaired.  
Has one or more illnesses or disabilities which are either severely painful or life threatening, or which require extensive medical treatment.
6. Totally physically impaired.  
Confined to bed and requiring full time medical assistance or nursing care to maintain vital bodily functions.



PERFORMANCE RATING SCALE FOR  
ACTIVITIES OF DAILY LIVING

CARD 5

101. [RATE THE CURRENT PERFORMANCE OF THE PERSON BEING EVALUATED ON THE SIX-POINT SCALE PRESENTED BELOW. CIRCLE THE ONE NUMBER WHICH BEST DESCRIBES THE PERSON'S PRESENT PERFORMANCE. ACTIVITIES OF DAILY LIVING QUESTIONS ARE NUMBERS 56-69.]

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(cc 72)

1. Excellent ADL capacity.  
Can perform all of the Activities of Daily Living without assistance and with ease.
2. Good ADL capacity.  
Can perform all of the Activities of Daily Living without assistance.
3. Mildly impaired ADL capacity.  
Can perform all but one to three of the Activities of Daily Living. Some help is required with one to three, but not necessarily every day. Can get through any single day without help. Is able to prepare his own meals.
4. Moderately impaired ADL capacity.  
Regularly requires assistance with at least four Activities of Daily Living but is able to get through any single day without help. Or regularly requires help with meal preparation.
5. Severely impaired ADL capacity.  
Needs help each day but not necessarily throughout the day or night with many of the Activities of Daily Living.
6. Completely impaired ADL capacity.  
Needs help throughout the day and/or night to carry out the Activities of Daily Living.

DEFINITIONS OF SERVICES1. ADMINISTRATIVE, LEGAL, AND PROTECTIVE

Purpose: To aid and assist an individual in dealing with administrative affairs.

Activity: To act as intermediary, advisor, or guardian for the individual in his dealings with agencies, businesses, landlords, etc.; aiding with business affairs, e.g., paying bills.

Relevant  
Personnel: Lawyer, social worker, guardian, institutional personnel, consumer advocate, family member.

Unit of  
Measure: Incidents.

2. CHECKING

Purpose: To monitor an individual periodically to make sure he has not become ill and unable to get help.

Activity: Establishing regular phone or personal contact (at least five times per week) with an individual.

Relevant  
Personnel: Agency worker, institutional personnel, family member.

Unit of  
Measure: Contacts (telephone or personal).

Examples: Agency or volunteer program which maintains lists of subscribers who are contacted regularly; family or friends who either live with the individual or who regularly check on him; service provider who sees the individual at least five times a week. A specific example is "telephone reassurance." Contacts may be initiated by the elderly person or the service provider.

3. CONTINUOUS SUPERVISION

Purpose: To supervise an individual who cannot be left alone.

Activity: Monitoring an individual's activities to assure his safety and well-being and to be available to readily respond to his immediate needs and emergency situation.

## Relevant

Personnel: Family member, institutional personnel, paid companion, attendant.

Examples: Constantly supervising a person with severe memory loss and confusion either in his own home or an institution. Day Care for Adults should be included in this category.

## Unit of

Measure: Day (count fractional part of day as 1 day).

4. COORDINATION, INFORMATION, AND REFERRAL

Purpose: To insure that an individual receives an integrated set of services appropriate to his situation.

Activity: Designing an appropriate service program, providing information about available sources of help, making referrals to other agencies or professionals including aiding with appointments, coordinating, implementing, and monitoring the entire treatment program.

## Relevant

Personnel: Social worker, health professional, allied health personnel, family member.

## Unit of

Measure: Number of above activities which occurred on behalf of a client.

5. EDUCATIONAL SERVICES, EMPLOYMENT RELATED

Purpose: To develop or improve occupational skills in order to make the individual more readily employable.

Activity: Formal courses or instruction planned to develop occupational skills either in a preparatory or remedial manner.

## Relevant

Personnel: Teacher, instructor, or training supervisors in educational, business, or industrial settings.

## Unit of

Measure: Training session hours.

Examples: Shorthand and typing courses in preparation for a secretarial career, professional schools (e.g., dental and law), beautician's college, training courses for older service workers, on the job training, apprenticeship programs.

6. EDUCATIONAL SERVICES, NOT EMPLOYMENT RELATED

Purpose: To increase knowledge or skills for personal enrichment. The purpose of the educational services provided under this category is not to make a person more readily employable.

Activity: Structured and prescheduled courses or instruction.

## Relevant

Personnel: Professors, instructors, and teachers who are experts in their field, acknowledged by training or expertise.

## Unit of

Measure: Training session hours.

7. EMPLOYMENT

Purpose: To provide assistance in finding employment.

Activity: Aiding an individual in finding employment by counseling and/or by referring the job applicant to businesses and agencies seeking employees.

Relevant Personnel: Employment counselor, social worker, guidance counselor, family member.

Unit of Measure: Number of times such assistance was provided.

8. ESCORT

Purpose: To enable an elderly individual's use of public or private transportation (buses, taxis and cars) and/or help him/her accomplish the purposes of the trips (e.g., grocery shopping and medical appointments).

Activity: Accompanying an individual or group.

Relevant Personnel: Service provider staff or assigned volunteer.

Unit of Measure: One-way trips.

9. FINANCIAL ASSISTANCE

Purpose: To insure an individual has sufficient income to maintain an adequate standard of living.

## Classes of Financial Assistance:

- a. UNDESIGNATED: Money provided to be used entirely at the discretion of the individual.

--Unit of Measure: Dollars.

--Examples: Supplemental Security Income Welfare payments, Aid for Dependent Children, financial assistance from family members, financial aid from private organizations or churches, charity.

- b. DESIGNATED: Money or subsidies provided for specific uses.

--Unit of Measure: Dollars or dollar equivalent of designated aid.

--Examples: Food stamps, Medicaid, public housing rent subsidies.

10. FOOD, GROCERIES

- Purpose: To provide the raw materials for meal preparation.
- Materials: Groceries, such as canned goods, produce, meat, and dairy products.
- Unit of Measure: Dollars.
- Examples: Groceries purchased by or for an individual for his own use; food provided for an individual by his family, e.g., weekly groceries given to aged person by his adult children; food provided by an institution for one of its residents, e.g., the food a patient eats while in a hospital.

11. HOMEMAKER-HOUSEHOLD

- Purpose: To regularly aid in the performance of necessary homemaker and household activities.
- Activity: General household work, including cleaning, laundry, shopping for food and clothing, and minor home maintenance and repairs. Home chore services should be included in this category. (Note: This does not include things for which one would ordinarily hire a specialist, e.g., plumber, house painter, or gardener.)
- Relevant Personnel: Homemaker, housekeeper, attendant, family member.
- Unit of Measure: Visit.

12. HOUSING REPAIR AND RENOVATION

- Purpose: To enable elderly persons, through financial assistance and otherwise, to repair and renovate their homes so that their homes will meet minimum housing standards. Also, to adapt existing housing or construction of new housing to meet the needs of elderly persons suffering from physical disabilities.
- Activity: Arranging for major electrical, plumbing, carpentry, heating, and similar repairs and renovations.
- Relevant  
Personnel: Contractors and/or individuals (union or nonunion) having skills needed to perform major housing repairs and renovations.
- Unit of  
Measure: Jobs and total cost.

13. LIVING QUARTERS

- Purpose: To provide a habitable place to live.
- Materials: Room, bed, other furnishings, toilet.
- Unit of  
Measure: Number of nights.
- Examples: Room, apartment, or other living quarters provided by an individual for his own use; room, etc., provided for an individual by his family, e.g., an aged person living with married daughter and her family in their home; room, etc., provided by an institution for a resident, e.g., room in a rehabilitation center.



14. MEAL PREPARATION

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, meals-on-wheels programs.

15. MEDICAL

Purpose: To maintain and/or improve an individual's physical health.

Activity: Medical history taking and performance of physical examinations; evaluation, treatment and monitoring of acute and chronic illnesses.

Relevant Personnel: Physician, physician's assistant, nurse practitioner.

Unit of Measure: Number of visits.  
DRUGS: Dollars.  
PROCEDURES: Dollars.

Examples: Annual physical health checkups, prescribing medical treatment or regimen, surgical procedures, radiation therapy, special diagnostic procedures-- e.g., gastrointestinal series, lumbar puncture.

16. MENTAL HEALTH

- Purpose: To identify and evaluate mental impairments which relate to both intra- and interpersonal relationships, including individual, marital, familial, and environmentally related problems; to provide counseling and/or therapy in order to aid the individual to resolve these problems or to cope with them.
- Activity: Mental health evaluation, diagnosis and treatment.
- Relevant Personnel: Psychiatrist, social worker, psychologist, nurse; educational, rehabilitation, and pastoral counselors.
- Unit of Measure: Sessions.
- Examples: Psychotherapy (individual or group), counseling, crisis intervention, evaluation of need for psychiatric hospitalization.

17. NURSING CARE

- Purpose: To coordinate, implement, and monitor the plan of care prescribed by health care professional.
- Activity: Administration and/or monitoring of prescribed medication or treatment regimens; health counseling; communication with primary clinician and other health team personnel.
- Relevant Personnel: Registered Nurse, Licensed Practical Nurse, attendant, family member.
- Unit of Measure: Visit.
- Examples: Administration of oral medications, intramuscular or intravenous therapy, catheter care, dressings, taking blood pressure.

18. OUTREACH

**Purpose:** To contact and inform elderly persons with unmet service needs, particularly the isolated, of programs that coordinate or provide services and to facilitate their appropriate use.

**Activity:** Canvassing neighborhoods or obtaining names of isolated persons or others likely to need services and contacting them in person or by telephone to describe available services and encourage participation.

**Relevant Personnel:** Social worker, outreach worker or other staff having a good understanding of the range of community resources available to older persons and sensitive to potential needs of persons.

**Unit of Measure:** A "yes" or "no" answer is sufficient. "Yes" would indicate that the needs of the individual were identified via an outreach service; "No" would indicate the contrary.

19. PERSONAL CARE

**Purpose:** To aid an individual in performing the personal physical activities of daily living.

**Activity:** Aiding an individual with bathing, dressing, grooming, feeding, and toilet care.

**Relevant Personnel:** Licensed Practical Nurse, attendant, volunteer, family member.

**Unit of Measure:** Visit.

**Example:** Home health aide services.

20. PHYSICAL THERAPY

- Purpose: To assist an individual in achieving partial or total use of some portion of the body which is not functioning normally.
- Activity: A planned set of physical exercises and/or massages and treatments.
- Relevant  
Personnel: Physical therapist, individual (either professional or non-professional) who has been trained to administer and follow a set of prescribed exercises, e.g., attendant, nurse, family member.
- Unit of  
Measure: Sessions.

21. PSYCHOTROPIC DRUGS

- Purpose: To improve the mood and/or psychological function of an individual who is symptomatic, manifesting anxiety, depression, thought disturbances, or physical symptoms with psychological overlay.
- Activity: Evaluation of need for psychotropic drugs; prescribing and/or dispensing of psychotropic drugs.
- Relevant  
Personnel: Any physician.
- Unit of  
Measure: Quantity and type.
- Examples: Valium, Librium, Thorazine, Mellaril, Stelazine, Elavil, Triavil, Tofranil, Miltown, Equanil, Haldol.

22. RELOCATION AND PLACEMENT

Purpose: To help an individual locate and secure a new place to live.

Activity: Locating available and suitable places to live and assisting in contracting for a new place to live, including institutional placements.

Relevant Personnel: Social worker, case worker, housing authority personnel, family member.

Unit of Measure: Moves.

Example: Foster Care for Adults.

23. REMEDIAL TRAINING

(This does not include physical therapy.)

Purpose: To improve the capabilities of an individual who is unable to perform some basic personal or instrumental functions because of trauma, illness, deprivation, or other impairment.

Activity: An organized course of instruction or training including the development of personal skills necessary for self-maintenance or for further learning.

Relevant Personnel: Speech therapist, specialized educational personnel, attendant, family member.

Unit of Measure: Sessions.

Examples: Speech therapy, remedial reading or literacy course, reality orientation, training in self-care for the mentally or physically impaired, training for the blind.

24. SHELTERED EMPLOYMENT

- Purpose: To provide employment for people who because of physical or mental impairment cannot find a job in the competitive labor market.
- Activity: Providing a setting, supervision, materials, and/or equipment necessary to allow handicapped or impaired people to work.
- Relevant  
Personnel: Workshop supervisor, rehabilitation counselor, special education personnel.
- Unit of  
Measure: Hours of employment.
- Examples: Goodwill Industries, Industries for the Blind.

25. SOCIAL/RECREATIONAL SERVICES

- Purpose: To increase the quality and quantity of an individual's social interactions; to foster skills in making creative use of non-work time including artistic and intellectual development.
- Activity: Social interaction, planned and organized activities (either individual or group) to provide creative expression, physical, mental, and intellectual development, or community involvement.
- Relevant Personnel: Social worker, activity therapist, volunteer coordinator, social club personnel, recreation worker, occupational therapist, educational personnel, crafts teacher.
- Unit of Measure: Session.
- Examples: Social clubs, recreation groups, church groups, hobby groups, special interest groups, volunteer projects, adult education classes, craft courses, speed reading, painting, crafts, and hobbies. Friendly visiting and drop-in (client initiated visit to a designated center where the individual is received by staff who express continued interest in client's welfare) are service elements included under social/recreational services.

26. SUPPORTIVE DEVICES AND PROSTHESES

- Purpose: To compensate for physical disability that interferes with an individual's independent functioning, or to cosmetically correct physical deformity.
- Activity: To supply and/or fit the appropriate device.
- Relevant  
Personnel: Orthopedist, prosthetist, brace fitter, corsetiere (breast prostheses), other personnel involved in the creating and fitting of devices.
- Unit of  
Measure: Dollars.
- Examples: Walker, wheelchair, leg brace, artificial limb, hearing aid, kidney dialysis machine, facial prostheses.

27. SYSTEMATIC MULTIDIMENSIONAL EVALUATION

- Purpose: To systematically evaluate an individual's overall condition.
- Activity: The systematic evaluation of an individual's overall functional state, including his physical and mental health, his social and economic resources, and his capacity for self-care.
- Relevant  
Personnel: A multidisciplinary team or group; individuals specially trained in multidimensional assessment such as a specially trained social worker, nurse, psychiatrist, or family practitioner.
- Unit of  
Measure: Number of hours spent in evaluation.
- Examples: Evaluation of a person by a multi-service center; complete medical, psychiatric, and social workup of a new patient in a group medical practice.



28. TRANSPORTATION

Purpose: To provide access (outside of walking distance) to the community, e.g., to service providers, businesses, friends, leisure activities, and special events.

Activity: Transporting an individual from one place to another.

Relevant  
Personnel: Project staff and/or community volunteer drivers.

Unit of  
Measure: One-way trips.

Examples: Dial-a-bus.

FEDERAL AGENCIES FUNDINGPROGRAMS IN CLEVELAND

(Fiscal year 1975)

FundsDepartment of Agriculture

Food Stamp Program, Food Stamp Act of 1964 \$2,937,000

HEW

## Office of Education:

Adult Education Grants to State -  
Adult Education Act, Title III 27,000

## Public Health Services:

Comprehensive Public Health Services-  
Formula Grants, Public Health Services  
Act, Title III 192,000

Health Professions, Special Project,  
Public Health Service Act, Part E,  
Title VII 104,000

U.S. Public Health Service, Hospital  
and Medical Care Program 15,000

## Office of the Secretary:

Special Programs for the Aging,  
Older Americans Act of 1965, Title III 325,000 (III)  
Title VII (Nutrition Program), and 1,005,000 (VII)  
Title IX 184,000 (IX)

## Social and Rehabilitation Service:

Medical Assistance Program (Medicaid)  
Social Security Act, Title XIX 1,300,000

Public Assistance, Social Services,  
Social Security Act, Title IV-a 987,000

Social Security Act, Title XX 21,000

Program for Vietnamese Refugees 4,000

## Social Security Administration:

Medicare, Hospital Insurance,  
Social Security Amendments of 1965,  
Title XVIII 43,000,000

Supplemental Security Income  
Social Security Amendments of 1972,  
Title XVI 13,055,000

FundsDepartment of Labor

## Manpower Administration:

National Older Workers Program-Operation Mainstream, Comprehensive Employment and Training Act of 1973, Title IIIA	\$ 251,000
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Department of Transportation

## Urban Mass Transportation Administration:

Urban Mass Transportation Demonstration Grants, Urban Mass Transportation Act of 1964	259,000
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Community Services Administration

## Older Persons Opportunities and Services:

Economic Opportunity Act of 1964, as amended by the Community Services Act of 1974, Title II	155,000
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ACTION

The Foster Grandparents Program, Domestic Volunteer Services Act of 1973, Title II	161,000
Retired Senior Volunteer Program, Domestic Volunteer Services Act of 1973, Title II	69,000
Volunteers in Service to America (VISTA) Domestic Volunteer Service Act of 1973, Title II	136,000

	<u>Funds</u>
<u>Department of Housing and Urban Development</u>	
Model Cities <u>1/</u>	\$ 501,000
Interest Reduction Payments, Rental and Cooperative Housing for Lower Income Families, National Housing Act, as amended in 1968, Section 236	453,000
Public Housing, U.S. Housing Act of 1937	1,445,000
Community Development Block Grants, The Housing and Community Development Act of 1974, Title I	<u>129,000</u>
Total	<u>\$66,715,000</u>

1/Consolidated into Community Development Block Grants,  
The Housing and Community Development Act of 1974,  
Title I.