

The Georgetown Aging Initiative:

To ensure a community of excellence for older adults and their caregivers

SUMMARY REPORT

For the

Advantage Initiative Community Survey in Georgetown, 2011



Purpose:

The Georgetown Aging Initiative (GAI) began in 2009 as a group of Georgetown residents who came together with the desire to make the community one that continues to be friendly and welcoming to seniors of all ages and abilities. Georgetown has a population of 47,400 (2010 US census) of which 18,108 or 38% are over the age of 55 years and 12,205 or 26% are over the age of 65 years. Over the last 10 years, Georgetown has experienced a 141% increase in individuals age 60 and older. This summary explores how well the community serves older adults and their caregivers and provides insights into steps that can be taken to help adults sixty years and older remain active and engaged as long as possible.

Who was involved in the Aging Initiative:

The Georgetown Aging Initiative includes community leaders, community volunteers, and a number of persons age 60 and older. The Initiative is funded by the Georgetown Health Foundation, through a contribution to the Chisholm Trail Communities Foundation. It is also supported by a federal grant received by Family Eldercare from the Administration on Aging, "Community Innovations for Aging in Place." Other sponsors include the Georgetown Ministerial Alliance, Sun City Texas Community Association, the Georgetown Chamber of Commerce, and the City of Georgetown.

How the survey was conducted:

In order to get broad Georgetown area representation, polling was conducted during the fall 2011 with 40 community partners representing: health & human service agencies, city parks & recreation, public library, personal home visits, churches, community centers, senior living communities, and Sun City. Targeted outreach was made to the Hispanic and African American older adults, yet they are underrepresented in the polling data. Focus groups and community-wide polling gathered perspectives on local health, social services, and transportation services, as well as opportunities for social and civic engagement and support for families and caregivers. Just over 10% of all seniors in Georgetown (1,847 individuals) completed the polling form. One-third of the surveys were completed on-line, and 85 individuals participated in the focus groups. The remaining respondents used printed forms. Half of the respondents participated in the poll with an expressed goal of helping the community.

Those who responded:

Of the total (1,847) respondents, thirty-eight percent (38%) identified themselves as from Sun City, with twenty-four percent (24%) from Northwest Georgetown but not Sun City. Over fifty percent of those who responded have lived in Georgetown less than 10 years. Over one-third of respondents were 75 years and older. Eighty-five percent (85%) of those responding own their own home. **Bear in mind that the respondents constitute a self-selected group, not a random statistical sample.**

Key geographic differences:

Fifty-two percent of the respondents from South Georgetown earned less than \$20,000 annually compared to 19% community-wide. The respondents from the South were also more likely to be renters and women. The respondents from the South also felt less safe than respondents from other areas of Georgetown. Respondents from the South and East more frequently reported skipping meals and having few places to buy fruits and vegetables.

Key findings:

- a) **Georgetown is seen as a good place to grow old.** It is seen by the vast majority of participants as safe, peaceful, friendly, and clean. Both in the polling and focus groups, these older adults noted that Georgetown is a good place to grow old. Eighty-nine percent of all respondents stated that safety is excellent or very good. Participants mentioned the vibrant faith community and the diversity of faith options. The feeling of peace and a sense of community were also frequently mentioned as community assets. Eighty-seven percent of the respondents are actively engaged in the political environment and vote regularly.
- b) **Georgetown is perceived as safe.** Most respondents (89%) consider neighborhood safety to be excellent or very good. Problems identified include lack of public transportation, dark streets, and sidewalks either lacking or needing repair.
- c) **Georgetown has a breadth of assets:** There is a diversity of faith community- options, strong social services, free income tax assistance, and the like.
- d) **Overall, respondents reported generally good health and access to health care.** The vast majority of respondents have access to health insurance, predominantly Medicare, and report being in overall good health. However, respondents have some concerns about access to care and maintaining their health as they age.
- e) **Seniors responding want to age independently in place for as long as possible:** Over three quarters (77%) of all respondents strongly agree that they want to live in their own home. They want to have a continuum of housing options and supports that will allow them to remain independent for as long as possible.
- f) **Georgetown seniors who responded desire to have a purpose and feel useful for as long as possible either through work or volunteer activities:** Almost two-thirds (63%) of those responding volunteer in churches, non-profit organizations, etc.; 11% continue to work either full- or part-time.
- g) **The most commonly identified barriers to successful aging are:** Lack of transportation and affordable housing, social engagement, knowledge of how to access services, affordable dental care, and lack of access to recreational/cultural opportunities.
- h) **Seniors who responded are concerned about the pace of growth and the ability for Georgetown to maintain its small town feel and infrastructure:** They are concerned about the ability for infrastructure to keep up with the growth and about health facilities moving away from transportation that they can access.
- i) **Southwestern University:** Almost two-thirds (64%) of the participants responded that fine arts performances/concerts/events would bring them to the liberal arts campus; over 50% would also come to the campus for special events and lectures. Over 60% responded that they would consider participating in the *Paideia* program if they had more information (Southwestern University's *Paideia* program aims to enrich its students' liberal arts education by integrating scholarship and out-of-class academic and non-academic activities).

Issues facing Older Adults:

Transportation: Both in the polling and in the focus groups, the most frequently mentioned area of concern was transportation. Respondents recognized that as they age, their ability to provide their own transportation will decline. They noted that there is a lack of access to public transportation and that private transportation is costly. Focus groups emphasized the need for awareness of services available (for example, Faith in Action Caregivers).

Housing/Aging in Place: Older adults polled want to age in place. Eighty-five percent of respondents own their own home. Forty-nine percent don't think their living situation will change in the future. Over one-third (37%) were somewhat confident or not too confident that they can afford their current house as long as they want. Over one-third thought they would end up in senior housing, closer to family/friends, or in a nursing home or smaller/larger home.

Of the homeowners, 83% report that they don't need major repairs to their homes. Of those that do need repairs, one-third report that bathroom repairs and roof and plumbing are the major areas that will need to be addressed, which can be costly. The primary reasons for not being able to conduct repairs were lack of skill and affordability.

Key issues facing older adult respondents who want to age in place are: having consistency with caregivers; providing them with the dignity, tools, and control to make decisions about when to move; and the reality that often individuals have to move out of their home unexpectedly due to the results of a fall or other health crisis.

Health: The majority of respondents are covered by health insurance. Sixty percent consider their health excellent or very good. Seventy-nine percent use private physicians and 92% know the medications that they are taking. Half of all respondents keep the list of medications in their wallet or purse and 27% keep the list on their computer. Respondents generally report accessing routine medical check-ups with 70% having completed a physical exam in the last year, 92% a blood pressure check, and 73% a flu shot. Overall, 50% report eating five servings of fruits and vegetables several times a week. A relatively low percentage of women completed a mammogram (41%).

Key health issues: The most frequently identified area of health concern was the lack of access to affordable dental care. Of respondents 75 years or older, 21% have had a heart attack or heart condition, and 51% report hypertension/high blood pressure. Of those with depression or anxiety, 41% received no counseling or professional help. In the focus groups, participants expressed some concern about the movement of medical facilities away from the center of Georgetown to areas outside of public transportation access.

Social Engagement: Older adults reported a desire to have a purpose and feel useful for as long as possible, either through work or volunteer activities. Sixty-three percent of respondents volunteer, almost half of the volunteer work was conducted within their faith community. However, less than half (48%) of respondents have daily contact with someone and almost one quarter (23%) report having no friends in the community.

Information/Communication Resource: Focus groups and older adults polled noted that there is an evident lack of knowledge of available services. Respondents are not aware of the various services available to older adults such as senior lunches (44%), home repairs/safety modifications (57%), caregiving respite (50%), Area Agency on Agency (63%), and free legal services (75%).

Services Respondents Would Like to See Implemented:

- Public transportation improvements
- Information resources; accessible resource links; a clearing house
- Neighborhood alert system (for example, “front porch light”)
- Social network and/or buddy system
- Access to affordable dental care
- Affordable adult daycare

Other issues to consider:

- Low response rate of the study from Hispanic and African-American populations
- Service needs of the population earning less than \$20,000 annually
- The respondents in the South and East sides of the community indicate more vulnerability than other respondents
- Investigate further the needs of our under-served older adults
- The high percentage of persons 75 years and older predicts a larger demand for home and community support services as they continue to advance in age.

Opportunities identified include:

- Create and promote a source of information for seniors
- Identify and develop opportunities for social engagement; such as:
 - Work and volunteer options
 - Increased social opportunities for individuals in the South and East
 - Enhanced recreational activities specific to older adults

- Develop health education strategies
- Strengthen resources that support aging in place
- Organize or coordinate transportation to all the above

Outcomes and the future of the Aging Initiative:

What is the future of the Aging Initiative given the results of this poll? The committee offers the following vision of coordinated task forces or coalitions for identified social issues. Georgetown has abundant resources for some of the shortfalls identified in the survey.

An Information/Communication Task Force - Addressing the need to communicate with possible candidates for services, a communication task force would be able to evaluate how to make available services better known, e.g., organizations that drive or deliver meals are ready means of communication with their service populations.

Senior Community Engagement Task Force – Promoting and publicizing work, volunteer and recreational activity opportunities for the senior community.

A Senior Health Task Force – Comprised of service providers and stakeholders interested in promoting health education and information on health services for all seniors especially low income.

A Task Force focusing on Aging in Place - For home repairs, Project Restore (a collaboration of many churches and local government) remodeled three houses in 2012 and five in 2011. The survey responses suggest that there are more needs than will be solved by major remodeling at this level. Project Restore leadership can assess the project recruitment process and the outcomes to date and develop methods of communication to promote the activity. It is possible that the major remodeling jobs have met the largest need and that there are many more needs, smaller in scope or urgency. Area businesses and other community groups may be able to add resources to this area.

A Transportation Task Force - A number of non-profits provide transportation and many are parts of the larger national or regional organizations. Few provide wheelchair transportation. A task force for transportation could review the survey data and inquire of their larger organizations for solutions proven elsewhere. Business and local government may have a role in the task force and in the future.

These task forces can monitor and sample the population they serve for progress in the areas identified by this survey. It is the hope of The Aging Initiative leadership that the community will engage in these critical issues facing our aging population.

Acknowledgements

Congratulations Georgetown!

“The community outreach conducted for the Georgetown survey has been a remarkable demonstration of enthusiasm, organization, and engagement. I could tell when I met with the dozens of volunteers recruited for the project that it was going to be a great success and generate not only very good data, but also tons of support that will keep Georgetown moving toward positive change.”

Philip B. Stafford, PhD, Director, Center on Aging & Community at the Indiana Institute on Disability & Community

To Report Recipients: Thank you for your continued support. Best wishes to you and for a future with hope for all Georgetown older adults.

Special thanks to Tamara Hudgins, former Executive Director of the Chisholm Trail Communities Foundation, for her leadership and foresight of the initiation of this project. Thanks to Professor Brook T. Russell, Department of Mathematics and Statistics, from Casper College in Casper, Wyoming for his statistical contribution.

Note: This summary report is based on the initial draft compiled and organized by Sam Woollard of Knox-Woollard Professional Management, LLC.

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Administration on Aging – www.aoa.gov
AdvantAge Initiative – www.advantageinitiative.org
Center on Aging and Community, Indiana University – www.agingindiana.org
Chisholm Trail Communities Foundation – www.chisholm-trail.org
Community Innovations for Aging in Place – www.ciaip.org
Family Eldercare – www.familyeldercare.org
The City of Georgetown – www.georgetown.org
Georgetown Chamber of Commerce – www.georgetownchamber.org
Georgetown Health Foundation – www.gthf.org
Georgetown Ministerial Alliance – www.gtownmin.org
Sun City Texas Community Association – www.sctxca.org

Appendix I: Support Documents

For more detail from the Aging Initiative Survey, these reports and data sets can be accessed via the Internet by going to www.agingintown.com, then go to the “Survey” tab and click on “Reports.”

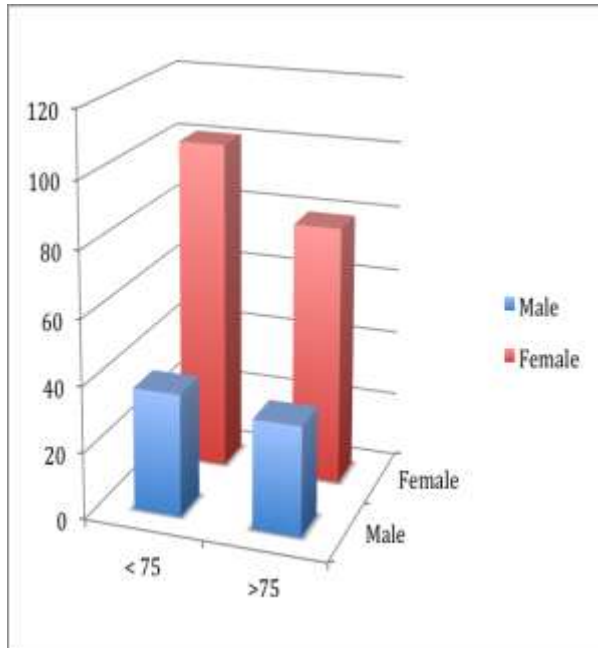
- Advantage Initiative Community Survey in Georgetown, 2011
- Georgetown Demographic Report
- Q. 97: “What could Southwestern University do to encourage your participation on campus and make you feel welcome?”
- Georgetown Aging Initiative Focus Groups
- Georgetown Ministerial Alliance, GAI Focus Group, October 12, 2011

Appendix II: Avoiding bias in samples: the problem of random sampling and bias

Statistical analysis is based on the argument that two outcomes are associated if chance would not have produced the observation. If an event occurs by chance less than one time in twenty, the event probably did not occur by chance and may have a significant relationship. Bias, finding relationships that are not real, allows outcomes that are not related to appear related. Random samples have the best chance of avoiding bias. If one plans to set policy that involves use of funds, random sampling is a credible means to avoid bias. If one plans to report perceptions/opinions, then randomized samples are less important. Our sample is convenient and not random and cannot be used to generalize to the larger senior population of Georgetown, because the people who responded may be different from those who did not. The survey speaks only to interests and opinions of those who responded. The responses point to areas that may affect non-respondents and deserve consideration by local leaders in government, business and nonprofit organizations. For example, the frequently cited need for transportation is viewed as real, but the magnitude of the need in the older population may not be the magnitude of the survey respondents. Support for medical care is less of a reported need than is transportation. Does that mean that funding should be diverted to transportation from medical care? The survey does not address the larger public opinion concerning the appropriate use of resources. This survey does not address the issues of the greatest impact of incremental funding to a choice of problems. Policy makers must use many tools beyond this survey when allocating resources to have the greatest impact.

Appendix III: Transportation

Among respondents, transportation is more a problem for women, particularly younger women.

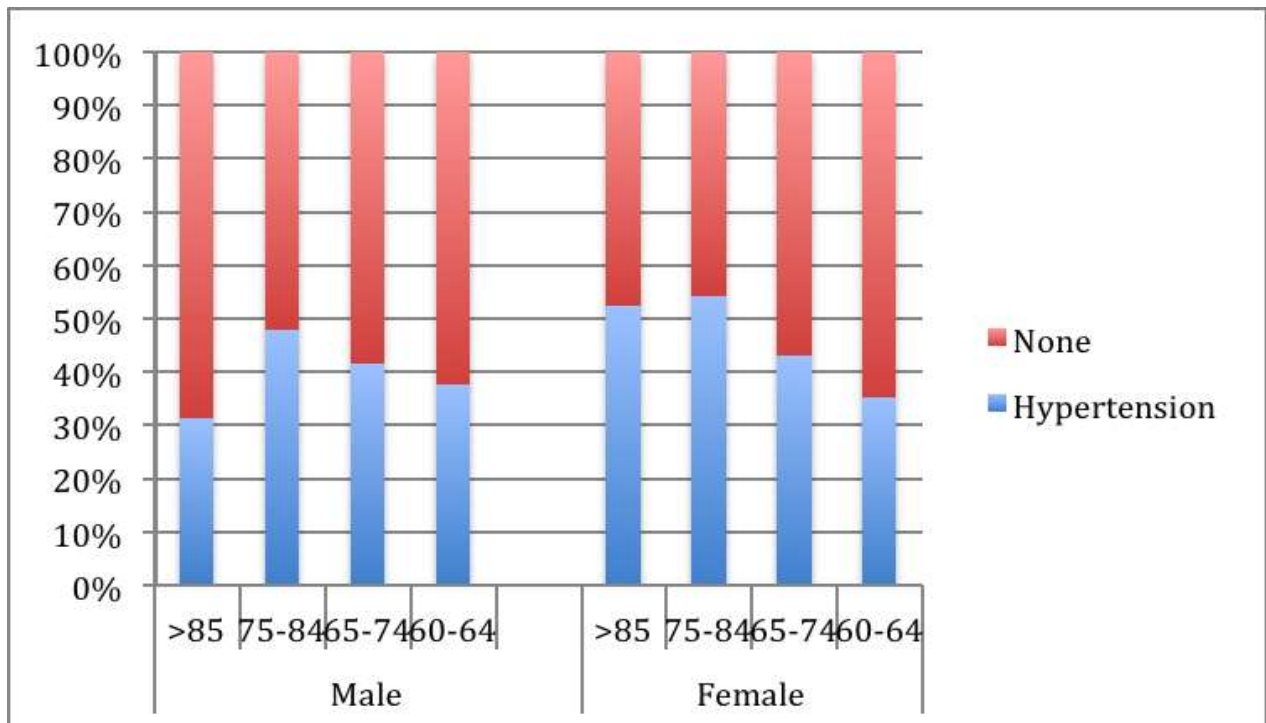


	< 75	>75
Male	37	33
Female	101	79

Appendix IV: Hypertension

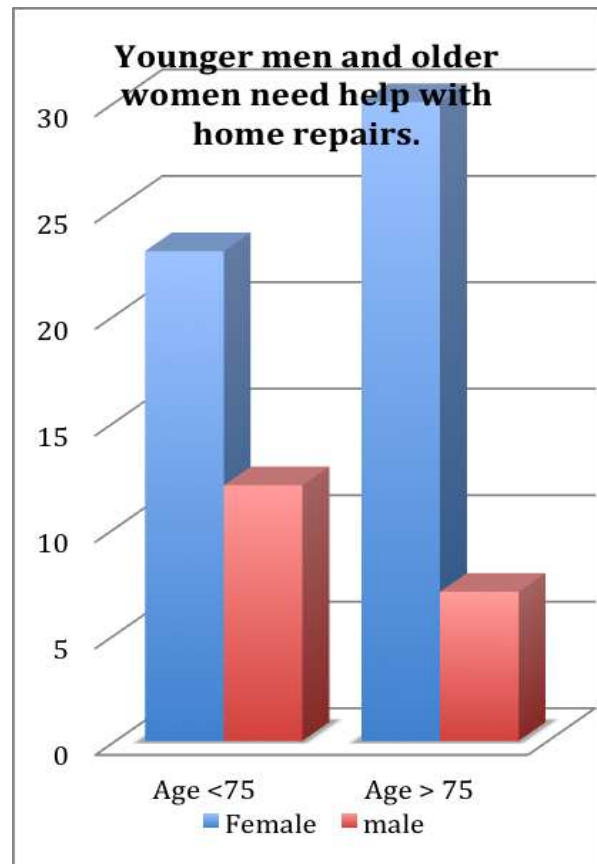
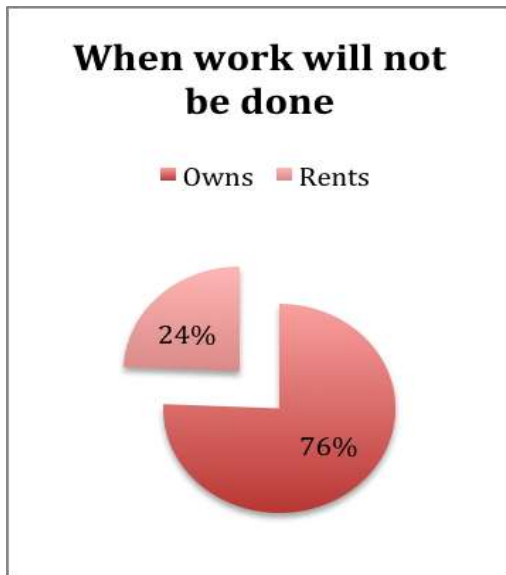
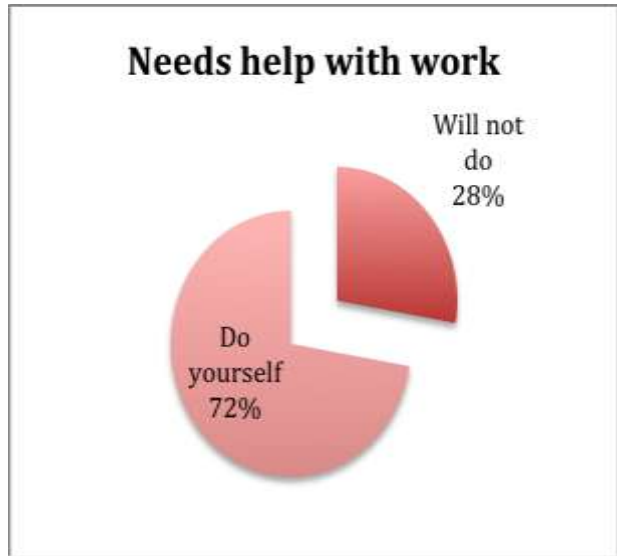
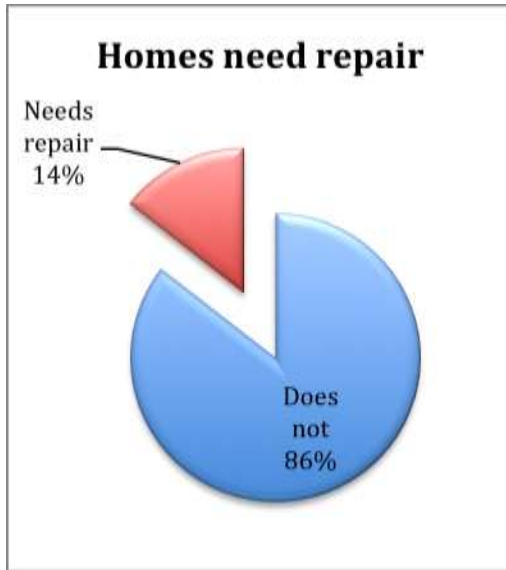
Reported hypertension was higher with age until the nineties. Is it a decrease or does hypertension take a toll by decreasing survival? Future guidelines for treatment (American Heart Association) allow higher blood pressure levels over age ninety, reflecting the concern for side effects of therapy in nonagenarians outweighed the risk of under treatment of hypertension. The chance of premature consequences of hypertension after age ninety is an oxymoron, while side effects of medications are real and common.

		Hypertension	None
Male	>85	20	44
	75-84	90	98
	65-74	148	207
	60-64	41	68
Female	>85	57	52
	75-84	152	128
	65-74	199	262
	60-64	71	130



Appendix V: Homes in need of repair

Home repairs were needed by 14% of respondents (296 of 2048). Of those, 28% reported the work would not be done due to lack of skills or funds.

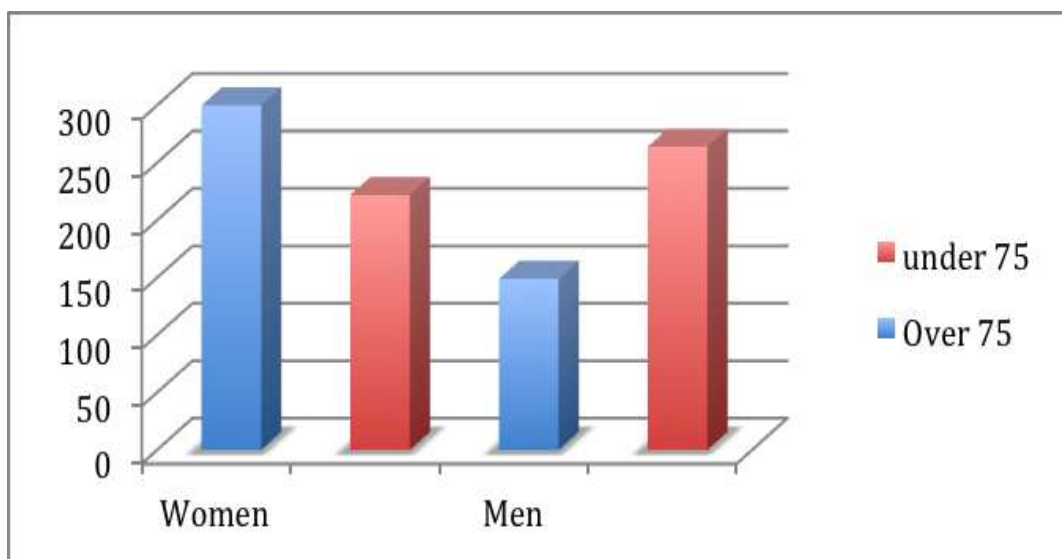
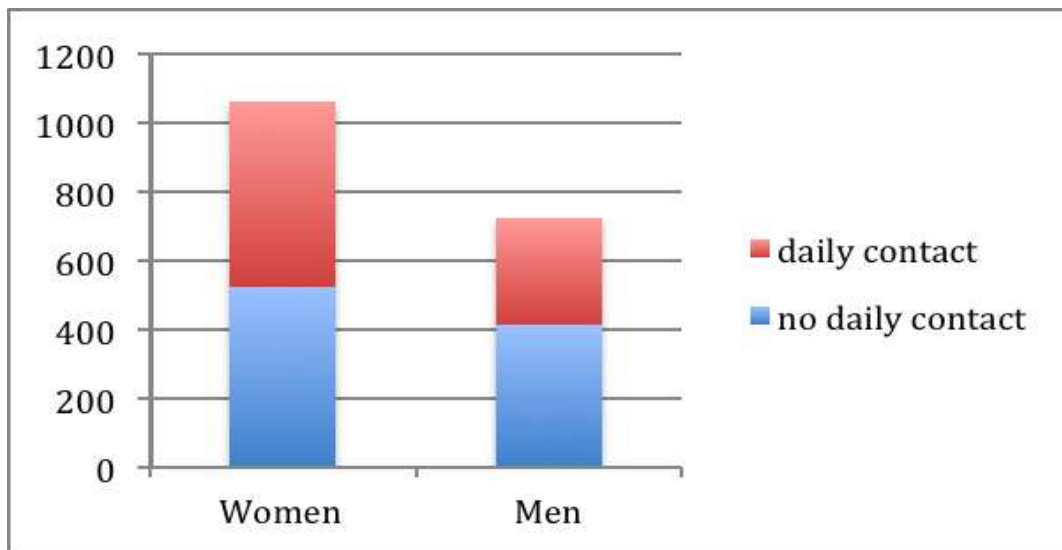


Respondents reported home ownership in 85% of surveys. When the work would not be done, 37 of 53 are female of which 17 have income less than \$20,000. Younger men and older women reported needing help with home repairs.

Appendix VI: Social Engagement

Men reported less daily contact. While women reported decreased contact with age, men reported the same degree of social engagement or isolation at all ages.

	Women	Men
no daily contact	522	416
daily contact	541	308



Social engagement decreases in the older age range for men but not for women.

Appendix VII: Obesity and longevity

For the respondents, the decline in frequency of obesity with age is powerful graphic evidence for the health impact of excess weight.

		Obese	Not obese
Male	>85	4	60
	75-84	19	168
	65-74	78	275
	60-64	29	79
Female	>85	4	101
	75-84	40	239
	65-74	112	350
	60-64	61	40

