



Aging
Texas Well

**Indicators Survey
Overview Report
2009**

Texas Department of Aging and Disability Services
Center for Policy and Innovation
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Preface to the 2009 Report

Every two years the Texas Department of Aging and Disability Services (DADS) submits to the governor the Aging Texas Well (ATW) Plan as required by Executive Order RP 42. That directive, issued in 2005, specifically requires DADS to “create and disseminate a comprehensive and effective work plan to identify and discuss aging policy issues, guide state government readiness and promote increased community preparedness for an aging Texas.”

As a key component of this charge, DADS, in its responsibility to review state policy, has developed the ATW Indicators Survey, to evaluate and measure successful aging activities in Texans age 60 and older living in the community. First conducted in 2004, the 2008 survey was to gauge whether aging perceptions have changed over the intervening four years. Like its predecessor, the survey was developed around the 16 life areas that include both individual preparedness and social supports. Based on telephone interviews with over 1,000 Texans aged 60 and older, the survey provides information on how these individuals think about themselves and the communities in which they live relative to successful aging. As DADS works to meet the goals identified in the ATW 2008 -2009 Plan, the survey will be a continuing resource in helping state officials and policy makers identify and assess the needs of the growing number of people who are aging and develop strategies and programs to meet these needs effectively.



Table of Contents

| | |
|--|-----|
| List of Tables | iii |
| Executive summary..... | v |
| Introduction | 1 |
| 1. Methodology..... | 2 |
| 2. Demographic Characteristics..... | 7 |
| 3. ATW Domains | 10 |
| 4. Physical Health..... | 12 |
| 5. Healthy Lifestyles | 14 |
| 6. Mental Health | 16 |
| 7. Substance Use | 18 |
| 8. Spirituality | 19 |
| 9. Social Engagement..... | 20 |
| 10. Legal Preparedness | 22 |
| 11. Financial Preparedness..... | 23 |
| 12. Caregiving | 26 |
| 13. Recreation..... | 33 |
| 14. Education | 34 |
| 15. Volunteerism | 38 |
| 16. Employment..... | 44 |
| 17. Access to Healthcare Services..... | 47 |
| 18. Community Supports | 50 |
| 19. Transportation..... | 52 |
| 20. Housing | 54 |
| 21. Conclusion | 56 |



List of Tables

| | | |
|------------|--|----|
| Table 1.1 | Race/Ethnicity in Texas, Census 2000 | 3 |
| Table 1.2 | Benchmark Domains and Questionnaire Subsets | 4 |
| Table 1.3 | Outcome of All Calls..... | 5 |
| Table 2.1 | Age | 7 |
| Table 2.2 | Gender | 7 |
| Table 2.3 | Marital Status..... | 7 |
| Table 2.4 | Race/Ethnicity..... | 8 |
| Table 2.5 | Income Level | 8 |
| Table 2.6 | Education Level | 8 |
| Table 2.7 | Living Alone | 9 |
| Table 2.8 | Civic Engagement | 9 |
| Table 3.1 | Life Overall..... | 10 |
| Table 3.2 | Having a Meaningful, Vital Life..... | 11 |
| Table 4.1 | Self-reported Overall Health Status | 12 |
| Table 4.2 | Prevalence of Chronic Health Conditions | 12 |
| Table 4.3 | Number of Chronic Health Conditions | 13 |
| Table 5.1 | Participation in Physical Activity | 14 |
| Table 5.2 | Eating Fruits and Vegetables | 15 |
| Table 5.3 | Body Mass Index | 15 |
| Table 6.1 | Self-Reported Mental Health Status..... | 16 |
| Table 6.2 | Prevalence of Mental Health Conditions..... | 16 |
| Table 6.3 | Impairment Due to Mental or Emotional Issues | 17 |
| Table 7.1 | Frequency of Alcohol Consumption | 18 |
| Table 8.1 | Frequency of Spiritually Satisfying Activity..... | 19 |
| Table 8.2 | Importance of Spirituality..... | 19 |
| Table 8.3 | Satisfaction with Personal Spirituality | 19 |
| Table 9.1 | Problem with Loneliness | 20 |
| Table 9.2 | Frequency of Talking to Family Members, Friends, or Neighbors by Telephone | 20 |
| Table 9.3 | Frequency of Spending Time with Family Members, Friends, or Neighbors Face to Face | 21 |
| Table 9.4 | Frequency of Leaving Home | 21 |
| Table 9.5 | Satisfaction Concerning Interaction with Others | 21 |
| Table 10.1 | Specific Legal Preparations | 22 |
| Table 10.2 | Preparation for Legal Needs | 22 |
| Table 11.1 | Sources of Income | 23 |
| Table 11.2 | Largest Income Source | 24 |
| Table 11.3 | Specific Types of Financial Planning..... | 25 |
| Table 11.4 | Preparation for Future Financial Needs..... | 25 |
| Table 12.1 | Caregivers | 26 |
| Table 12.2 | Caregiver’s Self-Assessment | 26 |
| Table 12.3 | Relationship of Caregiver | 27 |
| Table 12.4 | Length of Time as Caregiver to Adult..... | 27 |
| Table 12.5 | Time Spent in Caregiving | 28 |



| | | |
|-------------|--|----|
| Table 12.6 | Distance to Provide Care | 28 |
| Table 12.7 | Reasons for not Using Caregiving Resources with Elders | 29 |
| Table 12.8 | Legal Status of Grandchildren | 29 |
| Table 12.9 | Length of Time as Caregiver to Child | 30 |
| Table 12.10 | Reasons for not Using Caregiving Resources with Children | 31 |
| Table 12.11 | Employment Among Caregivers..... | 31 |
| Table 12.12 | Impact of Caregiving on Employment | 32 |
| Table 13.1 | Frequency of Participation in Recreational Activities | 33 |
| Table 13.2 | Satisfaction with Recreational Activities..... | 33 |
| Table 14.1 | Education Level | 34 |
| Table 14.2 | Satisfaction with Education | 34 |
| Table 14.3 | Current Educational Participation | 35 |
| Table 14.4 | Reasons for Participation in Education | 35 |
| Table 14.5 | Educational Setting..... | 36 |
| Table 14.6 | Barriers to Educational Participation | 36 |
| Table 15.1 | Participation in Volunteer Activities | 38 |
| Table 15.2 | Organized and Informal Volunteering..... | 39 |
| Table 15.3 | Types of Volunteer Activities | 39 |
| Table 15.4 | Time as a Volunteer | 40 |
| Table 15.5 | Volunteer Hours per Month..... | 40 |
| Table 15.6 | Reasons for Volunteering | 41 |
| Table 15.7 | Learning about Volunteer Opportunities | 41 |
| Table 15.8 | Deciding to Stop Volunteering | 42 |
| Table 15.9 | Choosing not to Volunteer..... | 43 |
| Table 16.1 | Current Employment Status..... | 44 |
| Table 16.2 | Reasons for Working..... | 45 |
| Table 16.3 | Satisfaction with Employment Status..... | 45 |
| Table 16.4 | Awareness of Employment Resources | 46 |
| Table 17.1 | Satisfaction with Healthcare Services | 47 |
| Table 17.2 | Sources of Health Coverage..... | 48 |
| Table 17.3 | Sources of Prescription Coverage | 49 |
| Table 18.1 | Having Supports and Services | 50 |
| Table 18.2 | Where Sought Assistance | 51 |
| Table 18.3 | Satisfaction with Ability to Get Help in the Community | 51 |
| Table 19.1 | Usual Method of Transportation | 52 |
| Table 19.2 | Satisfaction with Transportation and Driving..... | 52 |
| Table 19.3 | Unable to Go Somewhere for Lack of Transportation | 53 |
| Table 19.4 | Cost of Transportation for Non-Drivers | 53 |
| Table 19.5 | Cost of Operating a Car | 53 |
| Table 20.1 | Home Tenure..... | 54 |
| Table 20.2 | Housing Costs as a Share of Income | 54 |
| Table 20.3 | Accessible Home Features..... | 55 |

Some tables may not sum to 100% due to rounding.



Executive summary

In 1997, Texas began an initiative called Aging Texas Well (ATW) with the goal of helping to prepare for a rapidly increasing older population. Research to support this initiative has focused on a qualitative assessment of the well-being of older Texans. In 2004 on behalf of DADS, the Survey Research Center (SRC) at the University of North Texas conducted a telephone survey of older Texans based on indicators derived from objective measures of successful aging. The results of that survey formed the basis of the reports *Aging Texas Well: Indicators Survey Results 2005* and *Aging Texas Well: State of Our State on Aging 2005*. These reports have served as useful tools to guide policymakers and professionals in aging services in addressing the critical challenge of meeting the needs of older Texans in ways that support healthful living and a high quality of life.

In 2008, the SRC again conducted this survey for DADS to provide a new, updated snapshot of where we are four years later. But more than that, with the 2004 survey as a baseline, we are able to provide some measure of how the conditions and attitudes of older Texans have changed over the past four years. This comparison suggests areas of success as well as continuing challenges.

As in 2004, the purpose of the current survey is to provide insight into how well older Texans are doing based on key indicators of successful aging across the ATW areas of focus. A statistically valid sample of 1,138 older Texans living in the community completed the statewide survey compared to 1,110 in 2004. Some of the highlights from the 2008 survey findings include:

- Among older Texans, 88% have one or more chronic conditions; more than one-third have at least three chronic conditions; and while many exercise at least three times a week, 64% of older Texans are overweight or obese.
- More than 25 percent of older Texans report having a mental health diagnosis with increases in depression and anxiety disorders from 2004 to 2008.
- The great majority of older Texans have some type of health insurance. Nevertheless, five percent of older Texans reported being unable to access healthcare when they needed it in the past year. The primary barrier to access continues to be affordability, though that percentage decreased between 2004 and 2008.
- The biggest source of income is retirement income from Social Security. More than half of older Texans have income from personal savings, but only eight percent report personal savings as their biggest source of income.
- Older Texans spend at least one-third of their income on housing costs.
- About 15 percent of older Texans were employed in 2008. Ten percent of those who are not working are currently looking or plan to look for a job.
- More than 2/3 of older Texans have a will and half have a document such as a healthcare power of attorney that would allow others to make health decisions on their behalf if they became incapacitated.



- Most older Texans feel that they have the supports and services they need to help them live independently in their community. However, only a third has heard about area agency on aging programs.
- Eighteen percent of older Texans provide care to a family member or friend over age 60 or to a child 18 years of age or younger, or both, an increase from 16 percent in 2004.
- More than 25 percent of older Texans report that loneliness is a problem. Fifty-four percent report spending time daily with family, friends, or neighbors, and another 37 percent at least weekly.
- Most older Texans say that spiritual life is very important.
- Nearly 60 percent of older Texans either currently participate in organized volunteer programs or have in the past.
- Almost three-quarters of older Texans report having a recreational interest or hobby.
- About six percent of older Texans currently participate in education classes or formal programs.
- Almost one quarter of older Texans do not currently drive.



Introduction

Aging Texas Well: Indicators Survey 2009 provides a comprehensive update, based on the survey conducted in 2008 of how older Texans are faring today and how conditions and attitudes have changed over the past four years when compared to the 2005 report. In this report responses from the 2004 survey and the 2008 survey are presented together. In some instances percentages reported for 2004 will vary from those in the 2005 report because of different assumptions and analyses.

In most cases, the findings for 2008 were similar to those for 2004. Statistical software was used to test for differences in response to questions asked each year. Statistically significant differences not likely due to chance are indicated in footnotes or the text. In this report, a statistically significant difference means that there is a 99 percent chance that the observed difference is due to a real effect and only a one percent chance that the observed difference is likely due to chance. Where an apparent difference is not described as statistically significant, it may not represent a real change between 2004 and 2008.

The survey is not a “needs assessment.” Rather, the survey focused on individual behaviors and perceptions. Responses provide insight into how older Texans feel about (based on their own self-report) aging. Findings from this project may be used to:

- Understand the status, experience and perceptions of older Texans with respect to their well-being;
- Compare the results of this study to those of national studies on aging to draw inferences regarding how well Texans are doing compared to other regions on aging of the country;
- Provide data to make recommendations on programs and policies in Texas; and
- Determine the capacity of state and local infrastructure to support the ability to age well.

The 2005 report and this report will be used to analyze trends and establish benchmarks on the well-being of older Texans. This report does not attempt to place the findings in context, nor to describe interactions among factors, nor to consider implications for the future. That analysis will come in one or more future reports, to be developed in the coming months.



1. Methodology

The University of North Texas Survey Research Center conducted a statewide telephone survey to 1,138 Texans age 60 or older for DADS. The survey was a follow-up to a baseline survey conducted in 2004. The purpose of the survey was to collect benchmark data for 16 ATW domains. These domains are:

- General Health
- Physical Health
- Mental Health
- Spirituality
- Social Engagement
- Legal Preparedness
- Financial Preparedness
- Caregiving
- Recreation
- Education
- Volunteerism
- Employment
- Health Services
- Community Support
- Transportation
- Housing

Methodology Overview

Sample

According to 2006 Census estimates, the racial classification of the Texas population over age 60 differs from the general Texas population. The sample was designed to approximate Texans' race/ethnicity distribution age 60 and older.



Table 1.1 Race/Ethnicity in Texas, Census 2000

| Classifications | Percentages | |
|--|-------------------------|---------------------------|
| | <i>Texas Population</i> | <i>Texas 60 and Older</i> |
| White, not Hispanic or Latino | 48.1 | 67.8 |
| Black or African American | 11.6 | 8.5 |
| American Indian and Alaska Native | 0.5 | 0.4 |
| Asian | 3.3 | 2.4 |
| Native Hawaiian and Other Pacific Islander | 0.1 | 0.0 |
| Some other race | 13.0 | 6.5 |
| Two or more races | 1.8 | 0.9 |
| ¹ Hispanic or Latino origin (of any race) | 35.7 | 20.4 |
| Total | 114% | 107% |

Sampling Method

A random sample was drawn using Random Digit Dialing (RDD). All Texans age 60 years or older who had landline telephones had a chance to be included in the sample.

In order to obtain a sufficient proportion of Hispanic participants, Hispanic surnames with listed telephone numbers were purposefully selected in addition to those selected randomly.

Survey Instrument

The 2004 survey instrument was used as a guide in developing the 2008 survey (Appendix A). Minor changes were made to the questions dealing with the following topics.

- Overall aging (Q1)
- Importance of things that contribute to a meaningful vital life (intro to Q2)
- Servings of fruits and vegetables (Q28)
- Cigarette usage (Q29)
- Panic disorder (Q38B)
- Problems related to alcohol consumption (Q40)
- Self help groups (Q54)

¹ Since Hispanic/Latino origin is an “ethnicity” and not a race, this table will add to more than 100 percent



Because of the survey instrument’s length, not all questions were asked of all respondents. Questions on the survey were designated as “Core,” “Subset 1” or “Subset 2.” The Core questions were asked of all 1,138 respondents.

The Subset 1 questionnaire averaged 22 minutes and the Subset 2 questionnaire averaged 26 minutes.

Table 1.2 Benchmark Domains and Questionnaire Subsets

| Question group | Inclusion | | |
|------------------------|----------------|----------|----------|
| | Core Questions | Subset 1 | Subset 2 |
| General | √ | √ | √ |
| Physical Health | √ | √ | √ |
| Mental Health | √ | √ | √ |
| Spirituality | √ | √ | √ |
| Social Engagement | √ | √ | √ |
| Legal Preparedness | √ | √ | √ |
| Financial Preparedness | √ | √ | √ |
| Caregiving | √ | √ | √ |
| Recreation | √ | √ | |
| Education | √ | √ | |
| Volunteerism | √ | √ | |
| Employment | √ | √ | |
| Health Services | √ | | √ |
| Community Support | √ | | √ |
| Transportation | √ | | √ |
| Housing | √ | | √ |
| Demographics | √ | √ | √ |
| Total | 1,138 | 567 | 571 |

Interviewer Training

Trained telephone interviewers conducted the survey. Each interviewer completed an intensive general training session. Training ensured that interviewers practiced basic skills needed to conduct interviews and were knowledgeable about standard interviewing conventions. Interviewers also attended a specific training session for the project. The project training session provided information on the background and goals of ATW 2008.

Phone interviews were conducted from a centralized telephone bank in Denton, Texas. An experienced telephone supervisor was on duty at all times to supervise administration of the survey, monitor for quality control, and resolve problems or issues regarding the survey.

Data Collection Process

Data were collected from May 30, 2008 to October 5, 2008. Over 100,000 phone numbers were randomly drawn for the ATW study. Some phone numbers were screened



out as inactive phone numbers by SRC’s sampling vendor, Marketing Systems Group. Of the numbers returned to SRC, 37,855 were loaded for calling on the Subset 1 survey and 39,962 were loaded for use on the Subset 2 survey. A total of 113,372 dialings were made on the sample of 37,855 phone numbers in Subset 1 and 109,488 dialings were made on the sample of 39,962 in Subset 2. Telephone numbers were called between five and eight times before they were discarded.

Call Results Summary

1,138 telephone interviews were completed. Table 1.3 shows a summary of the final outcome of all records included in the sample.

Table 1.3 Outcome of All Calls

| Outcome | Subset 1 | Subset 2 | Total | Summary |
|---|----------|----------|--------|---------|
| Completed Interviews | | | | 1,138 |
| English | 524 | 516 | 1,040 | |
| Spanish | 43 | 55 | 98 | |
| Total | 567 | 571 | 1,138 | |
| Refusals | | | | 7,167 |
| Midsurvey Ref Unknown Eligibility | 6 | 5 | 11 | |
| Midsurvey Refusal Eligible | 36 | 35 | 71 | |
| Take me off the list Eligible | 86 | 70 | 156 | |
| Second Time Refusal Eligible | 213 | 174 | 387 | |
| Take me off the list Unknown. Eligibility | 319 | 299 | 618 | |
| Hung up at Intro 1st X ref | 351 | 402 | 753 | |
| Upfront Refusal Unknown Eligibility | 600 | 488 | 1,088 | |
| Upfront Refusal Eligible | 659 | 616 | 1,275 | |
| 2nd X ref Unknown Eligibility | 1,406 | 1,402 | 2,808 | |
| Total | 3,676 | 3,491 | 7,167 | |
| Not Qualified | | | | 14,787 |
| Deceased/Passed Away | 15 | 7 | 22 | |
| Language Problem Not English/Spanish | 65 | 49 | 114 | |
| Physically/Mentally Unable to Talk | 136 | 133 | 269 | |
| Quota Filled | 169 | 215 | 384 | |
| No One Aged 60 or Older | 7,047 | 6,951 | 13,998 | |
| Total | 7,432 | 7,355 | 14,787 | |
| Invalid numbers | | | | 31,654 |
| Number Changed | 2 | 1 | 3 | |
| Two Line Household | 2 | 2 | 4 | |
| Cell Phone | 19 | 17 | 36 | |
| Group Living Quarters | 21 | 17 | 38 | |



| Outcome | Subset 1 | Subset 2 | Total | Summary |
|-------------------------------|----------|----------|--------|---------|
| Temporarily Disc | 810 | 872 | 1,682 | |
| Business/Government/Other Org | 1,960 | 2,154 | 4,114 | |
| Fax/Data Line | 2,345 | 2,363 | 4,708 | |
| Disc/NIS Number | 10,445 | 10,624 | 21,069 | |
| Total | 15,604 | 16,050 | 31,654 | |
| Pending | | | | 23,042 |
| Midsurvey Callback Unfinished | 5 | 4 | 9 | |
| Busy | 522 | 1,082 | 1,604 | |
| No Answer | 6,064 | 6,987 | 13,051 | |
| Answering Machine | 3,131 | 3,691 | 6,822 | |
| Call Block/Screen Device | 107 | 94 | 201 | |
| Language Problem Spanish | 443 | 336 | 779 | |
| Scheduled Callback | 304 | 272 | 576 | |
| Total | 10,576 | 12,466 | 23,042 | |
| Grand Total | 37,855 | 39,933 | 77,788 | 77,788 |

Results

Statistical software was used to test for differences between 2004 and 2008 responses. Statistically significant differences not likely due to chance are noted in the text. In this report, a statistically significant difference means that there is a 99 percent chance that the observed difference is due to a real effect and a one percent chance that the observed difference is likely due to chance. Where an apparent difference is not described as statistically significant, it may not represent a real change between 2004 and 2008.

Section two of this report provides the demographic characteristics of the sample, followed by participant responses regarding aging and life satisfaction. The remainder of the report is arranged by ATW focus areas.



2. Demographic Characteristics

The average age of respondents was 71.5 with individuals ranging from age 60 to 97 years. Approximately seven percent of respondents were over 85 years of age.

Table 2.1 Age

| Age group | Percent of respondents | |
|--------------------|------------------------|-------------|
| <i>Survey Year</i> | <i>2004</i> | <i>2008</i> |
| 60 - 64 | 23% | 24% |
| 65 - 74 | 42% | 41% |
| 75 - 85 | 28% | 28% |
| 85 + | 7% | 7% |
| Total | 100% | 100% |

Table 2.2 Gender

| Gender | Percent of respondents | |
|--------------------|------------------------|-------------|
| <i>Survey Year</i> | <i>2004</i> | <i>2008</i> |
| Female | 71% | 69% |
| Male | 29% | 31% |
| Total | 100% | 100% |

Table 2.3 Marital Status

| Marital Status | Percent of respondents | |
|---------------------------------|------------------------|-------------|
| <i>Survey year</i> | <i>2004</i> | <i>2008</i> |
| Married | 48% | 51% |
| Divorced | 12% | 14% |
| ² Widowed | 35% | 29% |
| Separated | 2% | 2% |
| Never been married | 3% | 2% |
| A member of an unmarried couple | 0% | 1% |
| Total | 100% | 100% |

² Statistically Significant: Respondents in 2008 were more likely to report being widowed compared to those who responded in 2004.



Table 2.4 Race/Ethnicity

| Race/Ethnicity | Percent of respondents | |
|--|------------------------|------|
| | 2004 | 2008 |
| <i>Survey Year</i> | 2004 | 2008 |
| White | 71% | 68% |
| African-American | 9% | 9% |
| Hispanic, Mexican American, Latino etc | 18% | 21% |
| Other, specify | 2% | 3% |
| Total | 100% | 100% |

Table 2.5 Income Level

| Income Level | Percent of respondents | |
|----------------------|------------------------|------|
| | 2004 | 2008 |
| <i>Survey Year</i> | 2004 | 2008 |
| \$10,000 and under | 19% | 17% |
| \$10,001 - \$20,000 | 22% | 19% |
| \$20,001 - \$30,000 | 18% | 15% |
| \$30,001 - \$60,000 | 22% | 24% |
| \$60,001 - \$75,000 | 8% | 11% |
| \$75,001 - \$100,000 | 5% | 8% |
| More than \$100,000 | 6% | 7% |
| Total | 100% | 100% |

Table 2.6 Education Level

| Highest Level Completed | Percent of respondents | |
|--|------------------------|------|
| | 2004 | 2008 |
| <i>Survey Year</i> | 2004 | 2008 |
| Less than high school | 11% | 11% |
| ³ Some high school | 12% | 8% |
| High school diploma, GED | 35% | 33% |
| 2-year college degree | 12% | 10% |
| ⁴ 4-year college degree | 15% | 20% |
| Technical, Certification, or Licensure | 4% | 4% |
| Masters degree | 8% | 10% |
| Doctorate degree | 3% | 3% |
| Total | 100% | 100% |

³ Statistically Significant: Respondents in 2008 were less likely to have some high school as the highest level of education completed compared to who responded in 2004.

⁴ Statistically Significant: Respondents in 2008 were more likely to have a four year college degree as the highest level of education compared to those who responded in 2004.



Table 2.7 Living Alone

| Number living in household | Percent of respondents | |
|----------------------------|------------------------|-------------|
| <i>Survey Year</i> | <i>2004</i> | <i>2008</i> |
| 1 | 39% | 34% |
| 2 | 46% | 51% |
| 3 | 10% | 8% |
| 4 | 3% | 5% |
| Five or more | 3% | 3% |
| Total | 100% | 100% |

Table 2.8 Civic Engagement

| Vote Regularly? | Percent responding "Yes" | |
|--------------------|--------------------------|-------------|
| <i>Survey Year</i> | <i>2004</i> | <i>2008</i> |
| Local elections | 76% | 78% |
| State elections | 78% | 80% |
| National elections | 81% | 85% |



3. ATW Domains

Aging Texas Well means that Texans prepare for aging in all aspects of life and that state and local social infrastructure facilitates aging well throughout the lifespan. Individual areas of focus for aging include physical and mental health along with social interaction, spirituality, and financial and legal preparedness. At the community level, ATW is concerned with employment, education, volunteerism, recreation, housing, community supports, transportation, health and long-term care, caregiving, personal safety and protection.

Life satisfaction

Respondents were asked to rate their satisfaction with life and the perceived importance of key areas of ATW. When asked if they were, overall, aging well, 95 percent of respondents said yes, reflecting a relatively high degree of resilience and optimism. Responses to other questions about overall life satisfaction also reflected optimism. Answers were similar in 2004 and 2008.

Table 3.1 Life Overall

| "When you think about life in general, do you agree or disagree with the following statements?" | Survey Year | Strongly agree | Somewhat agree | Somewhat disagree | Strongly disagree | Total |
|---|-------------|----------------|----------------|-------------------|-------------------|-------|
| As I look back on my life, I am fairly well satisfied | 2004 | 62% | 32% | 4% | 2% | 100% |
| | 2008 | 63% | 32% | 4% | 2% | 100% |
| As I grow older, things seem better than I thought they would be | 2004 | 41% | 38% | 13% | 8% | 100% |
| | 2008 | 37% | 39% | 16% | 8% | 100% |
| These are the best years of my life | 2004 | 29% | 31% | 24% | 16% | 100% |
| | 2008 | 25% | 35% | 24% | 16% | 100% |



Table 3.2 Having a Meaningful, Vital Life

| "For you personally, how important is.....?" | Survey Year | Very important | Somewhat important | Somewhat unimportant | Very unimportant | Total |
|---|-------------|----------------|--------------------|----------------------|------------------|-------|
| Having close relationships with friends and family at this time of life | 2004 | 89% | 10% | 1% | 0% | 100% |
| | 2008 | 90% | 8% | 1% | 1% | 100% |
| Taking care of your health | 2004 | 93% | 6% | 0% | 0% | 100% |
| | 2008 | 94% | 6% | 1% | 0% | 100% |
| Having a rich spiritual life | 2004 | 82% | 14% | 2% | 2% | 100% |
| | 2008 | 82% | 13% | 3% | 2% | 100% |
| Being involved in your community | 2004 | 45% | 42% | 9% | 4% | 100% |
| | 2008 | 45% | 42% | 9% | 4% | 100% |
| Recreation and leisure activities | 2004 | 56% | 37% | 5% | 2% | 100% |
| | 2008 | 55% | 36% | 6% | 3% | 100% |
| Having new learning experiences | 2004 | 60% | 33% | 5% | 2% | 100% |
| | 2008 | 60% | 32% | 5% | 2% | 100% |
| Having a job | 2004 | 37% | 21% | 21% | 20% | 100% |
| | 2008 | 38% | 21% | 20% | 21% | 100% |
| Having opportunities to volunteer | 2004 | 39% | 40% | 12% | 9% | 100% |
| | 2008 | 39% | 43% | 10% | 8% | 100% |

The importance which participants attach to having a meaningful vital life did not change from 2004 to 2008.



4. Physical Health

The physical health domain is defined as achieving and maintaining the best possible physical health. Americans who reach the age of 65 have an average additional life expectancy of more than 18 years—to age 83 or more.⁵ Chronic conditions, many of which are more common with increasing age, are important in overall health.

Table 4.1 Self-reported Overall Health Status

| "In general, would you say your overall health is..." | Percent of respondents | |
|---|------------------------|------|
| | 2004 | 2008 |
| <i>Survey Year</i> | | |
| Excellent | 15% | 15% |
| Very good | 32% | 32% |
| Good | 23% | 26% |
| Fair | 21% | 17% |
| Poor | 10% | 10% |
| Total | 100% | 100% |

Table 4.2 Prevalence of Chronic Health Conditions

| "Have you ever been told by a doctor that you have..." | Percent of respondents | |
|--|------------------------|------|
| | 2004 | 2008 |
| <i>Survey Year</i> | | |
| ⁶ Hypertension or High Blood Pressure | 42% | 59% |
| Arthritis/Rheumatism | 55% | 51% |
| Blindness/Cataract | 33% | 37% |
| Cardiovascular disease or Heart disease | 23% | 27% |
| ⁷ Diabetes | 21% | 26% |
| Lung/breathing problem (other than cancer) | 19% | 22% |
| Cancer | 15% | 16% |
| Stroke | 10% | 9% |

National guidelines defining hypertension became more stringent between 2004 and 2008, which may account for the increase in reported hypertension.

When older adults have two or more chronic health conditions the negative effect on overall quality of life is multiplied.

⁵ National Center for Health Statistics. Health, United States, 2007. With Chartbook on Trends in the Health of Americans. Hyattsville, MD: 2007.

⁶ Statistically Significant: Respondents in 2008 were more likely to report that they were notified by a doctor that they had hypertension or high blood pressure compared to those who responded in 2004.

⁷ Statistically Significant: Respondents in 2008 were more likely to report that had been notified by their doctor that they had diabetes compared to those who responded in 2004.



Table 4.3 Number of Chronic Health Conditions

| Number of chronic conditions | Percent of respondents | |
|------------------------------|------------------------|------|
| | 2004 | 2008 |
| <i>Survey Year</i> | | |
| None | 15% | 12% |
| One | 24% | 19% |
| Two | 25% | 23% |
| Three | 17% | 21% |
| Four or more | 20% | 25% |
| Total | 100% | 100% |

On average, participants in 2008 reported more chronic conditions than those who responded in 2004. The difference was statistically significant.

Survey data in 2008 indicate that poor physical health kept 31 percent (2004=29 percent) of older Texans from performing their daily activities, work, or recreation for one day or more in the last month, and about a quarter reported difficulty performing one or more daily activities (e.g., driving, walking, bathing, eating, dressing, getting around inside home) due to a chronic condition.

Although 88% of participants report one or more chronic health condition, 73% report good and excellent overall health.



5. Healthy Lifestyles

Eat right, exercise, and don't smoke. These three directives are the basics of healthy living one will hear from healthcare professionals. The past few decades have witnessed an increasing awareness of the importance of a healthy lifestyle in maintaining good health and remaining socially active. As with the general population, older adults have shown a greater interest in healthy living and younger Texans often practice healthy living habits with them as they age. Yet in comparing responses from 2004 to 2008, activities of healthy living did not increase and in some cases, such as in participation in physical activity and weight management, there was a statistically significant decline.

Smoking

According to the Centers for Disease Control⁸, smoking was responsible for more than 440,000 deaths annually, nationwide, between 2000 and 2004. In 2008, 13 percent of the respondents reported they smoke. In 2004, 12 percent reported smoking.

Physical Activity

Critical to maintaining good physical health for all populations is physical activity. As we age, the need to remain active becomes increasingly important. Even moderate physical activity can increase strength and balance, which helps prevent falls and other avoidable accidents.

A total of 59 percent of survey respondents reported participating in physical activities or exercises in the past month – such as running, calisthenics, golf, gardening, or walking – in which the heart rate was elevated for 30 minutes or more.

Table 5.1 Participation in Physical Activity

| Frequency of participation in physical activity | Percent of respondents | |
|---|------------------------|-------------|
| <i>Survey Year</i> | <i>2004</i> | <i>2008</i> |
| Every day | 22% | 20% |
| 3 to 5 times per week | 30% | 25% |
| Twice a week | 7% | 8% |
| 3 to 5 times per month (once a week) | 1% | 4% |
| Not in the past month | 41% | 43% |
| Total | 100% | 100% |

Nutrition

Health care professionals increasingly emphasize good nutrition as a basis of good health. One measure of healthy eating is reflected in determining how many fruits and vegetables the respondents consume on average each day. According to MyPyramid.gov, most

⁸ Centers for Disease Control and Prevention Morbidity and Mortality Weekly Report November 14, 2008 / 57(45):1226-1228



adults need five or more servings of fruits and vegetables daily. Only eight percent of participants ate five or more servings of fruits and vegetables per day.

Table 5.2 Eating Fruits and Vegetables

| Number of fruits and vegetables eaten each day | Percent of respondents | |
|--|------------------------|------|
| | 2004 | 2008 |
| <i>Survey year</i> | | |
| One | 31% | 31% |
| Two | 33% | 35% |
| Three | 22% | 18% |
| Four | 5% | 6% |
| Five | 5% | 4% |
| More than five | 3% | 4% |
| Never | 2% | 3% |
| Total | 100% | 100% |

Obesity and Weight Management

Recent federal studies show that about one third of US adults are obese⁹. Comparing responses from 2004 to 2008, the ATW surveys indicate that the problem of obesity is increasing in older adults.

Table 5.3 Body Mass Index

| Body Mass Index (BMI) (calculated by height and weight) | Percent of respondents | |
|---|------------------------|------|
| | 2004 | 2008 |
| <i>Survey Year</i> | | |
| Underweight (Below 18.5) | 2% | 1% |
| Normal (18.5 - 24.9) | 36% | 34% |
| Overweight (25 - 29.9) | 38% | 35% |
| Obese (30 & Above) | 24% | 29% |
| Total | 100% | 100% |

On average people who responded to the survey in 2008 had a higher Body Mass Index than those who responded in 2004. The difference was statistically significant.

⁹ Ogden CL, Carroll MD, McDowell MA, Flegal KM. Obesity among adults in the United States – no change since 2003–2004. NCHS data brief no 1. Hyattsville, MD: National Center for Health Statistics, 2007



6. Mental Health

Good mental and emotional health, encompassing a positive outlook, fulfilling relationships with other people and healthful mental activities are all critical to healthy aging.

When asked to rate overall mental health, a majority of respondents reported being in good mental health with percentages unchanged from 2004 to 2008.

Table 6.1 Self-Reported Mental Health Status

| "In general, would you say your overall mental health is...." | Percent of respondents | |
|---|------------------------|------|
| | 2004 | 2008 |
| <i>Survey Year</i> | | |
| Excellent | 40% | 40% |
| Very good | 34% | 33% |
| Good | 16% | 17% |
| Fair | 7% | 8% |
| Poor | 2% | 1% |
| Total | 100% | 100% |

While 90 percent of respondents reported their overall mental health as "good," "very good," or "excellent" in both 2004 and 2008, many also reported having been advised by their doctor that they have some symptoms of a mental health condition—most frequently depression or an anxiety or panic disorder.

Table 6.2 Prevalence of Mental Health Conditions

| "Have you ever been told by a doctor that you have..." | Percent of respondents | |
|--|------------------------|------|
| | 2004 | 2008 |
| <i>Survey Year</i> | | |
| ¹⁰ Depression | 18% | 23% |
| ¹¹ Anxiety disorder or panic disorder | 8% | 13% |
| Alzheimer's or other dementia | NA | 2% |
| Other mental health diagnosis not mentioned | 2% | 1% |

¹⁰ Statistically Significant: Respondents in 2008 were more likely to report that they were told by a doctor that they had depression compared to those who responded in 2004.

¹¹ Statistically Significant: Respondents in 2008 were more likely to report that they were notified by a doctor that they had an anxiety disorder compared to those who responded in 2004.



Survey data indicate that a small proportion of older Texans were unable to perform their daily activities for a period of two weeks or more due to feeling depressed, overwhelmed, or emotionally unable to function.

Table 6.3 Impairment Due to Mental or Emotional Issues

| In the past 12 months have you been ..." | <i>Survey Year</i> | Frequently | Sometimes | Rarely | Never | Total |
|---|--------------------|------------|-----------|--------|-------|-------|
| unable to perform [their] normal daily duties for a period of two weeks or more | 2004 | 3% | 5% | 4% | 88% | 100% |
| | 2008 | 4% | 7% | 5% | 84% | 100% |



7. Substance Use

Substance abuse is not often thought of as an issue of concern for older adults, yet according to a national study by the U.S Department of Health and Human Services' Substance Abuse and Mental Health Services Administration, abuse of alcohol and legal drugs among older adults is 17 percent. Alcohol was the most frequently reported cause for substance abuse treatment admissions for individuals aged 65 or older. In Texas, only four percent of respondents reported having ever attended a meeting or self-help group such as Alcoholics Anonymous, or receiving education, treatment, or counseling for the use of alcohol or any drug (not counting cigarettes).

Alcohol Consumption

About a third (32 percent in 2004, 34 percent in 2008) of respondents reported drinking at least one alcoholic beverage (e.g., one can of beer, glass or wine, shot glass of hard liquor) in the past 30 days. In both years, 12 percent of respondents reporting drinking less than one day a week. A smaller number of participants reported drinking every day.

Table 7.1 Frequency of Alcohol Consumption

| "In the past 30 days, about how often did you drink any alcoholic beverages...." | Percent of respondents | |
|--|------------------------|-------------|
| | <i>2004</i> | <i>2008</i> |
| <i>Survey Year</i> | | |
| Not in last 30 days | 68% | 66% |
| Less than once a week | 12% | 12% |
| Once or twice a week | 8% | 8% |
| Three or four a week | 4% | 4% |
| More than four a week | 2% | 2% |
| Daily | 6% | 8% |
| Total | 100% | 100% |



8. Spirituality

Spirituality can be defined in many ways and means many different things to different people. As a focus of ATW, it is broadly defined as having a personal belief system that provides meaning and purpose to life. Spirituality facilitates successful aging and can help one cope with adverse circumstances while facilitating a social support system through organized activities. Older Texans report frequent participation in activities that are spiritually satisfying. The frequency of spiritually satisfying activities, importance of spirituality, and satisfaction with personal spirituality did not change from 2004 to 2008.

Table 8.1 Frequency of Spiritually Satisfying Activity

| How often do you participate in activities that are spiritually satisfying? | Percent of respondents | |
|---|------------------------|-------------|
| <i>Survey Year</i> | <i>2004</i> | <i>2008</i> |
| Daily | 26% | 24% |
| Weekly | 53% | 52% |
| Monthly | 7% | 7% |
| Yearly | 4% | 3% |
| Never | 11% | 13% |
| Total | 100% | 100% |

A majority of older Texans feel that having a rich spiritual life is important to having a meaningful and vital life and are satisfied with their personal spirituality.

Table 8.2 Importance of Spirituality

| "For you personally, how important is ..." | Survey Year | Very important | Somewhat important | Somewhat unimportant | Very unimportant | Total |
|--|-------------|----------------|--------------------|----------------------|------------------|-------|
| Having a rich spiritual life? | 2004 | 82% | 14% | 2% | 2% | 100% |
| | 2008 | 82% | 13% | 3% | 2% | 100% |

Table 8.3 Satisfaction with Personal Spirituality

| "How satisfied are you with ..." | Survey Year | Very satisfied | Somewhat satisfied | Somewhat dissatisfied | Very dissatisfied | Total |
|----------------------------------|-------------|----------------|--------------------|-----------------------|-------------------|-------|
| Your personal spirituality? | 2004 | 73% | 24% | 2% | 1% | 100% |
| | 2008 | 74% | 23% | 2% | 1% | 100% |



9. Social Engagement

As an important component of ATW, social engagement is defined as meeting the need for interaction between individuals, family and community. As people age these contacts may diminish, and isolation and loneliness can occur. According to one recent study, "...research has identified a wide range of indicators of social isolation that pose health risks, including living alone, having a small social network, infrequent participation in social activities, and feelings of loneliness¹²."

In 2008, 25 percent reported that loneliness was a problem which was not significantly different from 2004.

Table 9.1 Problem with Loneliness

| Would you say loneliness is a major problem, a minor problem or not a problem at all for you? | Percent of respondents | |
|---|------------------------|------|
| | 2004 | 2008 |
| <i>Survey Year</i> | | |
| A major problem | 8% | 7% |
| A minor problem | 18% | 18% |
| Not a problem at all | 74% | 75% |
| Total | 100% | 100% |

Contacts with Others

The next two tables report the type and frequency of contacts respondents experienced with others. Such contacts contribute to more active aging and independence while maintaining vital social supports. Contacts with others did not change significantly from 2004 to 2008.

Table 9.2 Frequency of Talking to Family Members, Friends, or Neighbors by Telephone

| How Often | Percent of respondents | |
|--------------------|------------------------|------|
| | 2004 | 2008 |
| <i>Survey Year</i> | | |
| Daily | 74% | 75% |
| Weekly | 22% | 22% |
| Monthly | 4% | 2% |
| Yearly | <1% | <1% |
| Never | 1% | 1% |
| Total | 100% | 100% |

¹² Social Disconnectedness, Perceived Isolation, and Health among Older Adults; Cornwell, Erin York; Waite, Linda J.; Journal of Health and Social Behavior, Volume 50, Number 1, March 2009 , pp. 31-48(18)



Table 9.3 Frequency of Spending Time with Family Members, Friends, or Neighbors Face to Face

| How Often | Percent of respondents | |
|--------------------|------------------------|------|
| | 2004 | 2008 |
| <i>Survey Year</i> | | |
| Daily | 58% | 54% |
| Weekly | 35% | 37% |
| Monthly | 5% | 7% |
| Yearly | 1% | 2% |
| Never | 1% | 1% |
| Total | 100% | 100% |

Older Texans frequently interact in the community by leaving their home to go to other locations. A small proportion reported not leaving their home in a typical week. No change was observed between 2004 and 2008.

Table 9.4 Frequency of Leaving Home

| How often do you go to other locations outside your house or property in a typical week? | Percent of respondents | |
|--|------------------------|------|
| | 2004 | 2008 |
| <i>Survey Year</i> | | |
| 1 time a week | 15% | 15% |
| 2-3 times a week | 27% | 27% |
| 4-5 times a week | 26% | 23% |
| Several times most days | 27% | 29% |
| Never | 5% | 5% |
| Total | 100% | 100% |

The majority of older Texans are satisfied with their interactions with family and friends.

Table 9.5 Satisfaction Concerning Interaction with Others

| How satisfied are you with ..." | Survey Year | Very satisfied | Somewhat satisfied | Somewhat dissatisfied | Very dissatisfied | Total |
|--|-------------|----------------|--------------------|-----------------------|-------------------|-------|
| Interaction with friends, family, neighbors and others in your community | 2004 | 70% | 26% | 3% | 1% | 100% |
| | 2008 | 66% | 29% | 3% | 2% | 100% |



10. Legal Preparedness

Older adults and their families are sometimes unprepared for the difficult and distressing decisions that must be made later in life. The legal focus area of ATW means planning and managing personal and family life through preparation for major life decisions. There are various ways older adults can plan for the future to ensure that their values, wishes, and choices are known and respected. A will, living trust, or other document specifies how property will be distributed after death. A durable power of attorney allows a specified person to manage personal or financial matters in case of incapacity. A healthcare power of attorney and other advance planning documents provide direction for end-of-life healthcare. A greater proportion had a durable power of attorney and health care power of attorney in 2008 compared to 2004.

Table 10.1 Specific Legal Preparations

| Do you have any of the following? (All that apply) | Percent of respondents | |
|---|------------------------|------|
| | 2004 | 2008 |
| <i>Survey Year</i> | | |
| A will | 69% | 68% |
| Any other way to distribute your belongings after death other than a will (e.g., living trust, joint ownership) | 27% | 28% |
| Any other document that would allow others to make personal or financial decisions on your behalf if you were unable to do so (e.g., durable power of attorney) | 49% | 54% |
| Any other document that would allow others to make health decisions on your behalf if you were unable to do so (e.g., health care power of attorney) | 49% | 53% |

If assistance was needed with a legal matter, 80 percent reported in 2004 and 78 percent in 2008 that they know where to go for help.

Overall, older Texans reported feeling very or somewhat prepared for their future financial needs in both years.

Table 10.2 Preparation for Legal Needs

| How prepared are you... | <i>Survey Year</i> | Very prepared | Somewhat prepared | Somewhat unprepared | Very unprepared | Total |
|---------------------------------|--------------------|---------------|-------------------|---------------------|-----------------|-------|
| To meet your future legal needs | 2004 | 38% | 42% | 10% | 9% | 100% |
| | 2008 | 38% | 40% | 11% | 11% | 100% |



11. Financial Preparedness

The financial focus of ATW means achieving and maintaining adequate income by managing monetary resources. The economic well-being of older adults has improved over the past century. Various income sources – Social Security, pension plans, personal savings, and employment earnings – affect whether an older person will have an economically secure future.

Table 11.1 Sources of Income

| Income sources (all that apply) | Percent of respondents | |
|--|------------------------|------|
| | 2004 | 2008 |
| <i>Survey Year</i> | | |
| Employment | 25% | 25% |
| Employer Pensions | 41% | 42% |
| ¹³ Social Security Disability | 13% | 19% |
| Social Security Retirement | 70% | 67% |
| Personal Savings (IRA's, 401k, CDs) | 55% | 53% |
| SSI | 9% | 9% |
| Veteran's Benefits | 10% | 10% |
| Cash Assistance TANF/AFDC | 1% | 1% |
| Food Stamps | 7% | 7% |
| Other sources (e.g., Rental Income, Worker's Comp, Unemployment Insurance) | 6% | 7% |

¹³ Statistically Significant: Respondents in 2008 were more likely to report that they had income from Social Security Disability compared to those who responded in 2004.



When respondents were also asked about their largest source of income, 45 percent reported that social security retirement was the largest source of income in 2004. The proportion decreased to 39 percent in 2008.

Table 11.2 Largest Income Source

| Largest Source | Percent of respondents | |
|--|------------------------|------|
| | 2004 | 2008 |
| <i>Survey Year</i> | | |
| ¹⁴ Employment | 12% | 16% |
| Employer pensions | 18% | 17% |
| Social Security Disability | 7% | 10% |
| ¹⁵ Social Security Retirement | 45% | 39% |
| Personal Savings (IRA's, 401k, CDs) | 9% | 11% |
| SSI | 3% | 2% |
| Veteran's Benefits | 3% | 3% |
| Cash Assistance TANF/AFDC | 0% | 0% |
| Food Stamps | 3% | 1% |
| Other sources (e.g., Rental Income, Worker's Comp, Unemployment Insurance) | 0% | 2% |
| other sources, specify | 12% | 16% |
| Total | 100% | 100% |

Ten percent of older Texans in both the 2004 and the 2008 surveys reported having difficulty managing their income, specifically in organizing and preparing bills (not in having the financial resources to pay them).

62 percent of older Texans reported in 2008 knowing where to go if they needed assistance with financial planning. Thirty-three percent of older Texans have discussed financial planning needs with a financial advisor at least once.

¹⁴ Statistically Significant: Respondents in 2008 were more likely to report employment as their largest source of income compared to those who responded in 2004.

¹⁵ Statistically Significant: Respondents in 2008 were less likely to report Social Security as their largest source of income compared to those who responded in 2004.



Some older Texans have taken steps to plan for their financial future by obtaining insurance policies or anticipating large expenses such as funeral costs.

Table 11.3 Specific Types of Financial Planning

| Have you done any of the following? (All that apply) | Percent of respondents | |
|---|------------------------|------|
| | <i>Survey Year</i> | |
| | 2004 | 2008 |
| Obtained life insurance | 64% | 62% |
| Obtained long-term care insurance | 21% | 22% |
| Taken action to plan for funeral expenses | 50% | 47% |

Overall, older Texans reported feeling very or somewhat prepared for their future financial needs. Changes in preparation for future financial needs change little from 2004 to 2008.

Table 11.4 Preparation for Future Financial Needs

| How prepared are you... | Survey Year | Very prepared | Somewhat prepared | Somewhat unprepared | Very unprepared | Total |
|-------------------------------------|-------------|---------------|-------------------|---------------------|-----------------|-------|
| To meet your future financial needs | 2004 | 33% | 47% | 11% | 9% | 100% |
| | 2008 | 35% | 44% | 12% | 9% | 100% |



12. Caregiving

While older people are often thought of as individuals who need care, it is often the older person who is the caregiver, either by choice or necessity. As an area of focus, caregiving means support for family members and others providing voluntary care and assistance. Caregivers provide much of the support to people who want to remain in their homes, but need help with daily activities such as bathing, dressing, taking medications, preparing meals, shopping, or transportation. Caregivers also provide resources such as time, money, and/or shared residential spaces that help older people age in place. Many older Texans find themselves fulfilling the role of caretaker either to other older persons or to children or grandchildren.

According to the 2008 survey, 17 percent of older Texans are currently providing care to a family member or friend over the age of 60, a child 18 years of age or younger, or both.

Table 12.1 Caregivers

| Do you provide care for a family member that is over the age of 60, a child 18 or younger ... | Percent of respondents | |
|---|------------------------|------|
| <i>Survey Year</i> | 2004 | 2008 |
| Care for person over the age of 60 | 10% | 11% |
| Primary caregiver of relative child 18 or younger | 4% | 5% |
| Both | 1% | 2% |
| Not a caregiver | 84% | 83% |
| Total | 100% | 100% |

The majority of survey respondents rate themselves as being good caregivers.

Table 12.2 Caregiver's Self-Assessment

| Overall, do you feel that as a caregiver, you are | Percent of respondents | |
|---|------------------------|------|
| <i>Survey Year</i> | 2004 | 2008 |
| Excellent | 32% | 26% |
| Very good | 34% | 41% |
| Good | 27% | 26% |
| Fair | 6% | 7% |
| Poor | 1% | 0% |
| Total | 100% | 100% |

Family Caregivers

Family caregivers of a person over age 60 are defined as those who are providing unpaid care to a relative or friend to help them take care of themselves, which may include



helping with personal needs, household chores, or finances. The care recipient does not always live with the caregiver.

Of the 11 percent who are caring for a person over the age of 60, more than 90 percent are family members.

Table 12.3 Relationship of Caregiver

| How is that person related to you? | Percent of respondents | |
|------------------------------------|------------------------|------|
| | 2004 | 2008 |
| <i>Survey Year</i> | | |
| Spouse | 39% | 39% |
| Family member | 55% | 57% |
| Friend | 5% | 2% |
| Other, specify | 2% | 1% |
| Total | 100% | 100% |

Some caregivers in Texas have only been providing care for a few years and 33 percent reported being a caregiver for more than 10 years.

Table 12.4 Length of Time as Caregiver to Adult

| How long have you been providing care for this person? | Percent of respondents | |
|--|------------------------|------|
| | 2004 | 2008 |
| <i>Survey Year</i> | | |
| Less than 1 year | 15% | 6% |
| 1 to 5 years | 42% | 41% |
| 5 to 10 years | 17% | 20% |
| More than 10 years | 25% | 33% |
| Total | 100% | 100% |



More than one-third of caregivers are providing full-time care (more than 40 hours each week).

Table 12.5 Time Spent in Caregiving

| How much time each week do you spend providing care for this person? | Percent of respondents | |
|--|------------------------|------|
| | 2004 | 2008 |
| <i>Survey Year</i> | | |
| 0-8 hours | 36% | 22% |
| 9-20 hours | 21% | 22% |
| 21-40 hours | 11% | 17% |
| 41 hours or more | 32% | 39% |
| Total | 100% | 100% |

Geographic proximity can be a primary barrier for many caregivers and care recipients. For the 43 percent of caregivers who provide care outside their home, more than 2/3 travel within 15 miles of their current residence.

Table 12.6 Distance to Provide Care

| How far do you have to travel to provide care for this person? | Percent of respondents | |
|--|------------------------|------|
| | 2004 | 2008 |
| <i>Survey Year</i> | | |
| 0 to 15 miles | 73% | 69% |
| 16 to 50 miles | 21% | 8% |
| More than 50 miles | 5% | 22% |
| Total | 100% | 100% |

Formal Supports

Among respondents who are responsible for caring for others, about 15 percent in both years used other paid supports. Of those, about half found the cost very affordable, while 20 percent in 2004 and 15 percent in 2008 found the costs somewhat to very unaffordable.

Informal Supports

In the 2008 survey, only six percent of Texas caregivers received payments for the care they provide. Unpaid caregiving constitutes a substantial contribution to the care of Texans with disabilities.

Factors such as education and awareness of available support influence the caregiver's utilization of supportive services. Approximately 55 percent of Texas caregivers reported being aware of free informational services provided through an Area Agency on Aging (AAA), such as information on respite care, referrals to doctors, nursing homes, support



groups, and other caregiving tips and advice. Twenty-four percent reported ever using caregiving resources offered through their Area Agency on Aging.

The most common reasons cited for not using available resources were not needing or wanting assistance, and not knowing where to find it.

Table 12.7 Reasons for not Using Caregiving Resources with Elders

| What is the primary reason you have not used any caregiver resources? | Percent of respondents | |
|---|------------------------|------|
| | 2004 | 2008 |
| <i>Survey Year</i> | | |
| Don't know how to find these caregiver resources | 15% | 20% |
| Service/support I need is not available in my community | 4% | 6% |
| I do not know what type of service I need | 7% | 7% |
| I am too busy-schedule not convenient | 3% | 2% |
| Not interested/embarrassed to get assistance | 14% | 19% |
| Not open to assistance from non-family, paid caregivers | 5% | 9% |
| Don't have a need for assistance | 49% | 27% |
| Other, specify | 4% | 9% |
| Total | 100% | 100% |

Grandparents Raising Grandchildren

A growing number of people over age 60 are becoming primary caregivers to grandchildren or other relative children. AARP has estimated that 448,439 children (7.6 percent of the children in Texas) live in grandparent-headed households. These family caregivers, often called “kinship caregivers,” become surrogate parents as a result of divorce, crime, child abuse and neglect, increased single-parent households, illness, or substance abuse among the middle generation.

Of the seven percent of older Texans who are caring for a relative child under the age of 18, the majority have no legal designation or custody other than relative status.

Table 12.8 Legal Status of Grandchildren

| Are you: | Percent of respondents | |
|--|------------------------|------|
| | 2004 | 2008 |
| <i>Survey Year</i> | | |
| I am the Legal Guardian | 33% | 33% |
| I am a Custodial Designee | 7% | 15% |
| Relative/Grandparent with primary responsibility for child | 60% | 52% |
| Total | 100% | 100% |



Some kinship caregivers have been providing care for only a few years, while 44 percent reported in 2008 being a caregiver for more than 10 years. A smaller proportion had primary responsibility for a child in 2008 compared to 2004. More than twice of survey participants have a custodial designee in 2008 compared to 2004.

Table 12.9 Length of Time as Caregiver to Child

| How long have you been providing care for this person | Percent of respondents | |
|---|------------------------|------|
| | 2004 | 2008 |
| <i>Survey Year</i> | | |
| Less than 1 year | 7% | 10% |
| 1 to 5 years | 40% | 34% |
| 5 to 10 years | 17% | 11% |
| More than 10 years | 37% | 44% |
| Total | 100% | 100% |

Among kinship caregivers, four percent pay someone else to help care for their relative child.

In 2008, 21 percent of kinship caregivers in Texas reported receiving payments for the care they provided. In 2004, 14 percent received payment for care.

Grandparents often lack information about the range of services, benefits, and policies available to support their caregiving role. Approximately 37 percent of kinship caregivers reported being aware of free informational services provided through the AAA for caregivers of relative children, such as information on education, healthcare, financial assistance, child care, support groups, and other caregiver tips and advice.



The most common reason kinship caregivers cited for not using available resources was that they did not know how to find caregiver resources in their community.

Table 12.10 Reasons for not Using Caregiving Resources with Children

| What is the primary reason you have not used any caregiver resources? | Percent of respondents | |
|---|------------------------|------|
| | 2004 | 2008 |
| <i>Survey Year</i> | | |
| Don't know how to find these caregiver resources | 26% | 19% |
| Service/support I need is not available in my community | 0% | 6% |
| I do not know what type of service I need | 9% | 8% |
| I am too busy-schedule not convenient | 7% | 6% |
| I am not interested/I am embarrassed to get asst from others | 4% | 14% |
| I do not want assistance from non-family, paid caregivers | 11% | 14% |
| Don't have a need for assistance | 35% | 20% |
| Other, specify | 7% | 13% |
| Total | 100% | 100% |

Employed Caregivers

Most caregivers responding to the survey were not employed, but in 2008, 29 percent worked part or full time.

Table 12.11 Employment Among Caregivers

| Are you employed full time or part time? | Percent of respondents | |
|--|------------------------|------|
| | 2004 | 2008 |
| <i>Survey Year</i> | | |
| Yes, full time | 22% | 13% |
| Yes, part time | 11% | 16% |
| No, not employed | 64% | 71% |
| Total | 100% | 100% |



Employed caregivers have made adjustments to their job because of caregiving responsibilities.

Table 12.12 Impact of Caregiving on Employment

| Have you ever had to do any of the following.....? (All that apply) | Percent of respondents | |
|--|----------------------------|------|
| | <i>Survey Year</i> 2004 | 2008 |
| Give up work entirely or take early retirement | 10% | 13% |
| Give up work temporarily or take a leave of absence | 21% | 31% |
| Go from full-time to part-time work | 11% | 15% |
| Turn down a promotion | 7% | 6% |
| Make changes in daily work schedule | 43% | 55% |



13. Recreation

For many, the notion of retirement is associated with leisure and recreation, a time to engage in activities such as hobbies, travel, or group social activities. As an ATW area of focus, recreation is defined as activities of personal interest that provide enrichment and enjoyment.

74 percent of older Texans reported in both 2004 and 2008 having a recreational interest or hobby that is important in their lives.

Table 13.1 Frequency of Participation in Recreational Activities

| How often participate in recreational activities? | Percent of respondents | |
|---|------------------------|------|
| | 2004 | 2008 |
| <i>Survey Year</i> | | |
| Several times a week | 43% | 44% |
| Once a week | 17% | 16% |
| 2 to 3 times a month | 11% | 12% |
| Once a month | 9% | 6% |
| Less than once a month | 5% | 5% |
| Never | 15% | 16% |
| Total | 100% | 100% |

The majority of older Texans are satisfied with their current level of recreational and leisure activities.

Table 13.2 Satisfaction with Recreational Activities

| "How satisfied are you with ..." | <i>Survey Year</i> | Very satisfied | Somewhat satisfied | Somewhat dissatisfied | Very dissatisfied | Total |
|--|--------------------|----------------|--------------------|-----------------------|-------------------|-------|
| Current level of recreation and leisure activities | 2004 | 52% | 35% | 9% | 4% | 100% |
| | 2008 | 50% | 36% | 8% | 7% | 100% |

Barriers to participation in recreation and leisure include limited information and access to opportunities available in their communities. Approximately 28 percent of older Texans reported not knowing where to go if they wanted to participate in new or different recreational activities.



14. Education

As an ATW area of focus education is defined as intellectual growth and life-long learning. As a continual lifelong process, education plays a role in keeping older persons mentally active, promoting personal development, and even obtaining new job skills.

More than 77 percent of survey respondents had obtained education through high school or higher.

Table 14.1 Education Level

| Highest Level Completed | Percent of respondents | |
|--|------------------------|------|
| | 2004 | 2008 |
| <i>Survey Year</i> | | |
| Less than high school | 11% | 11% |
| ¹⁶ Some high school | 12% | 8% |
| High School Diploma, GED | 35% | 33% |
| 2-year College Degree | 12% | 10% |
| ¹⁷ 4-year College Degree | 15% | 20% |
| Technical, Certification, or Licensure | 4% | 4% |
| Masters Degree | 8% | 10% |
| Doctorate Degree | 3% | 3% |
| Total | 100% | 100% |

As noted Section in 2, Demographics, the decline in persons with some high school and increase in persons with a 4-year degree both constituted statistically significant changes.

The increase in educational attainment is part of a long trend. According to the US Census: “The overall increase in educational attainment documented over the past six decades occurred as younger (and more educated) cohorts replaced older, less educated cohorts in the adult population.”¹⁸

The majority of older Texans were satisfied with their current level of education.

Table 14.2 Satisfaction with Education

| “How satisfied are you with ...” | <i>Survey Year</i> | Very satisfied | Somewhat satisfied | Somewhat dissatisfied | Very dissatisfied | Total |
|----------------------------------|--------------------|----------------|--------------------|-----------------------|-------------------|-------|
| Current level of education | 2004 | 57% | 32% | 8% | 3% | 100% |
| | 2008 | 60% | 30% | 7% | 3% | 100% |

¹⁶ Statistically Significant: Respondents in 2008 were less likely to report that their highest level of education was only “some high school” compared to those who responded in 2004.

¹⁷ Statistically Significant: Respondents in 2008 were more likely to report that their highest level of education was a 4-year degree, compared to those who responded in 2004.

¹⁸ <http://www.census.gov/prod/2009pubs/p20-560.pdf>



Current Participation in Education

Many opportunities for lifelong learning are available to older adults. Older Texans can participate in formal programs (e.g., degree programs, certification and licensure courses), or informal educational activities (e.g., skill-based, personal enrichment). Such educational opportunities may be available through institutions of higher education, elderhostels, lifelong learning institutes, adult education providers, public libraries, community and senior centers, and the Internet.

In 2008, six percent of respondents reported that they currently participate in an educational activity while 12 percent reported that they plan to participate.

Table 14.3 Current Educational Participation

| Are you currently participating in, or planning to participate in, an education class or program? | Percent of respondents | |
|---|------------------------|------|
| | 2004 | 2008 |
| <i>Survey Year</i> | | |
| Currently participate | 7% | 6% |
| Plan to participate | 9% | 12% |
| Not participating | 83% | 81% |
| Total | 100% | 100% |

The majority of older Texans seek education for personal growth or recreation. However, some were seeking degrees, licensure, or skills needed for employment. More participants participated in educational programs for personal growth in 2004 compared to 2008.

Table 14.4 Reasons for Participation in Education

| What is the primary reason you are participating in... an education class or program? | Percent of respondents | |
|---|------------------------|------|
| | 2004 | 2008 |
| <i>Survey Year</i> | | |
| Seeking a degree | 2% | 6% |
| Licensure or certification | 8% | 12% |
| Obtain skills needed for employment | 8% | 5% |
| Personal growth | 65% | 57% |
| Recreation/entertainment | 16% | 10% |
| Other, specify | 1% | 11% |
| Total | 100% | 100% |



Those who participate in educational programs do so in a variety of settings.

Table 14.5 Educational Setting

| What is the primary way you currently access... an education class or program? | Percent of respondents | |
|---|------------------------|------|
| | 2004 | 2008 |
| <i>Survey Year</i> | | |
| Internet/Distance Learning Program | 22% | 9% |
| University or Community College campus | 41% | 36% |
| Community and/or Senior Center | 27% | 20% |
| Public Library | 3% | 3% |
| Parks and Recreation Department | 1% | 1% |
| Other, specify | 6% | 31% |
| Total | 100% | 100% |

Those who do not participate in education classes or programs cite several barriers.

Table 14.6 Barriers to Educational Participation

| What is the primary reason you are not participating in... an education class or program? | Percent of respondents | |
|--|------------------------|------|
| | 2004 | 2008 |
| <i>Survey Year</i> | | |
| Convenience (travel and time) | 20% | 19% |
| Costs | 3% | 4% |
| Personal reasons | 9% | 10% |
| Not interested | 28% | 31% |
| ¹⁹ Personal health | 19% | 13% |
| Personal age | 19% | 17% |
| ²⁰ Other, specify | 1% | 7% |
| Total | 100% | 100% |

Affordability

The cost of participating in formal education programs (e.g., college courses) can be a barrier for some who are interested in receiving additional education. Texas law allows state-supported institutions of higher education, including community colleges, to offer courses to older adults free or at a reduced rate. Implementation of these programs, however, is left to the discretion of each educational institution.

¹⁹ Statistically Significant: Respondents in 2008 who have no plans to return to school were less likely to attribute their primary reason to health compared to those who responded in 2004.

²⁰ Statistically Significant: Respondents in 2008 who have no plans to return to school were more likely to cite a reason other than those listed, compared to those who responded in 2004.



A limited number of older adults are enrolled in tuition waiver/discount programs available through state-supported institutions of higher education. In 2008, only 27 percent of survey respondents were aware of tuition discounts and waivers available to them.

Students in educational programs may also be eligible to receive a Lifetime Learning Credit, a federal income tax credit for the costs incurred in higher education. Sixteen percent of older Texans responding in 2008 were aware of this benefit.



15. Volunteerism

While the “retirement” years are traditionally viewed as a time for recreation and leisure, it also offers the opportunity to actively engage in the community. Volunteerism provides opportunities for individuals to be productive, while serving to strengthen and improve communities. As an ATW focus area, volunteerism is defined as meaningful unpaid service within a wide range of civic and educational settings. Such services may include participation in formal programs (e.g., Foster Grandparents) to informal activity such as providing a ride for a neighbor.

Between 70 to 80 percent of older Texans responding to the survey have volunteered in some capacity at some time. About half are currently volunteering, and others have volunteered in the past.

Table 15.1 Participation in Volunteer Activities

| Do you currently perform volunteer work... or have you in the past? | Percent of respondents | |
|---|------------------------|------|
| | 2004 | 2008 |
| <i>Survey Year</i> | | |
| Never volunteered | 19% | 26% |
| Volunteer currently | 42% | 53% |
| Volunteered in the past, but not now | 39% | 20% |
| Total | 100% | 100% |

Respondents were asked about two kinds of volunteering:

- “an organized volunteer program run by a group or organization” and
- “volunteer work without being a member of an organized program by helping others on a recurring basis (monthly); such as cooking for a neighbor or taking someone to a medical appointment”

Most of those who ever volunteered had worked in organized and unorganized settings at one time or another. Current volunteers were most likely to be serving in unorganized settings, although there was a statistically significant increase in the number working in both settings in 2008. Former volunteers were also most like to have served in both settings. See tables on the next page.



Table 15.2 Organized and Informal Volunteering

| Organized program or helping others | Percent of respondents | |
|--|------------------------|------|
| | 2004 | 2008 |
| <i>Survey Year</i> | | |
| All who ever volunteered | | |
| Only ever volunteered in organized program | 12% | 18% |
| ²¹ Only ever volunteered informally | 24% | 20% |
| Volunteered both ways, at some time | 64% | 62% |
| Total | 100% | 100% |
| Current Volunteers | | |
| Organized program only | 20% | 21% |
| Informally only | 48% | 40% |
| Volunteer both ways | 31% | 39% |
| Total | 100% | 100% |
| Former Volunteers | | |
| Volunteered in organized program only | 13% | 33% |
| Volunteered informally only | 22% | 22% |
| Previously volunteered both ways | 65% | 45% |
| Total | 100% | 100% |

Current Volunteers

Current volunteers participate in a variety of activities and services.

Table 15.3 Types of Volunteer Activities

| What is the primary type of volunteer activity or service you currently perform? | Percent of respondents | |
|--|------------------------|------|
| | 2004 | 2008 |
| <i>Survey Year</i> | | |
| Provide a service directly to individuals | 81% | 53% |
| Clerical services | 4% | 8% |
| Professional services | 14% | 16% |
| ²² Other – specify | 2% | 22% |
| Total | 10% | 100% |

²¹ Statistically Significant: Respondents in 2008 were less likely to have only participated in unorganized volunteer activities in the past compared those who responded in 2004.

²² Statistically Significant: Respondents in 2008 who had volunteered were more likely to have performed service activities other than the ones mentioned compared those who responded in 2004.



Some older volunteers in Texas have only been participating in activities for a few years, while more than one-third are veteran volunteers who report serving for more than 20 years.

Table 15.4 Time as a Volunteer

| How long have you been volunteering? | Percent of respondents | |
|--------------------------------------|------------------------|------|
| | 2004 | 2008 |
| <i>Survey Year</i> | | |
| Less than 6 months | 6% | 2% |
| Less than 1 year | 5% | 4% |
| 1 to 5 years | 33% | 31% |
| 6 to 10 years | 14% | 13% |
| 11 to 20 years | 8% | 13% |
| More than 20 years | 33% | 37% |
| Total | 100% | 100% |

Older volunteers vary with respect to the amount of time they spend in volunteer activities and programs.

Table 15.5 Volunteer Hours per Month

| About how many hours do you volunteer per month? | Percent of respondents | |
|--|------------------------|------|
| | 2004 | 2008 |
| <i>Survey Year</i> | | |
| Less than 5 hours | 25% | 26% |
| 5-10 hours | 35% | 35% |
| 10-20 hours | 20% | 17% |
| 20-40 hours | 12% | 13% |
| More than 40 hours | 9% | 10% |
| (*) Total | 100% | 100% |



Individuals choose to volunteer their time in the community for a variety of reasons. Almost half reported the desire to help others. Other reasons for volunteering are shown in the next table.

Table 15.6 Reasons for Volunteering

| What was the primary influence on your decision to become a volunteer? | Percent of correspondents | |
|--|---------------------------|------|
| | 2004 | 2008 |
| <i>Survey Year</i> | | |
| I was looking for something to do | 3% | 6% |
| ²³ I just want to help people | 65% | 52% |
| Someone asked me | 11% | 7% |
| I wanted to put my knowledge/skills to good use in community | 8% | 10% |
| It helps me feel needed | 6% | 7% |
| Wanted to contribute to solution of social/health/cultural problem | 5% | 7% |
| Other, specify | 2% | 11% |
| Total | 100% | 100% |

Current volunteers learn of opportunities from many sources, especially from friends, or actively seek activities to participate in organizations that they have a personal interest or connection with. Some may help others through specific organizations (e.g., Alzheimer’s Association) after personal experience (e.g., loved ones who have lived with the disease).

Table 15.7 Learning about Volunteer Opportunities

| What was the primary influence on your decision to become a volunteer? | Percent of respondents | |
|--|------------------------|------|
| | 2004 | 2008 |
| <i>Survey Year</i> | | |
| Formal presentation | 5% | 3% |
| Advertisement | 5% | 4% |
| Internet | 0% | 1% |
| Mail | 0% | 0% |
| Sought out a volunteer opportunity at specific organization | 17% | 20% |
| ²⁴ Word-of-mouth, friend | 73% | 57% |
| Other, specify | 0% | 15% |
| Total | 100% | 100% |

²³ Statistically Significant: Respondents in 2008 were less likely to report that their primary influence in deciding to volunteer was that they wanted to help compared to those who responded in 2004.

²⁴ Statistically Significant: Respondents in 2008 were more likely to report that they became aware of their volunteer opportunity through a friend compared to those who responded in 2004.



Previous Volunteers

People stop volunteering for a number of reasons. Among the one-third of older Texans who are not currently volunteers, but who have volunteered in the past, personal health and time commitments were the primary reasons for termination of volunteerism.

Respondents gave various reasons for the decision to stop volunteering.

Table 15.8 Deciding to Stop Volunteering

| What is the primary reason you stopped volunteering? | Percent of respondents | |
|--|------------------------|------|
| | 2004 | 2008 |
| <i>Survey Year</i> | | |
| Travel related issues (distance, traffic) | 10% | 12% |
| Unhappy with management of volunteer program | 2% | 3% |
| Too much time required | 15% | 19% |
| Out-of-pocket cost | 0% | 3% |
| Disappointed with the volunteer assignment | 3% | 1% |
| Personal health | 38% | 29% |
| Personal age | 16% | 10% |
| Not interested / doesn't have time to volunteer | 8% | 4% |
| ²⁵ Other, specify | 8% | 21% |
| Total | 100% | 100% |

²⁵ Statistically Significant: Respondents in 2008 who no longer volunteered were more likely to say that they stopped volunteering because of other reasons those who listed, compared to those who responded in 2004.



Not a Volunteer

There are several reasons that people did not volunteer. Among the almost 40 percent of older Texans who report not volunteering in organized activities, or helping on an informal basis, personal health and time commitments were the primary reasons for not volunteering.

Table 15.9 Choosing not to Volunteer

| What was the primary reason you choose not to volunteer? | Percent of respondents | |
|--|------------------------|------|
| | 2004 | 2008 |
| <i>Survey Year</i> | | |
| Just do not feel inclined to give my time as a volunteer | 27% | 22% |
| Travel related issues (distance, traffic, no transportation) | 14% | 9% |
| Lack of volunteer options I am interested in | 6% | 3% |
| Orientation and training requirements | 1% | 0% |
| Out-of-pocket cost | 2% | 2% |
| Personal health | 23% | 27% |
| Personal age | 7% | 16% |
| Don't have time to volunteer | 20% | 13% |
| Other, specify | 0% | 9% |
| Total | 100% | 100% |

Some non-volunteers would be interested in becoming a volunteer at some point in the future—26 percent in 2004 and 16 percent in 2008.

When the time came, most respondents felt they would know how to get involved. More than 69 percent in 2008 and 64 percent in 2004 of non-volunteers reported knowing how to find out about volunteer opportunities when they were ready to participate.



16. Employment

Older workers will become increasingly important to the labor market. As the population ages, the contribution of older workers may become more significant. As an aspect of ATW, the employment focus is to create opportunities for workforce participation without age biases or barriers.

Nearly a quarter of the older Texans surveyed indicated they were working full or part time. Employment status did not change from 2004 to 2008.

Table 16.1 Current Employment Status

| What is your current employment status? | Percent of respondents | |
|---|------------------------|------|
| | 2004 | 2008 |
| <i>Survey Year</i> | | |
| Employed | 13% | 15% |
| Unemployed | 7% | 9% |
| Retired, not working at all | 63% | 62% |
| Retired and working full-time | 1% | 1% |
| Retired and working part-time | 8% | 7% |
| Homemaker | 8% | 6% |
| Total | 100% | 100% |

Of respondents who were not working, 10 percent said they are currently looking or plan to look for a job in the future.



There are various reasons why older people choose to continue working. The reasons for continuing to work did not change from 2004 to 2008.

Table 16.2 Reasons for Working

| What is the MAJOR factor in your decision to work now or to look for work? | Percent of respondents | |
|--|------------------------|------|
| | 2004 | 2008 |
| <i>Survey Year</i> | | |
| Need the money | 42% | 43% |
| Enjoy the job/enjoy working | 28% | 25% |
| Being productive is a way I can help others | 9% | 10% |
| To save for retirement | 3% | 1% |
| It makes me feel useful | 10% | 7% |
| Need to maintain health insurance | 4% | 2% |
| People have an obligation to work if they can | 1% | 2% |
| Need to pay for health costs for self/others in family | 1% | 1% |
| To fulfill pension requirements/qualify for pension | 1% | 0% |
| To qualify for Social Security | 0% | 1% |
| Need to support other family members | 2% | 3% |
| Other, specify | 0% | 5% |
| Total | 100% | 100% |

When the job task and compensation do not match the individual skill and experience level, older workers are underemployed. Approximately 83 percent feel their current employment adequately uses their skills and capabilities. Almost two-thirds (65 percent) report feeling they are paid at their corresponding skill level, and 68 percent report earning enough money from their primary job to meet basic financial needs.

The majority of older Texans are satisfied with their current employment status.

Table 16.3 Satisfaction with Employment Status

| "How satisfied are you with ..." | <i>Survey Year</i> | Very satisfied | Somewhat satisfied | Somewhat dissatisfied | Very dissatisfied | Total |
|----------------------------------|--------------------|----------------|--------------------|-----------------------|-------------------|-------|
| Your employment status? | 2004 | 67% | 20% | 7% | 6% | 100% |
| | 2008 | 66% | 20% | 8% | 7% | 100% |



Job Training and Employment Services

Older Texans were asked if they were aware of any job training and employment services or if they had ever used such services to obtain employment. While some have previously used such services, many were unaware of their availability.

Table 16.4 Awareness of Employment Resources

| "Have you heard of or used any of the following resources?" | Survey Year | Aware of, but have not used | Have used this service | Not aware of this service | Total |
|---|-------------|-----------------------------|------------------------|---------------------------|-------|
| Programs to increase current skill level or to obtain a new skill for employment | 2004 | 34% | 7% | 59% | 100% |
| | 2008 | 30% | 10% | 61% | 100% |
| Places in your community where you can go to receive help getting a job (resume, interview skills, job listing) | 2004 | 43% | 12% | 44% | 100% |
| | 2008 | 47% | 11% | 42% | 100% |



17. Access to Healthcare Services

Regular checkups and preventative medicine are critical to maintaining good health in older Texans. In the 2008 survey, 92 percent of respondents reported having received a routine checkup in the previous year and 93 percent said they received a blood pressure screening, cholesterol, or other cardiovascular assessment during the same time. In the 2008 survey, 65 percent of those surveyed received a flu shot during the previous year and 57 percent reported receiving a pneumococcal vaccine in the past five years. (Not shown).

Availability of Healthcare Services

Only five percent of older Texans in 2004 and 2008 reported being unable to access healthcare when they needed it. For those who could not access care, cost was the most common barrier.

In 2008, approximately two percent (one percent, 2004) reported being unable to access mental health care when they needed it. For those who could not access mental health care, cost was also cited as the most common barrier.

Satisfaction with healthcare did not change from 2004 to 2008.

Table 17.1 Satisfaction with Healthcare Services

| "How satisfied are you with ..." | <i>Survey Year</i> | Very satisfied | Somewhat satisfied | Somewhat dissatisfied | Very dissatisfied | Total |
|---|--------------------|----------------|--------------------|-----------------------|-------------------|-------|
| The quality of your current healthcare services | 2004 | 50% | 35% | 8% | 7% | 100% |
| | 2008 | 50% | 36% | 9% | 6% | 100% |
| Your ability to obtain healthcare services | 2004 | 53% | 30% | 8% | 9% | 100% |
| | 2008 | 56% | 29% | 8% | 7% | 100% |



Affordability and Health Insurance

Most older Texans have health insurance. For Texans age 60 to 64 in 2008, 78 percent had health insurance (74 percent, 2004). For Texans age 65 and older, largely due to the availability of Medicare, 97 percent had some type of health insurance in both years. Individuals can have multiple sources of health insurance. With the exception of one item, the source of health coverage did not change from 2004 to 2008.

Table 17.2 Sources of Health Coverage

| "What type of health coverage helps pay for your needs... (all that apply)" | Percent of respondents | |
|---|------------------------|------|
| | 2004 | 2008 |
| <i>Survey Year</i> | | |
| Health insurance plan available through employer | 13% | 11% |
| Health insurance plan available through someone else's employer | 6% | 8% |
| Health insurance plan available through former employer (retired) | 14% | 14% |
| Medicare | 76% | 73% |
| Medicaid | 15% | 14% |
| The military, CHAMPUS, TriCare, or the VA [or the CHAMP-VA] | 8% | 9% |
| ²⁶ Medicare Supplemental Insurance | 23% | 18% |
| Individual health insurance plan not associated with government or employer | 10% | 10% |
| Some other source | 2% | 3% |

In 2008, 65 percent did not know whom to contact for financial assistance or help paying for healthcare services if they needed it (60 percent in 2004). Approximately 67 percent reported not knowing whom to contact for financial assistance or help paying for mental health services (64 percent in 2004).

²⁶ Statistically Significant: Respondents in 2008 were less likely to report they had Medicare Supplement Insurance than those responding in 2004.



Prescription Drug Coverage

In 2004, 70 percent of respondents reported that their insurance pays for at least part of their prescription drugs. In 2008, with the addition of Part D coverage to Medicare, the number increased to 85 percent. This increase was statistically significant.

In addition to insurance coverage, older Texans used several sources to help obtain needed prescription drugs.

Table 17.3 Sources of Prescription Coverage

| "Do you have or have you done any of the following to help you obtain prescription drugs?" | Percent of respondents | |
|--|------------------------|------|
| | 2004 | 2008 |
| <i>Survey Year</i> | | |
| ²⁷ Discount cards from Rx manufacturers | 12% | 7% |
| Applied for free drugs from Rx manufacturers | 7% | 5% |
| Discount/reduced cost programs available at pharmacy | 15% | 19% |
| Mail order or Internet from inside US | 22% | 25% |
| Mail order or Internet from outside US | 3% | 3% |
| Travel outside US to obtain medications | 5% | 4% |
| Other method of obtaining Rx | 3% | 2% |

The decline in the use of discount cards from drug companies may be due to the implementation of Medicare Part D.

²⁷ Statistically Significant: Respondents in 2008 were less likely to report the use of discount cards from drug companies, compared to those who responded in 2004.



18. Community Supports

As a focus of ATW, community supports are services and assistance that allow for independent living. A network of accessible supports is essential in allowing people to get quality services and needed assistance in a manner consistent with their community living preferences.

Most older Texans felt they had the supports and services they needed to help them live independently in their community. Having supports and services did not change from 2004 to 2008.

Table 18.1 Having Supports and Services

| Do you agree or disagree? | Survey Year | Strongly agree | Somewhat agree | Somewhat disagree | Strongly disagree | Total |
|--|-------------|----------------|----------------|-------------------|-------------------|-------|
| I feel that I have the supports and services that I need to help me live on my own in my community | 2004 | 62% | 27% | 7% | 5% | 100% |
| | 2008 | 64% | 26% | 5% | 5% | 100% |

In Texas, 28 AAA's plan, coordinate, and advocate for a comprehensive service-delivery system that addresses older Texans' short and long-term needs. In both 2004 and 2008 only 33 percent of older Texans had heard about Area Agency on Aging programs.

The 2-1-1 system was designed to provide consumers with a simple, easy-to-remember number to call when they need help accessing health and human services. In the 2004 survey, only eight percent of those surveyed were aware of 2-1-1. Since then, major efforts have been made to raise awareness of the 2-1-1. In 2008 this awareness increased to 20 percent, a statistically significant finding.

Forty-nine percent stated they were aware of specific organizations in their community to assist with daily living needs. Only four percent had ever attempted to obtain direct assistance from a support service that would help them live independently in the community.



For those four percent who actively sought assistance and support from the community, the first attempt was made to a variety of sources.

Table 18.2 Where Sought Assistance

| Where did you FIRST seek assistance? | Percent of respondents | |
|--|------------------------|------|
| | 2004 | 2008 |
| <i>Survey Year</i> | | |
| State Agency | 37% | 44% |
| County or City government | 21% | 6% |
| Area Agency on Aging | 11% | 0% |
| Non-profit provider (Family Eldercare, United Way) | 5% | 17% |
| Private pay provider | 11% | 6% |
| Other, specify | 16% | 28% |
| Total | 100% | 100% |

Of those who sought help, most were satisfied.

Table 18.3 Satisfaction with Ability to Get Help in the Community

| “How satisfied are you with ...” | Survey Year | Very satisfied | Somewhat satisfied | Somewhat dissatisfied | Very dissatisfied | Total |
|----------------------------------|-------------|----------------|--------------------|-----------------------|-------------------|-------|
| Your ability to get help | 2004 | 48% | 33% | 0% | 19% | 100% |
| | 2008 | 59% | 23% | 9% | 9% | 100% |



19. Transportation

Simply defined as an area of focus, transportation is safe, affordable and accessible movement in communities. More specifically, transportation is an essential component of the community infrastructure that helps people gain access to goods, services, and social contacts that support their daily activities and quality of life.

Over 75 percent of the respondents report driving a vehicle as their primary method of transportation. The method of transportation and satisfaction with transportation remained the same from 2004 to 2008.

Table 19.1 Usual Method of Transportation

| When you need to get somewhere, how do you usually get there? | Percent of respondents | |
|---|------------------------|------|
| | 2004 | 2008 |
| <i>Survey Year</i> | | |
| Drive self | 77% | 78% |
| Get ride with family or friends | 18% | 17% |
| Walk | 1% | 1% |
| Take taxi | 1% | 0% |
| Use public transportation | 2% | 2% |
| Use senior or community vans | 1% | 1% |
| Take transport provided to people with disabilities | 1% | 1% |
| Other, specify | 1% | 1% |
| Total | 100% | 100% |

Overall, the majority of older Texans are satisfied with their ability to get around town.

Table 19.2 Satisfaction with Transportation and Driving

| “How satisfied are you with ...” | <i>Survey Year</i> | Very satisfied | Somewhat satisfied | Somewhat dissatisfied | Very dissatisfied | Total |
|----------------------------------|--------------------|----------------|--------------------|-----------------------|-------------------|-------|
| The way you currently get around | 2004 | 72% | 18% | 6% | 4% | 100% |
| | 2008 | 68% | 20% | 7% | 5% | 100% |

Availability

Lack of transportation can have an impact on overall quality of life. According to the Surface Transportation Policy Project (www.transat.org), nationwide older non-drivers make 15 percent fewer doctor visits, 59 percent fewer trips for shopping and dining, and 65 percent fewer trips for social family and religious activities. DADS, in conjunction with AAAs, and community-based organizations, help many older people obtain transportation.

As shown in table 19.3, non-drivers sometimes cannot get where they need to go.



Table 19.3 Unable to Go Somewhere for Lack of Transportation

| How often have you been unable to go somewhere (e.g., cancel an appointment, not meet an obligation) | Survey Year | Frequently | Sometimes | Rarely | Never | Total |
|--|-------------|------------|-----------|--------|-------|-------|
| Because you did not have transportation? | 2004 | 15% | 20% | 21% | 44% | 100% |
| | 2008 | 15% | 20% | 16% | 49% | 100% |

For those who rely on alternative transportation services (e.g., rides with others, public transit systems), a common barrier is the amount of time it takes to travel between destinations. Approximately 18 percent of non-drivers reported in 2008 they were unable to get a ride where they needed to go in a reasonable amount of time (14 percent in 2004).

If they needed assistance in getting somewhere 56 percent of non-drivers reported knowing where to go for help with transportation and mobility.

Affordability

Between 2004 and 2008, the number of respondents who reported that the cost of obtaining transportation was either very affordable or somewhat affordable declined from 80 percent to 75 percent, while those who said it was either somewhat unaffordable or very unaffordable increased from 21 percent to 26 percent. The 2008 survey was conducted in the summer, when gasoline prices were at historic highs.

Table 19.4 Cost of Transportation for Non-Drivers

| Would you say that the cost of obtaining a ride/transportation is...? | Survey Year | Very affordable | Somewhat affordable | Somewhat unaffordable | Very unaffordable | Total |
|---|-------------|-----------------|---------------------|-----------------------|-------------------|-------|
| (Non-drivers only) | 2004 | 49% | 31% | 5% | 16% | 100% |
| | 2008 | 45% | 30% | 13% | 13% | 100% |

Table 19.5 Cost of Operating a Car

| Would you say that the cost of operating a car is...? | Survey Year | Large problem | Moderate problem | Small problem | No problem | Total |
|---|-------------|---------------|------------------|---------------|------------|-------|
| ²⁸ (Drivers only) | 2004 | 14% | 20% | 20% | 46% | 100% |
| | 2008 | 22% | 21% | 17% | 40% | 100% |

²⁸ Statistically significant: Respondents in 2008 were more likely to report that the cost of operating a car was a problem, compared to those who responded in 2004.



20. Housing

As a key area of focus, housing is defined as personal residences that are affordable, accessible, and integrated.

More than 80 percent of older Texans owned their own home in 2004 and 2008.

Table 20.1 Home Tenure

| Do you rent or own your current residence? | Percent of respondents | |
|--|------------------------|------|
| | 2004 | 2008 |
| <i>Survey Year</i> | | |
| Own - mortgage paid/do not make monthly payments | 60% | 58% |
| Own - still make mortgage payments | 21% | 23% |
| Rent | 16% | 16% |
| Rent free situation | 3% | 4% |
| Total | 100% | 100% |

Affordability

Among older Texans, 56 percent reported spending one-third or more of their income on housing costs that include rent/mortgage, housing insurance, utilities, taxes, and other combined.

Table 20.2 Housing Costs as a Share of Income

| What percent of your income ... do you spend for all household related expenses? | Percent of respondents | |
|--|------------------------|------|
| | 2004 | 2008 |
| <i>Survey Year</i> | | |
| Less than a third | 45% | 44% |
| One third to one half | 36% | 35% |
| More than one half | 19% | 21% |
| Total | 100% | 100% |

In 2008, 42 percent of older Texans reported knowing where to go if they needed help with housing related expenses.

Property taxes can be a financial burden on older adults. Texas communities have special homestead exemptions that ease the burden of property taxes. Current state law provides for the freezing of school taxes on the homesteads of Texans 65 and older and provides a local option for freeing taxes of other jurisdictions. The 2008 survey found that 78 percent of older Texans were aware of property tax exemptions for people age 65 and older.



Adequacy

The adequacy and condition of housing facilitates aging-in-place. Yet, some older adults live in homes, both rental and owner-occupied, that are in substandard condition and require repair and rehabilitation.

Approximately 15 percent of older Texans reported in 2008 that their home's structure, heating and cooling systems, or electricity or plumbing needed substantial repair. Twenty-nine percent of older Texans did not know where to go for help in making these types of home repairs.

Accessibility

Accessibility improvements refer to architectural design elements that make it easier and safer to perform daily activities (e.g., accessible entrances, doors, light switches, cabinets) and home modifications that include adaptations designed to accommodate physical impairments (e.g., handrails, grab bars, ramps, elevators, stair lifts, call devices). Housing accessibility helps to facilitate aging-in-place.

Table 20.3 Accessible Home Features

| Does your home have....? (all that apply) | Percent of respondents | |
|--|------------------------|------|
| | 2004 | 2008 |
| <i>Survey Year</i> | | |
| An accessible entrance (no-step or ramp, wide door) | 62% | 63% |
| Accessible interior walkways (wide interior doorways/hallways) | 66% | 69% |
| Reachable light switches/thermostats, electrical outlets | 80% | 76% |
| Kitchen layout with open floor space, removable cabinets etc | 61% | 54% |
| Bath layout with open space, shower, grab bars, low cabinets | 49% | 49% |
| Features that would accommodate visual/hearing impairments | 29% | 26% |

The 2008 survey found that 14 percent of Texans age 60 and older reported that their home's doorways, hallways, kitchen, bathrooms, and closets needed substantial modification to make it easier to get around inside. Thirty-eight percent of older Texans did not know where to go for help in making these types of home modifications.



21. Conclusion

A comparison of the survey responses from 2004 and 2008 indicates only a few areas of significant change over those four years. Among the areas that were statistically significant are the following:

- A decline between the two years from 35 percent to 29 percent of respondents who reported themselves as widowed.
- A five percent increase, from 15 percent to 20 percent, of respondents with a four-year college degree.
- A 17 percent increase of those who reported being told by their doctor that they had hypertension or high blood pressure.
- A five percent increase of those who reported being told by their doctor that they had diabetes.
- An increase in the percentage of those who reported three or more chronic health conditions.
- A decline in the percentage of respondents indicating regular participation in physical activity.
- An increase in the percentage, from 24 to 29 percent, of those who reported being obese.
- An increase from 18 to 23 percent of those who reported being told by their doctor that they have depression and an increase from eight to 13 percent who were told that they have anxiety or panic disorder.
- An increase from 70 percent to 85 percent who said that their health insurance paid for at least part of their prescription drugs (due largely to the addition of part D coverage under Medicare).
- An increase in the percentage of those surveyed who were aware of the 2-1-1 system.
- An eight percent increase, up to 22 percent in 2008, of those who said the cost of operating a car is a barrier.

In most other areas the changes from 2004 to 2008 were not statistically significant. In some cases the lack of change indicates the continuation of possible problems. For example, Social Security retirement remains the biggest source of income for most respondent and most (56 percent in 2008) spent at least one-third of their income on housing costs. Also, 18 percent reported in 2008 that they provided care for a family member over the age of 60 or to a child 18 years of age or younger, or both. In addition, in the focus area of social engagement, no improvement occurred in the proportion of respondents who said that loneliness was at least a minor problem, remaining at 25 percent.

Looking ahead, policymakers and planners will need to anticipate how a trend such as the increase in obesity will impact the health of older Texans in the future along with the



related health care costs. Greater awareness of the problem and education may help reduce the consequences of such trends.

Even when the percentages in a given category are relatively static from one survey to the next, and even if they remain steady in the years to come, these proportions will translate into larger numbers of actual persons. According to the Texas State Data Center and Office of the State Demographer, in 2000 the number of Texans 65 and older was slightly higher than two million, but by 2020 the number will be nearly 3.5 million. In 2000 this group comprised 9.9 percent of the state's population, but in 2020 it will rise to 14.2 percent. State policymakers and planners will need to consider the impact of the certain growth of this population as we strive to assure that Texas is a place where aging well is a priority.

One limitation to this study is that respondents were limited to older Texans with their own landline telephones, who were willing and able to participate. Persons living in institutions, such as nursing facilities and some assisted living facilities, may not have their own phones. Some people have no phone service, and others use only cell phones. Some declined to participate and others were unable to complete the interview. As a result, the survey may have excluded some people with poor health and functional limitations, some with low incomes, and some who were particularly protective of their privacy. This may impact the responses. Care should be taken to be sensitive to areas that might be under- or over-estimated by excluding these portions of the population.

In future iterations of the study, some modifications and additions to the questions will be appropriate. In particular, questions about the impact of internet usage on the various areas of focus should be included. Questions concerning health insurance and prescription drug coverage should be structured around available programs.



