THE ARKANSAS LONGITUDINAL STUDY ON HEALTH AND AGING

YEAR ONE REPORT
1987

ARKANSAS ASSOCIATION OF AREA AGENCIES ON AGING
IN COOPERATION WITH ARKANSAS DEPARTMENT OF HUMAN SERVICES
DIVISION OF AGING AND ADULT SERVICES

THE ARKANSAS LONGITUDINAL STUDY ON HEALTH AND AGING

YEAR ONE REPORT, 1987

State and Regional Results

Based on Interviews with 6097 Elders

in 4015 Households

by

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THE SOUTHWEST LONG TERM CARE GERONTOLOGY CENTER
THE UNIVERSITY OF TEXAS HEALTH SCIENCE CENTER AT DALLAS

for

The Arkansas Association of Area Agencies on Aging in cooperation with the Arkansas Department of Human Services, Division of Aging and Adult Services

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In the next four decades, the reality of an aging society will greatly influence every aspect of our national health, social, and economic institutions.

The magnitude of the change that will confront us is beyond our historical experience...

... While the challenge is clear, solutions are often obscured by the lack of accurate information....

John Heinz, Chairman
Special Committee on Aging
United States Senate

... Aging...is clearly the wave of the future and, unless our society is to be caught up in and swept away by the undertow, we must begin preparing now for for the challenges that lie ahead even as we struggle to cope with the harsh realities of the present.

Cyril F. Brickfield
Executive Director
American Association of Retired Persons

Source: *Aging America: Trends and Projections* (American Association of Retired Persons, 1984), pp. ii-iii.

America is aging. At the turn of the century less than 7% of the population was 60 years or older. Today persons age 60 and older account for over 16% of the U.S. population. The trend is continuing; for the last two decades the 65 plus population grew twice as fast as the rest of the population. Because of the "baby-boomers," it is estimated that in year 2050 one of every three people will be 55 plus and one of four will be over age 65.

The greying of our population has profound implications for our nation, Arkansas included.

With over 18% of our state's population age 60 or older, Arkansas offers a glimpse into the future. But what is known about older Arkansans? Surprisingly little. Even less is known about their future. What services will be needed? What kinds of employment, housing, transportation will we need to develop for the year 2000, 2010, 2030, and beyond? We need information about the factors that effect the course of life in later years such as determinants of health, disability, and enjoyment.

Important to Arkansas is the question of what resources will be needed to care for our elders. With limited resources and a rapidly growing aging population, we need to be precise in our use of public monies. To plan well we need to have good information about real needs in Arkansas.

The Arkansas Longitudinal Study on Health and Aging by the Association of Area Agencies on Aging in cooperation with the Department of Human Services, Division of Aging and Adult Services is an effort to provide the information we need. Through the work of the Southwest Long Term Care Gerontology Center, we have begun a five year longitudinal study of 6097 elders in 4015 households. The Year One Report provides many insights and much valuable information about our citizens age 55 and over and their needs.

Dixie Clark, President
Arkansas Association of
Area Agencies on Aging

Herb Sanderson, Deputy Director
Division of Aging and Adult
Services

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Face-to-face interviewers enabled us to enrich the sample with hard to reach populations to better understand and predict the characteristics and needs of elderly Arkansas residents. Our thanks go to Linda Parker, Dianne Jeffers and Tammy Teague from Region 8; Alice Dean, Debra Varbounker, Diana Bratton, Gail Pinner, Mary Ann Bell, and Jackie Martin from Region 5; Carroll Astin, Ethel Mae Hungerford, Vicky Edmons, Lillian Aiken, and

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EXECUTIVE SUMMARY
ARKANSAS LONGITUDINAL STUDY ON HEALTH AND AGING: YEAR I

The development of programs and policies concerning service delivery for elders is especially critical in Arkansas. Although we rank 27th among other states in the number of elders 65 or older, we rank second in terms of percent of elders in the population. The 65 or older age group grew 31.4% between 1970-80 and an additional 7.4% since 1980. This age group is projected to increase approximately 2% per year between now and 2020 (compared to an increase of less than 1% for younger persons). The oldest old (85 plus) segment of the population will experience the most rapid growth before 2000. The youngest old (65-74) segment will increase fastest between 2000 and 2020.

This executive summary highlights the findings of the comprehensive report from year one of the Arkansas Longitudinal Study on Health and Aging. The first year of data collection provides the base line profiles against which changes in functional impairment, service utilization, hospitalization, institutionalization, and caregiving patterns will be measured during the subsequent years of study.

Eight separate samples were selected--one from each Area Agency on Aging planning region. More than 4,000 households participated in the survey, and information was gathered for more than 6100 individuals 55 or older in those households. Detailed findings from all the survey questions are contained in the comprehensive Year One Report. Readers seeking more detailed information are encouraged to refer to the full report.

HIGHLIGHTS

> **One third of the households studied experienced the hospitalization of an elder during 1985 or 1986.**

> **In almost one-fourth of the households, an elder had outpatient surgery or received emergency room care.**

> **Elders with incomes under $15,000 had higher rates of hospitalization than elders with higher household incomes, with the exception of households with incomes under $4,000 where hospitalization rates were lowest of all income groups.**

> The great majority of elders in this sample live in single family housing and own their own homes.

> More than 30% live in single person households.

> A larger percentage of black elders live in housing needing major repairs than do white elders, and as would be expected, the lower the household income, the greater the need for major repairs.

> A greater proportion of black elders need general financial assistance than do white elders.

> Just under 3% of the respondents report difficulty obtaining the services of a physician. Rate of difficulty differs significantly by region of residence and household income.

> The lower the household income, the higher the rate of difficulty in obtaining services of a physician. Reasons for difficulty differ by region, race, and income. Black elders report more difficulty in affording physician services and more difficulty in getting care because of transportation problems than do white elders. Lack of money and lack of transportation are also the primary reasons lower income elders have difficulty obtaining physician services.

> Over 11% of the respondents predict a need for new housing arrangements within two to three years. The greatest need for new housing arrangements expected by elders in Arkansas is for smaller places that are easier to care for.

> Just under one-fifth of the retired elders in Arkansas would like to return to work. Almost three-fourths of these individuals would prefer part-time work.

> Difficulties in Activities of Daily Living (ADLs) were measured by self report for limitations in feeding oneself; bathing or shampooing; dressing/grooming; toileting; and walking without assistance from others (or crutches, wheelchair). Instrumental Activities of Daily Living (IADLs) were measured by questions concerning problems cooking, doing light housework/ normal chores; doing yard work/heavy cleaning; doing laundry; using the telephone; shopping; taking medication; conducting business

affairs/managing checking account; and getting places outside walking distance without special transportation or assistance. Female elders report significantly more difficulties than males, black elders report more significantly more difficulties than whites, the "old old" report more difficulties than the "young old," and poorer elders report significantly more problems than wealthier elders.

> For the most part, elders who have difficulty with ADLs rely on family and friends for informal help. The activity with which elders are most likely to receive formal assistance is heavy housework/yardwork.

> Most Arkansas elders report good to excellent overall health status, but almost a fourth report only fair or poor health. More older men smoke and drink than do older women. White elders report better health status and lower smoking rates than do black elders. Older elders report poorer health and less smoking and alcohol consumption than younger elders. Higher income elders report better health and more consumption of alcoholic beverages than lower income elders.

> Chronic health problems which can lead to the need for services were also examined in the first year of this study. The most common health problems for elders in Arkansas, as in the rest of the country, are arthritis and hypertension. Female elders report more problems than males, black elders report more health problems than whites, older elders report more health problems than younger elders and lower income elders report more health problems than higher income elders.

> Among the specific services studied, elders report the greatest use of legal services and the greatest perceived unmet need for case management services. Use of and need for services tends to increase with age except in the cases of counseling and employment training, for which service utilization decreases with age.

> Just under 6% of the elders in the community-based sample meet the criteria for Level III nursing home care, 3% meet the criteria for Level II care, and just over 2% meet the criterion for Level I care. Potential need for Level III care differs significantly by region.

> Over 12% of the respondents in the study have no one they can depend on if they become sick or disabled. A smaller proportion of black elders have someone to depend on than do white elders, and elders with household incomes under $15,000 are less likely to have someone to depend on than elders with household incomes over $15,000. Three-fourths of the respondents have family within one hour's traveling time, and most see them daily or weekly.

> Just over one-third of the respondents indicate that they have made life style changes as a result of things they have read or heard about healthier living. The changes cited most frequently are improved diet, more exercise, and cessation of smoking. Respondents with at least some college education are more likely to have made changes than respondents with only a high school diploma or less education.

> Although less than 3% of the respondents report that they are dissatisfied with their lives, 8% are quite often lonely, another 27% are sometimes lonely, and 29% consider themselves worse off than they were five years ago. Older respondents experience more frequent loneliness and are more likely to see their situation as worse than five years ago than are younger respondents.

Similar data from seven other states/sites constitute the National Panel Study on Health and Aging (NPSHA). The NPSHA tracks more than 25,000 elders in these sites across a five year period. Chapter 5.0 in the Year One report details findings from the first four sites, Arkansas, Maryland, Massachusetts, and Texas.

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Price: $30.00 per copy (includes postage and handling)
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Please send _____ copies of the Arkansas Longitudinal Study on Health and Aging Year One Report at $30.00 each to the address listed below:

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