

**Green Valley Community
Needs Assessment Report
April 2014**



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Acknowledgements



Founded in 1991, LeCroy & Milligan Associates, Inc. is a consulting firm specializing in social services and education program evaluation and training that is comprehensive, research-driven and useful. Our goal is to provide effective program evaluation and training that enables stakeholders to document outcomes, provide accountability, and engage in continuous program improvement. With central offices located in Tucson, Arizona, LeCroy & Milligan Associates has worked at the local, state and national level with a broad spectrum of social services, criminal justice, education and behavioral health programs.

We would like to extend our appreciation to Steve Kolnacki, Director of Home and Community Services at La Posada; Bill McCreery, Director, Casa Community Services; and Carrie Klaege, Manager, Community Connect by Posada Life, for their guidance and support, particularly in recruiting participants and logistical support for the study. We sincerely thank the focus group participants and interviewees for their time and valuable insights. The evaluation team for this project included Steven Wind, Ph.D., Kerry Milligan, MSSW, Olga Valenzuela, BA, and Sarah Love, MSW.

Suggested Citation:

LeCroy & Milligan Associates, Inc. (2014). *Green Valley Community Needs Assessment Report*. Tucson, AZ: LeCroy & Milligan Associates, Inc.



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Executive Summary – Key Findings

La Posada and Casa Community Services received a grant from Freeport McMoRan Copper & Gold's Community Investment Fund in 2013 to examine the services older adults in Green Valley need to maintain independence and age in place. As part of this project La Posada contracted with LeCroy & Milligan Associates to conduct a series of focus groups and interviews with older adult residents in Green Valley, Arizona, to explore the types of services and supports that older adults need to age in place. The study also sought to explore how older adults prefer to access services and their interest in navigation services to assist them to coordinate and use services. Between November 2013 and January 2014, LeCroy & Milligan Associates conducted 7 focus groups and 15 interviews with older adults who reside in Green Valley, Arizona. A total of 39 people participated in the study, 26 females and 13 males. The following are the key findings from the study grouped by report section.

Social Engagement

- ❖ Many of the older adults in the study participated in a wide range of clubs, organizations, support groups, and non-profits on a regular basis, often playing a leadership role in at least one. The recreational activities in which the informants participate include: hiking, walking, playing golf, going to concerts and plays, visiting museums, attending fitness and yoga classes, dining out with friends, traveling, and doing hobbies (e.g., photography, singing, and quilting).
- ❖ Many informants continue to use the telephone to stay in contact with friends and relatives. However, some commonly use e-mail for such purposes and a few mentioned using Facebook.
- ❖ The older adults in the study commonly cited transportation as a barrier to social engagement or mobility independence. For those that own a car, issues included health problems impacting the ability to drive, inability to drive at night, or strain of driving a long distance to access medical care or cultural events.



- ❖ Informants who could no longer drive face difficulties in getting to medical appointments and social activities as well as doing grocery shopping and filling prescriptions. Even some participants who currently drive anticipate a need for transportation assistance in the future.
- ❖ Health problems have limited some informants' ability to participate in social activities. Other informants cited the extensive time required to care for a spouse as limiting the amount of time they had available for other activities.
- ❖ Some informants cited their economic situation as influencing their level of social engagement. For example, one individual mentioned that due to changes in airline fares on a particular route she could no longer afford to fly to visit her daughter and grandchild.

Services and Assistance

- ❖ The older adults in the study utilize a wide range of services and assistance, including health or medical-related services and non-medical/non-health focused services. Within the health-related services, both *preventive* and *primary medical services* were described. Preventive health care services include those that promote health and well-being *before* the onset of a specific medical problem, and include such services as routine health screening, nutrition education, physical fitness activities, and educational health promotion programs. Primary medical services refer to services needed to address a specific medical issue or need, such as physical therapy, in-home nursing assistance, emergency medicine, or medical equipment.
- ❖ The most-used services are those related to health care and include both preventive services and primary medical services. Among the health care-related services used are personal care assistance, borrowing medical equipment, physical or occupational therapy, health education and screening, hospital emergency room care, Green Valley Fire Department emergency assistance, phone check-in, and a personal emergency alert device.



- ❖ Of the services used not related to health care, informants most commonly cited housecleaning. Some also mentioned hiring someone to do home and yard maintenance.
- ❖ Many informants reported using emergency services from the Green Valley Fire Department. Among the types of assistance received was help in getting themselves or spouse up off the floor after a fall, transportation to an emergency medical facility, and assistance with minor medical problems (e.g., choking on food, faintness due to low blood sugar).
- ❖ The Green Valley older adults that participated in the study depend on non-profits and other community-based agencies to access many of the services they use. Informants most commonly mentioned Friend In Deed but other such non-profits include Valley Assistance Services, Casa Community Services, Community Connect, and Pima Council on Aging.
- ❖ Informants identified a range of services and forms of assistance they will need to age in place, including help with daily living activities (e.g., housecleaning, preparing meals), home health care, running errands out in the community (e.g., banking, shopping, picking up prescriptions), making safety modifications to the home, a worn emergency alarm device, and daily phone check-ins). The informants are guided by two primary factors when they consider when choosing service providers – its cost and the integrity of the provider.
- ❖ The older adults in the study reported gaps in health-related services and other services in Green Valley. Among the health care-related gaps identified are preventive services (unspecified), appropriately sized medical equipment, respite for caregivers, and full availability of medical specialists.
- ❖ Informants identified gaps in transportation, including inadequate public transportation around Green Valley and to Tucson. Informants mentioned having difficulties in getting rides to medical appointments, challenges in getting to social activities, and a lack of reasonably priced way to get home after a visit to an emergency room in Tucson.



Information Sources

- ❖ The Green Valley older adults that participated in the study make use of a wide variety of information sources. They most commonly rely on word-of-mouth for information about finding services for the home, such as housecleaning or home repair.
- ❖ The informants consider their doctors to be primary sources of health-related information. However, they also get such information from disease support groups, the internet, health fairs and presentations, and community organizations (e.g., Community Connect, Pima Council on Aging).

Introduction

As the population of older adults increases each year, more and more innovative approaches are being developed to assist individuals to retain their independence and remain at home as long as possible. The Older Americans Act reauthorization of 2009, for example, included funding for the Community Innovations for Aging in Place Initiative, which awarded grants to community organizations to identify strategies that support aging in place. Community services to support older adults are critical as the number of family members able to care for older adults will not keep pace with the number of older adults needing support. The number of older adults is expected to rise by 101% between 2000 and 2030, whereas the number of family members who are available to provide care is expected to increase by only 25% (Center on an Aging Society, 2005). Community characteristics and services that are considered critical to aging in place include an array of accessible and affordable housing options, a range of mobility options, and access to supports and services to meet their daily living, health, social, and physical needs (Metlife Mature Market Institute, 2013).

Given the increasing complexity and cost of healthcare and other community services, it is particularly important for service providers to closely examine the kinds of services adults need, want and use in order to effectively plan services to help them age in place. Access to services must begin with recognition that the elder population is a heterogeneous group with varied needs and resources.



La Posada and Casa Community Services received a grant from Freeport McMoRan Copper & Gold's Community Investment Fund in 2013 to examine the services needed to maintain independence and age in place. As part of this project, La Posada contracted with LeCroy & Milligan Associates to conduct a series of focus groups and interviews with older adult residents in Green Valley, Arizona, to explore the types of services and supports that older adults need to age in place. The study also sought to explore how older adults prefer to access services and their interest in navigation services to assist them to coordinate and use services.

The broad questions explored through focus groups and interviews with Green Valley older adults included:

- What are some ways in which people stay connected to friends and family in terms of social, health and volunteer activities?
- What kinds of community services are people involved with now and why?
- What kinds of services would people like to be able to access in the future in order to age in place in their homes?
- What makes it easier for someone to access a service and what are some of the barriers?

Research Methodology

Between November 2013 and January 2014, LeCroy & Milligan Associates conducted 7 focus groups and 15 interviews with older adults who reside in Green Valley, Arizona. The focus groups were conducted at community locations around Green Valley while most of the interviews were conducted over the phone at the request of the interested individuals. A total of 39 people participated in the study, 26 females and 13 males. The participants ranged in age from 65 to "80+" years old (some participants identified an age range in which they fit, while others provided their precise age). We have used "65+" to indicate a respondent's age was 65 years or older.



The study scope was necessarily limited to identify the specific barriers and service needs of a select group of seniors in this area, and could not be designed to sample the total population of seniors in Green Valley in order to make generalizations applying to “all” seniors in the area. A variety of people were recruited to insure that the focus groups included informants who were:

- 1) currently receiving services from Casa Community Service;
- 2) caregivers;
- 3) people living on their own or with a spouse; and
- 4) varied ages and genders.

Volunteers were recruited through several methods:

- 1) La Posada and Casa Community Services staff outreach to older adults who had received navigation or community services;
- 2) La Posada and Casa Community Services staff distribution of flyers to community locations;
- 3) Outreach to local religious or community organizations who work with older adults;
- 4) Advertisement in the Green Valley News; and
- 5) Word of mouth by focus group participants and interviewees.

Despite using multiple methods of recruitment, the study encountered challenges in recruiting older adults for both focus groups and interviews. For example, the researchers made multiple attempts to contact individuals who had provided their contact information at Community Connect or an outreach event but were unable to reach some of them. Some people cancelled scheduled interviews at the last minute due to health or other personal reasons. On more than one occasion, people who had signed up for a focus group did not show up. Two focus groups were rescheduled to allow for more individuals to sign up, but the postponement resulted in only a minimal increase in participation. One good source of participants was determined to be the Casa Community Services congregate lunch attendees, but noise in the Casa dining room made it difficult to record those sessions.



Report Structure

This report represents the culmination of findings from the assessment and is organized as follows:

- **Introduction:** This section contains information about the need for the study, description of sample, and the study methodology.
- **Social Engagement:** Engagement with friends, family and acquaintances has been shown to be critical to the health and independence of older adults. This section examines how Green Valley older adults in this study stay connected to friends, family and community activities and the barriers they encounter to staying connected.
- **Services and Assistance:** This section examines the services that are currently used by residents, the reasons individuals choose services, the types of services residents believe are critical to long-term independence, and gaps in services.
- **Information Sources:** This section examines information gleaned from focus groups and interviews regarding how older adults prefer to get information about health care and other services.
- **Feedback on La Posada's Proposed Services Package:** This section examines informants' perceptions about the services package La Posada has proposed to make available in the community.
- **Discussion:** This section provides a method for organizing the information collected to facilitate prioritizing needs and decision-making



Social Engagement

Senior social engagement is a particularly important field with significant research that has shown that social interaction offers older adults many benefits. Staying socially active and maintaining interpersonal relationships can help older adults maintain good physical and emotional health and cognitive function (Tomaka, Thompson & Palacios, 2006). In fact, social networks and social support are recognized as important determinants of health in senior adults (Dupuis-Blanchard, Neufeld, & Strang, 2009).

It is important when looking at social engagement through the lens of physical and mental health and well-being, to move beyond the conceptualization of “being social” equals fun activities to a more comprehensive conceptualization. Social engagement is comprised of multiple components: activity (doing something), interaction (at least two people need to be mutually involved in the activity), plus social exchange (the activity involves giving or receiving) equals quality of life. It is this lens through which high social engagement has been identified with improved happiness and health and well-being for senior adults (Carstensen & Hartel, 2006). For example, research has shown that staying active through volunteering, and in particular intergenerational volunteering, contributes to quality of life for older adults, especially for persons with mild-to-moderate dementia (George & Whitehouse, 2011).

A 2008 National Institutes of Health publication, *The Social Connectedness of Older Adults: A National Profile* (Cornwell, Laumann, & Schumm, 2008), found that as older adults age, they become more involved in weekly religious activities, volunteering, and contact with neighbors. Interestingly, participation in group activities was not found to be related to age.

While the causes of these relationships are complex, the authors discuss possible contributing factors. As older adults retire or bereave the loss of a loved one, they experience fewer demands for their time. Older adults may become more involved in community activities to compensate for this change. However, the loss of social connections in the work place or with loved ones creates a deficit, and older adults may find it challenging to develop new intimate relationships.



How are Green Valley Older Adults Staying Socially Engaged in the Community?

Green Valley older adults who participated in focus groups and interviews discussed their roles and involvement in community activities, through organizations, social activities and individual activities. Informants reported a high level of social engagement.

Clubs, Organizations, and Lifelong Learning

Most of the interview and focus group informants mentioned participating in one or more clubs, organizations, support groups, and non-profits on a regular basis. Several informants spoke of other people who participate in the same organizations as being “friends.” It is worth noting that many of the informants reported playing a leadership role in at least one group or organization.

Well, I belong to the Green Valley Line Dance Club. So I have a lot of friends through that. Then, when I came here, I had joined the Newcomers Group. That dropped away from 30 to about 8 that of us left, but that's okay. After that, I headed up a book club and that still meets once a month.

Female, 65+ y.o.

I'm active in my church...All kinds of things there. I was at a book club yesterday. In a clothing group there. I do some other things there. I have been an officer...

Female, 72 y.o.

I also volunteer at The Legion, in the kitchen, dining room, and I've been doing that, and now I'm back with my church and trying to get back into the group there and doing things.

Female, 65+ y.o



The following table shows the range of the groups and organizations in which our informants participate.

Friends In Deed	Newcomers Group	Green Valley Line Dance Club
Green Valley Recreation	Book Club	Singles Group
Alzheimer's Association	Registered Nurses Group of Green Valley and Sahuarita	Scrabble Group
TeleCare	Osher Lifelong Learning Institute classes	Disposal Med Take Back Program
Casa Community Services classes	Gardening Club	Pima Council on Aging Support Group
Red Hat Group	Men's Chat Group	Church Board of Directors
Canasta Group	La Posada Programs, Caregiver Group, volunteer situations	Community Connect
Hadasa	Camera Club	Parkinson's Support Group
Church Clubs	Home Owners Association Board	Genealogy Group
Animal Shelter	La Via Memory Care	Order of the Eastern Star

Social Activities and Exercise

Focus group participants and interviewees discussed a variety of ways that they spend time with friends and fitness or exercise activities. Among the specific activities that informants mentioned participating in were:

- Hiking , walking, golfing;
- Attending concerts, plays, and museums;
- Fitness classes and yoga classes;
- Dining out with friends;
- Travel (most often to visit relatives); and
- Hobbies (photography, singing, quilting).



Several female informants spoke of having consistent groups of friends with whom they regularly socialize. Both the highly active degree of social engagement of many informants and a common way that older adults in Green Valley make friends are captured in a comment from a female interviewee: “I get together with friends for hiking, out to lunch and I belong to two newcomers groups and we have numerous activities. Many, many activities. Those people are my friends.”

On Monday, Wednesday, and Fridays is an aerobics class and Tuesday and Thursday is Pilates. That is group work. On Saturdays, if I can I go, I do a water workout...as an individual.

Female, 80+ y.o.

I belong to a group of ladies. We are about 20 of us, and we each take a month and plan the activities for that month and we have a planning meeting each month and everybody contributes.

Female, 65+ y.o.

A lot of my time is taken with things related to church. I'm on my neighborhood homeowner's association board.... I'm taking a computer class at the computer club, a fabulous group, which I had gone earlier.

Female, 72 y.o.



Staying Connected with Friends and Relatives through Technology

Many of the interview and focus group informants continue to use the telephone to stay in touch with friends and relatives who do not live in Green Valley, including those who live as close as Tucson or Marana. Phone communication can be important even when one's friends live in Green Valley. A male informant, who lives in an assisted living facility, noted that nowadays he usually talks on the phone with friends from the development where he used to live, rather than seeing them in person.

The only family I have outside my husband is my sister, who lives back east in New York. And I talk to her once a week for a good hour or hour and a half.

Female, 65+ y.o.

I do talk on the phone. I have set conference times for different family members...so that we're not missing each other.

Female, 65+ y.o.

I have one child and I talk to her every Sunday without fail, and then once a week, or when something happens.

Female, 65+ y.o.

We talk with our son on the telephone, visit with him in Seattle. We both have siblings and talk by telephone.

Female, 74 y.o.

While the telephone still plays an important part in helping Green Valley older adults stay connected with friends and relatives, a number of informants have also embraced on-line forms of communication. E-mail was the most commonly mentioned form of such communication, although several informants also use Facebook. Skype was only rarely mentioned.



Although most older adults reported using the telephone and e-mail to maintain contact with their loved ones, several informants also mentioned traveling to visit relatives or friends who live far away or being visited by them. However, some also expressed that traveling long distances is no longer possible due to cost or health problems.

I live on my computer, spend hours on it every day. In touch with lots of people. Friends and relatives. Local people and people far away. I really love Facebook. From Ohio, I'm able to stay in touch with and see pictures of great nieces and nephews

Female, 72 y.o.

I do stay in touch on Facebook, e-mails, and a few friends are still going the snail mail route. But my grandkids and children prefer email and Facebook. Oh yes, and by telephone. But my daughters prefer telephone period.

Female, 80+ y.o.

Well, like the airlines... advertised \$69 for one way for a flight ... to Salt Lake, where I could go visit my daughter and the two kids. They don't now. You have to go to Las Vegas and then pay from Las Vegas on to Salt Lake.

Female, 70-80 y.o.

The last group [of relatives] I paid for them to come and visit me. Since I broke my femur...

Female, 65+ y.o.

Yeah, I do e-mail, I keep records for billing...things with my bank. [Facebook?] My grandkids said, 'You don't need it, Grandma.' So you listen to them.

Female, 65-79 y.o.

We talk on the phone and we go to Chicago and Fort Wayne three times a year.

Female, 70-80 y.o.

Oh yes, my children come and visit and I have a son in Phoenix who is here more often than the people on the east coast.

Female, 65-79 y.o.



Impediments to Social Engagement and Mobility Independence

Researchers have identified various internal and external factors that may act as barriers to social engagement. Internal factors include physical and mental health and personality. External factors include transportation, weather, financial resources, and social relationships (Lively Later Life Program, n.d.). A number of studies from around the world have documented ways in which they built the environment of a community (i.e., its layout, land use, and transportation system) can promote physical activity and social interaction amongst older adults (Hanson, Ashe, McKay, & Winters, 2012). A community's transportation features (e.g., signage, road and sidewalk improvements, accessible and discounted public transportation) enhance older adults' ability to be maintain their mobility independence (Lehning, 2014).

Mobility independence is vital not only to social engagement, but also to accessing basic daily living needs, such as food shopping, banking, and medical care. Research has identified a relationship between social engagement and better health for older adults (Lehning, Smith, & Dunkle, 2014), and that this relationship continues into very late life (i.e., 90 years and older) (Cherry et al, 2011).

Transportation Barriers to Engagement

The impediments to social engagement and mobility independence mentioned by Green Valley older adults followed the themes of those cited in the literature above. A number of informants spoke of transportation challenges they face, including:

- Health issues impacting ability to drive;
- Dependence on others for a ride;
- Inability to drive at night; and
- Having to travel a distance to get medical care (e.g., 30 miles to Tucson).



Need for Public and Private Transportation Services

Several informants suggested the need for the expansion of public and private transportation services in the Green Valley area. One suggested that La Posada or Casa Community Services increase pick-ups from various “feeder” locations around Green Valley so that more people could participate in Casa activities.

Concern about the negative impact on current and future social connectedness caused by not having reliable transportation is evidenced in comments from two informants: “I don't know how we can solve this but we really need better transportation around here 7 days a week I feel....If you don't have cars or don't want to drive or so forth. But what do you do on a Sunday when you don't have a car and you don't have anyone around?” “For one thing, I live in [development name], and there's no transportation. And if I can't drive anymore, well, I don't know, am I really going to be isolated even more?”

I still think transportation is quite limited, everyone is so far from everything here. Friends In Deed is limited.

Female, 74 y.o.

I have a neighbor who drives me...she's in the other room now. I pay her a few bucks. I wouldn't be able to get [to Casa] otherwise. I have to stop and think, 'How will I get to such and such a place?'... When they released me [from the hospital] there was no transportation back to Green Valley. So I had to take a taxi.

Male, 83 y.o.

His primary physician is on the east side and all the other physicians were on the west side. I'm talking about Tucson. Different groups on each side. Right now we're changing his primary care to someone on this side of town. The other primary care physician didn't know any of the other doctors that we're dealing with.

Female, 65-79 y.o.

I'm having this problem right here in Green Valley, because I have lost the sight in one eye and the other eye isn't very good, and so driving at night is really a problem.

Female, 65+ y.o.



Health Barriers to Engagement

Health challenges prevent older adults from being as active and socially engaged as they would like to be. In some cases, the health problems of a spouse or significant other limit the activities of the partner. The types of health issues that present barriers to engagement among informants included:

- Range-of-motion or movement-specific impairment;
- Low energy level;
- Generally poor health;
- Dementia; and
- Anxiety.

A health problem of a close friend may also impact the types of activities in which an older adult engages. An informant who is part of a small group of friends that has done day trip activities together for years mentioned that the group had to limit the kinds of activities it would do because one member cannot do extended walking until she has a hip replacement done.

You know I can't find a pertussis and tetanus shot at a reasonable rate. I've gone to pharmacy and they are all 62 dollar co-pay...I have Medigap policy but it's not picking up the co-pay but if they are then it's a gauging price for the DPT immunization

Female, 80+ y.o.

I can't just up and leave him because I have to get him up and in the shower, give him his vitamins, feed him breakfast. It's hard getting him up even at 8 a.m. some days. They said why don't you get help getting him bathed and dressed so you can go off and not worry about getting all that done but he is afraid of strangers being in the house.

Female, 79 y.o.

I used to read to the kids. Eleven years I did that, loved it, loved it. I don't do that anymore, because the kids say 'grandpa pick me up' and I can't. So I've given up that for a while now.

Male, 83 y.o.

He was [involved in activities] up until about 2 years ago and for health reasons he's pretty much a stay at home person.

Female, 65-79 y.o.



Financial Barriers to Engagement

According to the Federal Reserve's *Insights into the Financial Experiences of Older Adults Forum Briefing Paper, 2013*, 31% of older adults in their 60's and 19% of adults 70 and over experienced a major financial crisis within the last three years. For adults in their 60's, 44% reported an unanticipated health-related expense. This figure drops to 24% for adults 70 and older, partially due to eligibility for Medicare coverage. Most adults live on a limited income and unanticipated financial crises often have lasting effects.

Although most informants did not explicitly describe their financial concerns as constraining their social engagement, it is implicit that health care needs must first be met before income is available for social activities. Green Valley older adults described several financial challenges that could potentially limit the resources available to use socially:

- Costs associated with insurance companies denying coverage for a necessary service;
- High insurance co-pays;
- Limitations of Veterans Administration health coverage; and
- High costs of services and products such as airline tickets and medical alert systems.

The VA costs us more than to go to a private physician where we don't have a co-pay. If we go to the VA they want money up front...His income is too high, we don't qualify for no co-pay.

Female, 79 y.o.

I would like to know, basically, like the stages in life. You're going to get sick, you're not going to be able to drive anymore, you're going to be confined more to the house. The next step is what? The next step is what and how am I going to handle it financially?

Male, 70 y.o.

I'm getting to the point where I need some help other than ...you know...paid household help that I have to pay. A lot of my perception is...for some kind of help is that there is an income requirement and while not rich I'm not low income either. You have too much money to get free services.

Female, 66 y.o.



Social Barriers to Engagement

The informants mentioned a range of social barriers to being active and engaged with friends and others in the community. In some cases, social isolation may result from a “falling out” with a relative that leads to the ending of communication with them. Others mentioned a weakening of ties with old friends. Some informants also related that social anxiety inhibits them from reaching out to form new relationships.

I belonged to a singles group until Monday, I quit...You've got a lot of women together, men do not really fit in there. It should be a woman's club...I have only twice approached women as far as going out. Not dating in the future or something like that, that's an absolute zero. They have a club, and a clique. Their friends. That's where the communication is lacking. I don't have friends with guys that share information, whereas women share their information.

Male, 70 y.o.

I'm not very connected with family right now. I had an out with my mother, who is ___, and I think she's getting Alzheimer's. The last couple of times I've tried to talk to her on the phone she's a little bit confused and very mean. The last time I talked to her was ___ and I just kind of backed off.

Female, 65+ y.o.

She doesn't have connections to people in community. Just her sister in _____. She has a son in _____ and he usually calls on mother's day, that's it...We tried to go have lunch at Casa. Trying to figure out how to meet people. But everybody would just eat and go.

Male (caregiver), 86 y.o.

Friends with whom I was extremely close before we moved down here, the friendships ...dissipated...There's a remoteness and loss of connectivity that you used to have. Of course, you make new friends where you've moved, but that can be kind of difficult.

Female, 65+ y.o.



Other Barriers to Engagement

Green Valley older adults who participated in focus groups or interviews often had other unique, yet important, reasons they felt less likely or able to become involved in the community or stay connected with friends. These issues included:

- *Agency Policies:* Several informants identified agencies with policies that restrict membership or access to services, including Green Valley Recreation and Veterans Affairs.
- *Time:* Some informants mentioned that they don't have enough time to participate in the activities they want to, frequently due to care giving responsibilities.
- *Interest:* Several informants expressed lack of interest in activities that are available or a lack of motivation to join in those activities.
- *Weather:* A couple of informants feel cold winters make it more difficult to enjoy outdoor activities.
- *Computer literacy and computing resources:* One participant noted that sometimes older adults are unable to access online registration forms for activities and events due to lack of computer literacy, and another participant felt limited by the number of computers at the library, especially during the winter when more people from out of state use the facility.



Services/Assistance

What are the Services and Assistance Currently Used by Green Valley Older Adults?

Research by Chen and Berkowitz (2012) indicates that the type of services older adults use may relate to how long older adults are able to live in their home. For example, older adults who use services such as physical therapy and skilled nursing care may be able to remain at home longer by proactively integrating these specialized services into their lifestyle, delaying the need to move to an assisted living facility. Older adults who use services as a matter of personal choice, for example, personal care services, and senior centers, may be better supported to stay in their homes longer since they are connected to a support system before requiring more complex care. Generally speaking, connecting to services earlier rather than later is associated with living at home longer.

Many of the Green Valley older adults reported using some form of assistance or service, either as a matter of personal choice, as prescribed by a professional or during an emergency. The table below summarizes the types of services mentioned by participants.

Services and Assistance Currently Used by Green Valley Older Adults

House Maintenance/Cleaning	Health care equipment
Personal Care Assistance	Health education or screening services
Specialized health care, e.g. hospice, physical or occupational therapy	Specialist medical appointments
Fire Department services	Hospital emergency services
Community meals (group or delivered)	Phone check-in service



Services Not Related to Health Care

A number of older adults utilize a housecleaning service. Other services the informants use include home repair and safety improvement, yard work, equipment, personal care services, meals at Casa, and receiving a daily phone “check in.” Although some of the services that older adults use are not directly related to their health (e.g., yard work), they may require those services because they have a health problem that prevents them from doing a chore themselves or no time available to do the chore due to caregiving responsibilities.

I just had Valley Assistance Services come because I went through the Balance Program. And they had put a new smoke alarm in for me, told me what to do to make my house safe. And they're going to put the key box lockbox in so if the fire department comes and needs to get in they won't have to break my door down. They did a lot for me just by coming in...They put strips in my bathtub.

Female, 65+ y.o.

I have a housekeeper 3 mornings a week. A woman. She cooks, cleans, takes me to the doctor if I schedule it that way.

Male, 83 y.o.

Friends In Deed calls me every morning.

Female, 65+ y.o.

Well, I don't have to cook a lot if I can get into Casa every day because I go there 5 days a week and get my main meal there.

Female, 77 y.o.

I have a handyman. I found him through the neighbor across the street who was doing her landscaping. And then I asked him to do some jobs and I found out he can do other work. Matter of fact, he told me he can do my tile floor. He has a friend, Hispanic fellow, and very good hard worker. So he does my work that I can't do.

Male, 70 y.o.



Health-Related Services

Most of the Green Valley older adults access health-related services on a regular basis, and many spoke of needing specialized care for themselves or a spouse. For caregivers, the line between a health-related and non-health-related service is somewhat blurred – they need outside assistance in helping a spouse or significant other with basic daily activities like bathing. A number of informants mentioned having borrowed or rented health care equipment from a social service agency or for-profit company.

Fortunately I found Seniors Helping Seniors. They found another lady in our community. So I just got her going 3 days a week for 4 hours. She helps _____ with a foot bath a bubble bath and helps her take a shower.

Male, 86 y.o.

I had help from La Posada with this program that they have where they help figure out what your balance is. They have a real expensive machine that they use to help evaluate...I've had that at Community Connect. And there's a program called SHIM [fall prevention program]...I've taken advantage of that.

Female, 72 y.o.

Friends In Deed when my husband had his hip replaced. We got the walker, the toilet booster, the cane. Things you can borrow.

Female, 66 y.o.

Right now he has a wound to take care of and we are going to Tucson cause there's no one in GV that will do wound care. He has 2 different specialists, usually quarterly. He has a monthly change.

Female, 65-79 y.o.



Emergency Services

Older adults most commonly reported using the Green Valley Fire Department for emergency services. A few informants mentioned Fire Department personnel helping them or a spouse get up off the floor after falling. Other types of help included transportation to a hospital, removal of a rattlesnake, replacement of fire alarm battery, giving food to counteract symptoms resembling low blood sugar, installation of a key box on the outside of a house, and first aid for choking on a chicken bone. Several informants emphasized the short response time in which Green Valley Fire Department can respond to an emergency in their home.

Green Valley Fire Department is 3 numbers away and they're at your door in less than 8 minutes. They assess your medical situation and either stabilize you or transport you. They've done it in the past for both me and my wife.

Male, 74 y.o.

[The Fire Department], oh yeah, it's my school bus! If an emergency arises, or what we think is, they are excellent. They're 4 minutes away. I do a lot of falling...I've been very fortunate so far, haven't broken anything...They send a very well equipped ambulance. They take me to the Emergency Room.

Male, 84 y.o.

Sources of Services

Formal organizations or professional supports offer a broad range of structured services for older adults. Informal arrangements with friends, family and neighbors, can help meet daily living, social, and emotional needs. However, many older adults may not live near family members or close friends.



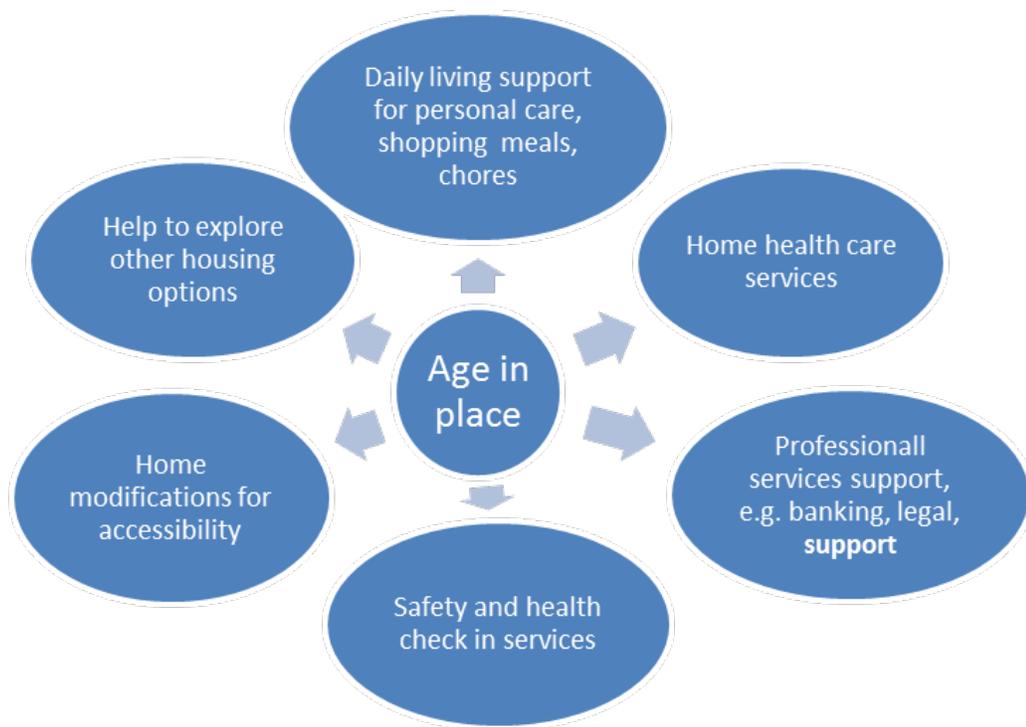
Psychological factors, including assertiveness, control, and trust may influence whether an older adult reaches out to an organization or their neighbor for help (Zarit & Pearlin, 1993). Many older adults eventually use services/assistance from both formal organizations and informal arrangement, establishing a broader network of supports over time.

Almost all individuals in the focus groups and interviews mentioned one or more formal organizations they utilized for help. A much smaller number mentioned using friends or family members for instrumental help such as housecleaning, transportation or personal health care. The graphic below shows the range of formal and informal sources named by informants, with larger words reflecting the most frequently mentioned sources.



Services that will be Essential to Age in Place

Communities across the United States are facing the need to implement strategies to assist the growing population of older adults remain in their home. One such strategy is making a community “elder-friendly.” Alley et al. (2007) have defined an elder-friendly community as “a place where older people are actively involved, valued, and supported with infrastructure and services that effectively accommodate their needs.” The World Health Organization has developed a checklist of 84 essential features of elder-friendly cities that include features related to outdoor spaces and buildings, transportation, housing, social participation, respect and social inclusion, civic participation and employment, communication and information, and community health service (World Health Organization, 2007). Increasingly, internet-based technologies and mobile devices are increasingly serving as tools for aging in place (Center for Technology and Aging, 2013).



Green Valley older adults identified a number of services they will need to remain in their homes as they age. A number of informants anticipate needing help with daily living activities in the home, such as housecleaning, doing laundry, bathing, and preparing meals. Home health care was another service mentioned as being essential for staying in the home as one ages. For caregivers, home health care was also seen as a service that in the future would delay having to put a loved one into an outside care setting such as a nursing home. Beyond services needed inside the home, older adults spoke of needing future assistance with chores, such as banking and shopping out in the community. Informants spoke of such services in two ways: needing transportation so they could do chores themselves and having the chores done for them. Other services that might be useful in the future included a medical emergency alarm worn on the body and a service that checks in on a daily basis to make sure an older adult is not ill or injured.

Older adults in Green Valley foresee needing to make changes to the physical surroundings inside and outside their home as they get older. One informant wondered whether she would need to have a walk-in bathtub installed in the future to for safer access to bathing. Another speculated he might need to install a ramp outside his home's entrance to enable him to enter and leave his home in a wheelchair and rails for holding to as he moves around his house. A few informants mentioned that they had already begun to proactively make such physical changes to their living environment, having removed a loose rug that might cause them to slip and injure themselves, covered a tile floor with carpeting to provide cushioning against a future fall, or installed a house alarm and good exterior lighting.

Some informants have already taken active steps towards ensuring they will be able to age in place. One described how he has researched nursing home options for himself and the woman for whom he is currently a caregiver and that he had already given a son power of attorney to act for him in the event he is no longer able to. Another, who had recently suffered a heart attack, already has a son helping him stay in his home. The son has promised to continue to help him in this way until his health requires a higher level of care, at which time he would help him access a VA facility.



For some, “aging in place” may mean moving to another living space in Green Valley. One informant mentioned that she and her female friends have discussed moving with their husbands to La Posada when they get older. Another informant had already moved to La Posada, with a vision that the services for older adults it offers would enable her to stay in her home until she was ready for hospice. A second informant had also already moved to a community that offered amenities and services, albeit not to the degree of La Posada, that would make it easier to age in place.

Although many of interview and focus group participants had explicit ideas about the kinds of services and arrangements they would need to age in place, a few shared that people they had known or currently knew would not acknowledge or had not realistically planned for such needs. Others mentioned that they were considering an alternative to aging in place: moving elsewhere where they would have more social support or better transportation options.

I have a son in ____ with power of attorney and he has power of attorney for _____. I'm choosing to see who has the best nursing home right now... because that would give him the chance to fly out.

Male (caregiver), 86 y.o.

Certainly home health care services and food and transportation... Because my husband is older than I am, it would be wonderful if I could have those kinds of help so that we could both stay in our home. Chore services, we have a house keeper but at some point in the future driving and chore services as well.

Female, 65-79 y.o.



I'm only 66, so you know, hopefully I won't have those needs for a while. But I never had any children. If I wind up alone, all I have is a sister. And she's back east and she has her own issues, and she will never come out and take care of me...I am going to be somebody totally on my own and I would like to see such a thing as a health advocate who actually works for you and with you...So they don't have any conflict of interest, or something.

Female, 66 y.o.

Well if I had a fall or some catastrophe I would need to be transferred to assisted living and that is what they promise here at La Posada. You are promised you will get assisted living or hospice care until you leave this earth.

Female, 80+ y.o.

As time goes on I am trying to keep myself educated of what is available so that when necessary I will know where to go to get help... And we talk a lot about the next step and what's coming next. How much longer will be able to stay where we are. That can all change real quick.

Female (caregiver), 65-79 y.o.

I have a good friend in _____. I've even been thinking of going up there because she lives in a small town of 8,000 people, which would appeal to me because I grew up in a small town and I love small towns. And Green Valley has gotten so big it's not the same anymore.

Female, 77 y.o.

I think some sort of insurance based home care. Not based on income. Those kinds of things are not readily available. So you have to go dig around and find that primarily with family...Some sort of reasonably based care to watch over someone while the partner is allowed to grocery shop and pick up medicine, etc.

Male, 74 y.o.



Reasons for Choosing Service Providers

Older adults reported two primary factors they consider when choosing service providers - the integrity of the provider and how much the service will cost. Informants sometimes linked the two factors. Other descriptions included “reliable”, “attentive”, “a good human being”, and “honest”. Financial considerations mentioned by informants emphasized two general themes: 1) fear of being misled or taken advantage of by providers, and 2) desire to compare the costs or worth of services.



And that's going to be a big thing in the future. How do you find someone to find someone responsible and who won't take advantage of you to do services to keep up your house.

Female, 74 y.o.

And then of course, you want somebody who is reliable and honest and you know that you can count on because you're comfortable with them.

Female, 65+ y.o.

A really good human being who is willing to help someone stay in the home.

Female, 65+ y.o.

It needs to come from a reliable, respected source. There's a lot of people who provide care services without the knowledge and resources.

Female, 65 y.o.

Gaps in Services

Many Green Valley older adults reported service gaps related to health, information and referral, or transportation. As the literature cited above demonstrates, the ability to access needed services is vital for aging in place. Informants' comments provided in other sections of the report also touch on the same issues.

Gaps in Health Services

Several informants mentioned health related services that are unavailable or in short supply in the Green Valley area.

- Specialists
- Advocates
- Nurses
- Hospital/ emergency room in Green Valley
- Health care equipment

*I was trying to get physical therapy for him, a rehab type. Nobody in Green Valley would accept him...It meant driving back and forth to Tucson, daily.
Female, 65+ y.o.*

It takes a long time to get results from medical tests from doctors, there needs to be an ombudsman or someone to call that will seek out the information.

Male, 80 y.o.

*I'm going to be somebody totally on my own and I would like to see such a thing as a health advocate who actually works for you, and with you.
Female, 65+ y.o.*

Well there is a need for respite care and places that have home care. They don't have room for them or the facility or the interest.

Female, 65+ y.o.



Gaps in Transportation Services

The number of older adults who outlive their ability to drive is increasing, resulting in more and more people who need to find alternative means of transportation (Foley, Heimovitz, Guralnik, & Brock, 2002). Getting around in the Green Valley area presents a unique challenge for residents as there is no local bus service, few taxi services and limited shuttle transportation to Tucson, Arizona, the nearest large urban center.

According to a report published by the National Center on Senior Transportation, many older adults may not have the financial resources to purchase rides or the social connections to ask for rides from friends and family (McCarthy, Lucinda, & Wolf-Branigin, 2010). As a consequence, older adults risk social isolation and reduced access to necessary services and leisure activities.

Many of the Green Valley older adults mentioned a transportation challenge they had already faced or might face as they aged. Informant comments in other sections of the report have similarly described such challenges. Informants also spoke more generally about the limited availability of certain types of transportation available in the community.

- *Community and Mass Transportation:* Several informants felt Green Valley would benefit from expanded general bus services.
- *Hospital and Appointment Transportation:* Informants discussed challenges with returning home after a trip to the emergency room and finding transportation to and from medical appointments.
- *Door-to-Door Service:* Other informants discussed the need for door-to-door services, either offered by an agency or through a taxi company.

Transporting pets can also be a consideration for some older adults. As one informant noted: "My biggest problem in the future would be that I have a big dog. That will stop me from selling my bigger car because I need to get my dog to the vet once in a while."



They do have scattered services here in GV. They have people that will shop for you...provide transportation, for a price, to the airport or events in Tucson. But that is scattered services, not one that will perform multi functions. Female, 80+ y.o.

One thing is transportation. That's a difficult issue. Because how do you provide easy transport for people that need to be picked up at the door? But I see that in distant future.

Female, 72 y.o.

I don't know how, in a community like this, where people constantly fall off the driving wagon, you know. They are not driving any more. They need door-to-door service available that is affordable.

Female, 65+ y.o.

We had some transit come in to pick up [my friend], that I take to lunch now. But they came to get him once or twice and they said, 'No, we have to have more people than just one person in your development.' So that was it.

Female, 80+ y.o.

When a patient has an emergent need and transported... unless they have family or financial support, or a close neighbor, they have no way back from emergency room. They are stranded.

Male, 74 y.o.

Gaps in Other Areas

Other gaps reported by informants include a 24-hour pet hospital and pet care for people who must spend time in a hospital, access to food stores that specialize in healthy food (e.g., Trader Joe's), a widely available grocery delivery service, a place to sit around and talk with other older adults, and a co-housing living option for older adults who do not want to live on their own and do not require extensive health services.



Information Sources

How do Older Adults in Green Valley Obtain Information about Services They Need?

One of the important first steps in the design of any new navigator type of service focuses is understanding where older adults currently get information to make health care and service decisions. Green Valley adults who participated in this study identified a number of sources, as shown in the table below.

Word of mouth	<ul style="list-style-type: none">•Neighbors•Realtor, housecleaner•Family member•Fellow volunteers•Health fairs
Printed media	<ul style="list-style-type: none">•Phone book•Newsletters, church bulletins•Flyers•Newspapers and magazine
Electronic media	<ul style="list-style-type: none">•Radio, television•Angie's List•Documentary films
Professional sources	<ul style="list-style-type: none">•Doctors•Fire Department presentations•Community Connect•Library•Pima Council on Aging•Disease Support Groups



“Word-of-mouth” appears to be the most common methods employed by older adults in Green Valley to get information they need, especially information about services for their home and health. Neighbors are a common source of referrals for services like housecleaning, home repairs, and landscaping. Informants also mentioned finding a housecleaner through their realtor, a nurse they know, a daughter, a fellow volunteer at a non-profit, and a community member with whom they were sharing a hot tub. Other sources of information about services for the home were the newspaper, flyers posted in the neighborhood, the phone book, and Angie’s List. Some informants shared that they had been sources of information for other people – two mentioned referring people to Valley Assistance or Friends In Deed, local non-profits that provide various types of assistance to individuals in need. For sourcing news and other types of information, the older adults mentioned newspapers, radio, television, newsletters and bulletins from organizations, and presentations by the Fire Department.

The nice thing about going to Casa is the meals...you not only meet and socialize but we also have programs and speakers but we get information from each other.

Female, 77 y.o.

I found her [housecleaner] through one of the co-workers down at the Animal League. Pretty much all of Green Valley is word-of-mouth.

Female, 65-79 y.o.

We just call the handy man to come in. You ask around. Some are good and some are, just forget about them.

Female, 72 y.o.

Everyone in Green Valley gets a book with information about comprehensive services. If he needs medical information he asks nurses. He has connections to people to reach out to.

Male, 80 y.o.



Green Valley older adults reported looking to their doctors and other health professionals for information about their health. However, several informants also mentioned going on-line to get information or other resources related to a health condition afflicting them, their spouse, or a friend. One took an on-line program on Parkinson's disease while another used an internet search to locate a cancer support group that she attends. However, despite reports of using computers for researching health issues, according to one informant, "There certainly is a huge digital-generation divide here between retirees who are computer literate, including all of our adult children, and those who can't even use computers on a basic level for Internet or e-mail." This comment is consistent with the findings of a 2005 Kaiser Family Foundation report that found varied levels of internet usage by seniors, based on income, education level, age, and gender.

Other informal sources of health information include friends, Community Connect, Pima Council on Aging, disease support groups, magazines, the library, health-related presentations and fairs, and documentary films.

For example with my husband's hip replacement, the doctor and physical therapist provide plenty of info. And with the [health issue], the doctors and specialist and even pharmacist were incredibly helpful and supportive. Nevertheless, we checked things on internet.

Female, 65-79 y.o.

Well, I depend on my primary care doctor to advise me...I went to La Posada, they got a couple programs that I tried. And Seniors Helping Seniors, that kind of thing...I went into [Community Connect] and they gave me a list of agencies to try.

Male, 86 y.o.

I have gone faithfully to the health and wellness fairs and we do have speakers here on campus and I attend those.

Female, 80+ y.o.

So the Pima Council on Aging is an invaluable resource for those health care decisions. I've sat down with them because there was a lot of conflicting information whether you were Medicare eligible.

Male, 74 y.o.



Conclusions and Discussion

This study provides a useful snapshot of the perspectives, concerns and suggestions of a selected group of older adults in Green Valley. While these results cannot be generalized to the entire community population, an examination of the older adults' comments reveal themes very similar to those found in other recent studies and literature about aging in place.

The results presented above point to the need for a comprehensive approach to addressing the needs of older adults as they age in place. Older adult service providers face challenges in providing information in a coordinated and proactive manner, determining the breadth of services needed, and determining the most beneficial way to engage older adults in the service. There is also a complex array of barriers to meeting the needs identified by older adults.

Based on the results of these focus groups and interviews, the following observations and recommendations are made regarding the needs of older adults and the development of services to support them aging in place.

Build on strengths and existing resource systems, including natural helping networks as well as organizational supports when planning services.

Study participants identified a great number of clubs and groups to which they belong that can be familiar sources for outreach and promotion of services and education about aging in place. While many of the study participants were socially engaged, they also reported difficulties in staying engaged and some worried about decreasing social connections as they age. Many of the older adults in this study did not have relatives close by to provide daily living support, although many receive emotional support through electronic methods. Many of the older adults in this study use friends and family members as primary sources for information related to services they might choose to use. For example, neighbors and friends are often the first source sought out for opinions on who to use for home maintenance. More formalized supports such as doctors, Pima Council on Aging, or Friends In Deed are used more frequently for health related questions and needs. Development of any new services should take into consideration how these various types of support systems can be included in a resource network provided to older adults.



Address gaps and barriers.

As described above, social engagement is important and desired by older adults, and research has established the link between social engagement and better health as one ages. One of the critical impediments to social engagement identified in this study is affordable, efficient, and readily accessible transportation for both social and health care needs. While the Green Valley Fire Department is seen as very responsive and often provides transportation to emergency rooms, there are few options for transportation to less critical health needs, such as transportation back home from a doctor appointment in Tucson. In order to proactively address health concerns *before* they become an emergency, better transportation is needed.

Several adults in this study pointed out the need for more health care specialists and readily available (e.g., not just a few days per week) health care services in Green Valley. The availability of health care specialists may improve with opening a new hospital in the community in the near future.

Some of the study participants reflected what is a growing problem for all older adults – making sense of the maze of information related to health care, aging, social activities, educational events, and just staying in touch electronically (computer literacy). Many of the informants desired easier access to information that is comprehensive, although a variety of preferred methods were mentioned: internet resources, non-electronic resource manuals, presentations and fairs, and doctors' offices. Based on these results, it appears important to design services that use many methods of communication (internet, phone, written) to impart information to individuals.

Develop and implement ongoing outreach and recruitment efforts to engage older adults in the service as their needs evolve.

While study respondents had a relatively positive response to the concept of services to help them remain at home, many did not see this as an imminent need. But physical and mental status can change rapidly as one ages, so continual outreach and recruitment should be an important aspect of the service planning.



Conduct continual education for older adults regarding the process of aging in place, the types of supports needed, and the action steps older adults can take early on in their retirement years to increase their abilities to maintain a healthy, independent lifestyle.

Although many of the interview and focus group participants had explicit ideas about the kinds of services and arrangements they would need to age in place, a few also shared that people they had known or currently know had not realistically planned for such needs. Education about the aging process and actions older adults can take early on to stay engaged and prevent health problems should be an ongoing process in the Green Valley community with its continually changing population of older adults.



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