

Missoula Aging Services
2014-2015 Survey of Older Adults in
Missoula County, Montana

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A report from the

Missoula Coalition on Aging and Disabilities

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I. Executive Summary

In December, 2012, the Senior Community Health Specialist, from the Missoula City/County Health Department invited a group of Missoula professionals, who worked with elders, to a meeting to explore the needs of older adults, identify current resources and gaps, and brainstorm possibilities for healthy aging in Missoula County. The group named itself the Missoula Coalition on Aging, later adding ...& Disability (MCOAD) when, during the data collection phase of the needs assessment, Missoula Aging Services and MonTECH at the University of Montana took over primary leadership. Monthly meetings were held with representatives from many of Missoula's community-based organizations attending at different times as their schedules allowed. Minutes of the meetings were distributed to all.

An initial stated outcome for the group's work was to provide an interdisciplinary, holistic perspective of the needs of Missoula County's aging population for the Missoula City/County Community Health Assessment. Although MCOAD did provide input into the Community Health Assessment, as the group's work progressed, it became apparent that a formal needs assessment, specifically related to the aging population in Missoula County, was necessary. Even though some information was available from various data-sources, the MCOAD wanted specific information about adults age 60 or older in Missoula County, on such topics as: a) elders' awareness and use of senior oriented services, b) sources of information for older adults about service availability, c) their housing/living situations, d) caregiving status, e) functional needs to remain independent, f) health care activities in terms of health promotion and managing chronic illnesses, g) plans for care in their frail years and arranging for end-of-life wishes to be known, and h) financial concerns and needs for poverty support.

With no funding for survey development or data collection, a small committee of MCOAD members began creating a needs assessment survey (for greater detail see Survey Development on Page 4). Many of the survey results were not surprising and mirrored national statistics reported by such sources as the Centers for Disease Control and Prevention <http://www.cdc.gov/>, Healthy People 2020 <http://www.healthypeople.gov/>, and the US Census Bureau <https://www.census.gov/population/projections/data/national/2014.html>. However, the findings do suggest where vulnerabilities may exist for the older adult population of Missoula County.

These vulnerable groups fall into four categories: a) people who receive Medicaid¹ and/or self-identified as low income, b) people who are single, widowed, or divorced, c) young older adults (generally considered those age 60 -75), vs. old older adults (generally considered those over age 75), and d) men. The characteristics and needs of these groups are presented below. Please see Section VII, Conclusions and Future Directions for implications related to these findings.

Medicaid/Self Identification as Low Income: People in this group had poorer perceived general health; a large number had chronic obstructive pulmonary disease (COPD); were not current or did not know their currency related to some immunizations (TDAP, Tetanus, Chicken Pox); had not had a dental appointment in the last two years; a large proportion had been diagnosed with depression; perceived cost barriers to receiving medical care; limited activities due to fear of falling and because of poor vision; did not use a personal car for transportation; had difficulties managing their legal and financial affairs; did not have a living will; and had difficulty with home repairs, home maintenance, and snow removal. They did, however, indicate they sought health care advice from Missoula Aging Services or other organizations for seniors.

Single, Widowed, Divorced: People in this group worried about finances and about their health; had COPD; experienced transportation barriers to medical care; limited their activities due to fear of falling and because of poor vision; had difficulty with home repairs; and difficulty managing their legal and financial affairs. These people also indicated they sought health care advice from Missoula Aging Services or other organizations for seniors.

Younger vs. Older: Younger adults over the age of 60 had been diagnosed with depression; worried about finances; had had a mental health appointment in the last two years; and perceived cost barriers to receiving medical care.

Older adults had less exercise; were diagnosed with high blood pressure; and had difficult managing their financial and legal affairs. However, they were current with their pneumonia and influenza immunizations; were receiving care from a family member; had a living will; and participated in spiritual/ religious activities.

¹ In order to receive Medicaid, the countable resources of an older adult can be no greater than \$2000. Level of income criteria also are low, with determination of eligibility made on a case-by-case basis. Because of the overlap between self-identified low income and the Medicaid low income eligibility criteria, the results for the two variables (Medicaid and Low Income) were combined.

Men

Although not having as many difficulties as the other groups, men had poorer perceived general health; had poorer confidence in understanding and managing their medical conditions; worried about their own health; and worried in general about their spouses. They were, however, aware of caregiver support services.

Table 1: Vulnerable Groups: Characteristics and Needs

Groups				Characteristics and Needs
Medicaid/Low Income	Single, widowed, divorced	Young older adult	Men	
x			x	Poor perceived general health
x	x			COPD
			x	Lack understanding of condition
			x	Lack confidence in managing condition
x				Not current with immunization (TDAP, Tetanus, Ch. Pox)
x				No dental appointment in 2 years
x		x		Depression
			x	Worries about spouse
	x	x		Worries about finances
	x		x	Worries about health
	x	x		Had mental health appointment in last two years
x	x			Sought health care advice--MAS, other organizations
x		x		Cost barriers to medical care
	x			Had transportation barriers to medical care
x	x			Limited activities due to fear of falling
x	x			Limited activities due to vision
x				Lacked personal car
x				No living will
	x	x		Difficulty managing legal/financial affairs
x	x			Difficulty with home repairs/maintenance
x				Difficulty with snow removal
			x	Aware of caregiver support services

II. Methods

Survey Development

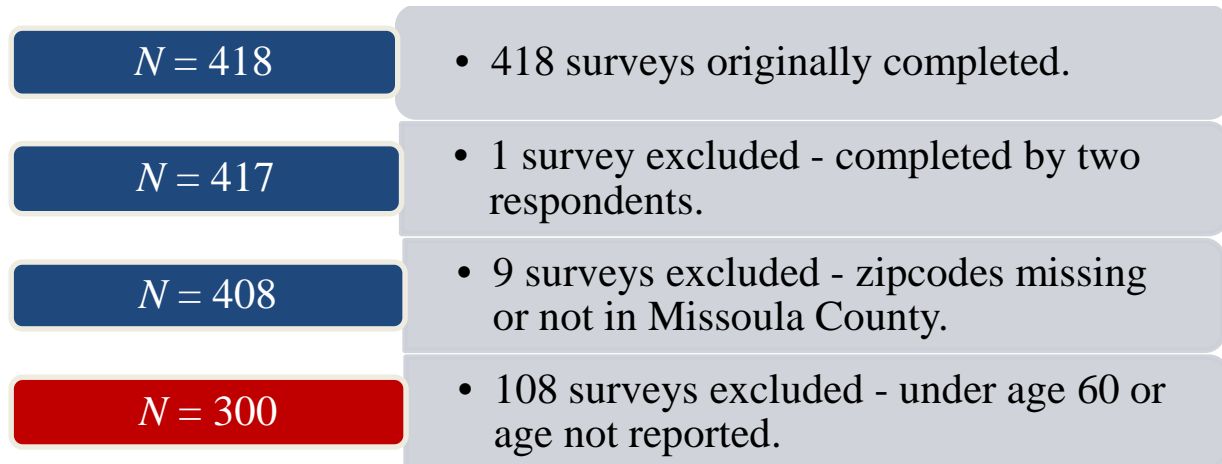
The survey used in this study was developed by the MCOAD to gauge the well-being and health needs of older adults living in Missoula County, Montana. A small committee of MCOAD members developed the survey, asking for specific assistance from other members of the MCOAD for some items. Several reviewed? iterations of the survey were then submitted to the larger MCOAD group to ensure: a) the interests of the various stakeholders were represented in the survey items, b) the intended population could comprehend the items and response options, and c) the survey could be completed in a manageable timeframe. Additional comments and suggestions were invited and changes were made accordingly. Survey development was an iterative process of adding and deleting items through discussion and careful consideration. The survey was reviewed by MCOAD members to ensure that the intended population could comprehend the items and responses and to ensure that the surveys could be completed in a manageable timeframe. The final survey consisted of 58 items that spanned a multitude of domains, including basic demographics, functional status, physical health status, mental health status, social well-being, transportation, and service and health care utilization. The survey was made available to potential participants in both a paper and an online format.

Sampling

Convenience sampling took place over a six week period beginning in October 2014. The link for the online survey was distributed through paper flyers and through listservs, websites, and social media sites affiliated with MCOAD and MAS. Paper copies of the survey were distributed by MCOAD members through programs such as Meals on Wheels. In-person data collection took place at scheduled events for older adults, including the Missoula Senior Center Flu Shot Clinic, the Missoula Manor Flu Shot Clinic, and the YMCA Senior Health Fair. Student volunteers from the University of Montana were recruited and trained to administer and assist with the survey at these events. All surveys were entered into Survey Monkey, including the completed paper copies. As depicted in Figure 1, a total of 418 surveys were completed during the designated sampling window. A total of 118 surveys were excluded from the present analysis. Of these 118 surveys, the vast majority ($n = 108$) were excluded because the

respondents were either under age 60 or because they failed to report their age. The final sample used in this analysis consisted of 300 surveys completed by older adults age 60 and older living in Missoula County, Montana ($N = 300$).

Figure 1: Sample Cleaning Process (Final Sample $N = 300$)



Variable List

As mentioned, this project explored the well-being, service use, and service needs of older adults residing in Missoula County, Montana. The following variables were included in this analysis (see Appendix A for the actual survey instrument and for response categories):

Table 2: Variables Analyzed

Demographics	<ul style="list-style-type: none"> • Age • Zip code • Health care coverage • Relationship status • Gender • Race/ ethnicity • Education level • Veteran status • Annual income • Income sources • Employment status
Physical Well-Being	<ul style="list-style-type: none"> • Overall general health • Nutritional health • Physical activity

	<ul style="list-style-type: none"> • Immunization status • Disease conditions Understanding * Managing
Socio-Emotional Well-Being	<ul style="list-style-type: none"> • General mood Worries * Depression • Social support Spiritual/ religious activities * Participation in clubs
Resources, Services & Needs	<ul style="list-style-type: none"> • Difficulties with activities needed for independence • Health care Health care advice * Appointments with health care professionals * Barriers to receiving health care • Caregiving Providing care * Receiving care • Living situation Type of dwelling * Accessibility • Transportation Modes utilized * Adequacy of modes * Barriers • Awareness/ use of services Missoula Aging Services programs * Senior Center programs * Other services in Missoula * Barriers to utilizing services * Preferred methods of learning about services

III. Considerations and Limitations

As with all studies, there are limitations that must be considered in understanding and applying the findings from this study. First and foremost, the sampling methods used in this study may have resulted in sampling bias. The convenience sample was drawn from the contact lists of Missoula Aging Services (MAS) and from attendees at health fairs and other aging-related events. As such, the sample was more likely to be: (a) familiar with the services offered by MAS; (b) utilizing the services offered by MAS; and (c) seeking services for existing conditions and, therefore, in poorer health. In all likelihood, the following groups of older adults were underrepresented in the sample: (a) older adults who were well and not in need of services; (b) older adults living in institutional settings; and (c) older adults with limited ability to travel to the health fairs and other events. The researchers also had challenges in recruiting participants from the rural areas of Missoula County and older adults living in these areas may have also been underrepresented. This sampling bias limits our ability to generalize the findings from this study to the overall population of older adults living in Missoula County.

There were also limitations that impacted our ability to analyze the data and to fully understand the concepts and questions that originally we intended to examine. First, the survey did not contain measures or scales with prior psychometric testing. The measures largely consisted of one-item probes, such as “How confident do you feel in managing your condition(s)?” Interpreting the findings from such measures should be done with caution as the results may not fully or accurately capture the breadth and depth of the target concepts (e.g., self-efficacy). Second, the response categories for many of the questions consist of discrete options (e.g., yes/no) rather than ordered or Likert options. This limited our ability to run certain types of analyses, such as measures of central tendency, comparisons of means, and analyses of variance.

IV. Results – Descriptive Statistics

What are Descriptive Statistics?

Descriptive statistics include frequencies, distributions, and measures of central tendency. Descriptive statistics provide a basic picture of what the many different characteristics of a sample, such as gender, age, race/ethnicity, health, activities, resource usage, and resource needs. These statistics are presented as charts and graphs in this analysis to help illustrate the characteristics of the older adults in this study. In the pie chart on gender distribution below, for example, we can see that 69% of that sample was female (in red), 29% was male (in blue), and 2% opted to not report their gender (in green). The number in parentheses in the title of the figure ($n = 300$) indicates that all 300 participants in this study responded to this item/question. This number may vary as some participants chose to skip certain items/questions.

Basic Demographics

Figure 2: Gender Distribution ($n = 300$)

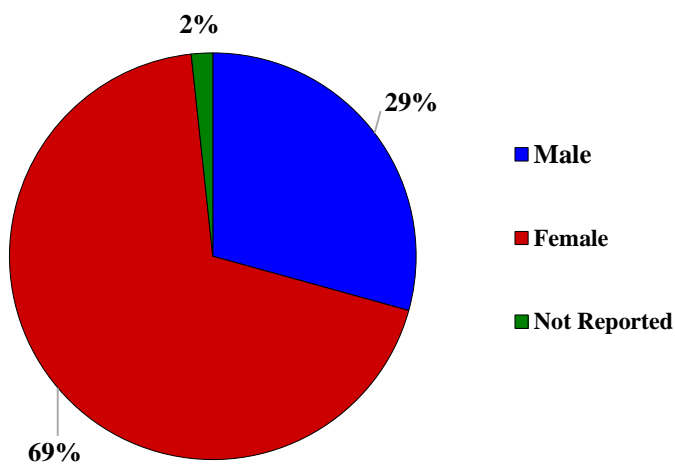


Figure 3: Age Distribution ($n = 300$)

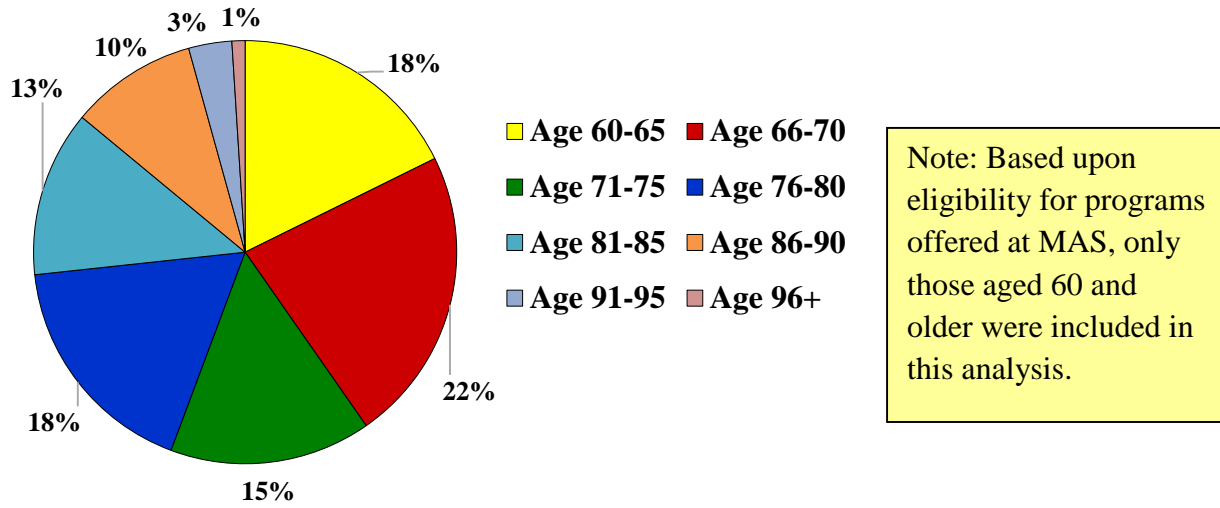


Figure 4: Race/Ethnic Distribution ($n = 300$)

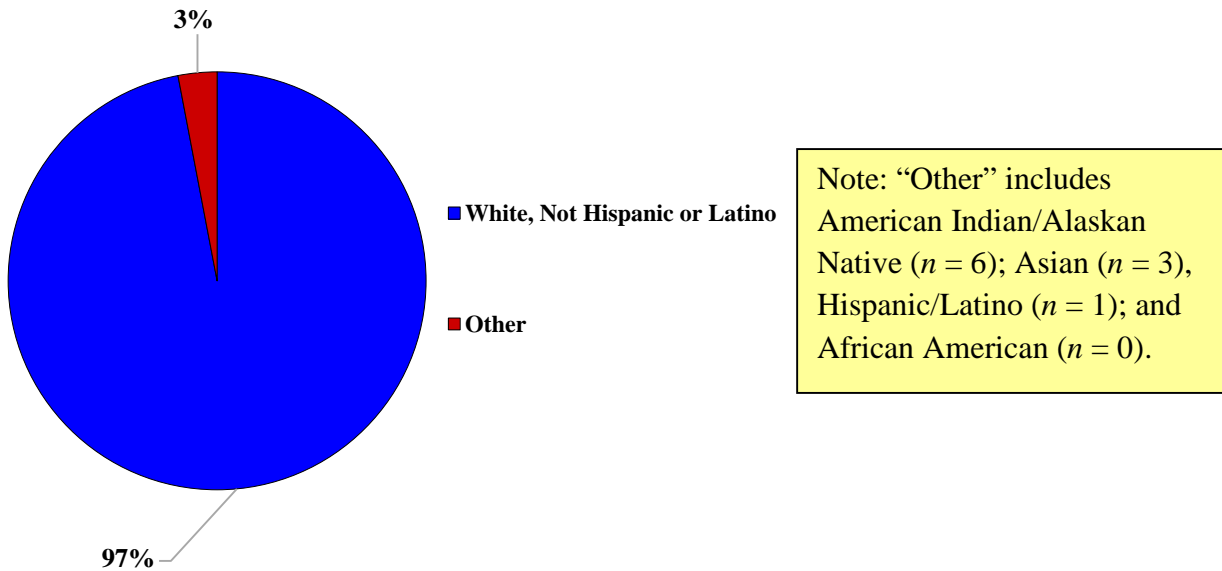


Figure 5: Relationship Status ($n = 297$)

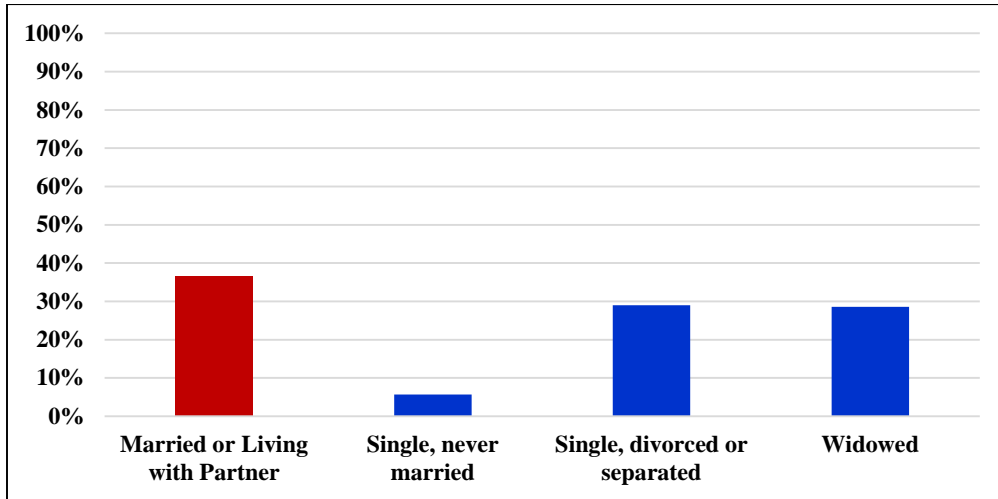


Figure 6: Living Situation ($n = 293$)

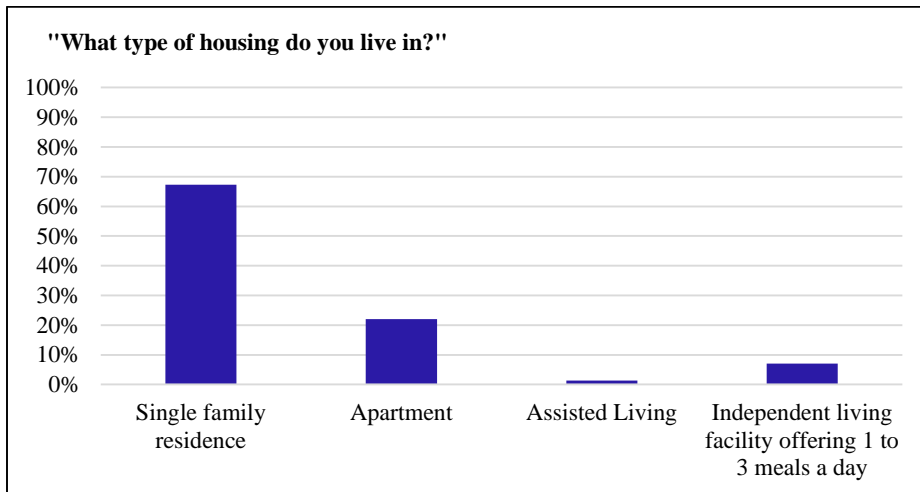
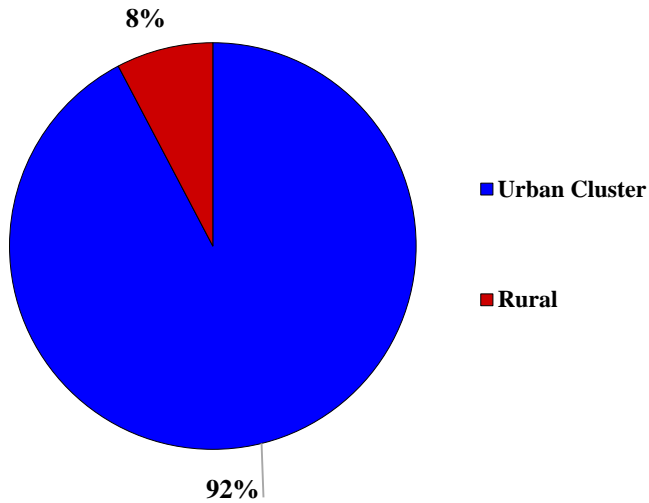


Figure 7: Residence Urban/Rural ($n = 300$)



Note: The U.S. Census Bureau defines urban areas as 50,000 or more, urban clusters as 2,500 to 50,000, and rural areas as less than 2,500 people. Zip codes were classified using these thresholds.

Figure 8: Veteran Status ($n = 277$)

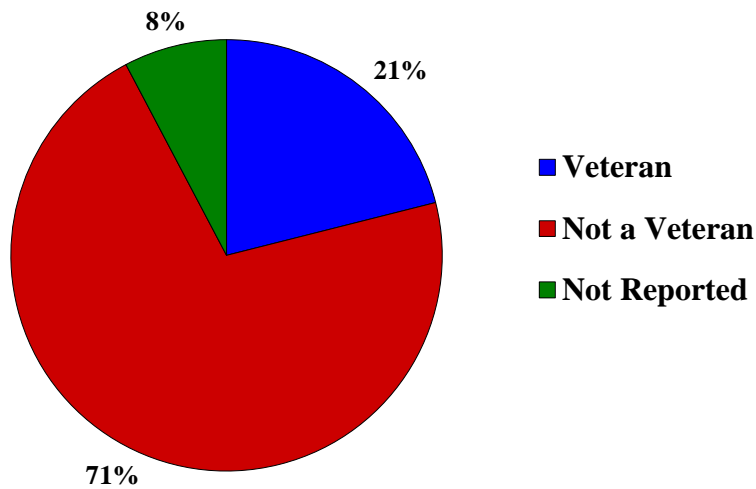
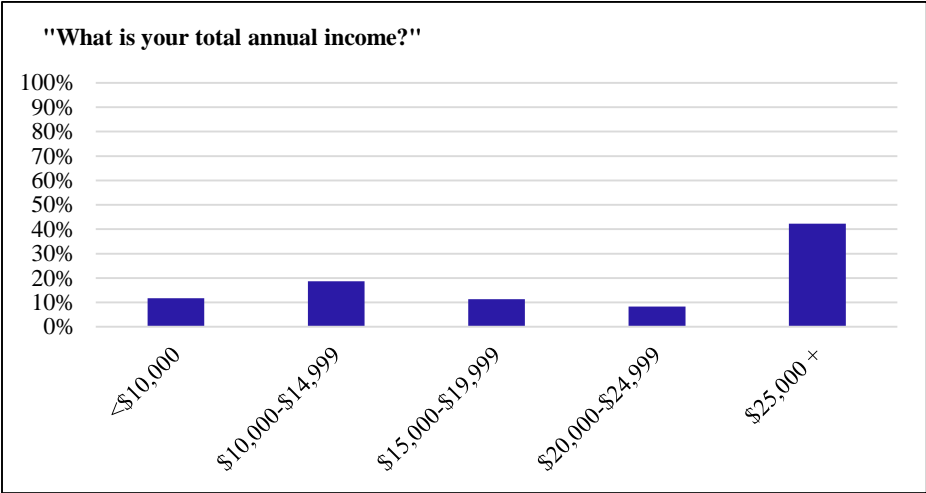


Figure 9: Income Level (n = 277)



Physical Well-Being

Figure 10: Perceived General Health ($n = 300$)

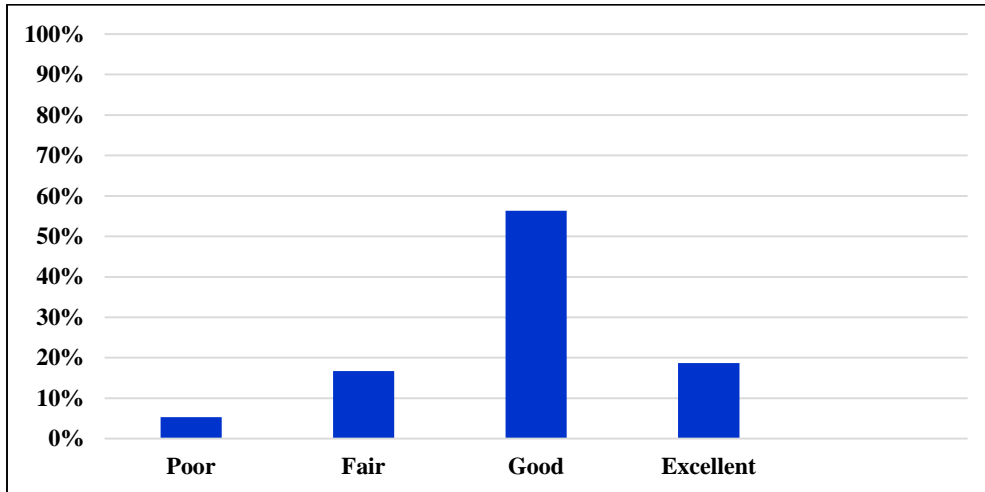


Figure 11: Level of Physical Activity ($n = 189$)

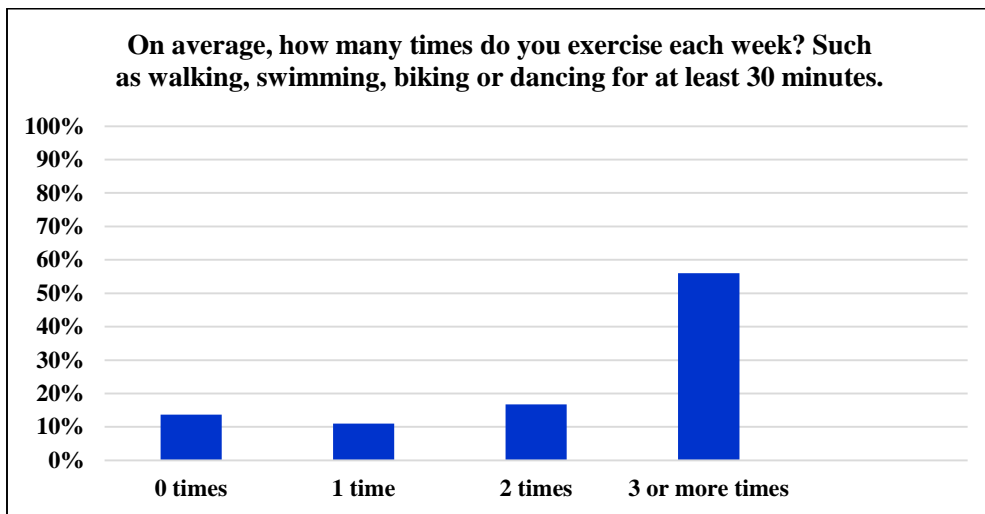


Figure 12: Diseases/Conditions – Past and Present (*n* = 35 to 148)

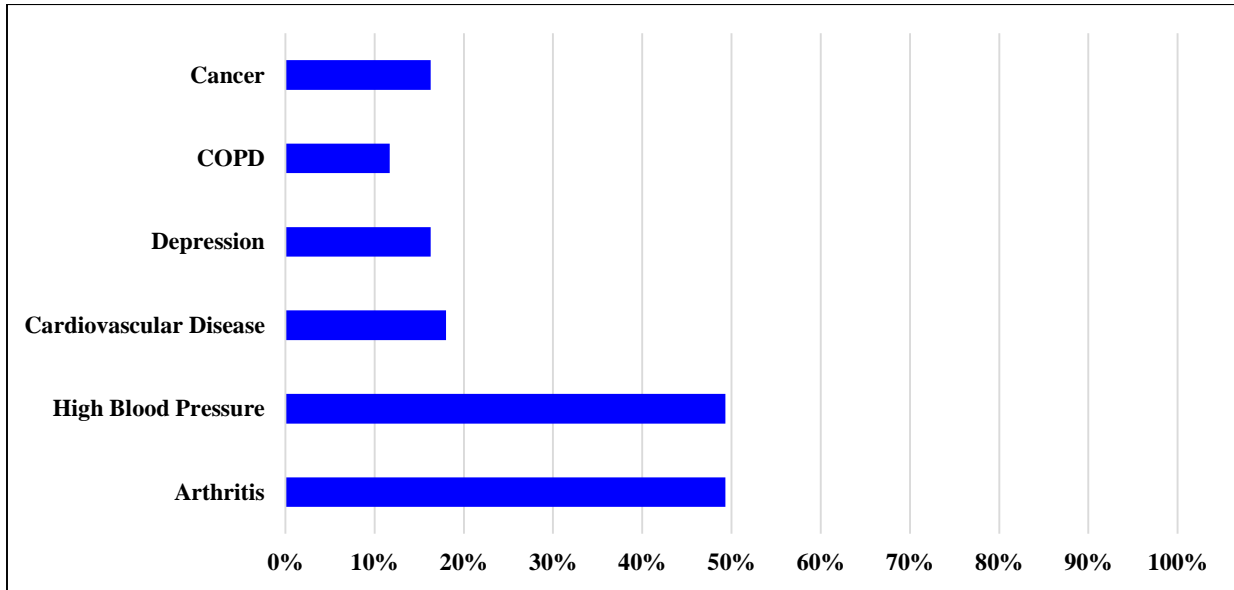


Figure 13: Understanding of Disease Conditions (*n* = 258)

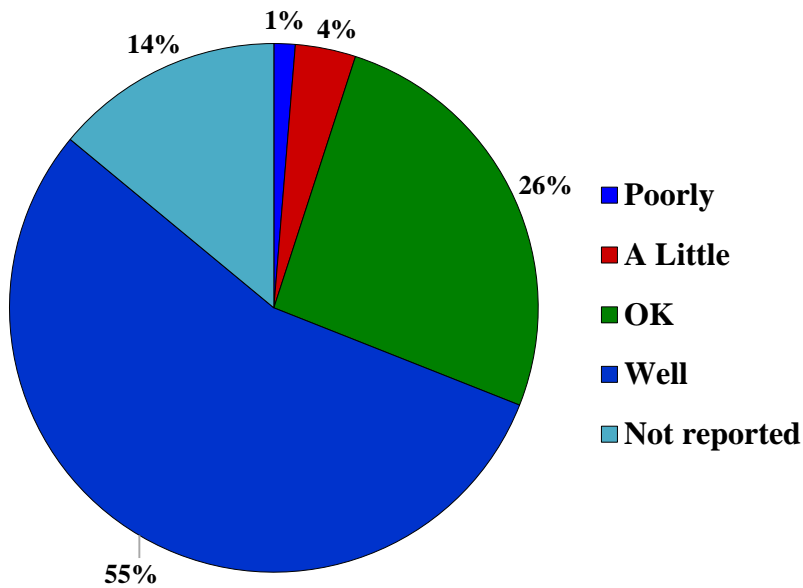


Figure 14: Confidence in Managing Conditions (n = 267)

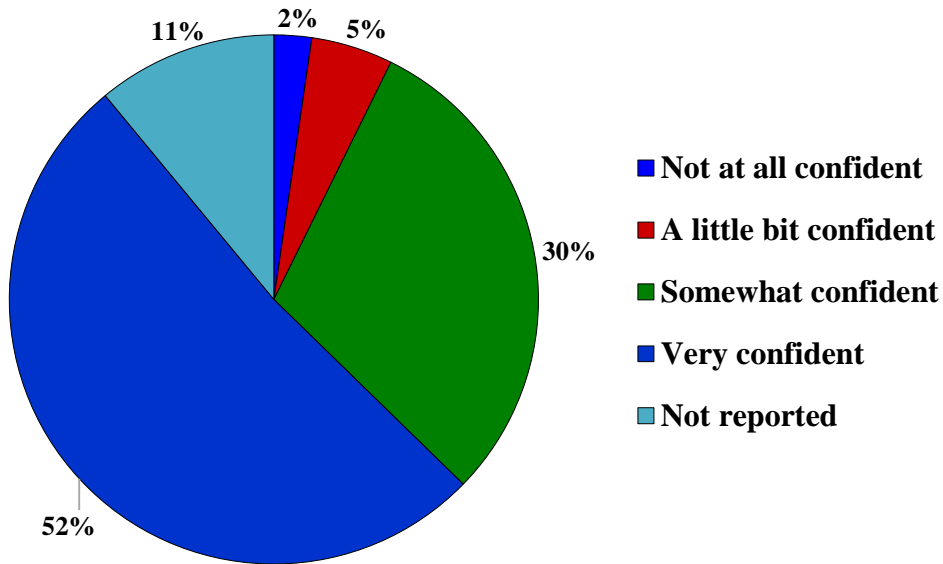
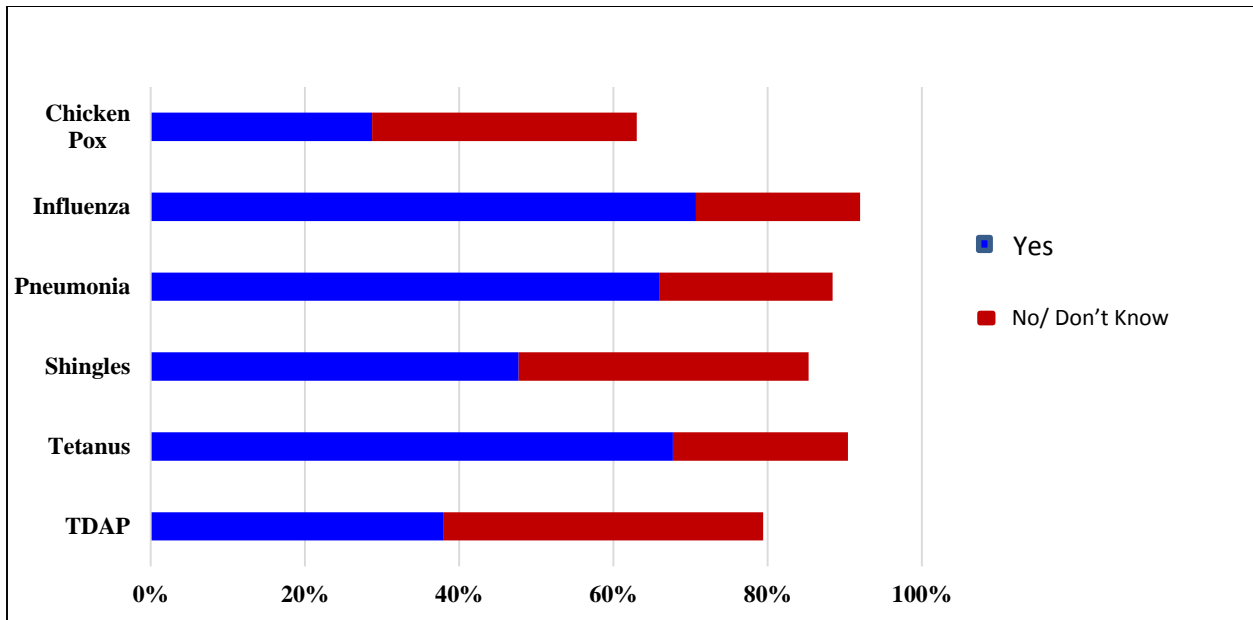


Figure 15: Immunization/Vaccination Status – Current (n = 189 to 276)*



*When *n* equals a range of numbers, it indicates that a different number of respondents answered each question.

Socio-Emotional Well-Being

Figure 16: Happy and “In Good Spirits” ($n = 297$)

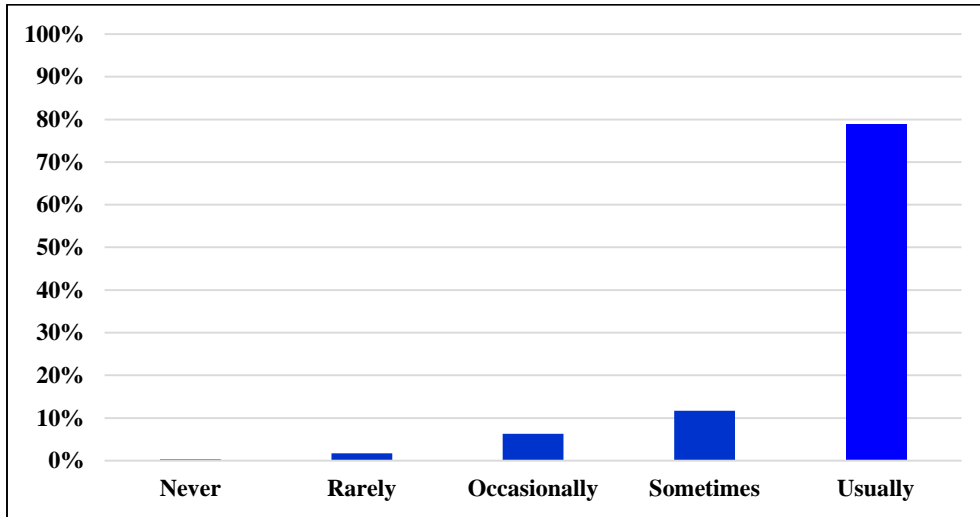


Figure 17: Number of Supportive Relationships ($n = 295$)

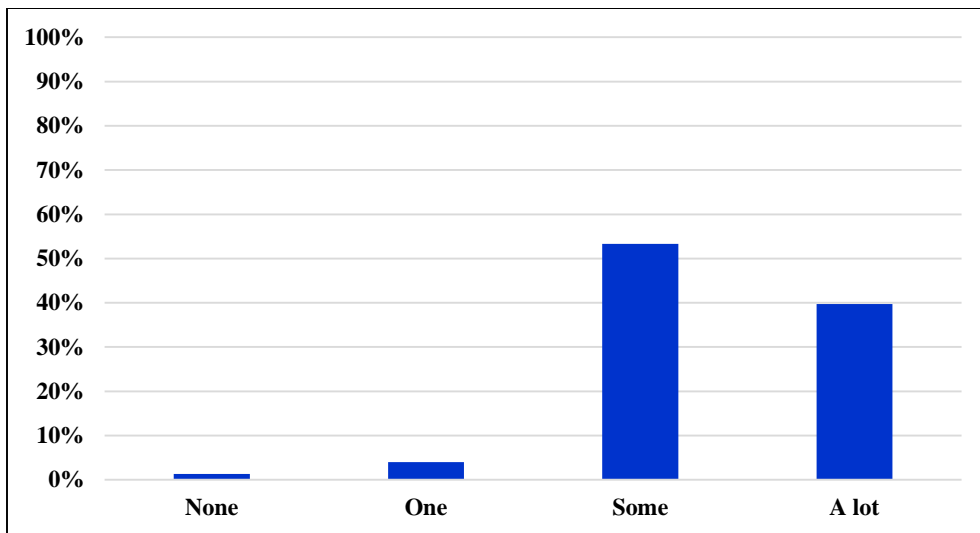
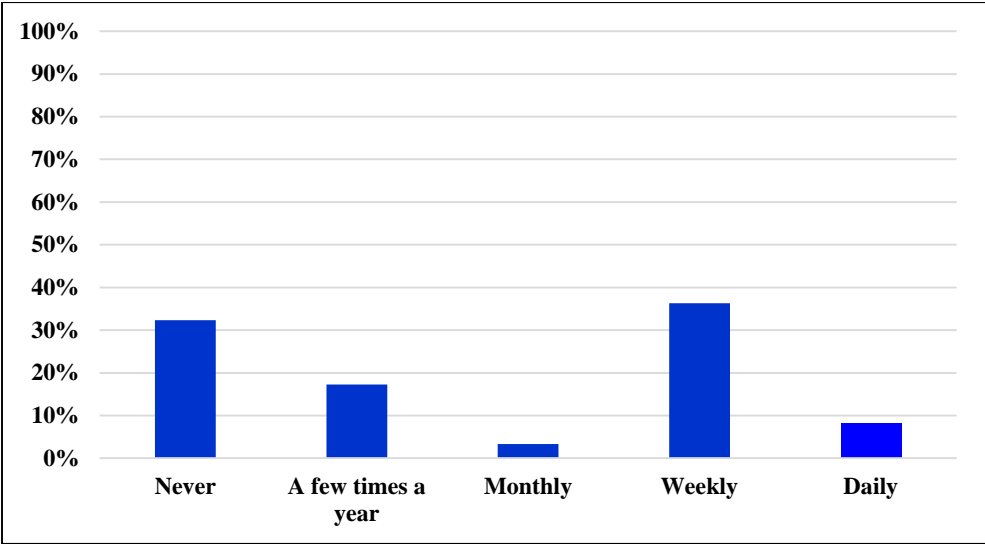


Figure 18: Participation in Spiritual or Religious Activities (*n* = 293)



Resources, Services, and Needs

Figure 19: Source of Health Care Insurance (n = 300)

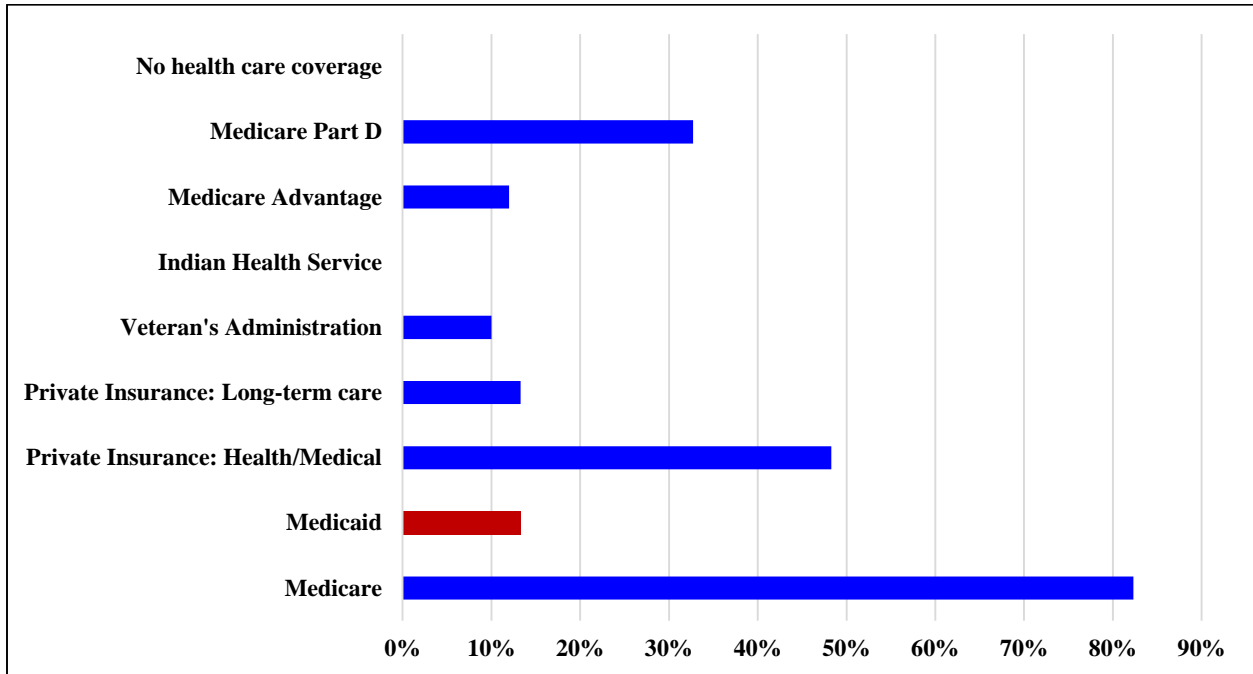


Figure 20: Appointments with Health Care Professionals

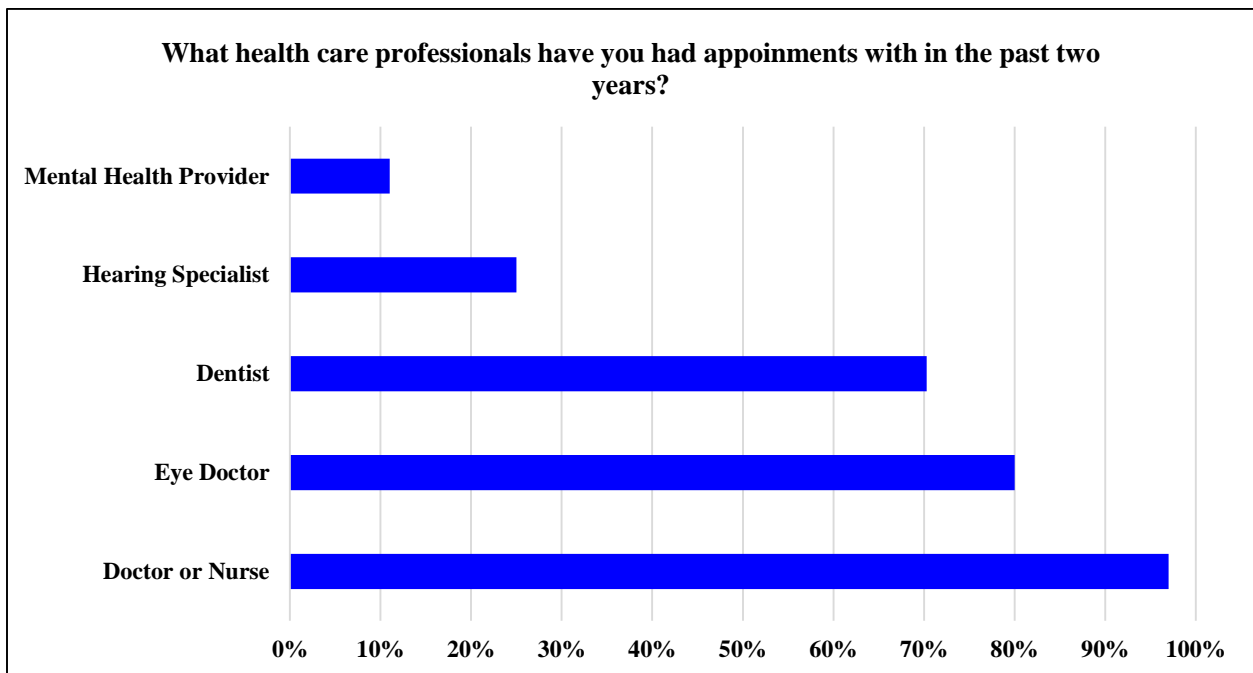


Figure 21: Sources of Health Care Advice

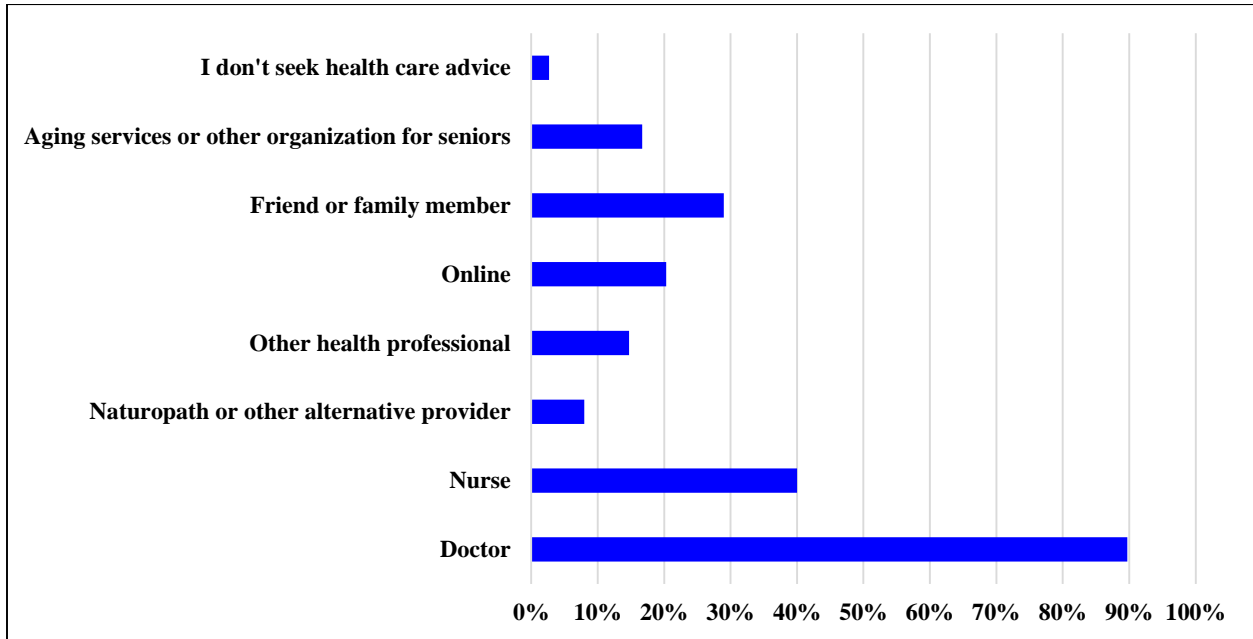
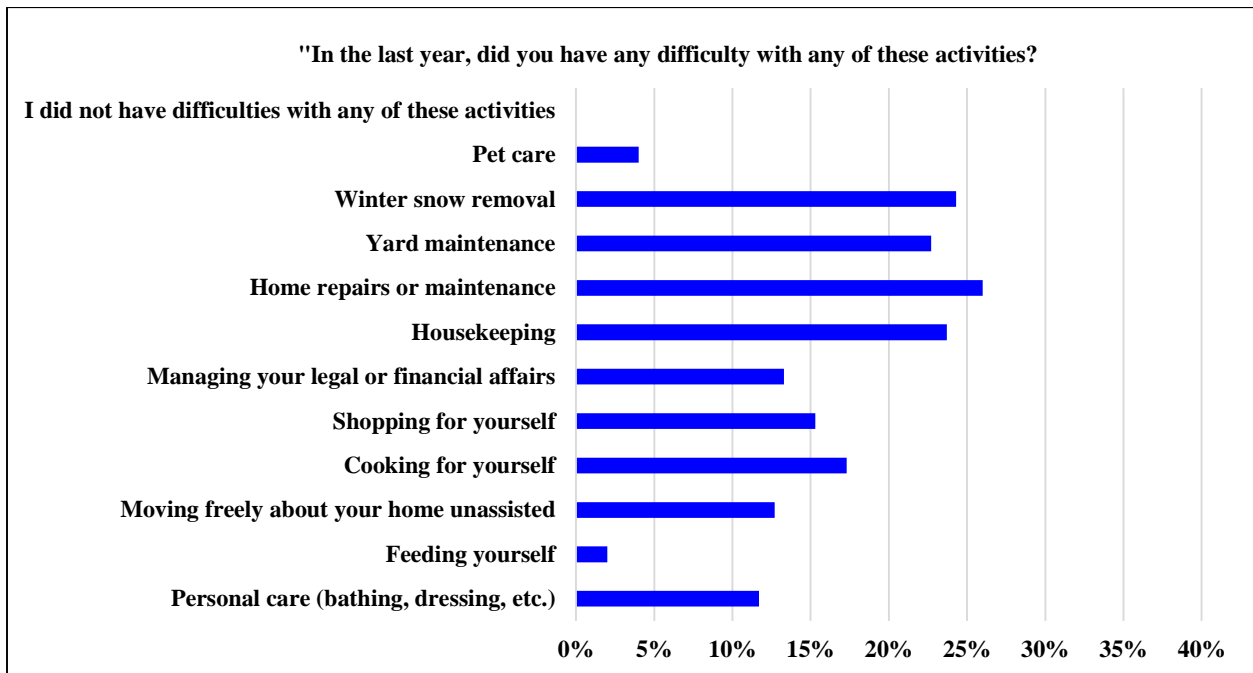


Figure 22: Difficulties with Activities and Need for Assistance/Services



All of the participants reported difficulties with at least one activity.

Figure 23: Awareness and Use Missoula Aging Services (n = 231 to 249)

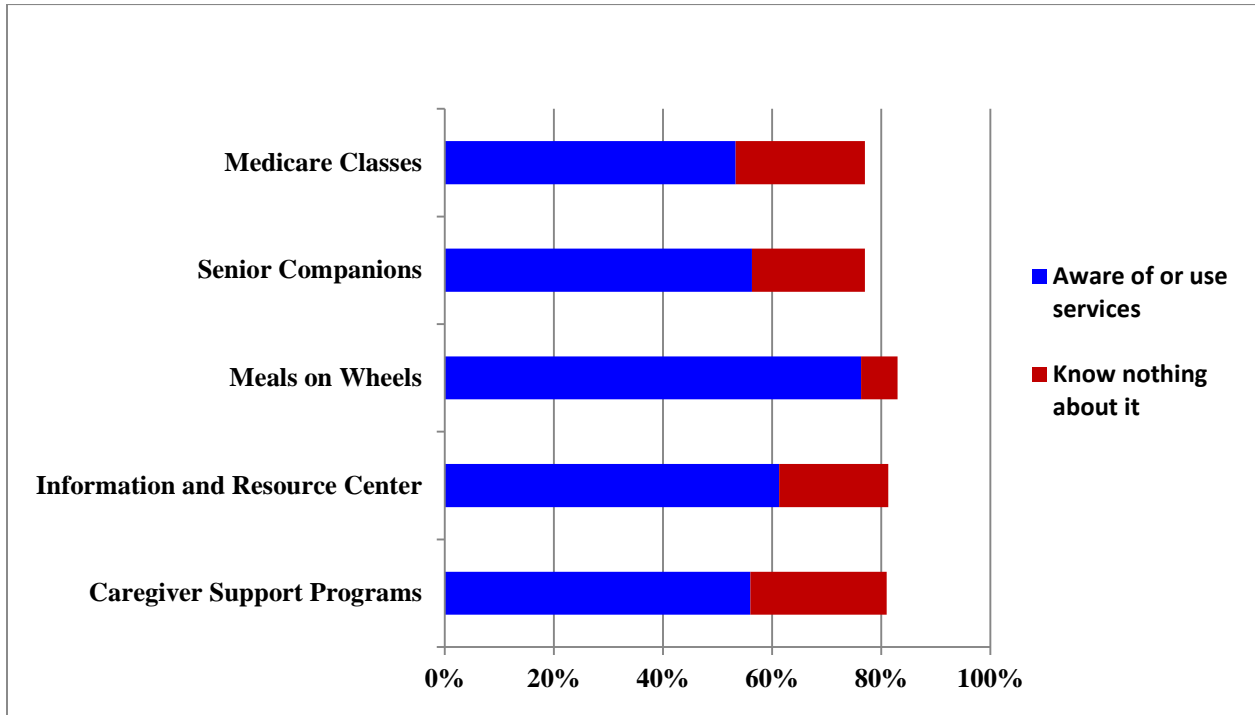


Figure 24: Awareness and Use of Services at Missoula Senior Center (n = 248 to 266)

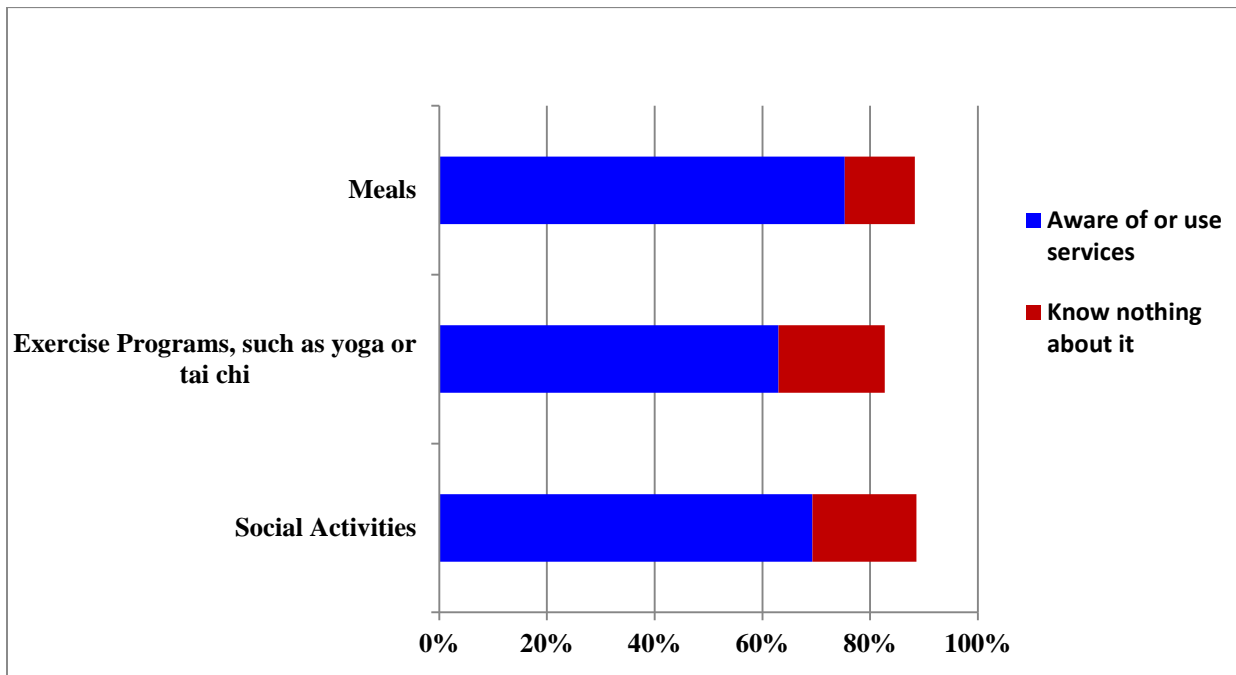


Figure 25: Awareness and Use of Other services in Missoula County (*n* = 236 to 254)

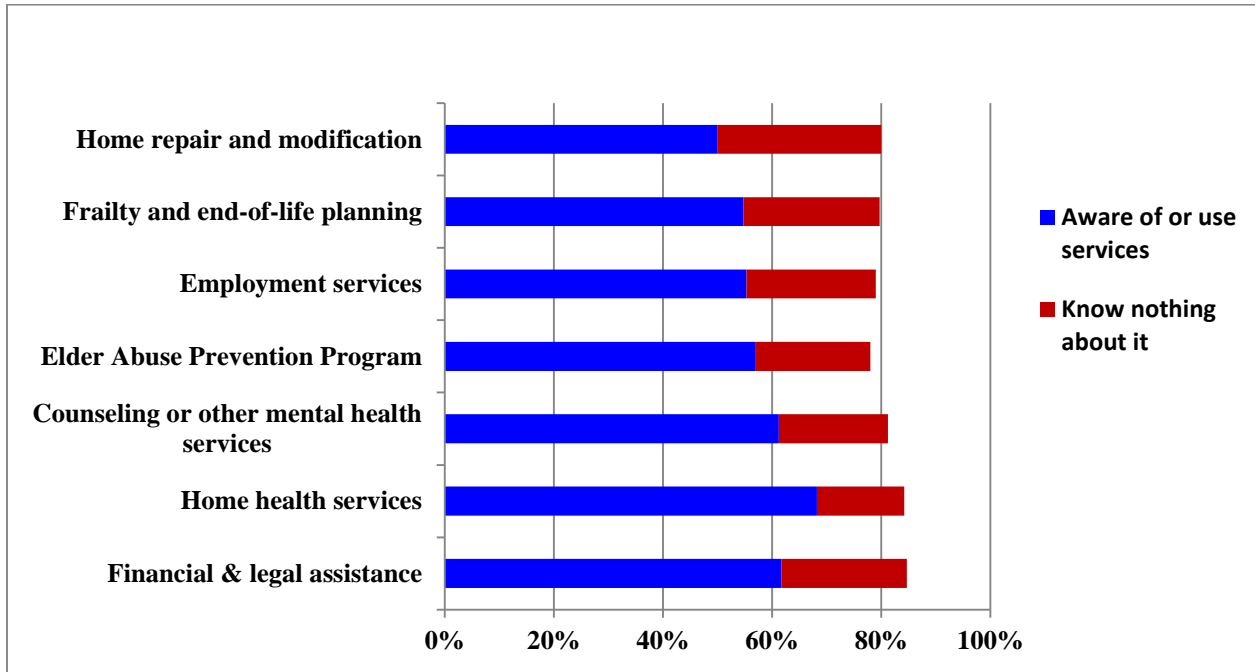
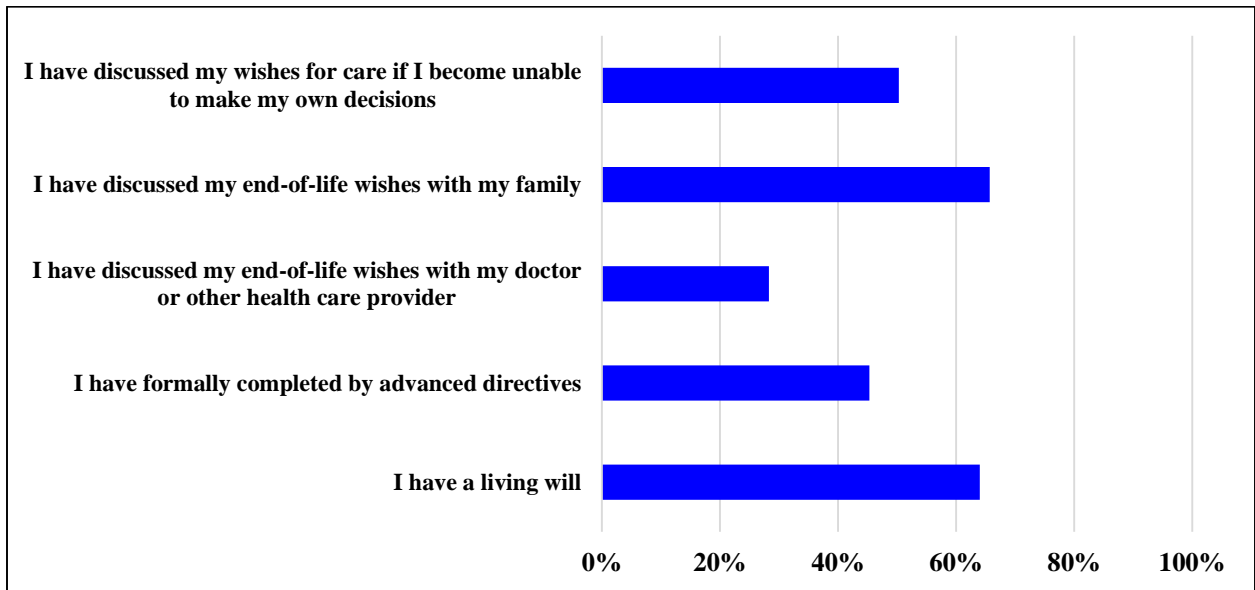


Figure 26: Frailty and End-of-Life Planning (*n* = 85 to 197)



V. Results – Correlations

What are Correlations?

Correlation is a statistical technique that helps to explain the strength and direction of the relationship between two variables. Relationships between variables can range from strong (very highly significant) to weak (not significant). Relationships between variables can also be positive (+) or negative (-). The correlation coefficient (in our case, the Pearson’s r) indicates both the strength and the direction of the relationship. The levels of significance range from “significant” * to “highly significant” ** to “very highly significant” ***. When interpreting correlations, it is important to remember that correlation is not the same as causation. In the table below, for example, receiving Medicaid was negatively correlated (-.193**) with perceived general health in our sample of older adults. The correlation was highly significant at the $p < .01$ level. In other words, receiving Medicaid was highly correlated with poorer perceived general health. This does not mean that receiving Medicaid causes poorer perceived general health; rather it simply describes the relationship between the two variables. *Note: We include only those variables that were significantly correlated with the variable of interest in these tables. All other variables were not significantly correlated.*

Physical Well-Being

Table 3: Perceived General Health

“How would you describe your general health?”		
<i>Variable</i>	<i>Pearson’s r</i>	<i>Correlation</i>
Gender (male)	-.149*	Gender (male) was correlated with poorer perceived general health.
Medicaid	-.193**	Receiving Medicaid was highly correlated with poorer perceived general health.
Relationship Status (married/partnered)	.172**	Being married or partnered was highly correlated with better perceived general health.
Income (higher)	.313**	Income level (higher) was highly correlated with better perceived general health.
Education	.235**	Education level (higher) was highly correlated with better perceived general health.

Table 4: Physical Activity

“On average, how many times do you exercise each week?”		
<i>Variable</i>	<i>Pearson’s r</i>	<i>Correlation</i>
Age	-.160**	Age (older) was highly correlated with lower levels of exercise.
Relationship Status (married/partnered)	.121*	Being married or partnered was correlated with higher levels of exercise.
Education Level	.268**	Education level (higher) was highly correlated with higher levels of exercise.

Table 5: High Blood Pressure

“Has a doctor ever told you that you have High Blood Pressure?”		
<i>Variable</i>	<i>Pearson’s r</i>	<i>Correlation</i>
Age	.129*	Age (older) was correlated with High Blood Pressure
Gender (male)	.144*	Gender (male) was correlated with High Blood Pressure

Table 6: Chronic Obstructive Pulmonary Disease

“Has a doctor ever told you that you have COPD?”		
<i>Variable</i>	<i>Pearson’s r</i>	<i>Correlation</i>
Medicaid	.193**	Receiving Medicaid was highly correlated with COPD.
Relationship Status (single)	-.192**	Being single, divorced, or widowed was highly correlated with COPD.
Education Level	-.171**	Education level (lower) was highly correlated with COPD.

Table 7: Confidence in Managing Health Conditions

“How confident do you feel in managing your condition(s)?”		
<i>Variable</i>	<i>Pearson’s r</i>	<i>Correlation</i>
Gender (male)	-.151*	Gender (male) was correlated with poorer perceived confidence in managing condition(s).
Relationship Status (married/partnered)	.135*	Being married or partnered was correlated with better perceived confidence in managing condition(s).
Education	.144*	Education level (higher) was correlated with better perceived confidence in managing condition(s).

Table 8: Understanding Condition(s)

“If you checked at least one condition, how well do you understand your condition(s)?”		
<i>Variable</i>	<i>Pearson’s r</i>	<i>Correlation</i>
Gender (male)	-.139*	Gender (male) was correlated with poorer perceived understanding of condition(s).
Relationship Status (married/partnered)	.156*	Being married or partnered was correlated with better perceived understanding of condition(s).
Education	.187**	Education level (higher) was highly correlated with better perceived understanding of condition(s).

Table 9: Current with TDAP Vaccine/Tests

“Are you current on the following vaccinations or tests?”		
TDAP (current= within the last 10 years)		
<i>Variable</i>	<i>Pearson’s r</i>	<i>Correlation</i>
Gender	-.151*	Gender (female) was correlated with being current with the TDAP vaccine.
Medicaid	-.151*	Receiving Medicaid was correlated with not being current, or not knowing vaccination status, with the TDAP vaccine.
Employment Status	.139*	Being employed was correlated with being current with the TDAP vaccine.

Table 10: Current with Tetanus Vaccine/Tests

“Are you current on the following vaccinations or tests?”		
Tetanus (current= within the last 10 years or after exposure)		
<i>Variable</i>	<i>Pearson’s r</i>	<i>Correlation</i>
Medicaid	-.123*	Receiving Medicaid was correlated with not being current, or not knowing vaccination status, with the Tetanus vaccine.

Table 11: Current with Pneumonia Vaccine/Tests

“Are you current on the following vaccinations or tests?” Pneumonia (current= 1 vaccine after age 65)		
<i>Variable</i>	<i>Pearson’s r</i>	<i>Correlation</i>
Age	.244**	Age (older) was highly correlated with being current with the Pneumonia vaccine.
Employment Status	-.192**	Being employed was highly correlated with not being current, or not knowing vaccination status, with the Pneumonia vaccine.

Table 12: Current with Influenza Vaccine/Tests

“Are you current on the following vaccinations or tests?” Influenza (current= within the past year)		
<i>Variable</i>	<i>Pearson’s r</i>	<i>Correlation</i>
Urban/ Rural	-.134*	Living in a rural zip code was correlated with not being current, or not knowing vaccination status, with the Influenza vaccine.
Age	.160**	Age was highly correlated with being current with the Influenza vaccine.

Table 13: Current with Chicken Pox Vaccine/Tests

“Are you current on the following vaccinations or tests?” Chicken Pox (current= 2 vaccines as an adult if you didn’t get chicken pox as a child)		
<i>Variable</i>	<i>Pearson’s r</i>	<i>Correlation</i>
Medicaid	-.145*	Receiving Medicaid was correlated with not being current, or not knowing vaccination status, with the Chicken Pox vaccine.
Education	.146*	Education level (higher) was correlated with being current with the Chicken Pox vaccine.

Table 14: Dental Appointments

“What health care professional have you had appointments with in the last two years?” Dentist		
<i>Variable</i>	<i>Pearson’s r</i>	<i>Correlation</i>
Medicaid	-.218**	Receiving Medicaid was highly correlated with not having had an appointment with a dentist in the last two years.
Relationship Status (married/partnered)	.183**	Being married or partnered was correlated with having had an appointment with a dentist in the last two years.
Education	.225**	Education level (higher) was highly correlated with having an appointment with a dentist in the last two years.

Socio-Emotional Well-Being**Table 15: Happy or “In Good Spirits”**

“How often are you in good spirits or happy?”		
<i>Variable</i>	<i>Pearson’s r</i>	<i>Correlation</i>
Relationship Status (married/ partnered)	.132*	Being married or partnered was correlated with being in good spirits or happy.

Table 16: Depression

“Has a doctor ever told you that you have depression?”		
<i>Variable</i>	<i>Pearson’s r</i>	<i>Correlation</i>
Age	-.198**	Age (younger) was highly correlated with being diagnosed with depression.
Medicaid	.118*	Receiving Medicaid was correlated with being diagnosed with depression.

Table 17: Spiritual or Religious Activities

“How often do you participate in organized spiritual or religious activities?”		
<i>Variable</i>	<i>Pearson’s r</i>	<i>Correlation</i>
Urban/ Rural	.165**	Living in a rural zip code was highly correlated with participating in spiritual or religious activities.
Age	.116*	Age (older) was correlated with participating in spiritual or religious activities.

Table 18: Family Caregiving

“Does a family member provide care for you?”		
<i>Variable</i>	<i>Pearson’s r</i>	<i>Correlation</i>
Age	.269**	Age (older) was highly correlated with receiving care from a family member.
Relationship Status (married/ partnered)	.135*	Being married or partnered was correlated with receiving care from a family member.
Education Level	-.202*	Education level (lower) was correlated with receiving care from a family member.

Table 19: Worries - Spouse

“Which of these do you worry about the most?”		
“My spouse”		
<i>Variable</i>	<i>Pearson’s r</i>	<i>Correlation</i>
Gender (male)	.157**	Gender (male) was highly correlated with worrying about one’s spouse.
Relationship Status (married/ partnered)	.562**	Being married or partnered was highly correlated with worrying about one’s spouse.
Veteran Status	.136*	Being a Veteran was correlated with worrying about one’s spouse.

Table 20: Worries - Finances

“Which of these do you worry about the most?”		
“Finances”		
<i>Variable</i>	<i>Pearson’s r</i>	<i>Correlation</i>
Age	-.202**	Age (younger) was highly correlated with worrying about finances.
Relationship Status (single)	-.154**	Being single, divorced, or widowed was highly correlated with worrying about finances.

Table 21: Worries - Health

“Which of these do you worry about the most?”		
My Health		
<i>Variable</i>	<i>Pearson’s r</i>	<i>Correlation</i>
Gender	.163**	Gender (male) was highly correlated with worrying about one’s health.
Relationship Status (single)	-.173**	Being single, divorced, or widowed was highly correlated with worrying about one’s health.

Table 22: Mental Health Appointments

“What health care professional have you had appointments with in the last two years?”		
Mental Health Professional		
<i>Variable</i>	<i>Pearson’s r</i>	<i>Correlation</i>
Age	-.186**	Age (younger) was highly correlated with having an appointment with a mental health professional in the last two years.
Employment Status	.134*	Being employed was correlated with having an appointment with a mental health professional in the last two years.

Resources, Services, and Needs**Table 23: Health Care Advice – MAS or Other Organization**

“When you need health care advice, where do you look for it?”		
Aging Services or other organization for seniors		
<i>Variable</i>	<i>Pearson’s r</i>	<i>Correlation</i>
Medicaid	.167**	Receiving Medicaid was highly correlated with seeking health care advice from Aging Service or other organizations for seniors.
Relationship Status (single)	-.137*	Being single, divorced, or widowed was correlated with seeking health care advice from Aging Services or other organizations for seniors.

Table 24: MAS Caregiver Support Program

“Please choose the best answer about how you use these Missoula Aging Services Programs: Caregiver Support Programs”		
<i>Variable</i>	<i>Pearson’s r</i>	<i>Correlation</i>
Gender	.145*	Gender (male) was correlated with awareness of Caregiver Support Programs

Table 25: Barriers to Care - Cost

“In the past year, did any of the following reasons stop you from getting medical care when you needed it?”		
Cost		
<i>Variable</i>	<i>Pearson’s r</i>	<i>Correlation</i>
Age	-.200**	Age (younger) was highly correlated with cost barriers to medical care.
Medicaid	.143*	Receiving Medicaid was correlated with cost barriers to medical care.
Veteran Status	-.127*	Non-veteran status was correlated with cost barriers to medical care.

Table 26: Barriers to Care – Lack of Transportation

“In the past year, did any of the following reasons stop you from getting medical care when you needed it?”		
Lack of Transportation		
<i>Variable</i>	<i>Pearson’s r</i>	<i>Correlation</i>
Relationship Status (single)	-.127*	Being single, divorced, or widowed was correlated with transportation barriers to medical care.
Education Level	-.177*	Education level (lower) was correlated with transportation barriers to medical care.

Table 27: Limit Activities – Fear of Falling

“Do you limit your activities because of any of these problems?”		
Fear of Falling		
<i>Variable</i>	<i>Pearson’s r</i>	<i>Correlation</i>
Medicaid	.243**	Receiving Medicaid was highly correlated with limiting activities due to a fear of falling.
Relationship Status (single)	-.183**	Being single, divorced, or widowed was highly correlated with limiting activities due to a fear of falling.
Education Level	-.144*	Education level (lower) was correlated with limiting activities due to a fear of falling.

Table 28: Limit Activities - Vision

“Do you limit your activities because of any of these problems?”		
Vision		
<i>Variable</i>	<i>Pearson’s r</i>	<i>Correlation</i>
Medicaid	.163**	Receiving Medicaid was highly correlated with limiting activities due to vision.
Relationship Status (single)	-.133*	Being single, divorced, or widowed was correlated with limiting activities due to vision.

Table 29: Transportation – Personal Car

“How often do you use these forms of transportation?”		
Personal Car		
<i>Variable</i>	<i>Pearson’s r</i>	<i>Correlation</i>
Medicaid	-.293**	Receiving Medicaid was highly correlated with not using a personal car for transportation.
Relationship Status (married/ partnered)	.292**	Being married or partnered was highly correlated with using a personal car for transportation.
Education Level	.209**	Education level (higher) was highly correlated with using a personal car for transportation.

Table 30: Transportation – Adequate to Fulfill Basic Needs

“Are your transportation options adequate for fulfilling basic needs?”		
<i>Variable</i>	<i>Pearson’s r</i>	<i>Correlation</i>
Medicaid	-.223**	Receiving Medicaid was highly correlated with inadequate transportation to fulfill basic needs.
Relationship Status (married/ partnered)	.119*	Being married or partnered was correlated with adequate transportation to fulfill basic needs.
Education Level	.123*	Education level (higher) was correlated with adequate transportation to fulfill basic needs.

Table 31: Living Will

“Please check all the statements that apply to your frailty and end-of-life planning: I have a living will.”		
<i>Variable</i>	<i>Pearson’s r</i>	<i>Correlation</i>
Age	.232**	Age (older) was highly correlated with having a living will.
Medicaid	-.114*	Receiving Medicaid was correlated with not having a living will.
Relationship Status (married/ partnered)	.144*	Being married or partnered was correlated with having a living will.

Table 32: Difficulty with Activities- Legal or Financial Affairs

“In the last year, did you have any difficulty with any of these activities? Please check all that apply: Managing your legal or financial affairs.”		
<i>Variable</i>	<i>Pearson’s r</i>	<i>Correlation</i>
Age	.131*	Being older is correlated with reporting having difficulty with managing legal or financial affairs.
Relationship Status (single)	-.131*	Being single, divorced or widowed was correlated with reporting having difficulty with managing legal or financial affairs.
Income Level	-.149*	Income level (lower) was correlated with reporting having difficulty with managing legal or financial affairs.

Tables 33: Difficulty with Activities- Home Repairs and Maintenance

“In the last year, did you have any difficulty with any of these activities? Please check all that apply: Home repairs and maintenance.”		
<i>Variable</i>	<i>Pearson’s r</i>	<i>Correlation</i>
Relationship Status (single)	-.179**	Being single, divorced or widowed was highly correlated with reporting having difficulty with home repairs or maintenance.
Income Level	-.204**	Income level (lower) was highly correlated with reporting having difficulty with home repairs or maintenance.

Table 34: Difficulty with Activities- Winter Snow Removal

“In the last year, did you have any difficulty with any of these activities? Please check all that apply: Winter snow removal.”		
<i>Variable</i>	<i>Pearson’s r</i>	<i>Correlation</i>
Relationship Status (single)	-.121*	Being single, divorced or widowed was correlated with reporting having difficulty with winter snow removal.
Income Level	-.209**	Income level (lower) was highly correlated with reporting having difficulty with winter snow removal.

VI. Results – Comparisons of Groups

What are Comparisons of Groups?

Comparisons of groups are done to determine whether there are statistically significant differences between groups on key variables of interest. To do this, we used independent sample t-tests in this analysis. There are certain considerations that must be taken into account when using t-tests. We can only use t-tests when comparing groups on measures that are ordinal or interval. This is because we are looking at differences between groups on their mean or average scores on the key variables. Many of the items and questions in this survey were not structured in this format. Most of the items/questions used “yes/no” dichotomous response categories. This limits the comparisons that we can make in our analyses.

Please note that we have only included those variables that were significantly correlated with the variables of interest in the following tables. When correlations are not significant, the differences between groups will also not be significantly different.

In the Table 30, for example, we explore whether there were significant differences between women and men in terms of their mean scores on the perceived general health item/question. The possible responses on this item were “excellent = 4”, “good = 3”, “fair = 2”, and “poor = 1”. The mean score for women in this sample was 2.98 and the mean score for men in this sample was 2.73. On average, both groups reported their health as good, but women reported their health as better than men. The question is whether this difference is statistically significant. The t-tests indicates that this difference is statistically significant at the $p = .012$ level (highly significant). This implies that we should consider this fact when interpreting these results and in shaping our responses to this survey.

Physical Well-Being

Table 35: Perceived General Health

Response categories: 1= poor, 2= fair, 3= good, 4= excellent

Gender	Mean & Standard Deviation	Significance
Female	M = 2.98 SD = 0.78	t(284) = 2.54, p = 0.012
Male	M = 2.73 SD = 0.71	
<p>Female participants reported significantly <u>better</u> perceived general health than men.</p>		
Health Care Coverage	Mean & Standard Deviation	Significance
Medicaid	M = 2.54 SD = 0.88	t(289) = - 3.34, p = 0.001
Other Insurance	M = 2.97 SD = 0.72	
<p>Medicaid recipients reported significantly <u>poorer</u> perceived general health than those older adults with other forms of health care coverage. Medicaid recipients are more likely to be lower income, have less education, and face an accumulation of health risks.</p>		
Relationship Status	Mean & Standard Deviation	Significance
Married/Partnered	M = 3.08 SD = 0.80	t(286) = 2.96, p = 0.003
Single, Widowed, Other	M = 2.81 SD = 0.66	
<p>Married or partnered older adults reported significantly <u>better</u> perceived general health than single, divorced, or widowed older adults.</p>		
Education	Mean & Standard Deviation	Significance
Bachelor's or Higher	M = 3.11 SD = 0.70	t(285) = 4.13, p = 0.000
Less than Bachelors	M = 2.75 SD = 0.78	
<p>Older adults with bachelor's degrees or higher reported significantly <u>better</u> perceived general health than older adults with less formal education. Adults with higher education levels are likely to have more health knowledge, to have higher income, and to engage in more health promoting behaviors.</p>		

Table 36: Confidence in Managing Health Conditions

Gender	Mean & Standard Deviation	Significance
Female	M = 3.54 SD = 0.66	t(262) = 2.28, p = 0.014
Male	M = 3.30 SD = 0.83	
<p>Female participants were significantly <u>more confident</u> in managing their health conditions than men.</p>		
Relationship Status	Mean & Standard Deviation	Significance
Married/Partnered	M = 3.60 SD = 0.61	t(262) = 2.21, p = 0.028
Single, Widowed, Other	M = 3.40 SD = 0.77	
<p>Married or partnered older adults were significantly <u>more confident</u> in managing their health conditions than single, divorced, or widowed older adults.</p>		
Education	Mean & Standard Deviation	Significance
Bachelor's or Higher	M = 3.59 SD = 0.69	t(262) = 2.24, p = 0.026
Less than Bachelors	M = 3.39 SD = 0.73	
<p>Older adults with bachelor's degrees or higher were significantly <u>more confident</u> in managing their health conditions than older adults with less formal education.</p>		

Socio-Emotional Well-Being

Table 37: Happy and “In Good Spirits”

Relationship Status	Mean & Standard Deviation	Significance
Married/Partnered	M = 4.81 SD = 0.54	t(292) = 2.28, p = 0.023
Single, Widowed, Other	M = 4.62 SD = 0.77	
<p>Married or partnered older adults reported significantly higher levels of happiness than single, divorced, widowed older adults.</p>		

VII. Future Directions and Summary

Future Directions

The results from this survey both support current directions of and inform future directions for Missoula Aging Services. Prospective directions fall into two categories: a) outreach and services and b) continued assessment needs.

Prospective Directions: Outreach & Services

- Provide better targeted outreach for services and supports to low-income people receiving Medicaid; single, divorced, or widowed people.
- Provide targeted outreach to men for help with navigating the health care system in order to gain confidence in understanding and managing their health problems or those of their spouses.
- Work toward gaining support for expanding available home chore and home maintenance services.

Prospective Directions: Continued Assessment Needs

- Because the MCOAD was initially convened by the Missoula City/County Health Department, this needs assessment was conducted only in Missoula County. With Missoula Aging Services currently in the leadership role, it may be important to do a similar needs assessment in Ravalli County.
- The results of this survey provided insufficient information about rural areas. A future assessment focusing on rural areas would be helpful to determine if the needs of older adults living in rural locales are uniquely different from the urban areas. Findings from an assessment focusing on rural areas may inform the possibility and/or location of possible satellite offices for Missoula Aging Services.
- Rather than one large evaluation every four years, yearly focused needs assessments and program/service evaluations could provide more finely tuned understanding of the needs and service use of the older adult population in the Missoula Aging Services service area.
- Findings from this survey also raised additional questions, such as:
 - What are the gender characteristics of individuals falling within the age range of 50 to 65?
 - What are the marital status characteristics of individuals falling within the age range of 50 to 65?
 - What is the approximate age range on the older adult age continuum during which people begin to exhibit more positive characteristics and have their needs met?

Summary

This report culminates the work done by the Missoula Coalition on Aging and Disability (MCOAD), originally convened by the Senior Community Health Specialist at the Missoula City/County Health Department. During the early phase of the MCOAD's discussion, it became clear that a needs assessment for Missoula County, focusing on the needs of older adults, current services, and gaps in services, should become a priority of the group. To that end a survey was developed with stakeholder input from a variety of disciplines including nursing, social work, gerontology, allied health professions, and services administration. Data were collected in the fall of 2014 and analyzed during the summer of 2015. Limitations of the study were identified for contextual understanding of the results.

Although the findings mirrored national statistics, the results suggested where vulnerabilities might exist for older adults in Missoula County. The vulnerable groups fell into four categories: a) people receiving Medicaid or who self-identified as low income, b) people who are single, widowed, or divorced, c) people on the younger end of the older-age continuum, and d) men. While there was some overlap with regard to the characteristics and needs of the people surveyed, there also were differences among the groups.

VIII Appendix

A. Survey Instrument

GO!Missoula Survey

(beginning on next page)

Missoula Area Survey for Older Adults

*** 1. Please enter your zip code.**

2. How would you describe your general health?

- Excellent Good Fair Poor

3. Has a doctor ever told you that you had any of these conditions? Please check all that apply.

- Arthritis
 High blood pressure
 Heart disease
 Depression
 COPD
 Cancer

Other (please specify)

4. If you checked at least one condition above, how well do you understand your condition (s)?

- Well OK A little Poorly

5. How confident do you feel in managing your condition(s)?

- Very confident Somewhat confident A little bit confident Not at all confident

6. What might help you manage your condition(s) better?

Missoula Area Survey for Older Adults

7. In the last year, did you have difficulty with any of these activities? Please check all that apply.

- Personal care (bathing, dressing, etc.)
- Feeding yourself
- Moving freely about your home unassisted
- Cooking for yourself
- Shopping for yourself
- Managing you legal or financial affairs
- Housekeeping
- Home repairs and maintenance
- Yard maintenance
- Winter snow removal
- Pet care
- I did not have difficulties with any of these activities

8. What services would help you with the activities you marked above?

9. What health care professionals have you had appointments with in the past two years? Please check all that apply.

- Doctor or Nurse
- Eye Doctor
- Dentist
- Hearing Specialist
- Mental Health Provider

Other (please specify)

10. If you did NOT mark any appointments above, please tell us why.

Missoula Area Survey for Older Adults

11. Do you limit your activities because of any of these problems? Please check all that apply.

- Depression
- Fear of Falling
- Vision
- Dental
- Hearing
- I don't limit my activities

Other (please specify)

12. Are you current with the following immunizations and tests?

	Yes	No	Don't know
TDAP (current = within the past 10 years)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Tetanus (current = within the past 10 years or after exposure)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Shingles (current = 1 vaccine after age 60)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Pneumonia (current = 1 vaccine after age 65)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Influenza (current = within the past year)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Chicken pox (current = 2 vaccines as an adult if you didn't get chicken pox as a child)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

13. On average, how many times do you exercise each week? Examples of exercise are walking, swimming, hiking, biking, or dancing for at least 30 minutes.

- 0 1 2 3 or more

Missoula Area Survey for Older Adults

14. What type of health care coverage do you have? Please check all that apply.

- Medicare
- Medicaid
- Private Insurance: Health/Medical
- Private Insurance: Long-term care
- Veteran's Administration
- Indian Health Service
- Medicare Advantage
- No health care coverage

Other (please specify)

15. When you need health care advice, where do you look for it? Please check all that apply.

- Doctor
- Nurse
- Naturopath or other alternative provider
- Other health professional
- Online
- Friend or family member
- Aging services or other organization for seniors
- I don't seek health care advice

Other (please specify)

Missoula Area Survey for Older Adults

16. In the past year, did any of the following reasons stop you from getting medical care when you needed it? Please check all that apply.

- Cost
- Lack of transportation
- Long wait to be seen by a physician
- Office hours didn't fit my schedule
- Facility was not accessible
- I couldn't find respite care or child care
- I don't like or trust doctors
- I didn't need medical care in the past year

Other (please specify)

17. Please check all the statements below that apply to your nutritional health.

- I have a condition that affects the kind or amount of food I can eat
- I eat enough
- I eat at least two pieces of fruit a day
- I eat vegetables with at least two meals a day
- I eat meat or other proteins once a day
- I eat dairy at least once a day
- I would enjoy eating with others more often

18. How often are you in good spirits or happy?

- Usually Sometimes Occasionally Rarely Never

Missoula Area Survey for Older Adults

19. Which of these do you worry about the most?

- My spouse or partner
- My children
- My grandchildren
- Someone other than my spouse, partner, children, or grandchildren
- My pet
- Finances
- My health
- My memory
- Housing

Other (please specify)

20. How often do you participate in organized spiritual or religious activities?

- Daily
- Weekly
- Monthly
- A few times a year
- Never

21. How often do you attend meetings of clubs or organizations?

- Never
- Weekly
- Monthly
- A few times a month
- A few times a year

22. How many supportive friends and family members do you have?

- A lot
- Some
- One
- None

Missoula Area Survey for Older Adults

23. Does a family member provide care for you?

- Yes
- No

24. Do you ever assist with care for any of the following? Please check all that apply.

- At least one grandchild
- Parent
- Spouse or partner
- Sibling
- Child
- Foster child
- Pets

Other (please specify)

25. Do you need extra help with caring for the people you checked in the last question?

- Yes
- No

26. If yes, what help do you need?

27. What type of housing do you live in?

- Single family residence
- Apartment
- Shelter
- Assisted living
- Independent living facility offering 1 to 3 meals a day
- Long term care facility
- I am homeless

Other (please specify)

Missoula Area Survey for Older Adults

28. Who do you currently live with?

- No one, I live alone
- Spouse or partner
- Other family members, along with my spouse or partner
- Other family members, but with no spouse or partner
- One or more roommates
- Paid caregivers

Other (please specify)

29. Please check all the factors that are most important to you when deciding where to live.

- Living with others
- Living near others
- Living expenses
- Health services
- Nature & environment
- Familiar people in the neighborhood
- Safety
- Access to groceries
- Transportation options

Other (please specify)

30. Could your home currently accommodate a wheelchair?

- Yes
- No
- Not sure

31. As you grow older, do you think you can safely live in your home without making any modifications?

- Yes
- No
- Not Sure

32. Do you feel safe walking downtown?

- Yes
- No

33. Are you able to get in and out of most buildings with ease?

- Yes
- No

Missoula Area Survey for Older Adults

34. Do you feel most people's homes would accommodate your mobility needs if you visited them?

- Yes No

35. How often do you use these forms of transportation?

	Never	Daily	1-3x a week	1-2x a month
Personal car	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
City bus	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Senior van	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Paratransit	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Taxi	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Family or friend's car	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Walking	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Biking	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

36. Are your transportation options adequate for:

	Yes	No
Fulfilling basic needs	<input type="radio"/>	<input type="radio"/>
Pursuing your interests	<input type="radio"/>	<input type="radio"/>
Maintaining your social life	<input type="radio"/>	<input type="radio"/>

37. What limits your ability to get around the way you want to? Please check all that apply.

- Cost
- Safety
- Weather conditions
- Fear of falling
- Don't know how to access transportation
- Mountain Line bus and van operating hours
- Don't want to burden others
- Inconvenience
- No limitations

Other (please specify)

Missoula Area Survey for Older Adults

38. Please choose the best answer about how you use these Missoula Aging Services programs.

	Know nothing about it	Know about it but don't use it	May use it	Used it once	Used it more than once
Caregiver Support Programs	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Information and Resource Center	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Meals on Wheels	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Senior Companions	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Medicare Classes	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

39. Please choose the best answer about how you use these services at the Senior Center.

	Know nothing about it	Know about it but don't use it	May use it	Used it once	Used it more than once
Social activities	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Exercise programs, such as yoga or tai chi	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Meals	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

40. Please choose the best answer about how you use other services in Missoula.

	Know nothing about them	Know about them but don't use them	May use them	Used them once	Used them more than once
Financial and legal assistance	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Home health services	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Counseling or other mental health services	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Elder Abuse Prevention Program	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Employment services	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Frailty and end-of-life planning	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Home repair and modification	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

Missoula Area Survey for Older Adults

41. Do you think any of these Missoula Aging Services programs need to be improved?

Please check all that apply.

- Caregiver Support Programs
- Information and Resource Center
- Meals on Wheels
- Senior Companions
- Medicare Classes
- I don't know

Other (please specify)

42. Do you think any of these Missoula Senior Center programs need to be improved?

Please check all that apply.

- Social activities
- Exercise programs
- Meals
- I don't know

Other (please specify)

43. Do you think any of the following services in Missoula need improvement? Please check all that apply.

- Financial and legal assistance
- Home health services
- Elder Abuse Prevention Program
- Employment services
- Frailty and end-of-life planning
- Home repair and modification
- I don't know

Other (please specify)

44. Do you know how to reach these services?

- Yes No Some of them

Missoula Area Survey for Older Adults

45. What has kept you from using these services? Please check all that apply.

- Transportation
- Finances
- Time
- Privacy issues
- Inconvenience
- I don't need these services
- What others might think of me
- I don't know about them
- Others need them more than I do
- I always use these services when I need them

Other (please specify)

46. What are the best ways for you to get information about services?

- TV
- Radio
- Newspaper
- Missoula Aging Services
- Health care provider office
- Senior Center
- Church
- Library
- Internet

Other (please specify)

47. In the last 3 years, has your income forced you to choose between paying for medications and paying for food or other bills?

- Yes No

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48. Please check all the statements that apply to your frailty and end-of-life planning.

- I have a living will
- I have formally completed my advanced directives
- I have discussed my end-of-life wishes with my doctor or other healthcare provider
- I have discussed my end-of-life wishes with my family
- I have discussed my wishes for care if I become unable to make my own decisions

49. Please add any other comments you would like to share about your service needs.

50. What is your gender?

- Male Female

51. Do you consider yourself to be:

- Black or African American
- American Indian or Alaska Native
- Asian
- Native Hawaiian or Other Pacific Islander
- Hispanic or Latino
- White, not Hispanic or Latino

52. Please tell us your birth year.

53. What is your relationship status?

- Married or living with partner
- Single, never married
- Single, divorced or separated
- Widowed

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54. What is your highest level of education?

- Less than high school diploma
- High school diploma or GED
- Some college
- Associate's degree
- Bachelor's degree
- Graduate degree

55. Are you a veteran?

- Yes
- No

56. What is your total annual income?

- <\$10,000
- \$10,000-\$14,999
- \$15,000-\$19,999
- \$20,000-\$24,999
- \$25,000 +

57. What sources do you rely on for your income? Please check all that apply.

- Job
- Social Security
- Veteran's Benefits
- Retirement Pension
- Investment Plan

Other (please specify)

58. How many hours per week are you employed?

- Employed full time (32-40 hours per week)
- Employed part time (less than 32 hours per week)
- Retired

Other (please specify)