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# LIFE AFTER 70 IN IOWA



**A Restudy of Participants in the 1960 Survey of the Aged**

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Peter Falkman  
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Iowa  
301.43

Iowa Sociological Studies in Aging

Department of Sociology and Anthropology ..... Iowa State University  
Sociology Report 95 ..... Ames, Iowa ..... September, 1971

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Life after 70 in Iowa

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Ames, Iowa

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LIFE AFTER 50 IN IOWA

A STUDY OF PARTICIPANTS IN THE 1950 SURVEY OF THE AGE

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Who generously agreed to make the ISG data available and provided administrative moral support.

Dr. Earl Nelson, Executive Secretary, Iowa Commission on The Aging

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The conclusions reported herein are those of the authors and should not be considered as necessarily representing the policy or views of the Commission.

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Sandy Logan, Nancy Shook, Barbara Burrell, and Jan Norton

Who supervised the coding of data and performed the innumerable clerical tasks vital to the success of any research project.

Our greatest debt is to the respondents to this study. They gave generously of their time and provided many rich insights into their lives. We hope that their views have been adequately and accurately reflected in this report.

Financial support of this study was provided by the following organizations:

- Iowa Commission on The Aging
- Iowa Agriculture and Home Economics Experiment Station, Iowa State University
- Industrial Relations Center, Iowa State University
- College of Science and Humanities, Iowa State University
- Midwest Council for Social Research in Aging

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## FOREWORD

Findings herein reported are from a study of changes over a ten-year period in the lives of some older Iowans.

A study in 1960 by the Institute of Gerontology, at the University of Iowa, provided base-line data for a restudy of the same respondents in 1971.<sup>1</sup>

This report describes how the lives and attitudes of these persons have changed in the course of their growing old (all were aged 70 or older in 1971). Information also is reported on older persons who died during the 1960 decade.

While these respondents do not comprise a random sample of older Iowans in 1971, they are representative of persons entering the advanced stages of the aging process, and as such are a source of unique information on changes occurring over a critical period in the life cycle.

<sup>1</sup> Findings of this earlier study are reported in Martin U. Martel and W.W. Morris. Life After Sixty in Iowa: A Report of the 1960 Survey. Iowa City: Institute of Gerontology.

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"Old Age Isn't So Bad When You Consider The Alternative"

M. Chevalier

"All Would Live Long, But None Would Be Old"

B. Franklin

Many blessings do the advancing years bring with them;  
many, as they retire, they take away.

Horace

## INTRODUCTION

All studies begin with a set of ideas which guide the collection and interpretation of data. The purpose of this chapter is to describe the theoretical orientation which was employed in the present research.

Several ideas formed the core of our thinking. These are briefly stated below and are more fully elaborated in the ensuing discussion.

- (1) Old age must be viewed as a process and not as a static position in society. Individuals don't suddenly become old, but rather gradually assume this status by undergoing a set of sequential social, psychological, and physiological changes that may considerably alter their self-identities, attitudes, and behavior.
- (2) An understanding of the aging process requires an examination beyond the nature of changes in life situations (e.g., income, health, and housing) to a consideration of what these changes mean to persons experiencing them. How older individuals define alterations in their lives is more important to their subsequent adjustment than the actual changes themselves.
- (3) The meanings that older persons attach to changes in their lives can be fully understood only within the broader spectrum of societal perspectives on aging and old age. Aging does not occur in a vacuum but is a process that to a considerable degree is governed by orientations prevalent in the general society. Societal norms define the onset of old age, dictate when persons should disengage from work and other activities, suggest how older persons should feel about their age status, and provide guidelines for proper conduct in old age.
- (4) Americans hold many ideas about the characteristics of older persons and the nature of the aging process. These ideas in some cases may be more myth than fact; but more importantly they tend to become self-fulfilling prophecies by providing older persons with models of "normalcy."

- (5) Views of aging in the public mind commonly assume great similarity of situations and outlooks among older persons. Research, however, reveals considerable diversity of life styles and adjustment patterns in this age group. While it is appropriate to talk about modal patterns of aging, it also needs to be recognized that sizable proportions of the aged may deviate considerably from various norms in their characteristics and behavior.

### Aging as Attrition

Aging in American society is essentially a process of attrition in which individuals increasingly give up claim to important cultural values. Specifically, upon reaching old age individuals are caught up in a series of role changes (more often involuntary than voluntary) that attenuate their ability to retain, or attain, important goals. The valued goals which attract younger persons (such as acceptable social status, economic success, good health, energetic living, personal independence) continue to be important goals for older persons; goals that older individuals are increasingly unlikely to attain or retain. It appears that a set of goals are developing among the aged which are more in keeping with the realities of old age, and which are distinct from those perpetuated by the greater society. These goals, however, are not yet sufficiently crystallized to provide meaningful alternatives to the current normative patterns.

Status passage from middle to old age is particularly problematic for individuals not only because life changes are predominantly decremental, but also because they are compressed into a relatively short time period. The older man may find his occupational retirement soon followed by financial problems, a possible decline in health and vitality, lessened physical mobility, the loss of enjoyed activities, and the constriction of his social world by the death of siblings, close friends, children, and for some, a spouse. Each of these changes by itself is monumental. Occurring rapidly in succession they can be devastating, as suggested by the high suicide rate among older men.

This picture of aging as a decremental process suggests that older persons will evidence considerable demoralization and possible alienation as life changes progressively attenuate their claim on dominant cultural values. Previous research indicates that levels of life satisfaction are

diminished with advancing years, and that alienation increases. An added finding, however, is that while the very old tend to be more demoralized than those just entering old age, a sizable proportion of the aged population continues to express satisfaction with their life situations.

It appears that the continuation of a relatively high level of satisfaction into old age is for many a function of two things:

(1) a cultural orientation that individuals must make the best of their situations, and (2) a salient alteration in self-identity with aging in which new reference groups now become operative for the individual.

We are impressed with the ability of many older persons to adapt to their changing life conditions and to maintain a cheerful outlook despite major role losses. Many older persons appear to become accommodated (resigned?) to their changing life circumstances and seek to make the best of their situations. This reflects an important value in American society that one stoically accepts situations over which he has little control and "makes do." As one of our respondents so aptly stated: "This is not the life I'd be living if I had the choice, but I don't have a choice and must make out with things as they are."

A second explanation of the retention of a favorable outlook by the aged in the face of role losses is that these losses are perceived as being less severe than are those suffered by older persons generally. It is clear that old age is not an attractive period of life. Studies reveal that younger and older persons alike consider young adulthood and middle age as the best years of life. The belief that old age is undesirable reflects pervasive stereotypes in our society that older persons tend to be forgetful, childlike, feeble, dependent, asexual, and the like.

Older persons have been found in previous research to resist defining themselves as "old," and prefer to see themselves as elderly or middle aged. This is quite understandable since to be labeled "old" places the individual in a highly devalued group in American society.

With advancing chronological age the individual finds it difficult to maintain a self-definition that he is not old, for he is confronted with

considerable evidence of his aging. Especially critical to this realization is a sharp deterioration in health and decreased physical mobility. Awareness of deteriorating life conditions eventually brings a self-reassessment, and for some a major change in identity.

To accept the fact that one has become old has important implications for psychological adjustment and behavioral expressions. The individual now compares his life situation to others of similar age status. Whereas these other persons are not a source of values upon which to build a new life (i.e., do not serve as a normative reference group), they do provide a framework for appraising the relative advantages and disadvantages on one's present status (i.e., serve as a comparative reference group).

Perception of what other older people are like is apt to be considerably influenced by prevailing cultural stereotypes of the aged, which tend to be predominantly depreciative in nature. The individual is not judging himself against the objective situations of other older persons, but against what he has been led to believe are their situations. The implications for the adjustment of this perceptual process are well stated in W.I. Thomas' well known dictum: If individuals define situations as real, they are real in their consequences.

Although advancing chronological age brings increased acceptance of old-age status, many in comparing themselves to other older individuals will conclude that they are as well as or better off than most, especially given the negative stereotypic views held toward old age. We believe it is this favorable comparative assessment that serves to bolster morale in old age, whereas other factors operative in aging would suggest severe deterioration in morale. Persons who define themselves as old and come to see their life situations as worse than those of other older persons will, on the other hand, likely experience serious demoralization.

This argument suggests that an understanding of the aging process cannot be found solely in an assessment of "objective" changes in the lives of older persons (i.e., in the act of occupational retirement, decline in income, or diminished health). Their interpretation of the meaning of these changes must also be considered. Particularly critical to such appraisals are the images individuals hold of others of similar age status.



Because the aged, and old age, are negatively evaluated in American society, individuals resist being defined as "old," but also, paradoxically, may be comforted as they appraise their life situations relative to their perceptions of the conditions of others in their age group.

Growth of the Older Population

Table 1. Number of older persons in the five counties included in this study, 1930-1970.

County	1930	1940	1950	1960	1970
Adair	1,100	1,200	1,300	1,400	1,500
Clatsop	1,200	1,300	1,400	1,500	1,600
Washouli	1,300	1,400	1,500	1,600	1,700
Lincoln	1,400	1,500	1,600	1,700	1,800
Polk	1,500	1,600	1,700	1,800	1,900
Van Buren	1,600	1,700	1,800	1,900	2,000
Total	7,100	7,700	8,300	8,900	9,500

Source: 1930 and 1940 in *Abstracts of the Oregon State Archives*, 1930-1940; 1950 in *Abstracts of the Oregon State Archives*, 1950-1959; 1960 in *Abstracts of the Oregon State Archives*, 1960-1969; 1970 in *Abstracts of the Oregon State Archives*, 1970-1979.

## CHAPTER 1

## THE AGED IN IOWA

Knowledge of recent changes in the size and composition of the aged population in Iowa are important in putting our research findings in perspective. Highlights of these population changes are presented in this chapter.

Growth of the Older Population

Iowa has experienced rapid growth in its "older population" (persons aged 65 and older). As reported in Table 1, the number of aged persons nearly doubled between 1930 and 1970, increasing from 184,000 to 350,000 (up 90 percent). The proportion older persons comprise of the state's total population similarly increased during this period (from 7.5 to 12.4 percent). Nationally, Iowa ranks second to Florida in the proportion of older persons in the population.

Three of the five counties included in this study have experienced growth rates of their older populations well in excess of those recorded for the state as a whole. The number of older persons in Polk County increased by 172 percent between 1930 and 1970, by 139 percent in Linn County, and by 128 percent in Buena Vista County (Table 1).

The proportion of older persons in each of the five counties studied similarly has been growing rapidly (e.g., from 7.2 percent in 1930 to 14.8 percent in 1970 in Hamilton County).

Only Van Buren County registered a nominal increase in older persons between 1930 and 1970 (up 8 percent), with the number actually declining during the 1960-70 decade (down 3.1 percent). Older persons in this county nevertheless continue to comprise a sizable segment of the total population (18.6 percent in 1970). In Polk and Linn Counties, both predominantly urban, the proportion of older persons in the population approximates the national average of 9.8 percent. Older populations in the three remaining counties studied, which are predominantly rural, substantially exceed this figure (Table 1).

Table 1. Number of Persons Aged 65 and Older in Iowa and Selected Counties, 1930, 1960, 1970

	1930		1960		1970		Percentage Change 1930-1970	Percentage Change 1960-1970
	Number	Percent of Total Population	Number	Percent of Total Population	Number	Percent of Total Population		
Iowa	184,239	7.5	327,685	11.8	350,293	12.4	+90	+6.9
<u>Counties</u>								
Buena Vista	1,342	7.2	2,807	13.2	3,057	14.8	+128	+8.9
Hamilton	1,417	6.8	2,422	12.1	2,519	13.7	+78	+4.0
Linn	6,196	7.5	13,495	9.9	14,812	9.1	+139	+9.8
Polk	10,317	6.0	25,797	9.7	28,072	9.8	+172	+8.8
Van Buren	1,480	11.7	1,656	16.9	1,605	18.6	+8	-3.1

Source: 1930 and 1960 data are from: U.S. Bureau of the Census, U.S. Census of Population, 1960, Vol. I. Characteristics of The Population, Part 17, Iowa.

1970 data are from: U.S. Bureau of the Census, U.S. Census of Population, 1970, General Population Characteristics, Advance Report PC(V2-17), Iowa.

### The Very Old

The rapid growth in the number of "very old persons" (aged 75 and older) in Iowa is especially pronounced. For females, this older age group increased 31 percent during the past decade compared to only a 3 percent increase for those aged 65 to 74. There was a slower growth rate among very old males (11 percent), and a decline (down 9 percent) in the number of males aged 65 to 74 (Table 2).

### Longevity Patterns

Rapid growth in the number of older persons in Iowa is not the product of a dramatic increase in the span of life, but rather reflects the fact that more persons now are reaching old age. As indicated in the national figures presented below, the average life expectancy in 1900 for men at age 65 was 11.5 years, and in 1968 was 12.8 years, an increase of 1.3 years. Females experienced an increase of 4.2 years during this same period.

	<u>Life Expectancy at Age 65</u>
White Males	1900 - 11.5 1968 - <u>12.8</u> increase of 1.3 years
White Females	1900 - 12.2 1968 - <u>16.4</u> increase of 4.2 years

What is particularly striking in the above figures is the number of remaining years the average person has upon reaching age 65. Males have an average longevity of 13 years and females 16 years. Thus, nearly one-fifth of life is now spent in old age for those reaching this age status. Major medical breakthroughs in cancer, stroke, and heart disease could extend this post-retirement period to about 30 years, producing a situation where old age for many will encompass upwards of one-third of their lives.

Table 2. Change in the Aged Population in Iowa, 1960 to 1970, by Sex and Age

	<u>Number of Persons</u>		<u>Percent Change</u>
	<u>1960</u>	<u>1970</u>	<u>1960-1970</u>
<u>Males</u>			
65-74	96,834	88,447	-8.7
75 and older	52,407	58,318	+11.3
<u>Females</u>			
65-74	108,834	112,114	+3.0
75 and older	69,610	91,414	+31.3

Changes in the Life Cycle

Changes in the timing of significant events in the life cycle (particularly in the loss of dominant life roles) posed new problems of adjustment for older persons. The average age at which men retire from work has been declining, bringing an extended retirement period. An important role change for women is the loss of the mother role. In 1890, a mother could anticipate the marriage of her last child at about age 55, or 11 years before her death (the average female longevity at that time was 66 years). Today, the average age of mothers at the marriage of their last child has declined to 47, and the average length of life has increased (from 66 to 74). Thus, females have a greatly expanded period (27 years as compared to 11 years in 1890) in which to construct alternative roles to the mother role.

## CHAPTER 2

## SAMPLE AND RESEARCH PROCEDURES

1960 Study

The 1960 survey of the aged in Iowa was based on a sample of the noninstitutionalized population aged 60 and older in 13 Iowa counties (see map). These counties were selected to provide a representative cross-section of rural and urban areas of the state. Five counties have metropolitan centers (Black Hawk, Linn, Polk, Scott, and Woodbury) and the remainder are predominantly rural (Appanoose, Buena Vista, Floyd, Hamilton, Osceola, Page, Van Buren, and Washington). These counties are widely distributed geographically and encompass several economic areas in the state.

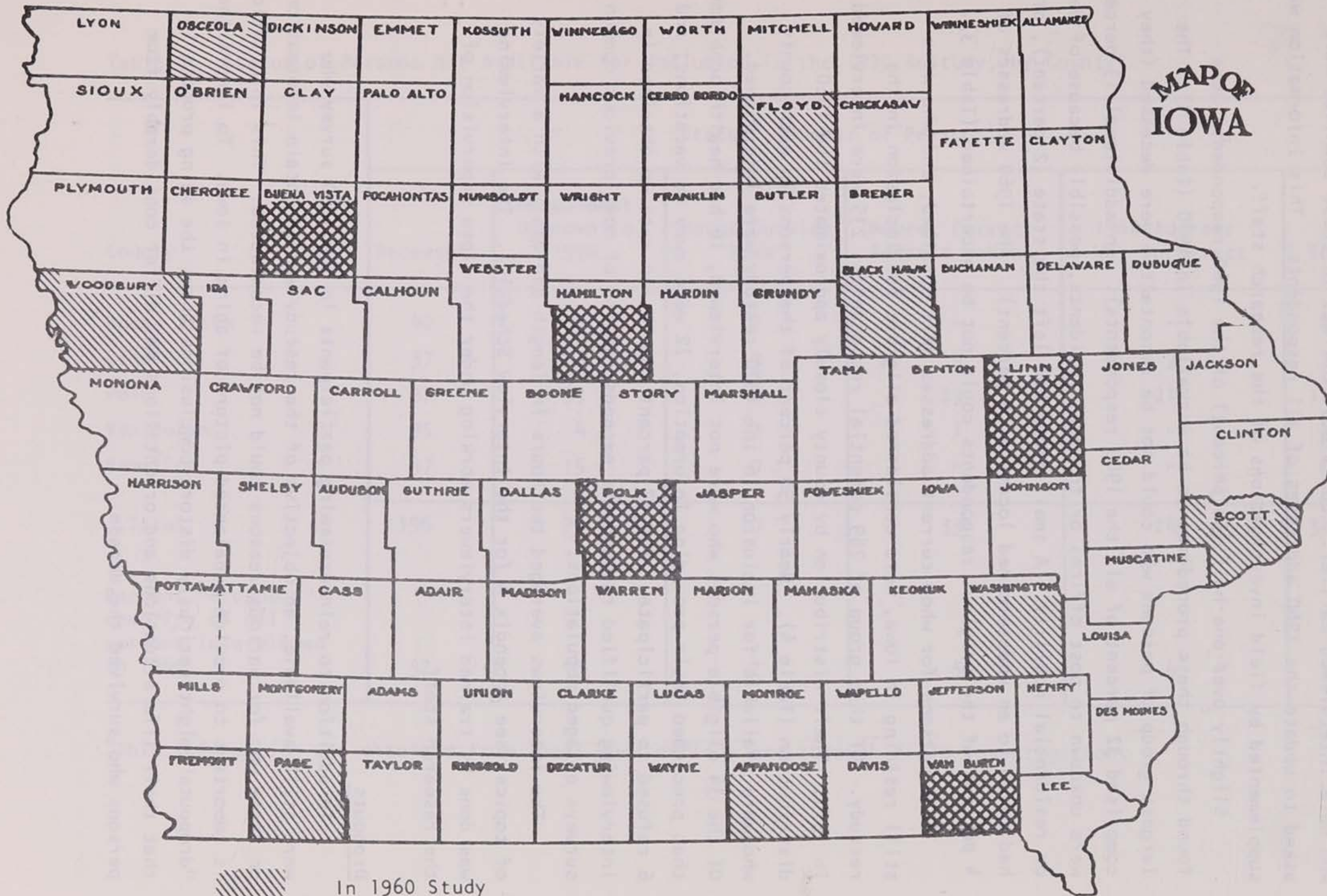
A total of 1359 older persons were interviewed in these 13 counties in 1960. They were residing in household units which were drawn randomly from county maps and property-tax lists in each county. A screening interview was used to determine the names of persons in these households who qualified for inclusion in the study (i.e., were aged 60 or older). Where two or more such persons were found, one individual was randomly selected to be interviewed. Information obviously could not be obtained from everyone who was qualified. Approximately 15 percent of the potential respondents in the original survey were lost because of illness, absence from home because of travel, or refusals.

1970 Restudy

Because of financial considerations, it was not possible to restudy the entire 1960 sample. Five of the original 13 counties were included in the restudy, and were selected to again provide a representative cross-section of residential groups in Iowa. These counties were Linn and Polk (both having metropolitan centers) and Buena Vista, Hamilton, and Van Buren (basically rural counties).

A total of 611 interviews were taken in these five counties in 1960. An initial problem in 1970 was to determine which persons could be recontacted

# COUNTIES INCLUDED IN 1960 AND 1970 STUDIES



In 1960 Study



In Both 1960 and 1970 Study

who were interviewed earlier. Local post offices in these counties were asked to update the 1960 addresses of all respondents. This information was supplemented by field investigations of the research staff.

Slightly over one-half (56 percent) of the 1960 respondents were found through these procedures to be unavailable in 1970 (Table 3). The largest group of persons who could not be recontacted were deceased (they comprised 32 percent of all the 1960 respondents). An additional 13 percent were unknown to post offices or to local residents, possibly because of death or residential mobility. A small group had left the state (2 percent), or had moved to an undetermined location (5 percent). The 1960 addresses of 4 percent of the original respondents could not be ascertained (Table 3).

All persons for whom current addresses were obtained, and who were still residing in Iowa, were considered eligible for inclusion in the restudy. Of this group of 269 potential respondents, 235 were interviewed in 1970. Their distribution by county closely approximates the 1960 distribution (Table 4). Nearly 90 percent of the persons in each county who were available for inclusion in the 1970 restudy were interviewed. Of the 34 eligible persons who were not interviewed, 16 had health problems that precluded their providing information, 12 were away on vacations, and 6 refused to participate. The 87 percent completion rate we obtained in interviewing qualified respondents exceeds results of most previous community surveys of aged populations.

The interviews averaged two hours in length and dealt with a variety of topics (see Appendix A for the Interview Schedule). The interviewing was done by trained interviewers working under the close supervision of the research staff.

#### Dropouts

In addition to reinterviewing participants in the 1960 survey who were still available, an objective of the restudy was to obtain information on those who for various reasons could not be recontacted. This information is important to provide a balanced picture of aging in Iowa. To ignore the "dropouts" might seriously distort conclusions about the aging process in that their life situations and orientations may differ considerably from persons who survived the decade.



Table 3. Status of Persons Not Available for Inclusion in the 1970 Restudy, by County

County	Status <sup>a</sup> (Number of Persons)					Total
	Deceased	Respondent Unknown in 1970	Moved Outside Iowa	Moved, Current Address Unknown	1960 Address Was Incorrect	
Buena Vista	40	2	2	-	-	44
Linn	37	25	3	9	3	77
Polk	37	33	2	23	21	116
Van Buren	35	4	3	1	-	43
Hamilton	47	15	0	-	-	62
Total	196	79	10	33	24	342
Percent "dropouts" comprise of all persons interviewed in 1960	32	13	2	5	4	56

<sup>a</sup>This information was obtained from local post offices and through field investigation.

Table 4. Number of Interviews in 1960 and 1970, by County

County	1960		1970	
	Number of Interviews	Percent of all Interviews	Number of Interviews	Percent of all Interviews
Buena Vista	77	13	26	11
Linn	139	23	56	24
Polk	194	31	69	29
Van Buren	81	13	34	15
Hamilton	120	20	50	21
Total	611	100	235	100

Since the dropouts could not be personally interviewed, we sought information about them from close friends and relatives residing in their home communities. A one-third representative sample (N = 114) of the dropouts was drawn for this purpose. Persons likely to be knowledgeable about the situations of noncontactable persons at the time of their "loss" were identified from information obtained in the 1960 survey and from inquiries made in 1970. A total of 104 interviews were taken with "knowledgeables" (Table 5). This information is reported in Chapter 10 (see Appendix B for the Interview Schedule).

#### Characteristics of Respondents

Selected background characteristics of the 235 respondents are presented in Table 6. All were 70 or older, with 27 percent in their 80's and 3 percent 90 or older. The majority were women (70 percent), reflecting the unbalanced sex ratio that appears in the higher age groups because of the lesser longevity of males.

The limited educational attainment (compared to current standards) of the respondents is striking. One-half had completed less than nine years of education and nearly three-fourths had not finished high school. These educational patterns, however, are consistent with attainment levels in the national aged population.

Table 5. Number of Interviews With Knowledgeables in 1970, by County

County	Number	Percent of All Knowledgeable Interviews	Percent Knowledgeable Interviews Comprise of Dropouts in Each County
Buena Vista	18	17	41
Linn	31	30	40
Polk	28	27	24
Van Buren	11	11	26
Hamilton	16	15	26
	104	100	

A large majority of the respondents were reared in farm families (60 percent had a father who farmed) or in blue-collar families (24 percent). Only one in every ten (11 percent) had fathers who were employed in white-collar, business, or professional occupations.

About one-third (37 percent) of the respondents were now living in the open country or in towns of less than 2,500 population. More than two-fifths (44 percent) were in Cedar Rapids or Des Moines. An additional eight percent were living in close proximity to these two metropolitan centers.

Table 6. Characteristics of Respondents in 1970

Characteristic	Number	Percent of All Respondents
<u>Age</u>		
70 - 74	89	38
75 - 79	76	32
80 - 84	45	19
85 - 89	18	8
90 or older	7	3
Total	235	100
<u>Sex</u>		
Male	71	30
Female	164	70
Total	235	100
<u>Educational Attainment</u>		
Less than 5th grade	13	6
5 - 8 grades	98	42
Some high school	53	22
Completed high school	35	15
Some college	32	13
No answer	4	2
Total	235	100
<u>Father's Occupation</u>		
Farmer	142	60
Laborer	21	9
Skilled blue-collar worker	34	15
Clerk, salesman	5	2
Businessman	16	7
Professional, manager	5	2
No answer	12	5
Total	235	100

Table 6. Characteristics of Respondents in 1970 (cont.)

Characteristic	Number	Percent of All Respondents
<u>Size of Community</u>		
Under 500 population	35	15
500 - 999	36	15
1,000 - 2,499	18	8
2,500 - 9,999	35	15
Over 10,000 (excluding Cedar Rapids and Des Moines)	6	3
Cedar Rapids	45	19
Des Moines	60	25
	—	—
Total	235	100

## CHAPTER 3

## HOUSEHOLD AND RESIDENTIAL CHARACTERISTICS

Changes in Households

The aged, both couples and single individuals (including the widowed), increasingly are living apart from their children. This trend is a result of numerous factors, including greater economic independence of the generations, fewer children remaining unmarried and living with their parents, high rates of residential mobility, and an emergent norm that physical separation in housing arrangements of aged parents and children is desirable.

In our research we found that over four-fifths (85 percent) of the respondents either were living alone in 1970 or were living with only one other person (usually a spouse). The number who were alone in 1970 was substantial (36 percent), and had increased over the number recorded in 1960 (28 percent). Fourteen respondents (6 percent) had been admitted to nursing homes during the 1960 decade (Table 7).

Table 7. Size of Households, 1960 and 1970

Size of Household	1960		1970	
	Number	Percent	Number	Percent
One person (only respondent)	66	28	85	36
Two persons	131	56	115	49
Three persons	26	11	11	5
Four or more persons	12	5	10	4
Congregate-care facility	0	0	14	6
Total	235	100	235	100

Disruptions of the households, however, were not experienced just by those entering congregate-care facilities. One-fourth (26 percent) of the households had decreased in size over the decade. These losses were accrued largely through death rather than residential mobility. Of the persons present in these households in 1960, but absent in 1970, nearly two-thirds (64 percent) were now deceased. Most of the deceased (94 percent) were spouses of respondents. One-fifth had lost a spouse during the past decade, and an additional two-fifths (43 percent) lost a spouse prior to 1960. Only one-third (35 percent) of the respondents were still living with a wife or husband in 1970.

Very few households (7 percent) had increased in size over the decade. These increases were largely the result of respondents moving in with children because of personal needs.

Changes in household composition over the decade are reported in Table 8. It is seen that the most prominent residential pattern is for the aged to live alone (36 percent) or with a spouse (35 percent). The next most salient patterns are having a child in the household (10 percent) or living with a child and his/her family (4 percent).

For persons living alone in 1960, nearly three-fourths (73 percent) were still alone in 1970. Slightly more than one-tenth (12 percent) were residing with another person, and an additional 14 percent were in congregate-care facilities (10 of the 14 persons interviewed in these facilities had been living alone prior to their admission). The household pattern for over two-thirds (69 percent) of the respondents living with a spouse in 1960 remained unchanged during the decade. One fourth (24 percent), however, were now alone.

The decremental impact of advancing age on the maintenance of independence in housing patterns is dramatically demonstrated by our data. The "very old" respondents (persons aged 85 or older) were more likely than younger persons to have lost a spouse, to be residing with children, or to be confined to congregate-care facilities. One-half (52 percent) of those aged 70-74, but only one-tenth (11 percent) of the "very old" respondents, had a spouse present in the household in 1970. Conversely, over five times as many of the "very old" respondents (28 percent) as compared to those aged

70-74 (5 percent) were residing with children. None of the 70 to 74 age group was in a congregate-care facility, but one-fifth of the "very old" (43 percent of those 90 and older), were now confined to these facilities. In fact, the majority of the "very old" respondents (57 percent) were in housing situations where personal care was available from either children or an institutional staff.

Table 8. Household Composition, 1960 and 1970

Household Composition	1960		1970	
	Number	Percent	Number	Percent
Respondent alone	65	28	85	36
Respondent and spouse	107	46	83	35
Respondent, spouse and children	18	8	3	1
Respondent and child (children)	11	5	23	10
Respondent, child and family	8	3	10	4
Respondent and sibling(s)	6	2	5	2
Other combination or congregate-care facility	20	8	26	12
Total	235	100	235	100

A large majority (about 80 percent) in both 1960 and 1970 were residing in households in which everyone was old (Table 9). Relatively few of the units in 1970 (18 percent) contained anyone under age 60. The age-graded nature of these households is part of a larger pattern of age-segregation that characterizes the social lives of the respondents (see Chapter 4).

#### Residential Mobility

American society has been characterized for several decades by high rates of residential mobility. About one out of every five families moves yearly. The present generation of older persons, however, evidences a very



different set of residential histories. Many have spent their entire lives within short distances of birth places. Moves occurring in the later years of life usually reflect an inability of individuals to maintain themselves in old age. Previous studies indicate that only a very small proportion of the aged (about 1 percent) pull up stakes late in life and move to retirement states.

Table 9. Age-Grading in Household Composition, 1960 and 1970

Age Composition of Household	1960		1970	
	Number	Cumulative Percent	Number	Cumulative Percent
Living alone	66	28	85	36
Living with spouse	107	74	83	71
Others in household all over age 60	7	77	12	76
In congregate-care facility	0	77	14	82

As the following data suggest, these older respondents had experienced little residential mobility over their lives. At the time of the first interview in 1960, most were well established in the neighborhoods in which they were then living (Table 10). Nearly two-fifths (38 percent) had located in their neighborhoods before age 40, and all but 13 percent were there before age 60.

One-fourth of the respondents (25 percent) had changed residence during the decade. Only one person moved out of the state, only to return a short time later. The rest remained within the state, and many (29 percent) moved only within the confines of their home communities. One-fourth of these late-life moves (24 percent) were to congregate-care facilities, and an additional one-fourth (24 percent) were to homes of children or siblings.

Table 10. Length of Residence in Neighborhood, 1960

	<u>Number</u>	<u>Percent</u>
All their life	30	13
Since childhood	15	6
Since their 20's	23	10
Since their 30's	21	9
Since their 40's	54	23
Since their 50's	59	25
Since age 60	31	13
No answer	2	1
Total	235	100

Question: How long have you lived in this neighborhood?

Moves during the past decade were precipitated to a considerable degree by factors outside the control of the aged. Two-fifths (41 percent) of the changes in residence were brought about by personal problems such as a deterioration in health, dependencies created by advancing age, or the death of a spouse. An additional one-tenth (9 percent) of the moves were necessitated by urban renewal or the sale of rented property. One in every ten moves (9 percent) was the result of major changes in the respondents' life situations, such as retirement from farming.

A sizable number of respondents moved to their present location during middle age. They may have moved to Iowa toward the end of their work career in preparation for retirement, or always have lived in Iowa. To determine their life-time mobility patterns, the respondents were asked where they were born, and where they had lived during their 30's and 40's.

It was found that two-thirds (67 percent) of the respondents were born in Iowa, having now lived over three-quarters of a century in the state. In fact, one-third (33 percent) were born in the same county in which they were presently residing. The great majority of respondents (80 percent) were already situated in Iowa by early middle age (Table 11).

Table 11. Residence at Birth and Between 30 and 50 Years of Age

Current Residence	Birth		Between 30 and 50 Years of Age	
	Number	Percent	Number	Percent
Same county as 1970 residence	77	33	73	31
Another county in Iowa	79	34	114	49
Outside Iowa	76	32	15	6
Partly Iowa, partly elsewhere	--	--	18	8
No answer	3	1	15	6
Total	235	100	235	100

Question: Where were you born? In which States did you live when you were in your thirties and forties?

Rural to urban migration has been a prominent feature of American society during the past forty years. Although our respondents have been relatively immobile, a sizable number had migrated earlier from rural to urban areas. One-half (51 percent) grew up on a farm, and an additional 14 percent spent at least part of their childhood on a farm. Yet in 1970 only 15 percent were residing in the open country or in communities of under 500 population. Evidence of rural to urban migration is further seen in the number of respondents living in large cities at different times in their lives. Less than one-tenth (8 percent) were reared in metropolitan areas. Yet over two-fifths (44 percent) were residing in such places in 1970 (i.e., either Cedar Rapids or Des Moines).

#### Assessment of Neighborhoods

The respondents expressed considerable satisfaction with their neighborhoods. About one-half (54 percent) rated their neighborhood as a "very good"

place for older persons to live, and one-third (35 percent) rated it as "fairly good." Only 4 percent saw their neighborhood as undesirable.

Favorable assessments were more prevalent in rural counties. The proportion rating their neighborhoods "very good" ranged from a high of 71 percent in Van Buren County to a low of 45 percent in Linn County.

The rural aged were more likely than their urban counterparts to be well acquainted with neighbors. Whereas 77 percent of the respondents in the three rural counties knew most of their neighbors on a first name basis, only 40 percent in the two urban counties reported knowing them this well (Table 12). The possible importance of familiarity with neighbors to a sense of overall satisfaction with one's neighborhood was suggested by responses to the question: "Is there anything about this neighborhood that you particularly like?" The most frequent reply was "friendliness of neighbors" (given by 52 percent). This view was more prevalent in rural counties. The urban aged, on the other hand, more often stressed the convenience of stores and services as desirable features.

Table 12. Number of Neighbors Known by First Name, by County, 1970

Number Known	Rural Counties (Percent) <sup>a</sup>			Urban Counties (Percent) <sup>a</sup>	
	Van Buren (N=34)	Hamilton (N=46)	Buena Vista (N=22)	Polk (N=65)	Linn (N=54)
Most	85	74	72	38	42
Some	6	9	14	11	17
Few or None	9	17	14	51	41
Total	100	100	100	100	100

<sup>a</sup>Persons in congregate-care facilities were not included in this analysis.

Question: Would you say that you know most, some, only a few, or none of your neighbors by their first name?

The respondents were asked in both 1960 and 1970 to rate their neighborhoods on a set of problem characteristics. Less than 15 percent indicated at each time period: (1) that there were too many children, (2) there was a shortage of friendly neighbors, and (3) there was too much noise. Only 6 percent reported in 1970 that there was too much crime in their part of town.

The lack of public transportation in their neighborhoods, however, was noted as a problem by a sizable number (31 percent) in 1970, along with not being close enough to church (22 percent) or close enough to stores and shopping (17 percent). The proportions reporting these problems increased several fold over the decade (Table 13).

Table 13. Perceived Problems With Neighborhood, 1960 and 1970

Problem	Proportion Reporting As Problem	
	1960	1970 <sup>a</sup>
Too many children	2	4
Too few friendly neighbors	3	4
Too much noise	5	13
Too much crime	not asked in 1960	6
Unavailability of public transportation	7	31
Too far to church	4	22
Too far to shopping	4	17

<sup>a</sup>Persons in congregate-care facilities were not included in this analysis.

Other data on transportation problems of these respondents, reported in Chapter 7, suggest they are presently less likely to drive a car, or to have ready access to transportation. This loss creates dependency on friends and relatives, especially children, if the aged are to get out and around. The absence of public transportation in some communities, coupled with possible difficulties in regularly mobilizing supportive help through kin-friendship systems, can seriously jeopardize the older person's continued involvement in community life and may eventually produce social isolation.

What is the worst of woes that wait on age?  
 What stamps the wrinkle deeper on the brow?  
 To view each loved one blotted from life's page,  
 And be alone on earth as I am now.

Byron

## CHAPTER 4

### THE SOCIAL WORLD OF OLDER PERSONS

Research into the lives of older persons has tended to concentrate on tangible problems; such as, health status, income, and housing. Lesser attention has been paid to changes in the volume and meaning of social relationships. Yet it is clear that some of the most traumatic losses in old age are associated with the death of a spouse, relatives, or close friends. Furthermore, the social networks of older persons offer a potential resource for securing needed supportive services as they become dependent on others.

Unfortunately, little information was collected in 1960 on the social interaction patterns of the respondents (either with children, siblings, or friends). We nevertheless felt it important that such information be obtained in 1970 because of the prominence of social ties in the overall life patterns of the aged, and their possible significance for adaptation to decremental losses incurred in aging. The absence of base-line data from 1960 precluded, however, a systematic assessment of change in interaction over the past decade.

#### Social Contacts

Changes in housing patterns, described in Chapter 3, reveal the constricting social lives of the respondents. The number living alone increased over the decade (from 28 to 36 percent). Three-fourths either were alone in 1970 or only had a spouse present in the household.

Overall, one-fourth of the household units had undergone attrition during the decade, largely as a result of death. Increases in household size, when these occurred, were primarily a result of crisis situations

where dependency needs of the respondents required they move in with children or enter nursing homes.

Respondents were asked in 1960 to list persons with whom they had visited during the two weeks preceding the interview. Four-fifths reported they had contact with a friend or neighbor, three-fifths had seen a child, two-fifths had seen a sibling, and one-half had seen another relative.

We obtained more complete information in 1970 on the interaction patterns of the respondents. Rather than asking about persons seen in a period just prior to the interview, we solicited information on all persons seen regularly, either on a daily or weekly basis. It was found that nearly all (84 percent) saw at least one person regularly every day. About one-third saw a spouse (37 percent), friends or neighbors (33 percent) and children (31 percent) on a daily basis. Lesser numbers interacted daily with siblings (10 percent) or other relatives (11 percent, Table 14).

Table 14. Persons Seen Daily or Weekly, 1970

Person Seen	Daily		Weekly (including daily)	
	Number	Percent	Number	Percent
Spouse	83	37	83	37
Children	72	31	143	61
Siblings	24	10	57	24
Other relatives	26	11	46	20
Friends and neighbors	77	33	149	63
Seeing any one person	198	84	230	98

Enlarging the parameters of social contact to a weekly basis, we found that the proportion of respondents who had contact with these individuals had doubled. The proportion who saw a child at least weekly increased from 31 to 61 percent, from 10 to 24 percent for sibling contact, from 11 to 20 percent for other relatives, and from 33 to 63 percent for friends or neighbors. Only 2 percent of all the respondents did not interact on a weekly basis with any particular person.

### Children

Children comprise an important part of the social contacts of the respondents, and almost exclusively constitute the sustained interactional links they have with younger persons. Thirty-five respondents (15 percent) had no children. Those with families averaged 3.1 children. Seventeen respondents had lost one or more children through death during the decade.

### Location of Children

The physical availability of children is important in determining opportunities for familial interaction. A substantial proportion (45 percent) of all children were located in the same county as their parents, and 33 percent were residing in the same community. One-third of the children had left the state (Table 15).

Table 15. Residential Location of All Children and Siblings, 1970

Residential Location (Relative to Respondents)	Children			Siblings		
	Number	Percent	Cumulative Percent	Number	Percent	Cumulative Percent
Same household	43	7	7	6	1	1
Same neighborhood	42	7	14	30	6	7
Same community	114	19	33	61	12	19
Same county	78	12	45	61	12	31
Elsewhere in Iowa	139	23	68	134	28	59
Outside Iowa	199	32	100	197	41	100
Total	615	100		489	100	

A further consideration is the number of respondents having a child nearby. A substantial number were found to have at least one child readily available. Three-fifths had a child living in the county, one-half had a child in the community, and one-fourth had a child in the neighborhood. Only 29 respondents had their nearest child located outside Iowa (Table 16).



Table 16. Residential Location of Nearest Child and Sibling, 1970

Residential Location (Relative to Respondents)	Child		Sibling	
	Number	Cumulative Percent	Number	Cumulative Percent
Same household	37	16	6	3
Same neighborhood	28	28	17	10
Same community	54	51	34	24
Same county	23	61	24	34
Elsewhere in Iowa	25	72	46	54
Midwestern state other than Iowa	17	79	21	63
Elsewhere in nation or abroad	12	84	32	77
No children or siblings	35	99	50	98
Unable to determine location	4	100	5	100
Total	235		235	

Physical availability of children not only is essential for frequent familial interaction, but may be increasingly important with the advancing age of parents for the provision of needed assistance. As reported in Chapter 8, children are a major source of personal assistance for the aged. It must be remembered, however, that these children, like their parents, were advanced in age. Most were in their 50's and some (10 percent) were over 60 years of age. Thus, we are talking not only about aged parents, but in many cases about aged children. The ability and willingness of children to provide assistance to dependent parents is contingent on their own physical well-being and economic status, which like those of their parents may be undergoing decremental change with advancing years.

#### Geographic Convergence

Location of the nearest child is an important consideration in assessing intergenerational familial contact and provision of assistance. The amount

of help received or the amount of personal contact will be affected by changes in the residential propinquity of parents and children. It is believed by some that with increasing age there is a geographic convergence between aged parents and one of their children; that one child becomes more accessible through residential mobility. Because changes in familial assistance and contact were important in this research, we examined the extent to which such geographic convergence was in fact occurring.

In the 1960 and 1970 surveys we were able to determine the residential location of children relative to the household of parents. It was, therefore, possible to establish whether respondents lived nearer a child in 1970 than in 1960. Since the idea of geographic convergence suggests that the accessibility of any child will affect intergenerational contact and help received, it was not necessary to determine which child lived closer.

Basically, we could find no support in these data for the idea of geographic convergence. A large proportion of respondents (46 percent of those with children) had at least one child in the same general location in both 1960 and 1970. About the same number had their nearest child living farther away in 1970 as had their nearest child living closer (26 and 23 percent, respectively, Table 17).

Table 17. Change in Location of Nearest Child, 1960 to 1970--Geographic Convergence

<u>Location of Nearest Child</u>	<u>Number</u>	<u>Percent</u>
A child in same general location	92	46
Nearest child farther away	52	26
Nearest child closer	46	23
No answer or incomplete information	10	5
Total number with children, both periods	200	100

It is, however, possible that the residential mobility of either parents or a child does not seriously affect intergenerational familial

contact because the parents are, despite mobility, living near at least one child. Because of the ready availability of transportation for the children of our respondents, we considered a child living within an hour's drive or within the same county to be highly accessible. Two-thirds of the respondents with children had a child this close in both 1960 and 1970 (Table 18). Thus for most there was at least one child that could provide needed assistance or with whom frequent personal contact could be maintained. Only 18 percent of the respondents with children had the nearest child outside this "high accessibility area" in both 1960 and 1970. Very few (4 percent) experienced geographic convergence in having a child move into this area during the decade. More (7 percent) had their nearest child move farther away (Table 18).

Table 18. Nearest Child Within High Accessibility Area, 1960 and 1970

	<u>Number</u>	<u>Percent</u>
Nearest child within hour's drive or in county, both periods	133	66
Nearest child not within county or hour's drive, both periods	35	18
Nearest child moved into county or hour's drive during decade	8	4
Nearest child moved outside county or hour's drive during decade	14	7
No answer or incomplete information	10	5
	<hr/>	<hr/>
Total number with children, both periods	200	100

#### Contact with Children

Many of the children were maintaining frequent face-to-face contact with their aged parents. Two-fifths saw their parents at least weekly, and 16 percent had regular daily contact. A sizable group (42 percent), however, saw their parents only a couple of times a year, or less often (Table 19).

Table 19. Contact Children and Siblings Have With Respondents, 1970

Frequency of Contact	Children		Siblings	
	Number	Percent	Number	Percent
Daily	98	16	33	7
Weekly	152	25	73	15
Monthly	101	17	56	11
Several times a year	128	21	110	22
Less often	132	21	219	45
Total	611	100	491	100

Three-fifths (61 percent) of the respondents saw the same child each week, and one-third (31 percent) saw the same child daily. One-fourth (27 percent) of the respondents either had no children or did not see a particular child more than once or twice a year (Table 20).

Table 20. Contact With Most Often Seen Child and Sibling, 1970

Frequency of Contact	Child			Sibling		
	Number	Percent	Cumulative Percent	Number	Percent	Cumulative Percent
Daily	72	31	31	24	10	10
Weekly	71	30	61	33	14	24
Monthly	22	10	71	30	13	37
Several times a year	15	6	77	31	13	50
Less often	15	6	83	63	27	77
No children or siblings	35	15	98	50	21	98
Unable to determine contact	5	2	100	4	2	100
Total	235	100		235	100	

The respondents were asked in 1960 to indicate how frequently they saw their children, using the categories reported in Table 21. We were able by aggregating the information obtained on each child in 1970 to replicate these categories and examine changes in general levels of familial interaction over the decade. One-third of the respondents reported at both periods that they saw all their children at least monthly. A greater number in 1970 than 1960 reported they saw at least some of their children on a monthly basis (53 and 22 percent, respectively). Conversely, a smaller proportion in 1970 saw their children infrequently (Table 21).

Table 21. Change in Contact With Children and Siblings, 1960 to 1970

Frequency of Contact	Children (Percent)		Siblings (Percent)	
	1960 (N=201)	1970 (N=200)	1960 (N=206)	1970 (N=185)
All seen at least monthly	33	31	24	16
Some seen at least monthly	22	53	8	32
All seen several times a year, but not monthly	9	7	5	10
Some seen several times a year, but not monthly	20	1	23	7
All seen less than several times a year	14	8	33	34
Unable to determine contact	2	--	7	1
Total	100	100	100	100

When specifically asked in 1970 about recent changes in the level of contact with their children, most (76 percent) perceived this interaction as remaining constant, 7 percent said it had declined, and 16 percent reported increased contact.

### Siblings

Familial ties with brothers and sisters commonly are not as strong as with children, but they nevertheless comprise an important element in

the social lives of some older persons. In fact, general observation suggests that the aged may develop a renewed sense of solidarity with sibs in the later years of life as they mutually experience constricted social contact with friends.

A major problem in maintaining ties with siblings for the aged is that their brothers and sisters also are becoming old. One-half of the respondents reported losing one or more sibs through death during the decade. These likely were salient losses in their lives and sharpened their concern over being left alone in old age.

#### Location of Siblings

Siblings were less likely than children to be located near the respondents. Whereas 45 percent of all the children were located in the same county as their parents, only 31 percent of the siblings were living this close. A larger number of brothers and sisters than children were living outside the state (Table 15). Similarly, the proportion of respondents with a sibling nearby was considerably below that for children. Almost twice as many respondents had a child in their county as had a brother or sister in this location (61 and 34 percent, Table 16).

#### Contact with Siblings

Most siblings (67 percent) saw the respondents only infrequently (several times a year or less). A small number, however, maintained weekly (15 percent) or daily (7 percent) contact (Table 19).

The number of respondents who frequently visited with the same brother or sister was well below those regularly interacting with children. As reported in Table 20, 61 percent of the respondents had at least weekly contact with a particular child, but only 24 percent saw any one sibling this often. One-half (48 percent) of the respondents either didn't have siblings or did not see any one brother or sister more than once or twice a year (Table 20).

A comparison of the 1960 and 1970 data reveals that contact with siblings, as with children, was increasing for some respondents. Whereas 32 percent saw all, or at least some, of their siblings monthly or more frequently in 1960, 48 percent saw siblings this often in 1970 (Table 21).

### Confidants

Although older persons retain considerable mastery over their changing lives, and generally are resilient to adverse alterations in their situations, there is a great deal of anxiety about the future. A sudden loss of health, physical immobility, serious financial problems, or the loss of personal independence are real possibilities at this age.

One of the paramount anxieties of the aged is a fear of being left alone; of becoming separated from family and friends and spending one's final years in isolation and loneliness. Previous research has suggested that the onset of social isolation can be demoralizing and in some cases may precipitate mental illness. The availability of a "confidant," a person with whom one can enjoy an intimate relationship and in whom he can confide about personal problems, appears to serve an important function in retarding a sense of loneliness and despair in the face of an otherwise constricting social life space. We sought in this study to determine whether our aged respondents had confidants, and to document the nature of these relationships.

The following question was asked in the interviews:

"Is there any one person you feel particularly close to? We are thinking of someone other than your husband/wife or a child whom you share your innermost feelings with; someone you feel you can really depend on; in other words, someone who is closer to you than 'just' a friend?"

Over one-half of the respondents (54 percent) identified a particular person with whom they enjoyed a close relationship, and 14 percent named two such persons. Two-thirds (64 percent) of the 160 persons so identified were friends, many being neighbors with whom the respondents had enjoyed life long relationships. The remaining one-third were siblings or other relatives to whom they had grown particularly close.

Considerable sex and age homogeneity existed in the confidant relationships. The majority (84 percent) were persons of the same sex. One-half of the confidants were within ten years of the age, and nearly two-thirds (64 percent) within 15 years of the age of the respondents.

Confidants were important in the overall interaction profiles of the respondents. One-fourth (28 percent) were seen daily and 70 percent were seen at least weekly. Only ten confidants were seen less than once a month.

The confidants for the most part had known the respondents for many years. As one person put it: "Alice and I have grown together over the years and now enjoy a very close relationship."

It appears that disruptive changes in the lives of the respondents, such as loss of a spouse, served to further solidify the relationships of many and make confidants more central to their lives. In the intimacy of the confidant relationship the respondents had a buffer against becoming isolated and neglected.

The advanced ages of the confidants poses a threat, however, in that they too might suddenly die, producing possibly traumatic losses for the respondents. One-third (36 percent) indicated that they had in fact lost a confidant, and 16 percent reported losing two such persons. Death accounted for 67 percent of these losses, while the residential mobility of confidants accounted for an additional 22 percent.

#### Age-Grading in Social Interaction

An added characteristic of older persons' interaction is that social ties, outside of family relationships are primarily with other older persons rather than across generational lines. Age-grading in social interaction is produced by several factors: (1) an absence of younger persons in the household, (2) extension into old age of long-established friendships, (3) solidarity among siblings, (4) age-grading in organizational activities, and (5) the severing of friendship ties accompanying occupational retirement. But perhaps the most important factor contributing to the maintenance of age-graded interaction is that to a considerable degree the aged share common problems, needs, attitudes, and life styles that allow a "universe of discourse." The immediacies of their daily lives diverge in significant ways from younger persons still caught up in earning a living, raising families, and the like.

Information was obtained in 1970 on the number of persons seen daily and weekly, as well as on the ages of these persons. Of the 470 persons seen on a daily basis, over three-fifths (62 percent) were old (i.e., age 60 or older). This proportion dropped only slightly (to 58 percent) when considering the nearly one thousand persons regularly interacted with each week.



Children account for the bulk of younger persons seen daily (comprising 66 percent of the contacts under age 60) or weekly (69 percent). Relatively few (18 percent) of the friends and neighbors visited with regularly were under age 60.

The interaction profiles of individual respondents provide further evidence of the age-grading which characterizes their lives. Three-fifths (59 percent) had no regular daily contact, and 23 percent no regular weekly contact with younger persons (Table 22). The extent of this age-graded interaction increased considerably when contact with children was removed. Over four-fifths (84 percent) were found to have no regular contact during the week with persons, other than their children, who were under 60 years of age.

Table 22. Proportion of All Persons Seen Daily and Weekly Who Are Same Generation as Respondents (Aged 60 or Older)

Proportion of All Persons Seen Regularly Who Are Aged	Seen Daily		Seen Weekly (including daily)	
	Number	Percent	Number	Percent
0	46	20	39	17
1-29	5	2	29	12
30-59	29	12	47	20
60-79	12	5	37	16
80-99	5	2	25	11
100	101	43	49	21
No contacts	37	16	5	2
Age of contacts not available			4	1
Total	235	100	235	100

Though summer goes, remember  
 The harvest fields;  
 The color-work of autumn  
 And what it yields.

F. Adler

## CHAPTER 5

### ACTIVITIES AND ORGANIZATIONAL PARTICIPATION

#### Activities

Aging often brings considerable disengagement from social relations, organizational participation and personal activities. To demonstrate this, investigators in previous surveys have usually compiled lists of commonly pursued activities, particularly leisure activities. Interpretation of this data, however, is difficult. Without information on the relative enjoyment received from activities, what activities have been given up with advancing age, and whether individuals now are participating in activities because they are prevented from pursuing more preferred activities, the overall meaning of current involvement patterns cannot be fully ascertained.

The question was asked in both the 1960 and 1970 surveys: "What activities give you the greatest satisfaction in life today?" The kinds of activities providing greatest satisfaction, not the total number of activities, were analyzed. Stamp collecting and carving, for example, were treated as one type of activity (i.e., hobbies). It is possible with this longitudinal data to not only determine the different types of activities which provided the greatest satisfaction in the respondents' lives in 1960 and then later in 1970, but also to obtain a measure of changes in their preferred activity patterns over the decade.

A large number of activities were listed in 1960 as bringing greatest enjoyment to the respondents. There were two underlying dimensions to these activities: whether they were home-centered or community-centered, and whether they entailed individual activity or interpersonal relations. First, many activities bringing greatest enjoyment to respondents in 1960--radio and T.V.

(mentioned by 66 percent), contact with friends and neighbors (66 percent), working around the house (56 percent), and hobbies (36 percent)--were home-centered (Table 23). No doubt much of their contact with children (64 percent) and contact with other relatives (49 percent) similarly occurred in or around their residences. Second, interpersonal contacts in the form of friendships and family relationships appear to have been highly valued in 1960. Contacts with children and with friends and neighbors were each listed as sources of greatest satisfaction in life by over two-thirds of the respondents. In addition, one-half reported deriving great enjoyment from their contact with other relatives.

Table 23. Types of Activities Bringing Greatest Enjoyment, 1960 and 1970

Activity	1960		1970	
	Number	Percent	Number	Percent
Staying around the house	84	36	3	1
Working around the house	132	56	22	9
Church or religious activities	129	56	31	13
Social activities	61	26	32	14
Radio and T.V.	155	66	78	33
Hobbies	85	36	132	56
Politics	32	14	--	--
Contact with children	151	64	16	7
Contact with other relatives	115	49	2	1
Contact with friends and neighbors	154	66	38	16

Question: What are the activities that give you the greatest enjoyment in life today?

Ten years later the majority of respondents (83 percent) listed fewer activities as providing greatest satisfaction in their lives. The average number of different types of activities that brought satisfaction dropped from five in

1960 to two in 1970. Only two types of activities were listed in 1970 as a source of greatest satisfaction by as many as one-third the respondents--hobbies (56 percent) and radio and T.V. (33 percent). Hobbies were the only activity listed by more persons in 1970 than in 1960 (56 and 36 percent, respectively). Radio and T.V., which in 1960 were one of the major sources of satisfaction to older persons (mentioned by 66 percent) were greatly enjoyed by only one-half as many individuals (33 percent) in 1970. Similarly, the number who found great satisfaction in social activities declined by one-half (from 26 to 14 percent). In all other areas, at least 75 percent fewer persons found greatest enjoyment in those kinds of activities in 1970 than in 1960.

Home-centered activities remained an important source of personal satisfaction for the respondents in 1970. In addition to radio and T.V., and hobbies, additional probing determined that some respondents received enjoyment from sitting and watching people (18 percent), from sewing (10 percent) or writing letters (15 percent).

The most significant change in the last decade was the marked decrease in the number of respondents reporting friendships and family relationships as a major source of satisfaction in their lives. In 1960, all forms of social contact--contact with children, contact with other relatives and contact with friends and neighbors--were each sources of greatest personal satisfaction for at least one-half of the respondents. In 1970 less than one-tenth (7 percent) of the respondents reported contact with children brought them greatest satisfaction in life and only 1 percent received greatest satisfaction from contact with other relatives. Contact with friends and neighbors was still enjoyed by some respondents in 1970. There was, however, a major decline over the decade in the number of persons reporting greatest satisfaction from this contact (66 and 16 percent, respectively). This, of course, does not mean the respondents did not enjoy their contact with friends and relatives, but rather that it was no longer considered the major source of satisfaction in life.

We feel these findings in combination with other information previously reported provide rather telling evidence of the changing nature of the interpersonal relations of older persons. Social contacts are no longer the

major source of personal satisfaction in life. The respondents maintain regular contact with a few of their children and other relatives, but they have very little contact with the full range of relatives. Much of the help they receive to meet daily needs is provided by relatives. Contact with relatives, particularly children, appears to have shifted somewhat from a strictly emotional to an instrumental base.

#### Other Enjoyable Activities

The sharp constriction in the social world of the respondents in the last decade is further demonstrated by their responses when we "probed" about other activities they enjoyed in 1970. With the exception of radio and T.V., there was little similarity between the activities of "greatest" enjoyment for respondents and the "other activities" they enjoyed. For example, only seven persons when probed indicated they enjoyed contact with friends and neighbors, and eight said they enjoyed their relationship with children.

#### Activities Once Enjoyed

Respondents were asked in 1970 if there were any activities they once enjoyed but which had been given up. The activities most frequently listed were: sports (19 percent), hobbies and crafts (11 percent), and working around the house (6 percent). Health problems and general old age were given as major reasons for dropping previously enjoyed activities. It is significant in view of the low-income status of the respondents that no one reported giving up enjoyable activities because of financial considerations.

#### Organizational Participation

In addition to personal activities, we sought to assess changes in the respondents' level of organizational participation. They were asked in both 1960 and 1970: "Do you participate regularly in any organizations?" To focus on the possible constriction of the social world of the respondents we again analyzed the types, not number, of organizations attended. Attending church services and a church circle were treated as one type of participation (i.e., church related).

Two-thirds of the sample in 1960 indicated they attended at least one type of organization. The average number of different types of organizations attended was one. The low level of organizational participation of these respondents is consistent with findings of other studies of older persons, and is similar to the level of organizational participation evidenced by adults generally.

In 1970, two-thirds of the respondents were still participating in at least one type of organization. As indicated in Table 24, the organizations most frequently attended in 1960 were church or religious groups (53 percent attended such organizations), fraternal or social groups (21 percent), and civic or service groups (15 percent). Church groups continued to be well attended by respondents with nearly one-half (48 percent) reporting regular participation in 1970. Civic or service group membership had decreased by one-half (from 15 to 8 percent). The number participating in fraternal or social groups, on the other hand, remained the same (21 percent). Other types of organizations, such as civic, political, or business, were not regularly attended by many respondents in either 1960 or 1970 (Table 24).

Table 24. Types of Organizations Attended Regularly, 1960 and 1970

Organizations	1960		1970	
	Number	Percent	Number	Percent
Church or religious	124	53	112	48
Political	13	6	3	1
Civic or service	36	15	19	8
Fraternal or social	49	21	49	21
Professional or business	7	3	13	6
Labor union	3	1	4	2
Senior Citizen Golden Age	1	--	8	3

Question: Do you participate regularly in any organizations?

Analysis of the different types of organizations in which the respondents participated only partly reflects the respondents' total organizational involvement. For example, they participated in an average of 1.1 types of organizations in 1970, but an average of 1.4 different groups were regularly attended.

Of special interest in both surveys was the number of persons participating in organizations specifically oriented to the interests and activities of older persons, such as Senior Citizen Groups or Golden Age Clubs. Our data is consistent with previous research in indicating that few respondents (3 percent in 1970) were regularly involved in such age-oriented organizations.

Heaven is blessed with perfect rest but the blessing of earth is toil.

Henry Van Dyke

## CHAPTER 6

### EMPLOYMENT AND INCOME

#### Employment

Americans are withdrawing from the labor force at an ever younger age. Occupational retirement is voluntarily prompted for some out of a desire for more leisure time and freedom from the demands of the work-a-day world. Retirement for most, however, is necessitated by poor health, diminished energy, or company rules.

Adjustment to retirement is commonly beset with problems. Not only do the aged face a sharp constriction in their income upon leaving work, with attendant consequences for maintaining established life styles, but they face the loss of other important meanings as well. Americans place a high value on the pursuit of instrumental, or productive, activities. Retirement, by bringing a life of leisure and consumptive roles, demeans the individual and often leaves him with a sense of uselessness and diminished self-worth. Unfortunately, our society provides few viable alternatives to gainful employment which offer adequate substitute meanings for those lost at retirement.

One purpose of the 1970 survey was to determine the level and nature of continued occupational involvement in this older population, and to assess the motives that led some to pursue a work role well into their later years of life. We found that only 33 persons (14 percent of all the respondents) were still working in 1970. It must be remembered that because of their advanced ages a majority of the respondents (70 percent) were women, many of whom had never been in the labor force. Persons still employed were predominantly in their 70's, with only two over 80 years of age. Nine percent of the women were employed, as compared to 30 percent of the men.

The 33 employed respondents were in a variety of occupational roles: 10 were farmers or farm workers, 14 were blue-collar workers, 4 were working



as salesmen or retail clerks, 4 operated businesses, and one person was in professional employment. Nearly one-half (45 percent) were self-employed. Two-thirds were in the same positions they held when interviewed in 1960. The remainder had either changed jobs during the decade, or had re-entered the labor force.

Persons who were still employed were asked about the possible enjoyment received from continued work. Three-fifths (62 percent) indicated they were getting a great deal of personal satisfaction from their jobs, and an additional 38 percent reported enjoying their work "fairly well." Only one respondent indicated he was deriving little satisfaction from his employment.

When asked if they would rather be retired, all but three respondents indicated a desire to continue working. The motives for wishing to continue working centered almost exclusively on noneconomic benefits such as personal satisfaction derived from work, to keep busy, opportunity to meet people, and the sense of feeling useful by being productive. Only three persons who wanted to continue working stressed financial considerations as the primary benefit of their continued employment.

We similarly asked persons who were now retired if they would prefer, given the choice, to be employed. Two-fifths (40 percent) indicated a desire to be working. Almost all (90 percent) of these persons, when asked why they were not presently employed given such a preference, said that a general slowdown due to aging, or health problems, precluded their returning to the labor force. Many obviously would have difficulty finding jobs because of their advanced age even if they sought to be actively employed.

#### Income

The low-income status of a sizable proportion of the aged population in the United States has been well documented. Whereas persons aged 65 and older comprise about one-tenth of the national population, they constitute one-fifth of all Americans who are poor. Using income criteria developed by the Social Security Administration, nearly one-third of the aged are in poverty and an additional 15 percent can be considered "near poor" (i.e., living on incomes that provide little more than the bare necessities of life). Older persons

living alone are nearly three times as likely to be in poverty as are the aged in family situations (55 percent of those living alone are poor).

While the financial status of older persons has been improving in absolute terms in recent decades, they have not made gains relative to other segments of the population. The projection of future income possibilities of the aged based on anticipated social security coverage, pension programs, accumulated savings, and other financial considerations, offers little hope that their financial status relative to other age groups will be materially improved over the next decade.

A particularly critical aspect of the income problems of the aged is the sudden loss in earnings accompanying retirement. Those from middle-class backgrounds who find themselves at the poverty level at retirement are particularly susceptible to becoming demoralized in old age. These "skidders" are made acutely aware of the degree of their deprivation in comparing their present situations to earlier patterns of life.

About one-tenth (8 percent) of the respondents in 1970 reported an income of less than \$1,000, and one-third (31 percent) had an income of under \$2,000. Conversely, only 9 percent reported an income of over \$8,000 (Table 25).

The most economically deprived were those living alone or residing with children or siblings. One-tenth of the intact households had an income of under \$2,000 as compared to 40 percent for persons living alone and 50 percent for those residing with a child or sibling.

An increase in income during the last decade had been experienced by one-half (55 percent) of the respondents. The increase for most, however, was small. Over one-fourth (29 percent) experienced a drop in income over the decade, and 16 percent reported no change.

The real financial attrition suffered over the decade, however, is best revealed in their diminished purchasing power. The rate of inflation as reflected in the consumer price index over the 1960-70 decade was about 30 percent. Thus, to merely "stay even" in absolute terms, the income of the respondents had to grow by about one-third. Yet less than two-fifths realized an income gain of this magnitude. Moreover, other segments of the population were making substantial financial improvements during the last ten years, thereby further widening the income differential between the generations.

Table 25. Income, 1960 and 1970

Income	1960		1970	
	Number	Percent	Number	Percent
Less than \$1,000	26	11	19	8
\$1,000-1,999	59	25	54	23
\$2,000-2,999	32	14	44	19
\$3,000-3,999	19	8	24	10
\$4,000-4,999	19	8	18	8
\$5,000-7,999	19	8	27	11
\$8,000-or more	7	3	20	9
No answer	54	23	29	12
Total	235	100	235	100

Question: Here is a card listing incomes. Tell me the letter that best corresponds to your total income last year. Be sure to include money that you got from work, pensions, insurance, stocks, social security, children, relatives, or any other sources.

#### Income Perceptions

The perceived sufficiency of one's income may be more important to morale than the number of dollars received. The respondents were asked in both 1960 and 1970 to assess the adequacy of their yearly income. There was little change in this assessment. About one-fifth reported at both periods that they had more than enough to live comfortably. An additional two-fifths described themselves as having just enough to be comfortable. On the other hand, one-third at both periods defined their situations as "just scraping by" and 9 percent saw their incomes as insufficient to live on (Table 26). Persons living with children or siblings were the most discouraged by their situation, with three-fifths (61 percent) suggesting that they were just getting by or were destitute.

Table 26. Perceived Adequacy of Income, 1960 and 1970

Perception of Income Adequacy	1960		1970	
	Number	Percent	Number	Percent
Income more than enough to meet all needs comfortably	38	16	52	22
Income just enough to meet needs comfortably	91	39	82	35
Income just enough to get by on	74	31	75	32
Income insufficient to live on	21	9	21	9
No answer	11	5	5	2
Total	235	100	235	100

Question: How adequate is your total income now?

When asked in 1970 to assess changes in their financial status in recent years, most (57 percent) perceived no change. One-fourth (27 percent) reported that their situation had deteriorated. Only a small minority (14 percent) saw their financial situation as having improved.

There are several standards the aged can use in evaluating the adequacy of their income: (1) their own earnings at a younger age, (2) earnings of younger persons, (3) the financial status of previous generations of older persons, and (4) earnings of other persons who are similar in age. A sense of deprivation or disadvantage for older persons may be precipitated by the first two types of comparisons, while the latter two referents may provide a possible sense of advantage. In absolute terms, the income status of the aged population has improved over that of their predecessors. Similarly, the widespread belief (not without merit) that many older persons are destitute can result in a relatively favorable evaluation of their own financial situation.

Thus, an income with which an individual can "just scrape by" may still permit a positive self-evaluation.

That these respondents maintain a sense of financial advantage over others in their age group is indicated by our data. We asked them how they felt their financial situation compared to other older persons. A large majority (72 percent) reported they were as well as or better off than most older persons. Less than one-fifth (18 percent) perceived themselves to be comparatively worse off.

These respondents were, for the most part, maintaining financial independence from children and other relatives despite their very precarious income status. Nearly all reported they were "making do" with their income and were not receiving either temporary or regular financial assistance from others (Table 27).

Table 27. Patterns of Financial Dependency, 1970

	Indicated No Assistance Received	
	Number	Percent
To borrow a few dollars until your next check comes?	211	90
Additional money to pay unexpected bills or pay for expenses you could not afford?	204	87
Some regular financial help in meeting your monthly bills?	222	94

Question: All of us have problems with money now and then. In the last few years have you needed:

The loss of youth is melancholy enough, but to enter into old age through the gate of infirmity most disheartening.

Walpole

## CHAPTER 7

### HEALTH AND PHYSICAL MOBILITY

Diminished energy and deterioration in physical health with advancing age is seen by most persons as inevitable. Data from national samples indicate older persons experience numerous health difficulties, such as chronic health problems, limitations on daily activity, and confinement. They have higher rates of physician visits than younger persons, more frequent and longer hospital stays, and more unattended medical and dental needs.

Health ranks along with financial problems as major sources of concern for older persons. This concern arises not only from existing health problems, but also from the very real possibility that a sudden deterioration in health will precipitate serious disruptions in life patterns. Loss of good health can result in dramatic changes in the life styles of the aged by bringing: (1) a cessation of meaningful activities and social interaction, (2) reduced mobility and possible confinement, (3) a need for assistance from others with a concomitant loss of personal independence, and (4) catastrophic financial burdens.

It is a fear over what might happen with a loss of health, rather than current health difficulties, that pervades the older age groups. Health changes have a certain finality for the aged that is not present for younger persons, for whom complete recovery from ailments is more likely.

We were interested in this study in determining changes over the past decade in the health patterns reported by these respondents in 1960, and in assessing changes in the respondents' subjective assessments of their overall health status. Examination also was made of the utilization of hospital facilities, adequacy of financial resources relative to medical costs, and their perception of the desirability of alternative housing arrangements should their health fail and personal care be required.

### Perception of Health Status

As reported in Table 28, the majority of respondents rated their health as either "good" or "excellent" in both 1960 and 1970. There was a small decline over the decade in the proportion making this self-assessment (from 63 to 59 percent) and an increase in those who reported their health was "poor" or "very poor" (from 3 to 13 percent). It is significant in light of their objective health problems that three-fifths of these respondents defined their overall health status in 1970 as being good or excellent.

Table 28. Evaluation of Health, 1960 and 1970

Evaluation of Health	1960		1970	
	Number	Percent	Number	Percent
Excellent	35	15	31	13
Good	114	48	107	46
Fair	78	33	66	28
Poor	5	2	28	12
Very poor	2	1	3	1
No answer	1	1	--	--
Total	235	100	235	100

Question: In general, would you say your health now is excellent, good, fair, poor, or very poor?

This comparative assessment of health is based on responses provided at two points in time. We were also interested in determining what changes, if any, the respondents saw occurring in their health in recent years. Over two-fifths (43 percent) saw their health as appreciably deteriorated. One-half detected no change in their situation. Only one out of twenty (5 percent) saw his health as improved over what it had been a few years earlier (Table 29).

Table 29. Perceived Change in Health Status, 1970

Perceived Change in Health	Number	Percent
Declined	102	43
Remained the same	115	49
Improved	12	5
No answer	6	3
Total	235	100

Question: Has there been any change in recent years in the general level of your health? Would you say your health has declined; has remained about the same; or has improved?

#### Health Problems

The respondents were asked in 1960 to report any major health difficulties they were experiencing. This information was included on their 1970 interview schedule, and they were asked to update the status of these problems, as well as to describe any new problems that had developed. The number of health problems in 1960 and 1970, exclusive of eyesight and hearing, are reported in Table 30. There was a sharp decline in the number indicating no health difficulties (71 to 36 percent). Conversely, the number reporting one or more major problems increased substantially (from 28 to 63 percent).

When asked to indicate how the health problems they had listed in 1960 had changed over the decade, about one-third of the problems were now said to have improved or disappeared, 42 percent had remained unchanged, and one-fourth had appreciably worsened. The decreased severity or disappearance of some problems was more than offset by new health complications. Only 3 respondents reported having fewer health problems in 1970 than in 1960. Over one-half (53 percent) reported more problems, and 44 percent saw no change in the number of difficulties confronting them.

At least partial difficulty with eyesight was reported by over one-half (55 percent) of the respondents in 1960, and one-fourth (23 percent) reported some type of hearing problem. Persons reporting difficulty in these areas



were then questioned in 1970 about any change in their condition. It was found that hearing problems had worsened for one-half (46 percent) of those reporting such problems in 1960. Eyesight problems had deteriorated for one-fourth of those who earlier reported such difficulty. Only a small number of respondents indicated their hearing (6 percent) or eyesight (12 percent) problems had improved or disappeared over the decade.

Table 30. Number of Major Health Problems, 1960 and 1970<sup>a</sup>

Number of Problems	1960		1970	
	Number	Percent	Number	Percent
None	167	71	86	36
One	52	22	72	31
Two or more	13	6	75	32
No answer	3	1	2	1
Total	235	100	235	100

<sup>a</sup>Does not include hearing and eyesight problems

Question: At present, do you have any major health difficulties?

These data point up the long-term persistence of health problems which develop in old age. Respondents had to live with their infirmities, unlike younger persons who upon becoming ill can usually anticipate rapid recovery.

#### Hospital Care

About two-thirds of the respondents had been in a hospital or nursing home at least once during the decade, and one-third had made two or more visits (Table 31). Fourteen persons (6 percent) were residing in congregate-care facilities at the time of the second interview (this is the same proportion as the national average).

Table 31. Number of Hospital or Nursing Home Visits Since 1960

Number of Visits	Number	Percent
None	84	36
One	73	31
Two	44	19
Three or more	28	12
No answer	6	2
Total	235	100

Question: Have you been a patient in a hospital or nursing home since we interviewed you in 1960, when you were \_\_\_\_\_ years of age?

Fifty-three percent of the persons making hospital visits had been confined within the past two years. Only 12 percent reported that their most recent visit came before 1965. The average length of these visits was 10 days. One-tenth (11 percent) of these were for less than 3 days duration, and an additional one-tenth (11 percent) lasted over 4 weeks.

#### Ability to Pay

Cost of health care has become a major national issue. The aged are particularly disadvantaged because of their substantial health needs and limited financial resources. Medicare represents an important effort to reduce the gap between the ability to pay and the receipt of necessary services. It is a partial step toward assuring that major illness will not drain the life savings of the aged and leave them impoverished.

We did not examine the level of concern that older persons have with health costs (this has been documented in previous research). We rather attempted to determine whether the respondents felt they had deferred needed health care because of financial considerations. Two questions asked in

both 1960 and 1970 measured the saliency of financial impediments to obtaining care and reveal the extent to which economic barriers may have become more important to the health care patterns of these respondents over time.

First, the respondents were asked if they had incurred any medical or dental costs that they felt they could not readily afford to pay. Nearly everyone reported they had been able to cover these costs without undue difficulty. The proportion taking this position actually increased slightly (from 84 to 93 percent) over the decade.

Second, they were asked if there were any health services which were needed, but which were not now being obtained because of cost. Again, almost all indicated in both 1960 and 1970 (87 percent and 93 percent, respectively) that such services had not been deferred because of financial considerations.

It must be recognized in interpreting these data that we are concerned with payment for care actually received, and not with the anxiety the respondents had over their ability to cover future costs should their health seriously deteriorate. Most were living on fixed incomes and had little flexibility in their budgets to meet major medical expenses. Financial matters comprise a major worry for them; a concern that is heightened in no small part by the possibility of sudden changes in their health requiring major financial expenditures.

#### Health Needs and Housing

The aged are caught in a considerable dilemma when their health fails and they are unable to care for themselves. A new housing arrangement often is required, but the alternatives frequently are unacceptable to older persons. This is pointed up in the responses obtained in 1960 to the question: "Which of these living arrangements would be acceptable to you if circumstances led you to seriously consider them?" Respondents were asked to rate the acceptability of: (1) living with children, (2) living with siblings or other relatives, (3) entering a boarding home (with meals and domestic services provided), (4) entering a project for the elderly (with separate apartments permitting relatively independent self-maintenance), or (5) going to a nursing home (providing personal and medical care).

Each of these alternatives was rejected by a large majority of respondents (Table 32). Four-fifths said they would not want to live with children, 91 percent opposed moving in with relatives, and 88 percent did not want to enter a nursing home. A project for the elderly was considered the most acceptable, but even this was rejected by a majority of respondents (69 percent). This latter solution is unrealistic for those in poor health, since it requires considerable physical independence.

Table 32. Evaluation of Selected Alternative Living Arrangements, 1960

Arrangement	(Percentage)				Total
	Respondents' Present Arrangement	Acceptable	Unacceptable	No Answer	
Live with children	5	13	81	1	100
Live with siblings or other close relatives	1	6	91	2	100
Boarding home		8	90	2	100
Nursing home		10	88	2	100
Project for elderly		29	69	2	100

In 1970 we again posed the question of alternative housing arrangements. Specifically, those living in their own residences were asked: "If in the future you find your health declining and are unable to keep up these living quarters, what would you probably do--move in with children, have a friend or relative move in here, go to a nursing or convalescent home, or would you likely do something else?"

The possibility of a change being required in their present housing arrangement was disturbing to some respondents (13 percent reported they had given it no thought), yet it is a possibility that most must consider regularly. A sizable number (19 percent) resisted the notion of leaving their own homes and said they would obtain assistance by having a relative or friend move in with them or would hire help. Ten percent said they would get a smaller house or apartment where they could maintain themselves.

For some, however, there appeared to be little alternative to either moving in with children (6 percent indicated this as a likely possibility) or going to a nursing home (30 percent). That either of these moves in later life can be painful is suggested by the fact that both signify a loss of personal independence, which is important to the aged, and neither is personally attractive, as indicated by the evaluations made in 1960 (Table 32).

Persons who did not suggest that they would move in with children were further questioned as to why this solution was unacceptable. Most (48 percent) were unable, or unwilling, to articulate specific reasons beyond, as one person put it: "Living with children does not make for a good arrangement, either for children or the parents." A more specific reason given by one-fourth (24 percent) was the financial burden joint residence imposes on children. Understandably, the respondents were unwilling to acknowledge that their children might in fact not want their parents to move in with them.

We also questioned those who didn't list nursing homes as a probable future move why they had ruled out this possibility. Specific reasons most often mentioned were cold and impersonal atmospheres, as reflected in neglect and improper care of residents (24 percent), and crowded facilities (11 percent). Most (55 percent) of those opposed to entering nursing homes, however, felt they were "just undesirable places," and did not articulate specific reasons for their being personally unacceptable. This overall rejection of nursing homes appears to be a function of the generalized negative stereotype toward these places, which is not easily refuted by point-for-point rebuttals based on "factual" information. The negative view toward nursing homes undoubtedly reflects the fact that they sometimes are equated with the county poor farm in offering a dumping ground for the destitute and isolated aged, and have attracted considerable publicity over improper operation and patient care. But perhaps most important, going to a nursing home in old age signifies a loss of personal independence, regardless of the quality of care received. It further signifies a breakdown in felt familial obligations that children should care for their aged parents when they are no longer able to maintain themselves.

### Physical Mobility

Advancing age poses a persistent threat to the maintenance of physical life space by older persons. Poor health, a decline in energy, and an absence of transportation can seriously limit the individual's ability to secure needed services or to maintain social ties with family and friends. This often produces a forced isolation for persons otherwise desiring more active social lives.

Findings from our interviews undoubtedly present a distorted picture of the level of physical mobility which exists in Iowa's aged population. We sometimes were unable to reinterview persons whose lives had changed most dramatically (i.e., persons who were now senile). It must be remembered that it is persons who are best able to maintain some semblance of community life that are most readily available to surveys of this type.

Even for these respondents, however, diminished physical mobility was a constant threat--and for some, a reality. As reported in Table 33, about one in eight respondents (13 percent) was now largely confined to his own house, as compared to only 3 percent in 1960. What is not revealed in these data are the many respondents who, while not confined, were finding it increasingly difficult to get out and around. Thirty-seven, in addition to those confined, reported severe limitations on their mobility. Winter brought a seasonal isolation for many additional respondents because of cold weather and a fear of falling. Still others indicated that the loss of a spouse or health problems precluded their having ready access to an automobile. The respondents face the constant threat that their mobility might suddenly be greatly diminished by the onset of poor health, a serious fall, loss of a drivers license, or by no longer having transportation available from family members or friends.

A substantial majority of the respondents (83 percent) were now getting out of the house at least weekly for various activities. In fact two-fifths (42 percent) reported getting out daily. Only 16 percent got out of the house on less than a weekly basis.

That their present level of mobility was personally acceptable is suggested by the fact that most (73 percent) felt they were getting out as

much as they wanted. Only one-fifth (22 percent) reported they wanted to get out more often. Thus, most appear to be accommodated to the realities of their situation by reporting their present level of mobility, although decreasing, is acceptable. An orderly and gradual decline in mobility likely will be seen as an inevitable accompaniment of aging and not bring on diminished morale. Abrupt changes resulting in diminished life space, however, could prove seriously demoralizing.

Table 33. Degree of Confinement to House, 1960 and 1970

Confinement	1960		1970	
	Number	Percent	Number	Percent
Not confined	216	92	204	86
Confined to house	8	3	30	13
No answer	11	5	1	1
Total	235	100	235	100

Question: Do you have any physical or health problems that pretty much confine you to your own house?

Nearly one-half of the respondents (43 percent) saw the level of their physical mobility as having declined appreciably in recent years. Fifty percent perceived no change in their situation. Only a small proportion (4 percent) reported they were getting out and around more now than a few years ago.

Diminished access to an automobile can pose a serious threat to continued mobility. The data in Table 34 indicate that fewer than one-half (45 percent) either now drive a car or are driven by a spouse. Most have to turn to others for assistance. Children were the primary source of help (29 percent) followed by a friend or neighbor (12 percent). Overall, nearly one-half of the respondents were dependent on kin-friendship systems in getting to places too distant to walk.

Table 34. Major Source of Transportation, 1970

	<u>Number</u>	<u>Percent</u>
Drive self, or spouse drives	105	45
Child	68	29
Relative	12	5
Friend or neighbor	29	12
Bus or cab	11	5
No answer	10	4
Total	235	100

Question: How do you get to places that are too far to walk?

Few respondents (5 percent) relied primarily on public transportation (bus or taxi) although 12 percent reported occasionally using such vehicles when necessary. Of course, for many older persons, especially those in small towns and rural areas, public transportation is nonexistent. They are left few viable alternatives to family-friendship assistance when they can no longer drive themselves.

The adverse consequences for physical mobility of advancing age are clearly revealed in our data. Over two-fifths (44 percent) of the "very old" respondents (those 85 or older) were confined to their house as compared to only 8 percent of those in their early 70's. Whereas over one-half (52 percent) of those aged 70-74 reported they were getting out of the house nearly every day for walks, shopping, visiting, or to attend meetings, only one-fifth of the "very old" respondents got out this often. In fact, 40 percent reported they now got out less often than once a week. The greater immobility of the "very old" is accounted for partly by their lack of ready access to transportation--only 12 percent were still able to drive.



After the verb "To Love," "To Help" is the most beautiful verb in the world.

Baroness Von Suttner

## CHAPTER 8

### ASSISTANCE PATTERNS

#### Helping Patterns

Previous research has demonstrated that the ability of older persons to maintain their independence or provide for their own needs is central to their continued sense of mental well-being. To establish and then maintain independence is an important goal in American society. Many aspects of childhood socialization and later adolescent behavior are related to asserting independence. To establish a household separate from parents upon marriage is often considered an indication that one is a functioning member of society. For most persons, however, the later stages of the life cycle bring gradually increased dependency. Daily assistance received by the aged respondents was, therefore, an important issue in our investigation. Specifically, we sought to determine the degree and type of dependency exhibited during the last ten years, and to ascertain whether support systems available to them were largely public or family and friendship based.

In both the 1960 and 1970 surveys, respondents were asked if they needed help from others to get around on to meet their daily needs. If they indicated receiving help, they were asked who rendered this assistance. Less than one-tenth of the respondents (8 percent) in 1960 reported any daily help (Table 35). Of those receiving assistance, three-fourths needed help in only one or two areas. There was, however, a substantial increase by 1970 in the number receiving help (from 8 to 33 percent), although two-thirds had maintained their independence. The majority receiving help in 1970 were assisted in only one or two areas. Five percent of the total sample, however, could be considered highly dependent on others in that they received daily aid in five or more different tasks.

Table 35. Assistance Received in Meeting Daily Needs, 1960 and 1970

Number of Tasks for Which Assistance is Received	1960		1970	
	Number	Percent	Number	Percent
No daily assistance	216	92	158	67
One task daily	7	3	25	10
Two	8	3	25	10
Three	1	1	16	7
Four	3	1	2	1
Five	0	--	5	2
Six	0	--	1	1
Seven	0	--	1	1
Eight or more	0	--	2	1
No answer	0	--	0	--
Total	235	100	235	100

Question: Do you need help from others in getting out and around, or to meet your daily personal needs?

Almost all (84 percent) of the daily help received in 1960 was in non-personal areas: yardwork, shopping, cooking, cleaning, transportation, and reading (Table 36). Needed aid was provided primarily through family and friend networks (they accounted for 55 percent of all assistance rendered). The identity of one-third of the persons who provided assistance could not be ascertained and no doubt could be partially attributed to family and friends. As could best be determined, no one in 1960 was utilizing community-based services on a daily basis.

In 1970, assistance was still almost exclusively (84 percent) in non-personal areas (Table 36). Again, the spouse, family, and friends provided most of the needed daily assistance (68 percent). Most of the personal care was given by nurses. Nursing care was limited exclusively, however, to persons in congregate-care facilities.

Table 36. Tasks on Which Receive Daily Help, 1960 and 1970

Tasks	1960		1970	
	Number	Percent	Number	Percent
<b>Personal</b>				
Getting in and out of bed	0	--	5	3
Climbing stairs	1	3	7	4
Taking baths	1	3	8	4
Medical care	2	5	3	2
Dressing	0	--	2	1
Other	0	--	3	2
<b>Nonpersonal</b>				
Housework	8	21	20	11
Cooking	0	--	10	5
Shopping	3	8	30	17
Transportation	8	21	51	28
Yardwork	13	34	32	17
Reading	0	--	3	2
Other	2	5	7	4
<b>Total</b>	<b>28</b>	<b>100</b>	<b>181</b>	<b>100</b>

These data indicate a large increase over the decade in the number of individuals who reported receiving daily assistance, although the majority of respondents had managed to maintain their independence. For those who did need daily help, most was in nonpersonal areas. These older respondents seldom utilized public or paid services for daily care unless they were in nursing homes.

#### 1970 Daily Assistance--Additional Question

It is difficult to decide how to phrase a question in survey research. If the question is asked so as not to suggest possible answers (often referred to as open-ended questions) respondents may not recall all of the assistance they are receiving or may not consider help actually received as a form of assistance.

The question to measure daily help received in 1960 was open-ended, and neither types of assistance nor possible persons providing help were suggested to the respondents. To permit a comparison of the 1960 and 1970 data we first asked about daily help in precisely the same manner as in 1960 (the data from these questions are presented above). But we also developed a list of the more common types of assistance and asked if such care was being received. Specifically, after they had indicated they received daily help and were allowed to indicate the type of assistance and who helped, we then read a list of eleven types of assistance older persons often receive. They were asked to indicate whether they were receiving help in any of these areas, and who rendered this assistance. Information provided by this probe cannot be compared to the 1960 responses since possible types of assistance were not suggested to respondents in the earlier interview. Our figures on help received are probably conservative because there undoubtedly were a few respondents who said they were not receiving daily assistance, but who may have forgotten that some help was in fact being provided.

The information from both the open-ended and fixed-choice questions presents a picture of considerable dependency. Combining the responses of both the open-ended and fixed-choice questions, we found that only one-half of the respondents in 1970 (48 percent) were maintaining total independence from daily assistance (Table 37). In fact, 16 percent required daily help with five or more tasks.

The major portion of assistance received (84 percent) was in nonpersonal areas, particularly housework, shopping, transportation, and yardwork (Table 38). These four activities accounted for almost three-quarters (72 percent) of all assistance received. Daily help in highly personal tasks such as getting in or out of bed, climbing stairs, taking baths, dressing and medical care, constituted only 16 percent of all assistance. Needed daily assistance in these personal areas is perhaps a good indication of the advanced stages of a dependency status. Twenty-nine individuals (12 percent of all respondents) received daily help in at least one of the five personal areas. Fourteen of these persons were in congregate-care facilities. These institutionalized aged accounted for 60 percent of all the daily personal care provided the respondents and for all of the care rendered by nurses. Two fifths (41 percent) of all

personal needs were met by nurses. One-fifth (17 percent) were assumed by children and their families.

Table 37. Assistance Received in Meeting Daily Needs (Additional Question), 1970

Number of Tasks For Which Received Assistance	Number	Percent
No daily assistance	112	48
One task daily	24	10
Two	26	11
Three	27	11
Four	10	4
Five	16	7
Six	11	5
Seven	6	3
Eight or more	3	1
Total	235	100

Nearly one-half of the assistance on nonpersonal tasks (46 percent) was provided by the immediate families--the spouse, children, or grandchildren (Table 39). An additional one-fifth (21 percent) was provided by other relatives, friends, or neighbors. Children were particularly important sources of daily assistance. For persons receiving daily assistance, children and their families provided 43 percent of the aid in meeting housework needs, 59 percent in shopping, 53 percent in transportation, 32 percent in yardwork, 67 percent in cooking help, and 69 percent in reading. Less than one-fifth of the daily assistance on nonpersonal tasks was provided by nurses or paid employees.

In light of an anticipated increased dependency over the decade, which is observed in these data, we were interested in the respondents' perceptions

Table 38. Type of Daily Assistance Received (Additional Question), 1970

Task	Number	Percent
Personal		
Getting in and out of bed	12	3
Climbing stairs	14	3
Taking baths	19	4
Medical care	11	3
Dressing	14	3
Other	5	1
Nonpersonal		
Housework	58	13
Cooking	26	6
Shopping	60	14
Transportation	97	22
Yardwork	98	23
Reading	14	3
Other	10	2
Total	438	100

Table 39. Who Provided Assistance (Additional Question), 1970

Source of Help	Personal		Nonpersonal	
	Number	Percent	Number	Percent
Spouse	8	2	24	5
Children and their families	17	4	190	41
Other relative, friends and neighbors	0	--	96	21
Through nurses or paid employees	33	7	65	14
Unknown	9	2	18	4
Total 460 <sup>a</sup>				

<sup>a</sup>The number of persons providing help exceeds the number of tasks for which respondents received help since some were receiving help from more than one source.

of their present level of daily assistance relative to that of others. When asked: "Would you say you receive more, about the same amount, or less help than others in meeting your daily needs?", less than one-tenth (7 percent) felt they received more help. Most indicated they received no more or even less help than others. Thus, although a considerable number were receiving some form of daily assistance, most felt their present situations were at least comparable to those of other older persons. Their image obviously is that most persons are no better off than themselves, since a small number felt they were worse off than others. This suggests to us that the aged share the generalized negative view of the condition of persons in the advanced stages of the life cycle. When they compare themselves to this commonly held stereotype, their present situation is at least comparable, if not advantageous.

Apart from the personal care received by relatively few older persons (which is provided for the most part by nurses in congregate-care facilities) aged individuals should be able to maintain independence if they have their nonpersonal needs met--transportation, housekeeping, and yardwork. These tasks were performed for these respondents by family or friends. But what of those who lose these persons in later life through mobility and death? The unavailability of substitute supportive systems, such as homemaker assistance, could be a significant factor necessitating movement out of their homes to congregate settings or in with children.

#### Public Services

As a society we have made considerable commitment in recent decades to assisting older persons through various social, economic, and medical services. Yet, as has been demonstrated in previous research, there is a sizable gap between our national ideals and reality. Many services, such as senior citizen centers, often reach only a small segment of the aged population, and then often only persons who are least in need of assistance. Supportive services such as home nursing care, homemaker assistance, and meals on wheels are still unavailable in most areas, particularly rural communities. We are only beginning to address ourselves to the transportation problems of the aged, with the major advance thus far being limited largely to fare reductions.

It is in the context of this emergent public concern to assist the aged that objective information on their perceived needs and attitudinal orientations toward the receipt of assistance becomes important. We were unable within the scope of this study to document the variety of community services actually available to our respondents. Personal utilization of services, however, is dependent not only on their physical availability, but also on whether appropriate clientele groups are aware of their existence, and are sufficiently motivated to use them.

The respondents were asked in 1960 if they would utilize each of a set of eight services if these were available locally. Overall, about one-fourth indicated interest in using each of the services, with the two most popular being a visiting nursing service (36 percent reported they would use this service) and a community center for the aged (33 percent). About twice as many of the urban as rural aged reported interest in utilizing each of the services (Table 40).

The respondents were asked in 1970 about the local availability of each of these same services. This knowledge ranged from 18 percent being aware of programs to find employment for older workers to over one-half (56 percent) knowing about adult education programs. The urban aged were more likely than their counterparts in rural communities to report availability of services (Table 40). This finding to some degree reflects differences in the actual availability of these services in rural and urban places.

Most telling, however, is the proportion of respondents having recently utilized various services. Use of public services ranged from 6 percent reporting involvement in church programs for older persons and in community centers during the past year to none utilizing employment programs. Little difference was found in actual use patterns between the urban and rural aged (Table 40).

Older persons do not avail themselves in any great numbers of public support systems, even when these are available. This may reflect two facts, first, that they feel their present situation is superior to that of others their age (although it can be demonstrated that this is not the case for some) and second, older persons tend to internalize responsibility for their inability



Table 40. Proportion Believing Selected Services Were Available in Their Communities in 1970; Proportion Using These Services; and Proportion in 1960 Stating They Would Use Service, if Available, by Residence.

Service	Proportion in 1970						Proportion Who Said in 1960 Would Use Service, if Available		
	Believed Service Was Locally Available			Used Service During Past Year			Rural Counties (N=110)	Urban Counties (N=125)	Total (235)
	Rural Counties (N=110)	Urban Counties (N=125)	Total (235)	Rural Counties (N=110)	Urban Counties (N=125)	Total (235)			
Adult education	42	68	56	1	0	1	14	23	19
Community center for the aged	34	66	52	4	6	5	23	42	33
Mobile library	11	59	37	4	5	4	17	30	24
Special church programs for older persons	22	46	34	6	6	6	15	32	24
Programs to find employment for older workers	6	28	18	0	0	0	14	36	27
Home visiting program for persons who can't get out	14	48	33	2	0	1	19	29	24
Visiting nursing service	14	67	42	3	3	3	25	46	36
Meals on wheels	7	58	34	0	1	1	16	42	23

to meet personal needs--it is their own fault if they haven't saved enough money to care for themselves and not society that is responsible for their financial plight. This personalization of responsibility will have to be altered before services designed to allow older persons to maintain independence will be fully used.

As these data demonstrate, public support systems are not effectively reaching a large segment of those in need. As a society, we have made major contributions to improving the life situations of the aged through legislation such as Social Security and Medicare. But daily supportive assistance continues to be largely provided by family and friends, and does not come through community-centered programs.

"What makes old age so sad is, not that our joys but our hopes cease."

Jean Paul Richter

## CHAPTER 9

### PSYCHOLOGICAL ADJUSTMENTS TO AGING

Many of the changes accompanying aging represent losses from earlier established life patterns. This is seen most sharply in a diminished income, mounting health problems, and constricted physical and social life space. It would seem, given these decremental losses, that many of our respondents should be despondent or demoralized over their present situation and future prospects.

Data collected in both the 1960 and 1970 studies permitted a test of the psychological consequences of changes in the life situation of the respondents. Two techniques were used in 1960 to measure "life satisfaction" (sometimes referred to as adjustment or morale). First, respondents were asked a direct question about their satisfaction with life. Second, several questions which indirectly measure life satisfaction were included in the interview. These measures were supplemented in 1970 with a scale of 13 items designed to indirectly measure overall life satisfaction.

#### Satisfaction with Life

In 1960 and 1970 respondents were asked: "On the whole, how satisfied are you with your life today? Would you say you are very satisfied, fairly satisfied, not very satisfied, or not satisfied at all?" Nearly all indicated considerable satisfaction with their lives at both time periods (Table 41). Over nine-tenths said they were either "very satisfied" or "fairly satisfied." Only 2 percent in 1960 and 7 percent in 1970 reported they were "not very satisfied" or "not satisfied at all."

The 16 persons (7 percent of all respondents) who were not satisfied with their life in 1970 were then asked: "Why do you feel this way?" Factors cited as important to their attitudes were: declining health, death of a

spouse, too few friends, isolation from families, and insufficient financial resources.

Table 41. Satisfaction with Life, 1960 and 1970

Responses	1960		1970	
	Number	Percent	Number	Percent
Very satisfied	117	49	112	48
Fairly satisfied	91	39	102	43
Not very satisfied	4	2	13	6
Not satisfied at all	1	1	3	1
Don't know	0	0	3	1
No answer	22	9	2	1
Total	235	100	235	100

Question: On the whole, how satisfied are you with your way of life today? Would you say you are: very satisfied, fairly satisfied, not very satisfied, or not satisfied at all?

Additional questions asked in 1970 were designed to also determine various sources of worry, things that provided satisfaction, and the extent to which the respondents were experiencing feelings of loneliness. They were first asked: "Are there things about your life now that cause you a great deal of worry or concern?" One-third (32 percent) specifically identified things that disturbed them (listing 103 such factors). The most prevalent sources of concern were: the health, happiness or financial security of children or other relatives (36 percent of all responses fell in this category), their own declining health (15 percent), financial problems (15 percent), war and politics (6 percent), the "spirituality" of others (5 percent), and the poor health of their spouse (5 percent). It should be noted that approximately two-thirds of the respondents were widowed in 1970.

If this question were asked of a "younger" sample of the aged, the declining health of the spouse might be a more prominent source of concern.

A much larger number were able to identify sources of pleasure in life. Four-fifths (83 percent) responded affirmatively to the question: "Are there any things that bring you particular satisfaction in your life now?" Their families received the most mention (30 percent of the responses). Other sources of satisfaction were: being able to maintain independence (18 percent), hobbies (13 percent), friends and neighbors (12 percent), and church activities (5 percent).

Two themes in the lives of the respondents kept recurring in the data: friendship-family relationships and independence. The level of social contacts, and the well-being of those seen, were sources both of worry and of satisfaction in life. As reported in Chapter 5, family contacts were not listed by many in 1970 as among their major sources of satisfaction. With the constriction of their social life space, their greatest enjoyment appeared to have come primarily from home-centered, individually-oriented, activities. Social contacts, nevertheless, are an important source of happiness in their lives. The second theme--independence--is again a source of major satisfaction to those maintaining themselves. But potential threats to this independence through loss of health or financial distress continue to plague their lives and bring much worry or concern.

The respondents' perceptions of their changing social contacts were also indirectly measured by a question on loneliness. They were asked: "Some people your age experience a great deal of loneliness. What about you? Would you say you feel lonely much of the time; some of the time; or hardly ever?" Many of the respondents undoubtedly were reluctant to admit they were lonely, for such a disclosure in our society tends to stigmatize the individual as being socially deficient. Thus, our estimates of feelings of loneliness in this population are probably conservative. One-fourth (24 percent), nevertheless, acknowledged feeling lonely "some of the time," and an additional 5 percent reported being lonely "much of the time." Fourteen percent refused to answer this question. Their reluctance perhaps is best summed up in the observation of one person that: "Only people who haven't anything better to do with their time than feel sorry for themselves are lonely, and I don't feel sorry for myself."

Life Satisfaction Scale, 1970

In a previous study of the aged a 13-item scale was developed which is designed to measure the general orientation individuals hold toward life. It was found through independent psychological diagnosis that these 13 items provide a good indicator of a person's life satisfaction. We incorporated this scale in the 1970 survey to more completely measure the levels of life satisfaction in this aged population.

The scale contains three basic subthemes: (1) satisfaction with past life, (2) satisfaction with present life, and (3) comparison of present situation to previous life condition (Table 42). Four items: (1) "I have gotten more of the breaks in life than most of the people I know," (2) "As I look back on my life, I am fairly well satisfied," (3) "When I think back over my life, I didn't get most of the important things I wanted," and (4) "I've gotten pretty much what I expected out of life," measured attitudes toward earlier periods in their lives. At least a majority on each of these four items indicated that they were satisfied with their past life (see items 1-4, Table 42).

The second subtheme, satisfaction with present life, was reflected in the following statements: (5) "This is the dreariest time of my life," (6) "Most of the things I do are boring and monotonous," (7) "The things I do are as interesting to me as they ever were," and (8) "Compared to other people, I get down in the dumps too often." More than 70 percent gave replies on each of the questions indicating a positive orientation toward their present life. According to these responses, the sample appears to be maintaining relatively high spirits in old age.

The third subtheme was the respondents' comparison of their present situations with their earlier lives. Two items: (9) "I am just as happy as when I was younger," and (10) "These are the best years of my life," measured this dimension. Only one-half (50 percent) responded affirmatively to item 9, and one-fourth (23 percent) said they felt they were presently experiencing the best years of their lives. Thus, although the respondents in answering these items reflected considerable satisfaction with their past lives and present situations, they were also aware in large numbers that the positive aspects of their lives were decreasing, and sensed that they would never be as happy or as needed as they once were. As one widowed respondent put it: "How can these be the best years of my life when my husband is dead and my children are gone?"

Table 42. Life Satisfaction Scale, 1970

Attitudinal Items	Response (Percentage)			
	Agree	Unsure	Disagree	No Answer
Satisfaction with past life				
1. I have gotten more of the breaks in life than most of the people I know	*60	13	26	1
2. As I look back on my life, I am fairly well satisfied	*88	4	6	2
3. When I think back over my life, I didn't get most of the important things I wanted	33	11	*55	1
4. I've gotten pretty much what I expected out of life	*80	9	9	2
Satisfaction with present life				
5. This is the dreariest time of my life	21	9	*69	1
6. Most of the things I do are boring and monotonous	13	6	*80	1
7. The things I do are as interesting to me as they ever were	*74	8	16	2
8. Compared to other people, I get down in the dumps too often	15	3	*80	2
Comparison of present status to earlier life				
9. I am just as happy as when I was younger	*50	9	39	2
10. These are the best years of my life	*23	15	61	1
Other items				
11. As I grow older, things seem better than I though they would be	*58	22	18	2
12. I have made plans for things I'll be doing a month or a year from now	*40	3	55	2

Table 42. Life Satisfaction Scale, 1970 (Cont.)

Attitudinal Items	Response (Percentage)			
	Agree	Unsure	Disagree	No Answer
13. In spite of what people say, the lot of the average man is getting worse, not better	40	29	*29	2

\*Asterisks indicate responses which represent high life satisfaction.

#### Other Questions Measuring Life Satisfaction

Seven items related to life satisfaction were incorporated in both the 1960 and 1970 surveys. These items permitted analysis of changes in psychological orientations over the decade. Each of the items except one ("these are the best years of my life") was answered in such a manner to indicate that most respondents were satisfied with their situation at both time periods (Table 43). The responses to the questions, however, demonstrate that a larger number of individuals were more satisfied with their lives in 1960 than in 1970. The differences between the 1960 and 1970 responses, although small (from 4 to 16 percentage points), present a consistent picture of declining morale over the decade.

Overall, the data suggest that most respondents have maintained high morale, but that its maintenance may be increasingly problematic with the passage of time. Certainly there is not the precipitous decline in life satisfaction that might be anticipated given the various attritions the respondents were experiencing. That most had been able to maintain a reasonably high level of morale is consistent with the assumption (see the Introduction) that a shift in reference groups with advancing age performs positive functions for aging individuals in bolstering their morale. In comparing their life situations with their perceptions of the condition of other older individuals, elderly persons will often feel they are as well off as most, if not better



off. If changes in their lives are not seen as "normal," the psychological consequences may be much different from the pattern of relatively high morale that is reflected in these data.

Table 43. Change in Life Satisfaction, 1960 to 1970

Attitudinal Items <sup>a</sup>	Response (Percentage) <sup>b</sup>		
	Agree	Unsure	Disagree
1. These are the best years of my life	*31 23	21 15	48 62
2. I just feel miserable most of the time	3 7	3 3	*94 90
3. I have more free time than I know how to use	13 29	3 3	*84 68
4. My life is full of worry	4 9	3 5	*93 86
5. Sometimes I feel there is just no point in living	1 10	2 4	*97 86
6. I have very few friends	6 13	2 1	*92 86
7. My life is still busy busy and useful	*89 79	3 5	8 16

\*Asterisks indicate responses which represent high life satisfaction

<sup>a</sup>The first row for each item is 1960 responses and the second row 1970 responses.

<sup>b</sup>These percentages are based only on persons responding to the items.

This assumption led us to incorporate items into the 1970 questionnaire which elicited the respondents' subjective evaluations of their comparative life situation. Namely, they were asked how they thought they compared with other older persons in their ability to get out and around, amount of daily help received, contact with children, contact with siblings, contact with other relatives, friends, and neighbors, organizational participation, church

service attendance, health, and financial condition. The respondents' subjective evaluations of how they compared with others of a similar status in these nine areas were then analyzed against their scores on the Life Satisfaction Scale.

The concern of this analysis was with factors which permit older individuals to maintain relatively high morale despite decremental life changes. In each of these nine areas, therefore, we compared the number of persons with a high score on the Life Satisfaction Scale (upper quartile of all scores) who felt they were about the same as, or better off than, most older persons with those who said they were worse off. The findings are dramatic. In each of the areas, a larger proportion of those who indicated they were about the same as, or better off than, other persons their age, as compared to those perceiving themselves as worse off, scored very high on the Life Satisfaction Scale (Table 44). In none of the areas was there a difference of less than 12 percentage points between the two groups. Thus, a relationship was obtained, as expected, between high life satisfaction and the respondents' subjective evaluations of how they rate relative to others their age.

#### Age Identification

The ways in which older persons define themselves and are defined by others, are important for an understanding of their modes of adjustment to age-related changes in health, income, interaction, and other facets of their lives. Americans tend to venerate youth and vitality, and being defined as "old" carries predominantly negative appraisals. It has previously been found that both younger and older persons tend to see young adulthood and middle age as attractive periods of life. Old age is viewed by all age groups as the least desirable period. Since being "old" brings negative evaluations by others, it is expected that persons will resist such a self-definition. In conceding they are "old" they must acknowledge they now possess socially undesirable characteristics.

The respondents were asked in both 1960 and 1970: "Which of the following statements best describes the way you think of yourself as far as age goes? "Do you think of yourself as an old man/woman, an elderly man/women, or a middle-

Table 44. Proportion Scoring Very High on the Life Satisfaction Scale, by Self-Comparison With Other Older Persons on Selected Life Situations, 1970<sup>a</sup>

Compared to Others, Respondent Is:	Life Situations (Percentage)								
	Physical Mobility	Help Received	Contact with Children	Contact with Siblings	Contact with Other Relatives and Friends	Organizational Participation	Church Service Attendance	Health	Financial Situation
Better off	56	51	56	68	56	60	50	55	63
About the same	49	45	52	53	55	63	57	42	50
Worse off	25	29	29	37	23	38	38	19	14

<sup>a</sup>Very high scores on the 13-item Life Satisfaction Scale were scores in the upper quartile of the scale.

aged man/woman?" An alternative answer could be provided if the respondent did not feel comfortable in classifying himself in one of these ways.

Only a minority of the respondents acknowledged that they were "old," despite the fact that all were in the advanced stages of the life cycle (Table 45). The proportion defining themselves in this manner, however, increased between 1960 and 1970 (from 6 to 25 percent). Similarly, there was an increase in the proportion now classifying themselves as "elderly" (from 19 to 38 percent) and a sharp decline in those calling themselves "middle-aged" (70 to 32 percent).

Table 45. Age-Identification, 1960 and 1970

Age-Identification	1960		1970	
	Number	Percent	Number	Percent
Old man (woman)	15	6	58	25
Elderly man (woman)	44	19	89	38
Middle-aged man (woman)	164	70	74	32
Other	1	--	13	5
No answer	11	5	1	--
Total	235	100	235	100

Question: Which of the following statements best describes the way you think of yourself as far as age goes? Do you think of yourself as:

Identification of oneself as "old" is related to chronological age. Persons over 80 were more likely than those in their 70's to acknowledge this status (46 and 16 percent, respectively). It is clear, however, that chronological age is not the sole criterion in such definitions, for only a minority of even the very old respondents conceded that they were in fact "old." Over one-half (56 percent) of those 85 and older continued in 1970 to define themselves as "elderly," "middle-aged," or in some other way.

Analysis of changes in the self-definitions over the decade reveals that nearly all (88 percent) of those who defined themselves as "old" in 1960 retained this definition in 1970 (Table 46). One-third of those who earlier saw themselves as "elderly" now felt they were "old." Most (58 percent), however, continued to define themselves as "elderly." Relatively few (18 percent) of those who initially saw themselves as "middle-aged" in 1960 now felt "old." A larger number (38 percent) altered their self-perceptions to "elderly," with the majority (43 percent) maintaining their earlier self-definition as "middle-aged."

Table 46. Changes in Age-Identification, 1960 to 1970

Identification		Number	Percent
1960	1970		
Old. . . . .	.Old	13	88
Old. . . . .	.Elderly	1	6
Old. . . . .	.Middle-aged	1	6
Total		115	100
Elderly. . . . .	.Old	14	33
Elderly. . . . .	.Elderly	25	58
Elderly. . . . .	.Middle-aged	4	9
Total		43	100
Middle-aged. . . . .	.Old	27	18
Middle-aged. . . . .	.Elderly	60	39
Middle-aged. . . . .	Middle-aged	67	43
Total		154	100
Other changes		23	

Persons whose age-identifications changed from 1960 to 1970 were reminded of their previous self-definition during the interviews, and were then queried as to why this reclassification had occurred. Many (47 percent) cited a loss of good health and reduced activity levels as factors forcing a reappraisal of their age status. Others (24 percent) suggested in more general terms that the toll of advancing years had now become more apparent in their lives. A smaller number (10 percent) suggested that they had reached a particular age at which persons appropriately could be considered old, although there was little agreement among them as to this exact age.

It was found in 1960 that many of the persons who did not define themselves as "old" nevertheless felt that they would be old within about 10 years. Our data permit an examination of the extent to which their personal expectations actually were fulfilled in their self-definitions in 1970. Less than one-third (29 percent) of those who said in 1960 that they would be "old" within 10 years accordingly categorized themselves as "old" in 1970. About two-fifths (43 percent) now said they were "elderly" and the remainder (28 percent) retained an identification as being "middle-aged."

When the discrepancy between their earlier estimates of when they would be old and their present resistance of this age-identification was presented them, most replied that they had been fortunate in maintaining their good health, were still active, and continued to be independent. In their mind these characteristics belied a definition of themselves as old, and permitted continuance of a less stigmatized age status.

#### Housing Satisfaction

The respondents generally were satisfied in both 1960 and 1970 with their living quarters. Although the number who rated their housing as "very good" declined slightly during the decade, over four-fifths of those not in congregate-care facilities rated their housing as either "very good" or "good" in 1960 as well as 1970 (86 percent in 1960 and 88 percent in 1970). Conversely, only 2 percent rated their housing as "poor" or "very poor" (Table 47).

Respondents also were asked in both studies to rate their living quarters on a number of factors that commonly are problems for older persons. Most

had no specific complaints about their housing (77 percent in 1960 and 42 percent in 1970). Of those indicating problems, 72 percent in 1960 and 81 percent in 1970 reported only one difficulty.

Table 47. Satisfaction With Housing, 1960 and 1970

Evaluation	1960		1970	
	Number	Percent	Number	Percent
Very good	137	59	102	46
Good	64	27	92	42
Just satisfactory	28	12	22	10
Poor	4	2	4	2
Very poor	1	--	0	--
No answer	1	--	1	--
Total	235	100	221 <sup>a</sup>	100

<sup>a</sup>The 14 respondents in nursing homes were not included in this analysis.

Question: Generally, how satisfied are you with your present living quarters?

The greatest problems reported in 1960 were with antiquated bathroom facilities (mentioned by 7 percent) and heating living quarters (10 percent). Bathroom facilities were mentioned by only 2 percent in 1970 as a difficulty. The number who had trouble heating their living quarters, however, more than doubled over the decade (from 10 to 24 percent). Finally, 17 percent in 1970 felt they had too many stairs to climb (Table 48).

The possible problem of "having too much room to take care of" was added to the list presented respondents in 1970 (this item was not included in the computation of change reported above). One-fifth of the respondents listed this as a complaint. The problems of having too much room and too many

stairs to climb undoubtedly reflect changes with aging in the respondents' abilities to keep up households which may once have been suitable.

Table 48. Perceived Problems With Living Quarters, 1960 and 1970

Problem	Proportion Reporting Problem	
	1960 (N=235)	1970 (N=221) <sup>a</sup>
Not sufficient privacy	2	0
Bathroom facilities not adequate	7	2
Not enough room	3	2
Too many stairs to climb	5	17
No adequate place to entertain callers or friends	2	3
No adequate laundry facilities	3	10
Trouble heating quarters	10	24
No adequate cooking facilities	0	2
Too much room to take care of	not asked in 1960	20

<sup>a</sup>The 14 respondents in nursing homes were not included in this analysis.

#### Reminiscence

In the 1970 restudy we were interested in determining the extent to which older persons reminisce, and whether recalling past events is a generally pleasant or unpleasant experience for them. The aged often are characterized as being preoccupied with the past, particularly with losses of relatives and friends. To test this common stereotype we asked the respondents how frequently they thought about their past lives. Slightly more than one-fifth (22 percent) said they spent "a great deal of the time" thinking about things that had happened to them. It was more common, however, that they spent very little time recalling the past, or didn't reminisce at all (30 percent). An additional 42 percent indicated they spend "some time reminiscing."



There is wide variation in the types of experiences remembered: their early childhood, when they were a student, family and friends, trips, work, general "good times," tragedies, deaths, and the like. Reminiscence by older persons is, however, very much person-centered, with family and friends (42 percent) and early childhood (12 percent) being things that the respondents were most likely to think about.

Less than 2 percent of the events recalled were seen as unhappy occurrences--"tragedies and deaths," although remembering absent relatives and friends, thinking about lost skills or previous work roles could well have a depressing effect on these individuals. In order to determine this possible effect, they were asked: "Would you say that remembering these past things in your life is generally a pleasant or unpleasant experience?" Overwhelmingly the respondents reported their reminiscing was pleasant. Over 70 percent took this position, while only 5 percent indicated that recalling past events generally was unpleasant for them.

Those that he loved so long and sees no more.  
Loved and still loves - not dead, but gone before.

Samuel Rogers

## CHAPTER 10

### THE "DROPOUTS"

To limit our analysis to persons who were interviewed in 1970 might provide a distorted picture of changes occurring in the latter stages of the life cycle. We were able to interview only individuals who had survived the 1960 decade and were in sufficiently good health and presence of mind to participate in the restudy. Data on the "casualties" of the decade might suggest a somewhat different pattern of aging than has been developed in this report thus far, particularly as regards their psychological adjustment to later life.

We faced an obviously difficult task in securing information on persons who could not be contacted (they are referred to as "dropouts" in this chapter). Many were deceased, a few had moved, and several were in such poor health as to preclude a personal interview. Although these persons could not be contacted, it was possible to obtain information on them from individuals familiar with their situation at the time of their "loss." Specifically, we drew a random sample of persons identified in the 1970 survey as unavailable for personal interviews because of death or residential mobility. We then interviewed persons who were acquainted with them.

Our interviewers were instructed to locate, for each of the dropouts, a person who was knowledgeable about their situation. From data obtained in the 1960 survey we were able to identify potential knowledgeable to be contacted, such as a surviving spouse, children, or other relatives still residing in the area in which the dropouts had been living.

A total of 104 interviews were conducted with knowledgeable, which provided data on a random sample of 104 dropouts. The majority (77 percent) of the knowledgeable were relatives of dropouts (spouse, child, or sibling). The remainder had been close friends or neighbors. Nearly all (96 percent) reported they had known the dropouts well.

Two types of information were considered. First, data on the dropouts from the 1960 survey was analyzed to illuminate their situation ten years ago, particularly as compared to those who survived the decade. Second, interviews with knowledgeable in 1970 provided data on the life situations of dropouts prior to their loss through death or moves. It must be recognized, however, that in the latter instance we are relying on what others said about dropouts. Their assessments might not totally agree with what would have been provided by the dropouts, were they personally interviewed. Furthermore, the knowledgeable on occasion may have sought to protect the reputation of dropouts by not disclosing disparaging information (e.g., the onset of senility). We are, however, relatively confident in the general accuracy of this information since nearly all of the knowledgeable knew the dropouts well.

### Findings

Almost all (98) of the 104 dropouts were reported as being deceased. Three of the 6 who were still living had moved elsewhere in Iowa, and 3 had left the state. The discussion that follows is based primarily on those who are now deceased.

The ages at death ranged from 66 to 99, with a median age of 81. Males comprised nearly one-half (46 percent) of this group, but made up only 30 percent of the respondents in 1970. This differential attrition by sex from the initial sample reflects the greater longevity of females which creates an unbalanced sex-ratio in the advanced age groups.

Heart attacks were the cause of 26 percent of the deaths of dropouts. An additional 15 percent died from strokes, 17 percent from cancer, and 19 percent were reported as having succumbed to general "old age." The remainder died from a variety of ailments, such as emphysema and diabetes.

It has been observed that dying in American society tends increasingly to be confined to institutionalized settings insulated from the personal contact as well as the scrutiny of friends and relatives. This occurred for the dropouts in our investigation. One-fourth had died at home, with the remaining three-fourths (71 percent) having died in a hospital or nursing home.

The dropouts evidenced a fairly high rate of residential mobility in their final years of life. This was produced primarily by an inability to care for themselves. Knowledgeables reported that one-third of the dropouts were living at a different address at the time of their deaths than they were in 1960. One out of every five (20 percent) had entered a nursing facility, 11 percent had moved to another residence in their home communities, and 2 percent had moved elsewhere in the state.

Data from the 1960 survey reveals that nearly four-fifths (78 percent) of the dropouts were living alone or with only one other person. Thus the nature of their households in 1960 was similar to that of older persons interviewed in the restudy.

Important changes, however, were reported by the knowledgeables as having occurred in the household situations of the dropouts prior to their deaths. Twenty persons had entered congregate-care facilities. There was an increase in household size for an additional 20 respondents, which largely reflected the presence of a son or daughter (and family) commensurate with a need for personal care. Nine of the dropouts had persons leaving their households, either because of the death of a spouse or because their own move physically separated them from children.

The household changes of dropouts differed somewhat from those experienced by respondents during the decade. Respondents experienced attritions in household size because of death. The dropouts, however, were more likely to have experienced consolidation of households or admission to congregate-care facilities because of personal dependency needs.

Data from the 1960 survey indicated a greater number of dropouts than respondents were suffering from one or more serious health problems (45 and 28 percent, respectively). However, the subjective health ratings of dropouts very closely approximated the evaluations made by respondents, with one-half rating their health as "good" or "excellent." An additional 42 percent described it as "fair." Only 7 percent (as compared to 3 percent of the respondents) reported their health in 1960 as being "poor" or "very poor."

Information obtained in 1970 from knowledgeables indicates that one-half of the dropouts had been troubled prior to their deaths by long-term illnesses. Twenty percent were confined to nursing homes. An additional

30 percent received help at home in meeting their daily needs. This assistance was provided primarily by children and surviving spouses. Siblings, friends, and neighbors played only a nominal role in providing needed help.

About two-thirds of the dropouts were described by knowledgeable as still getting out and around on a weekly or more frequent basis prior to their death. One-third (30 percent) were either confined to their living quarters or were getting out less often than once a week for community and family-friendship activities.

Data reported in Chapter 9 indicate the respondents had maintained relatively high morale over the decade. We were interested in determining if this finding reflected the survivorship of a select subgroup of those interviewed in 1960. Perhaps they had better morale than persons lost during the decade. Data from the 1960 survey permitted a systematic comparison of the adjustment patterns of these two groups.

Little difference in adjustment was found between dropouts and respondents. Virtually identical proportions of each group indicated in 1960 that they were "very satisfied" or "fairly satisfied" with their lives. Only 5 percent of the dropouts reported themselves at that time as dissatisfied (Table 49).

Similarly, examination of the responses of the two groups in 1960 to 16 items which indirectly tap life satisfaction reveal only small differences in the distributions on each item (Table 50). This comparison is complicated somewhat by the larger proportion of dropouts than respondents who failed to answer the items. The results indicate, nevertheless, that the dropouts did not differ in any major way from the respondents in the morale levels that were observed.

The knowledgeable were asked several questions about the mental well-being of dropouts in the year prior to their deaths. As regards their outlook on life, 40 percent were reported in excellent spirits and as generally enthusiastic about life. An additional 44 percent were said to be in good spirits, but experiencing problems in enjoying life because of health problems. Less than one-tenth (6 percent) were described as having chronic despondency over their life situations.

Table 49. Satisfaction with Life of Dropouts and Respondents, 1960

Satisfaction	Dropouts		Respondents	
	Number	Percent	Number	Percent
Very satisfied	51	49	117	50
Fairly satisfied	32	31	91	39
Not very satisfied	5	5	4	2
Not satisfied at all	0	0	1	--
No answer	16	15	22	9
Total	104	100	235	100

Question: First, let me ask you about yourself. On the whole, how satisfied are you with your way of life today? Would you say you are:

A majority (74 percent) of the dropouts were reported as being mentally alert prior to their deaths. An additional 18 percent were said to occasionally lose touch with reality, but were usually alert. Only 4 persons were described as completely out of touch with what was going on around them.

These findings on the life satisfaction of dropouts are consistent in many respects with the conclusions that were drawn for respondents. In spite of obvious decremental changes in their lives (poor health, household disruption, loss of independence), the dropouts appear to have retained a cheerful outlook on life. Certainly, the information available from them in 1960 and descriptions about them provided by knowledgeable does not suggest that a sizable number were demoralized or were psychologically withdrawn. On the contrary, persistence of fairly high morale in the face of adverse life changes appears to have held true for them as it did for the respondents personally interviewed.

Table 50. Adjustment Patterns of Dropouts and Respondents, 1960

Item	Response (Percentage)			
	Agree	Don't Know	Disagree	No Answer
(1) I never felt better in my life				
Dropouts (N=104)	*23	10	59	8
Respondents (N=235)	23	11	51	15
(2) If I can't feel better soon, I don't care whether or not I go on living				
Dropouts	1	2	*81	16
Respondents	2	1	*73	24
(3) I just feel miserable most of the time				
Dropouts	7	3	*76	14
Respondents	3	2	*70	25
(4) Religion is a great comfort to me				
Dropouts	*78	8	7	7
Respondents	*72	6	7	15
(5) Religion doesn't mean much to me				
Dropouts	8	8	*69	15
Respondents	4	5	*67	24
(6) Religion is the most important thing in my life				
Dropouts	*44	20	21	15
Respondents	*40	15	21	24
(7) Sometimes I feel there's just no point in living				
Dropouts	4	2	*76	18
Respondents	1	1	*72	26
(8) These are the best years of my life				
Dropouts	*16	15	52	17
Respondents	*25	18	39	18

(continued, page 92)

Table 50 (continued)

Item	Response (Percentage)			
	Agree	Don't Know	Disagree	No Answer
(9) My life is full of worry				
Dropouts	8	12	*67	13
Respondents	3	2	*72	23
(10) I have more free time than I know how to use				
Dropouts	*26	5	*56	13
Respondents	10	2	*68	20
(11) I have more friends now than I ever had before				
Dropouts	*42	17	31	10
Respondents	41	15	26	18
(12) I have very few friends				
Dropouts	4	5	*78	13
Respondents	5	1	*70	24
(13) I have no one to talk to about personal things				
Dropouts	11	2	*75	12
Respondents	5	1	*72	22
(14) I wish my family would pay more attention to me				
Dropouts	9	3	*76	12
Respondents	4	2	*70	24
(15) This is the most useful period of my life				
Dropouts	*15	16	52	*17
Respondents	19	15	42	24
(16) My life is still busy and useful				
Dropouts	*77	8	10	5
Respondents	83	2	8	7

\* Asterisks indicate responses which represent high life satisfaction.



"You see things; and you say, why? But I dream things that never were; and I say, why not?"

George Bernard Shaw

## CHAPTER 11

### SUMMARY AND CONCLUSIONS

It must be remembered in reviewing our findings that the respondents were a unique group--persons who had lived past the age of 70. One-third, in fact, were in their 80's and 90's.

#### What Is Happening to Iowa's Aged Population?

The number of older persons in the state has increased substantially over the last forty years, putting Iowa in second place nationally in the proportion of older persons in the population. The greatest increase occurred in the group over age 74. The number of males between the ages of 65 and 74, however, declined between 1960 and 1970.

The majority of the respondents have lived all of their lives in Iowa. One-third were residing in the county of their birth when they were interviewed in 1970.

One-fourth of the respondents had moved in the 1960-70 decade, one-half of these going either to nursing homes or to the homes of children. Most late life moves were by necessity, not choice. Two-fifths changed residences because of personal problems--health, dependency, or death of a spouse--one-tenth were displaced by urban renewal or the sale of property, and an additional one-tenth moved following major life changes, such as retirement or the sale of a farm.

The respondents demonstrate in their earlier lives a rural-to-urban migration pattern similar to that now evidenced among younger persons. Most had spent at least part of their childhood on a farm. Yet at the time of the 1970 interview less than one-fifth were residing in the open country or in towns of under 500 population. Over two-fifths were now living in Des Moines or Cedar Rapids.

How Do the Respondents View Their Housing and Neighborhood?

The major problems the respondents saw with their housing were heating difficulties, too many stairs to climb, and too much room to care for. Some wanted to remodel their homes, build a patio, insulate rooms, improve the heating unit, or alter the house to better meet their physical needs. But most were able to "make do" with their present arrangement. In fact, almost all of the respondents were satisfied with their living quarters in both 1960 and 1970. Only a small percent said their quarters were "very poor" or "poor."

Considerable satisfaction also was expressed with their neighborhoods. Almost all rated their neighborhoods as either "very good" or "fairly good" places to live. The friendliness of neighbors most often was listed as a feature they particularly liked about their location. Knowing neighbors by their first names was more prevalent in the rural counties. The major problems respondents saw with their neighborhoods were the unavailability of public transportation and the inaccessibility of stores and churches. Some were concerned about the changing nature of their neighborhoods. As one respondent suggested: "It's deteriorating and getting too commercial. I have a school on two sides of this block. A lot of children in back and front. The last few years I find that teenage children have no respect for each other and older people. Kids driving fast--the noise is terrific." In spite of these changes, most would not voluntarily move because of attachment to friends, sentimentality, or cost.

What Is the Financial Situation of the Respondents?

In 1970, one-half had a yearly income of under \$3,000, and less than one-tenth received more than \$8,000 yearly. The most economically deprived were those living alone or with children. One-half had enjoyed an increase in income in the last decade, although this increase for most was small. Their real financial attrition over the decade, however, is best revealed in their diminished purchasing power. Only two-fifths were found to have kept up with inflation.

Despite their financial condition, very few were receiving financial assistance to meet their monthly bills, to pay large unexpected bills, or

to "tide them over" until they received their next check. Only a small number reported having medical costs they couldn't afford to pay or had deferred medical attention because of the cost. Fourteen percent of the respondents were still employed, but only three persons said they were working primarily for financial reasons. Financial considerations were not listed as a reason for giving up once enjoyed activities. Nevertheless, the threat of unexpected expenditures is always present. Particularly troublesome are costs which might be entailed by long hospitalization or confinement to a nursing home.

#### What Were the Health Problems of the Respondents?

Six percent of the respondents were in nursing homes in 1970. Two-thirds had been in a hospital or nursing home during the last decade, and one-third had made two or more visits. The average stay was 10 days, but one-tenth of the visits lasted over four weeks.

The number with one or more major health difficulties had substantially increased (from 36 to 71 percent) over the decade. For health problems reported in 1960, one-fourth of the conditions had worsened and two-fifths were unchanged. Over one-half reported at least partial difficulty with eyesight in 1960 and one-fourth reported a hearing problem. Only a small number indicated in 1970 that these problems had improved.

Health problems affected the lives of these respondents in diverse ways. Over one-tenth were totally confined to their homes and some were partially confined by weather or the unavailability of transportation. Almost all of the once enjoyed activities which had been given up were dropped for reasons of health or general old age.

#### What are the Activities of the Respondents?

Although one-tenth of the respondents were confined to the house and a number were partially restricted by weather and the lack of transportation (less than one-half drove or had a spouse who drove), a large majority got out at least weekly. In fact, nearly one-half got out daily. Most felt they were getting out as often as they wanted.

The respondents' organizational attendance in 1960 was similar to that of adults generally. The number of different types of groups attended remained virtually unchanged over the decade. Nearly one-half of the respondents in both 1960 and 1970 regularly attended church or religious groups. Approximately one-fifth also regularly attended fraternal or social groups at both time periods. Very little additional organizational participation was evidenced by the respondents.

The respondents listed a substantial number of activities in 1960 as bringing great satisfaction in their lives. A substantial number in 1960 reported they enjoyed radio and T.V., working around the house, contact with friends and neighbors, contact with children, contact with other relatives, and hobbies. Ten years later most did not list as many activities that provided great enjoyment in life. The average number of different types of activities listed declined over the decade from five to two. Friendships and family relationships were no longer reported by many persons as major sources of enjoyment. Rather, such home-centered activities as hobbies and radio and T.V. were now the activities bringing greatest satisfaction. The only activity which increased as a source of great satisfaction was hobbies. Several more "sedentary" activities also were listed as sources of great enjoyment in 1970; sitting and watching people, sewing, and writing letters. A number of activities had been given up over time because of health problems or a general slowdown with old age. The most frequently mentioned were sports, hobbies and crafts, and working around the house.

#### What is Happening to the Social Contacts of the Respondents?

The number living alone increased from 28 to 36 percent over the decade. Almost all in 1970 were either alone or living with one other person, usually a spouse or child. One-fourth experienced household attrition in the last ten years, largely through death. Less than one-tenth had lost a child through death, but one-half had lost at least one sibling.

Interpersonal relations were no longer considered a source of major life satisfaction for the respondents. Rather such satisfaction now was derived more from home-centered and often rather solitary activities.

Although our estimates are probably conservative, one-fourth of the respondents said they were lonely some of the time, and five percent much of the time. The fact that 14 percent refused to answer the question on loneliness would seem to indicate that this is a sensitive issue for some.

Given their constricting social world we were interested in how many of the respondents had retreated into a world of memories. One-fifth said they now reminisced a great deal. Nearly one-third said they did not reminisce at all. Things most often thought about were generally person-centered and for the most part were seen as pleasant experiences.

Over four-fifths of the respondents saw at least one person daily. Only 2 percent did not see a particular person regularly each week. Three types of persons constituted the bulk of the regular daily and weekly interaction of the respondents. On a daily basis, one-third saw a spouse, one-third saw a friend or neighbor, and one-third a child. When the parameters are enlarged to a weekly basis, about twice as many as on a daily basis saw a friend or neighbor and a child regularly.

About one-third of the respondents in 1960 and 1970 saw all of their children at least monthly. The number who had infrequent contact with all of their children declined over the decade. Now most saw some of their children at least monthly. Contact levels with siblings were below those with children. The number who saw all of their brothers and sisters at least monthly declined over the decade from 24 to 16 percent. One-third of the respondents in both 1960 and 1970 saw all of their siblings less than several times a year.

Over one-half of the respondents reported having a confidant, or someone other than a spouse or child who was very close to them. One-fourth of those with confidants saw them daily, and almost all saw them at least weekly.

About four-fifths of the respondents had no regular contact with persons under age 60, other than with children. Although a number had contact with neighbors, only one-fifth of the neighbors seen regularly were under age 60. Thus, the social lives of the respondents reflect considerable age segregation.

#### How Do the Respondents Feel About Life?

Most of the respondents were satisfied with their present life. Most also indicated when asked about their past (i.e., what they had accomplished

and whether they had done what they wanted to) that they were well satisfied. But many did not feel their present life compared well with their past. They recognized they would never be as happy or as needed as they once were. The data indicate that the morale of respondents, although high, had declined somewhat over the decade. An important factor related to high life satisfaction was whether they felt better off than, or at least equal to, other older persons in physical mobility, help received, social contacts, organizational participation, health, church service attendance, and financial matters.

#### What Kind of Help Do the Respondents Receive?

As a society we have made major contributions to the lives of older persons through such programs as Medicare and Social Security. Very few respondents were receiving financial assistance from other persons or had deferred necessary medical care because of cost. However, there were a number who received some form of daily nonfinancial help from others. A substantial increase occurred in the number of respondents receiving such help from 1960 to 1970. In 1970 one-half needed daily assistance. At both time periods, almost all of the help was on nonpersonal tasks, housework, cooking, shopping, transportation, yardwork, and reading. Four tasks--housework, shopping, transportation, and yardwork--accounted for three-quarters of all the daily help received. Most of this help was provided by relatives, friends or neighbors, particularly the spouse and children. The next most frequently utilized source of help was employed persons, particularly for yardwork. About one-tenth of the respondents received daily personal help in getting in or out of bed, climbing stairs, taking baths, medical care, or dressing. Over one-half of these individuals were in nursing homes.

Some respondents probably could maintain their physical independence if their nonpersonal needs were met. But at present, dependency on others is a fait accompli for a sizable portion of this older age group. No respondents in either 1960 or 1970 were receiving daily assistance from community programs. That the respondents did not rely on public programs for help was partly a function of the nonexistence of these programs in some places. In 1960, the respondents were asked if they would use certain public

programs such as community centers, home visiting programs, visiting nurses, meals on wheels, and a mobile library. Overall, about one-fourth indicated they would like to use these services. Persons in urban counties were more likely to voice this interest than those in rural counties. Respondents were asked in 1970 if they knew of the existence of these programs. Knowledge of ongoing public assistance programs ranged from 18 percent aware of programs for employing older persons to 56 percent aware of adult education opportunities in their area. Again, persons in urban counties were more likely to know of the existence of such programs. However, very few persons in either rural or urban areas personally had used these programs in the year prior to the interview.

#### How Do the Respondents Feel About Their Ability to Maintain Their Independence?

Maintenance of independence was a major goal of the respondents. Their ability to maintain independence was a source of considerable satisfaction, and threatened loss of independence from financial difficulties and health problems were major sources of worry. Many of those who moved in the last decade had visible proof of their increasing dependency, as most had moved to a nursing home or in with children. The stated reasons for the mobility for two-fifths of the late life movers were "personal problems."

Resistance of the respondents to defining themselves as old was very evident in our data, and undoubtedly reflected an equating of old age with dependency. Only a minority in both 1960 and 1970 saw themselves as "old." Of those who changed their age identification in the last decade, half said it was because of changes in health or loss of activities.

The respondents were asked in 1970 what they likely would do were they no longer able to maintain themselves. About one-tenth said they had given this no thought, indicating to us that they were even resisting consideration of a very real future possibility of their becoming dependent. One-fifth said they would try to stay in their own home and have someone come in to care for them. Only one-third saw themselves going to a nursing home.

#### What Are the Respondents' Attitudes Toward Nursing Homes?

The respondents generally held very negative images of congregate-care facilities for the aged. Even those who said they would go to a nursing

home once they were no longer able to maintain themselves did not like the possibility. Respondents who did not consider nursing homes as a possible move if they needed care were asked why they rejected this possibility. Most were unable to articulate specific reasons, and simply reported these places as being undesirable. Their personal comments to our question reveal their deep feelings.

"It would kill me to go there. It is enough just to visit there."

"I don't like the way they mix the able with the hopeless."

"I hoped he (her husband) would die before he was unable to care for himself and would have to go to a nursing home."

"People who live in nursing homes are people that no one cares about."

"People who live in nursing homes don't live very long because they die of broken hearts."

"I have a horror of them."

"I was a nurse before and have seen a lot of nursing homes. Loving care is most important but they (patients) don't get this. The persons who work there are tired and busy. They don't have time."

"I have too good a nose and you're bound to have odors when you have bed patients. The people are ignored. The help take your money and gifts. They even tie the patients down rather than watch them. I've seen them screaming and no one comes."

"Our friend in the nursing home wasn't eating well. Someone told the doctor and asked for something to help her appetite. He said, 'What's the use, she's 80 years old'."

"It's just a place to go to finish out your life or something. I don't even like the looks of them."

#### Some Further Observations

It became clear in the course of this research that classifying an existing condition of the aged as a "problem" is particularly difficult. First, what is collectively considered a problem by the general society may not be fully acknowledged as such by the aged themselves. A major portion of our respondents could be considered "poor" or "near poor." Many had yearly incomes of less than \$3,000 and had not experienced an increase in income commensurate with inflation during the last decade. Yet, few respondents felt they could not live on their incomes and three-fourths said they were



comparatively as well as or better off than most older persons. Similarly, most of the respondents rated their health as either good or excellent in both 1960 and 1970, in spite of the fact that there was a substantial increase in the number reporting one or more major health difficulties.

Second, what is seen as a major problem of the aged may exist for only a relatively small proportion of older persons. Very few were in nursing homes, were totally confined to their own homes, or reported major housing dissatisfactions. The needs of those with housing problems were critical, but as a group they constituted a small minority of all respondents.

Some problems, particularly those which are tangible, readily lend themselves to intervention processes. We can strive to meet the income, health, transportation, and assistance needs of the aged, but these efforts must not be confused with a more general solution to various problems growing out of the aging process. Some of the most salient problems of the aged, such as a desire to feel needed, are difficult to solve at the personal level and may necessitate fundamental alterations in societal patterns.

Perhaps the final judgement of why Americans consider the situation of the aged a "problem" is that they constitute a "standing embarrassment in an affluent society." At our present level of technological and social development we have a segment of society, largely responsible for the affluence, that shares few of the fruits of this prosperity.

Meanings attached to changes in the lives of the respondents, along with the objective changes themselves, are crucial for an understanding of the aging process. In many phases of this research we were able to identify decremental changes in the lives of the respondents such as diminished income, health, interaction, independence, and physical mobility. Furthermore, the aged themselves often acknowledged they were worse off now than before. Yet many had adapted to their changing circumstances and retained high morale.

One factor important to the maintenance of high morale is the norms operative in aging. Morale patterns were related to the way in which respondents compared themselves to other older persons. That a number whose situation was relatively poor could still consider themselves comparatively better off than most other older persons was a salvation to their morale.

The question most often posed upon completion of surveys of this type is: "What are the major problems of the aged?" Responses typically delineate the number of older persons with serious health problems, low income, poor housing, limited access to transportation, and the like. These are tangible problems which commonly evoke public sympathy and lend themselves to intervention processes.

In this report we have identified some of the more prominent problems facing our respondents. Evidence was presented not only on their health, income, and transportation difficulties, but also on various social and psychological problems related to the aging process. It is easy in this problem delineation, however, to become myopic by focusing on individual or personal needs to the virtual exclusion of underlying causes. In the following observations we seek to move beyond our data and consider some broader issues suggested in the course of this research.

As was pointed out in the introduction, many problems of older persons cannot be understood apart from a consideration of the societal context in which they have emerged. It is useful, therefore, to turn our initial question about the problems of the aged around and ask:

"What are the features of modern American society that make aging so problematic?"

Research in other societies reveals that devaluation of the aged is not inevitable. To the contrary, old age in some societies brings increased public recognition, esteem, familial respect, and enhanced power. Depreciated status for the aged appears to occur primarily in societies characterized by high levels of industrialization. Forces operative in the processes of societal modernization invariably seem to weaken the position of the elderly. One of the most salient of these is the lessened need for all persons to be engaged in the labor force. We have reached a point in our social and economic development where it is possible for a sizable segment of the population to be kept out of the labor force, either by postponing their initial entry through increased formal education or by advancing the age at which they are forcibly removed through retirement. Many persons now are being retired who are otherwise able and desirous of continuing work, some as early as their 50's. We face the paradox of being able to keep people alive longer at the same time technology is making them obsolete.

A major problem created by our retirement policies is that individuals are removed from roles essential to the maintenance of self-respect. Americans place a high value in their interpersonal assessments and status assignments on whether a person is "useful" and making a positive contribution to society. Employment is a visible means of demonstrating one's "worth." Unfortunately, pursuit of leisure or consumptive roles in retirement does not provide a satisfactory means of demonstrating personal value. The problem of the diminished status of retirees will be solved only through some fundamental alterations in existing practices of our society. Solutions might include: (1) more flexible retirement programs in which individuals can remain in the labor force until they are personally disposed to withdraw from employment, (2) alternative roles for the retired which permit them to continue to be "productive," or (3) a major alteration in national values such that leisure-consumptive roles command respect.

That old age is not an attractive period of life in American society is clearly indicated in this and previous research. The most telling evidence is the resistance of persons to define themselves as "old;" they tenaciously cling to a "middle-aged" self-definition. In societies in which old age is revered there is an anticipation of the assumption of an old-age status. The reluctance of our respondents to define themselves as old reflects the negative assessments of old age extant in the general society, which the aged themselves hold. They are, as one national magazine recently described them, the "unwanted generation."

It is difficult to see, given our present set of national values which emphasize youthfulness, high levels of activity, and productivity, how the overall status of the aged can be materially altered in the near future. If, as we have suggested, the diminished status of old age is intrinsic to the makeup of society, then it is to structural features of society that instruments of change must be addressed. Yet it seems clear that our values, while changing, are unlikely to be sufficiently altered in the near future to transform old age into a prestigious and desirable period of life.

We would suggest in answering the question: "What are the problems of the aged?", that one of the most serious problems is their failure to

recognize common interests and to develop effective mechanisms for exerting political power. In our society public decision making is shaped to a considerable degree by organized interest groups. To the extent that the aged remain unorganized, they are disadvantaged relative to other segments of the population in securing favorable decisions. They will have to continue to rely on the good will of public officials who may feel only limited political obligation to them. The potential for the aged developing political power is seen in the fact that while they make up one-tenth of the national population, they comprise about one-sixth of the electorate.

Mobilization of older persons into an effective political force, however, is severely handicapped by several factors, among which are:

- 1) the frequent belief of older persons that their problems are a "normal" accompaniment of the aging process.
- 2) a tendency for older persons to internalize responsibility for personal problems rather than appreciating how these problems sometimes find their origin in societal systems for allocating scarce resources between competing subgroups.
- 3) a persistent assumption in the current generation of older persons that problems are best solved by individual initiative rather than collective action.
- 4) their often sharp division in viewpoints on social and political issues.
- 5) a recognition that the benefits which might be gained by collective action will primarily accrue to future generations of the aged rather than to themselves.
- 6) the fact that diminished energy, limited resources, poor health, and restricted mobility complicate their involvement in concerted efforts to attain effective organization.

As a society we feel considerable compassion for the aged and are committed to helping them deal with their problems. (This interest undoubtedly is spurred by a recognition that old age, unlike most minority statuses, is one position we all will likely occupy). A great deal presently is being done through public programs to assist the aged in their personal needs. This assistance, however, often carries the stigma of being charity rather than representing something to which they are entitled. Receipt of this assistance also conveys a sense of dependency, which is particularly onerous to the aged who prize their independence. We somehow need to better

convey that these programs serve to promote, rather than erode, independence in later life. This will entail more than merely launching new promotional efforts to publicize the merits of ongoing programs.

It also will necessitate a fundamental redefinition of the benefits of governmental programs by the aged. They will have to come to view these supportive services as having been properly earned at an earlier age, with the fruits to be reaped in old age. That the "rights" of the aged are fully respected, however, will be assured only as they become a viable political force, prepared to actively promote their interests. Better political organization of the aged is essential to ensure that their views will be reflected in public decision making along with those being vigorously advanced by other organized interest groups in American society.

APPENDIX A

1970 Interview Schedule

Aged Respondents

Na

Ad

Int

Dat

LIFE AFTER 70 IN IOWA  
DEPARTMENT OF SOCIOLOGY  
IOWA STATE UNIVERSITY

Name of Respondent: \_\_\_\_\_

Address

Street: \_\_\_\_\_

City: \_\_\_\_\_

County: \_\_\_\_\_

Hello \_\_\_\_\_.

My name is \_\_\_\_\_. I'm working with Iowa State University and the Iowa Commission On The Aging on a study of older persons in this state. (SHOW IDENTIFICATION MATERIALS)

You may have read about this study in the newspaper (SHOW NEWSPAPER CLIPPINGS)

I believe that you already have received a letter asking your participation in this study -- is this correct? (IF NOT, PROVIDE BACKGROUND INFORMATION)

I'm pleased that you are willing to take time to be interviewed. It is important in this study that we obtain the participation of all persons who were interviewed ten years ago.

Let me assure you that your answers to my questions will be kept strictly confidential. We will be preparing statistical reports of our findings and will not be using the information that you and others provide in any way that individuals can be identified.

Do you have any questions that you would like to ask me before we begin?

Please feel free to ask me to repeat a question if it is unclear to you.

Interviewer: \_\_\_\_\_

Date: \_\_\_\_\_

## I. HOUSEHOLD COMPOSITION

First, I'd like to ask several questions about the persons who are living here with you.

- R Was Living Alone in 1960  
(GO TO 2)

1. When we interviewed you in 1960, you indicated that these persons were living with you:

- Wife/husband \_\_\_\_
- Son(s) \_\_\_\_
- Daughter(s) \_\_\_\_
- Son- or daughter-in-law(s) \_\_\_\_
- Grandchild(ren) \_\_\_\_
- Sister(s) \_\_\_\_
- Brother(s) \_\_\_\_
- Other relative(s) \_\_\_\_

Others; \_\_\_\_\_  
\_\_\_\_\_

There were a total of  persons, including yourself, in the household.

- IF CHECKED, DETERMINE NUMBER OF PERSONS IN EACH CATEGORY ABOVE

Are all of these persons still living with you?

- Yes (GO TO 2)
- No (ASK A, B, C)

↓  
1A. Who is no longer living with you? (LIST FIRST NAMES AND RELATIONSHIP TO R ON P.2)

1B. Why is \_\_\_\_\_ no longer living with you?  
NAME  
(CODE D-DECEASED; M-MOVED; R-RESPONDENT CHANGED RESIDENCE)

1C. When did \_\_\_\_\_ stop living with you? (RECORD YEAR ON P.2)  
NAME



## PERSONS NO LONGER IN HOUSEHOLD

A. NAME	A. RELATIONSHIP TO RESPONDENT	B. DECEASED OR MOVED (D, M, R)	C. YEAR LEFT HOUSEHOLD
1. _____			
2. _____			
3. _____			
4. _____			

2. Are there any persons living with you now that were not living with you in 1960?

No (GO TO II)

Yes (ASK A, B; DISREGARD IF IN CONGREGATE CARE FACILITY)

2A. Who are these persons? (LIST FIRST NAMES AND RELATIONSHIP TO R BELOW)

2B. What is \_\_\_\_\_ approximate age?  
NAME

## PERSONS JOINING HOUSEHOLD

A. NAME	A. RELATIONSHIP TO RESPONDENT	B. AGE
1. _____		
2. _____		
3. _____		
4. _____		

## II. RESIDENTIAL MOBILITY

- SAME ADDRESS AS 1960, GO TO 4.
- DIFFERENT ADDRESS, GO TO 1.

I notice you are not living in the same place you were in 1960 when we last talked to you.

1. In what year did you move to this place \_\_\_\_\_?  
YEAR
2. What were your reasons for moving here? \_\_\_\_\_  
\_\_\_\_\_
3. Have you lived anywhere else since moving from \_\_\_\_\_?  
1960 ADDRESS

- No (GO TO 4)
- Yes (ASK A AND B)

3A. Where were these places?  
(LIST ADDRESSES BELOW)

3B. What type of place was this -- your own home, an apartment, a nursing or retirement home, or some other living arrangement?

## INTERMEDIATE MOVES

A. ADDRESS	B. TYPE OF PLACE
1. _____	_____
2. _____	_____
3. _____	_____

4. Let's think for a moment about your living quarters.

Generally, how satisfied are you with your present living quarters?  
Would you say they are:

Very good

Good

Just satisfactory

Poor

Very poor

Other (SPECIFY) \_\_\_\_\_

(GO TO 4A)

(GO TO 4C)

4A. What is there about these living quarters that you particularly like? \_\_\_\_\_  
\_\_\_\_\_

Anything else? \_\_\_\_\_  
\_\_\_\_\_

4B. Is there anything about these living quarters that you would like to change if you could?

No (GO TO 5)

Yes; What would you like to change? \_\_\_\_\_  
\_\_\_\_\_

Anything else? \_\_\_\_\_  
\_\_\_\_\_

(GO TO 5)

4C. What is there that you find unsatisfactory about these living quarters? \_\_\_\_\_  
\_\_\_\_\_

Anything else? \_\_\_\_\_  
\_\_\_\_\_

4D. Is there anything that you particularly like about these living quarters?

No (GO TO 5)

Yes; What do you like? \_\_\_\_\_

Anything else? \_\_\_\_\_

5. Do you have:

	Yes	No	Other (SPECIFY)
A. Sufficient personal privacy in these living quarters?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/> _____
B. Adequate bathroom facilities?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/> _____
C. Enough room?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/> _____
D. Too many stairs to climb?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/> _____
E. Adequate space to entertain callers or friends?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/> _____
F. Adequate laundry facilities?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/> _____
G. Any trouble heating these living quarters?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/> _____
H. Adequate cooking facilities?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/> _____
I. Too much room to take care of?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/> _____

6. IF LIVING IN OWN RESIDENCE ASK: If in the future you find your health declining and are unable to keep up these living quarters, what would you probably do -- move in with children, have a friend or relative move in here, go into a nursing or convalescent home, or would you likely do something else?  
(INDICATE WHAT IS LIKELY TO DO)

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

6A. IF LIST CHILDREN, ASK: How do you think your children might feel about your moving in with them? \_\_\_\_\_

\_\_\_\_\_  
(GO TO 6C)

6B. IF NOT LIST CHILDREN, ASK: Is there any particular reason why you would not want to move in with your children? \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_

6C. IF NOT LIST NURSING HOME, ASK: Is there any reason why you would not want to move into a nursing home if you were in poor health? \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_

## III. NEIGHBORHOOD

Let's talk a minute about your neighbors -- or the people who live in this part of town.

1. Would you say that you know most, some, only a few, or none of your neighbors by their first name?

Most

Some

Few

None

2. About how many of the people in this neighborhood are in your age group -- would you say that it is none, only a few, some, or most of them?

None

Few

Some

Most

Don't know

3. How do you feel about this neighborhood as a place for older persons to live -- would you say it is a very good place to live, fairly good, not too good or not good at all?

Very good } (GO TO 3A)

Fairly good }

Not too good } (GO TO 3C)

Not good at all }

- 3A. What is there about this neighborhood that you particularly like?

\_\_\_\_\_

\_\_\_\_\_

Anything else? \_\_\_\_\_

\_\_\_\_\_

3B. Is there anything about this neighborhood that you dislike?

No (GO TO 4)

Yes; What do you dislike? \_\_\_\_\_

Anything else? \_\_\_\_\_

\_\_\_\_\_  
(GO TO 4)

3C. What is there that you find unsatisfactory about this neighborhood? \_\_\_\_\_

Anything else? \_\_\_\_\_

3D. Is there anything that you particularly like about this neighborhood?

No (GO TO 4)

Yes; What do you like? \_\_\_\_\_

Anything else? \_\_\_\_\_

4. Do you feel there:

	Yes	No	Other (SPECIFY)
A. Are too many children in this neighborhood?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/> _____
B. Are enough friendly neighbors around here?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/> _____
C. Is too much noise around here?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/> _____
D. Is too much crime in this part of town?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/> _____

5. Living here do you feel you are:

	Yes	No	Other (SPECIFY)
A. Close enough to public transportation?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/> _____
B. Close enough to your church?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/> _____
C. Close enough to stores and shopping?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/> _____

6. To make sure we are both thinking about the same thing, could you tell me, what area were you thinking of when you answered the last few questions? When I said neighborhood were you thinking about:

A couple of blocks in this area

This section of town

The whole town

Other (SPECIFY) \_\_\_\_\_



## IV. CHILDREN

1. Do you have any (living) children? (INCLUDE STEPCHILDREN)

No (GO TO 2)

Yes

↓  
1A. What are their first names?

(LIST ON P.11) (ASK 1C THROUGH 1G FOR EACH)

1B. ASK SEX, IF UNCLEAR FROM NAME

1C. How old is \_\_\_\_\_?  
NAME

1D. Where does \_\_\_\_\_ live?  
NAME

1E. About how often, on the average, do you see \_\_\_\_\_?  
NAME

Would you say it is daily, weekly, monthly, several times a year, or less often than this?

1F. IF LESS THAN WEEKLY INTERACTION, ASK: About how often do you receive a letter from \_\_\_\_\_ or his family? Would  
NAME  
you say it is daily, weekly, monthly, several times a year, or less often than this?

1G. About how often do you talk to \_\_\_\_\_ on the phone?  
NAME

Would you say it is daily, weekly, monthly, several times a year, or less often than this?

(A) First name of child	1 _____	2 _____	3 _____
(B) Sex	<input type="checkbox"/> M; <input type="checkbox"/> F	<input type="checkbox"/> M; <input type="checkbox"/> F	<input type="checkbox"/> M; <input type="checkbox"/> F
(C) Age	_____	_____	_____
(D) Residential location			
Same household	..... <input type="checkbox"/>	..... <input type="checkbox"/>	..... <input type="checkbox"/>
Same neighborhood (or within easy walking distance)	..... <input type="checkbox"/>	..... <input type="checkbox"/>	..... <input type="checkbox"/>
Same community	..... <input type="checkbox"/>	..... <input type="checkbox"/>	..... <input type="checkbox"/>
Same county	..... <input type="checkbox"/>	..... <input type="checkbox"/>	..... <input type="checkbox"/>
Another community (LIST NAME AND STATE)	_____	_____	_____
	_____	_____	_____
(E) Frequency of personal contact			
Daily	<input type="checkbox"/> .....	<input type="checkbox"/> .....	<input type="checkbox"/> .....
Weekly	<input type="checkbox"/> .....	<input type="checkbox"/> .....	<input type="checkbox"/> .....
Monthly	<input type="checkbox"/> .....	<input type="checkbox"/> .....	<input type="checkbox"/> .....
Several times a year	<input type="checkbox"/> .....	<input type="checkbox"/> .....	<input type="checkbox"/> .....
Less often	<input type="checkbox"/> .....	<input type="checkbox"/> .....	<input type="checkbox"/> .....
(F) Receive letters			
Not applicable	<input type="checkbox"/> .....	<input type="checkbox"/> .....	<input type="checkbox"/> .....
Daily	<input type="checkbox"/> .....	<input type="checkbox"/> .....	<input type="checkbox"/> .....
Weekly	<input type="checkbox"/> .....	<input type="checkbox"/> .....	<input type="checkbox"/> .....
Monthly	<input type="checkbox"/> .....	<input type="checkbox"/> .....	<input type="checkbox"/> .....
Several times a year	<input type="checkbox"/> .....	<input type="checkbox"/> .....	<input type="checkbox"/> .....
Less often	<input type="checkbox"/> .....	<input type="checkbox"/> .....	<input type="checkbox"/> .....
(G) Frequency of telephone contact			
Daily	<input type="checkbox"/> .....	<input type="checkbox"/> .....	<input type="checkbox"/> .....
Weekly	<input type="checkbox"/> .....	<input type="checkbox"/> .....	<input type="checkbox"/> .....
Monthly	<input type="checkbox"/> .....	<input type="checkbox"/> .....	<input type="checkbox"/> .....
Several times a year	<input type="checkbox"/> .....	<input type="checkbox"/> .....	<input type="checkbox"/> .....
Less often	<input type="checkbox"/> .....	<input type="checkbox"/> .....	<input type="checkbox"/> .....

(A) First name of child	4 _____	5 _____	6 _____
(B) Sex	<input type="checkbox"/> M; <input type="checkbox"/> F	<input type="checkbox"/> M; <input type="checkbox"/> F	<input type="checkbox"/> M; <input type="checkbox"/> F
(C) Age	_____	_____	_____
(D) Residential location			
Same household	..... <input type="checkbox"/>	..... <input type="checkbox"/>	..... <input type="checkbox"/>
Same neighborhood (or within easy walking distance)	..... <input type="checkbox"/>	..... <input type="checkbox"/>	..... <input type="checkbox"/>
Same community	..... <input type="checkbox"/>	..... <input type="checkbox"/>	..... <input type="checkbox"/>
Same county	..... <input type="checkbox"/>	..... <input type="checkbox"/>	..... <input type="checkbox"/>
Another community (LIST NAME AND STATE)	_____ _____	_____ _____	_____ _____
(E) Frequency of personal contact			
Daily	<input type="checkbox"/> .....	<input type="checkbox"/> .....	<input type="checkbox"/> .....
Weekly	<input type="checkbox"/> .....	<input type="checkbox"/> .....	<input type="checkbox"/> .....
Monthly	<input type="checkbox"/> .....	<input type="checkbox"/> .....	<input type="checkbox"/> .....
Several times a year	<input type="checkbox"/> .....	<input type="checkbox"/> .....	<input type="checkbox"/> .....
Less often	<input type="checkbox"/> .....	<input type="checkbox"/> .....	<input type="checkbox"/> .....
(F) Receive letters			
Not applicable	<input type="checkbox"/> .....	<input type="checkbox"/> .....	<input type="checkbox"/> .....
Daily	<input type="checkbox"/> .....	<input type="checkbox"/> .....	<input type="checkbox"/> .....
Weekly	<input type="checkbox"/> .....	<input type="checkbox"/> .....	<input type="checkbox"/> .....
Monthly	<input type="checkbox"/> .....	<input type="checkbox"/> .....	<input type="checkbox"/> .....
Several times a year	<input type="checkbox"/> .....	<input type="checkbox"/> .....	<input type="checkbox"/> .....
Less often	<input type="checkbox"/> .....	<input type="checkbox"/> .....	<input type="checkbox"/> .....
(G) Frequency of telephone contact			
Daily	<input type="checkbox"/> .....	<input type="checkbox"/> .....	<input type="checkbox"/> .....
Weekly	<input type="checkbox"/> .....	<input type="checkbox"/> .....	<input type="checkbox"/> .....
Monthly	<input type="checkbox"/> .....	<input type="checkbox"/> .....	<input type="checkbox"/> .....
Several times a year	<input type="checkbox"/> .....	<input type="checkbox"/> .....	<input type="checkbox"/> .....
Less often	<input type="checkbox"/> .....	<input type="checkbox"/> .....	<input type="checkbox"/> .....

2. Have any of your children (step-children) passed away since 1960?

No (GO TO 3)

Yes; How many have passed away? \_\_\_\_\_.

3. Would you say that in recent years the amount of contact you have with your children (step-children) has been increasing, has remained about the same, or has been declining?

Increasing (ASK 3A)

About the same (GO TO 4)

Declining (ASK 3A)

Other (SPECIFY) \_\_\_\_\_

3A. What are the reasons for this increase/decrease in the amount of contact you have with your children?

\_\_\_\_\_  
\_\_\_\_\_

4. Do you feel it might be better if you had less contact with your children than you have now; do you feel that the amount of contact now is about right; or do you wish that you could see your children more often?

Want less contact

About right

Want more contact

Other (SPECIFY) \_\_\_\_\_



## (E) Frequency of personal contact

Daily	..	<input type="checkbox"/>	.....	<input type="checkbox"/>	.....	<input type="checkbox"/>	.....	<input type="checkbox"/>	.....	<input type="checkbox"/>	.....
Weekly	..	<input type="checkbox"/>	.....	<input type="checkbox"/>	.....	<input type="checkbox"/>	.....	<input type="checkbox"/>	.....	<input type="checkbox"/>	.....
Monthly	..	<input type="checkbox"/>	.....	<input type="checkbox"/>	.....	<input type="checkbox"/>	.....	<input type="checkbox"/>	.....	<input type="checkbox"/>	.....
Several times a year	..	<input type="checkbox"/>	.....	<input type="checkbox"/>	.....	<input type="checkbox"/>	.....	<input type="checkbox"/>	.....	<input type="checkbox"/>	.....
Less often	..	<input type="checkbox"/>	.....	<input type="checkbox"/>	.....	<input type="checkbox"/>	.....	<input type="checkbox"/>	.....	<input type="checkbox"/>	.....

---

2. Have any of your brothers and sisters died since 1960?

No (GO TO 3)

Yes; How many have passed away? \_\_\_\_\_.

3. Would you say that in the last few years the amount of contact you have with your brothers and sisters has been declining, has remained about the same, or has been increasing?

Declining

About the same

Increasing

Other (SPECIFY) \_\_\_\_\_

4. Would you like to have less contact with your brothers and sisters than you do now; do you feel that the amount of contact now is about right; or do you wish that you could see your brothers and sisters more often?

Want less contact

About right

See more often

Other (SPECIFY) \_\_\_\_\_

5. Next, let's talk about other persons you come into contact with (other than persons in this household). Are there any relatives, close friends or neighbors that you spend some time visiting with every day, or nearly every day? (DO NOT INCLUDE CHILDREN, SIBLINGS, OR PERSONS IN HOUSEHOLD)

No (GO TO 6)

Yes



5A. What are their first names?  
(LIST BELOW: ASK C THROUGH D FOR EACH)

5B. ASK SEX IF UNCLEAR FROM NAME

5C. Is \_\_\_\_\_ a relative, close friend, or neighbor?  
NAME  
(CODE R-RELATIVE; N-NEIGHBOR; F-FRIEND)

5D. What is \_\_\_\_\_ approximate age?  
NAME

DAILY INTERACTION

	NAME	SEX	RELATIONSHIP R, F, N	AGE
1.	_____			
2.	_____			
3.	_____			
4.	_____			

6. Are there any special friends, neighbors, or other relatives that you visit with regularly each week, but whom you are not likely to visit with every day?

No (GO TO 7)

Yes  
↓

6A. What are their first names?  
(LIST BELOW; ASK C THROUGH D FOR EACH)

6B. ASK SEX IF UNCLEAR FROM NAME

6C. Is \_\_\_\_\_ a relative, friend, or neighbor?  
NAME  
(CODE R-RELATIVE; F-FRIEND; N-NEIGHBOR)

6D. What is \_\_\_\_\_ approximate age?  
NAME

WEEKLY INTERACTION

NAME	SEX	RELATIONSHIP R, F, N	AGE
1. _____			
2. _____			
3. _____			
4. _____			
5. _____			
6. _____			

7. Would you say that in the last few years the amount of contact you have with your friends, neighbors, and relatives has remained about the same, has been increasing, or has been declining?

Increasing (ASK 7A)

About the same (GO TO 8)

Declining (ASK 7A)

- 7A. What are the reasons for this increase/decrease in the amount of contact you have with your friends, neighbors, and relatives?

---



---



8. Would you like to have more contact with your friends, neighbors, and relatives than you have now; do you feel that the amount of contact now is about right; or would you like to see your friends less often?

Want more contact

About right

Less often

Other (SPECIFY) \_\_\_\_\_

#### VI. HELPING PATTERNS

1. All of us are faced from time to time with situations where we need help. Do you need help from others in getting out and around, or to meet your daily personal needs?

No (GO TO 4)

Yes



- 1A. For what activities do you need help? (DON'T MENTION ITEMS, CHECK ALL THAT APPLY IN COLUMN A)
- 1B. FOR ITEMS NOT CHECKED IN A, ASK AND RECORD IN B How about .....? Do you need help with this activity?
- 1C. FOR ITEMS CHECKED IN A OR B, ASK: Who helps you with this activity? Anyone else? PLACE CHECK UNDER THE APPROPRIATE CATEGORY
- 1D. FOR ALL ITEMS CHECKED IN A OR B ASK: Do you need this help most of the time or only occasionally? (RECORD 1=most of the time 2=occasionally)

PROVIDES ASSISTANCE

Column

A	B	D	No one or R	Spouse	Son	Daugh- ter	Brother	Sister	Grand- child	Friend	Neighbor	Other (SPECIFY RELATIONSHIP TO R)
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Getting in or out of bed	—	—	—	—	—	—	—	—	_____
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Climbing stairs	—	—	—	—	—	—	—	—	_____
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Taking baths	—	—	—	—	—	—	—	—	_____
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Cleaning house	—	—	—	—	—	—	—	—	_____
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Cooking meals	—	—	—	—	—	—	—	—	_____
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Daily medical care	—	—	—	—	—	—	—	—	_____
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Shopping	—	—	—	—	—	—	—	—	_____
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Getting around by car	—	—	—	—	—	—	—	—	_____
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Dressing, put- ting on shoes	—	—	—	—	—	—	—	—	_____
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Yardwork or snowshoveling	—	—	—	—	—	—	—	—	_____
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Reading, writ- ing letters	—	—	—	—	—	—	—	—	_____
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Other (SPECIFY)	—	—	—	—	—	—	—	—	_____
			_____	—	—	—	—	—	—	—	—	_____
			_____	—	—	—	—	—	—	—	—	_____

2. Would you say that the amount of help you have been getting from others has been declining, has remained about the same, or has been increasing in recent years?

- Declining
- About the same
- Increasing

3. How do you feel about this? Would you like to receive more help than you have now; is the amount of help you are getting about right; or do you feel that you could get by with less help than you have now?

- Need more help
- About right now
- Need less help

( GO TO 6 )

4. Has there been anytime in recent years in which you have needed help from others in getting out and around or in meeting your daily personal needs?

No (GO TO 5)

Yes

4A. When was this? \_\_\_\_\_  
YEAR(S)

4B. What kind of help did you need? \_\_\_\_\_

\_\_\_\_\_

4C. Who, if anyone, provided you help in meeting your needs?  
(RECORD RELATIONSHIP TO RESPONDENT)

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

5. Would you like to be getting some help from others in meeting your daily needs, even though you are not now receiving it?

No (GO TO 6)

Yes  
↓

5A. What kind of help would you like to get? \_\_\_\_\_  
\_\_\_\_\_

5B. Who do you feel might provide you with this help? (SPECIFY RELATIONSHIP) \_\_\_\_\_  
\_\_\_\_\_

Anyone else? \_\_\_\_\_

6. As you know parents and children sometimes help each other in different ways. Do you help your child/children in any of the following ways?

(READ THROUGH LIST)

FOR EACH ITEM CHECKED YES, ASK 6A.

- 6A. On the average, do you do this very often, fairly often, or only occasionally?

	<u>6</u> <u>HELP</u>		<u>6A</u> <u>FREQUENCY</u>		
	<u>Yes</u>	<u>No</u>	<u>Very Often</u>	<u>Fairly Often</u>	<u>Only Occasionally</u>
Help out when someone is ill.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Give advice on running a home	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Shop or run errands	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Help your child/children out with money	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Fix things around their house	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Give advice on jobs and business matters	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Help them make a decision on a big purchase, such as a car	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Keep house for them	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

VII. DIVISION OF LABOR

1. In most homes there are certain tasks that must be done. One person may not do them all. In your home who usually does these things?

	No activity of this type	Respondent	Spouse	Both	Child	Other (SPECIFY)
A. Takes care of the yard and sidewalks	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	_____
B. Changes storm windows, makes repairs, and does outside painting	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	_____
C. Washes clothes	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	_____
D. Washes dinner dishes	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	_____
E. Cooks the evening meal	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	_____
F. Cleans house	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	_____
G. Keeps track of money and the bills	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	_____
H. Shops for groceries	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	_____

2. Has there been any change in recent years in who does these various tasks we have talked about?

- No (GO TO VIII)
- Don't know
- Yes; What is different now than what used to be? Why has responsibility for this task changed?

TASK

DIFFERENCE IN RESPONSIBILITY

WHY CHANGED

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

VIII. ACTIVITIES

I would now like to ask a couple of questions about your everyday activities.

1. What activities give you the greatest enjoyment or satisfaction in life today?

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

1A. Are there any other activities that you particularly enjoy--such as sitting and watching people, going downtown, taking walks, sewing, or writing letters?

No

Yes; What are these activities?

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Any others? \_\_\_\_\_

\_\_\_\_\_

2. Are there any activities that you once greatly enjoyed, but which now you are no longer able to do?

No (GO TO 3)

Yes



2A. What are these activities?

2B. Why are you no longer able to enjoy them?

ACTIVITY

REASONS FOR NONPARTICIPATION

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

3. Do you participate regularly in any organizations or clubs, such as religious services, church groups, card clubs, community groups, fraternal groups, or some other types of organizations?

No (GO TO 5)

Yes



3A. What are the names of these groups or religious services?

3B. About how often on the average do you attend this group?  
(RECORD D-DAILY, W-WEEKLY, M-MONTHLY, L-LESS OFTEN)

3C. How often does the group meet?  
(RECORD D-DAILY, W-WEEKLY, M-MONTHLY, L-LESS OFTEN)

NAME OF GROUP	FREQUENCY OF ATTENDANCE	FREQUENCY GROUP MEETS
_____	_____	_____
_____	_____	_____
_____	_____	_____

4. IF PARTICIPATE IN ORGANIZATIONS, ASK: Would you say that in recent years the amount of time you spend participating in group activities has been increasing; has remained about the same; or has been declining from what it used to be?

Increasing

About the same

Declining

Don't know

5. Which of these statements best describes the way you feel?

I would like to participate more in group activities than I do now.

The amount of my participation in group activities is about right.

I would like to participate less in group activities.

Other (SPECIFY) \_\_\_\_\_

## IX. EMPLOYMENT

Next, I have several questions about your work experiences.

1. Are you presently employed at a job - either full-time or part-time?

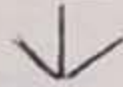
No



1A. Are you presently looking for full-time or part-time work?

Yes (GO TO 2)

No



1B. Do you consider yourself to be retired?

No (GO TO 2)

Yes (GO TO 2)

Yes

1C. What is the nature of your work? \_\_\_\_\_  
\_\_\_\_\_

1D. Is this a year-around or seasonal job?

Year-around

Seasonal. What periods of the year do you work? \_\_\_\_\_  
\_\_\_\_\_

1E. About how many hours do you usually work a week? \_\_\_\_\_

NUMBER

1F. Are you self-employed or do you work for others?

Self-employed

Work for others

Other (SPECIFY) \_\_\_\_\_

1G. In what year did you begin this job? \_\_\_\_\_ (IF BEGAN JOB

YEAR

BEFORE 1960, GO TO 8)



2. When we interviewed you in 1960, you indicated you were:

- Retired (GO TO 3 IF RETIRED IN 1970)  
(GO TO 4 IF EMPLOYED IN 1970)
- Housewife (GO TO 5 IF EMPLOYED IN 1970)  
(GO TO 3 IF NOT EMPLOYED IN 1970)
- Working at \_\_\_\_\_ (GO TO 5 IF EMPLOYED IN 1970)  
(GO TO 6 IF RETIRED IN 1970)

3. Have you worked at any full-time or part-time jobs since 1960?

No (GO TO 7) (IF HOUSEWIFE IN 1960, GO TO 10)

Yes



3A. What were these jobs? (LIST EACH JOB BELOW AND ASK 3B, C, D, E FOR EACH JOB)

3B. When did you start working at this job, -- stop working?

3C. Was this work year-around, seasonal, or only temporary?

3D. Were you self-employed, or did you work for others?

3E. About how many hours a week did you work in this job?

( GO TO 7 )

4. Have you worked at any full-time or part-time jobs since 1960 (OTHER THAN PRESENT JOB)?

No (GO TO 8)

Yes



4A. What were these jobs? (LIST EACH JOB BELOW AND ASK 4B, C, D, E FOR EACH JOB)

4B. When did you start working at this job, -- stop working?

4C. Was this work year-around, seasonal, or only temporary?

4D. Were you self-employed, or did you work for others?

4E. About how many hours a week did you work in this job?

( GO TO 8 )

5. Have you been employed at any other part-time or full-time work between leaving your job in 1960 and what you are doing now?

No (GO TO 8)

Yes



5A. What were these jobs? (LIST EACH JOB BELOW AND ASK 5B, C, D, E FOR EACH JOB)

5B. When did you start working at this job -- stop working?

5C. Was this work year-around, seasonal, or only temporary?

5D. Were you self-employed or did you work for others?

5E. About how many hours a week did you work in this job?

( GO TO 8 )

6. Have you been employed at any other part-time or full-time work between leaving your job in 1960 and what you are doing now?

No (GO TO 7)

Yes



6A. What were these jobs? (LIST EACH JOB BELOW AND ASK 6B, C, D, E, FOR EACH JOB)

6B. When did you start working at this job -- stop working?

6C. Was this work year-around, seasonal, or only temporary?

6D. Were you self-employed or did you work for others?

6E. About how many hours a week did you work in this job?

( GO TO 7 )

EMPLOYMENT (Q.3, 4, 5, 6)

A. JOBS SINCE 1960	B. PERIOD		C. NATURE OF EMPLOYMENT	D. SELF-EMPLOYED OR WORK FOR OTHERS	E. HOURS WORKED PER WEEK
	FROM	TO			
1.					
2.					
3.					
4.					

## IF RETIRED, ASK:

7. Do you think you might have been better off if you had continued your employment for a longer time?

Yes; Why is this? \_\_\_\_\_

In some ways

Not sure

No

Other (SPECIFY) \_\_\_\_\_

(GO TO 9)

## IF EMPLOYED, ASK:

8. How do you like your present job? Would you say you like it:

Very well

Fairly well

Not too well

Not at all

Other (SPECIFY) \_\_\_\_\_

9. If you had a choice, would you prefer to be retired, or would you rather still be working?

RETIRED

(R IS NOW EMPLOYED)  
If you prefer to be retired, why aren't you? \_\_\_\_\_

(R IS NOW RETIRED)  
What do you like about being retired? \_\_\_\_\_

EMPLOYED

(R IS NOW EMPLOYED)  
What do you like about being employed? \_\_\_\_\_

(R IS NOW RETIRED)  
If you prefer to be working, why aren't you? \_\_\_\_\_

Don't know  
(GO TO X)

10. Most women spend the greater portion of their lives taking care of a home and family. Do you think this should be considered a career like any other job?

Yes; Why do you feel this way? \_\_\_\_\_

No; Why do you feel this way? \_\_\_\_\_

Don't know

11. If a woman considered being a housewife a career (whether or not respondent does), what are the tasks she would have to give up to be "retired" from being a housewife?

12. Are you retired from being a housewife?

Yes

No

Don't know

#### X. AGE IDENTIFICATION

1. Which of the following statements best describes the way you think of yourself as far as age goes? (READ ALL 3 CATEGORIES BEFORE SUBJECT RESPONDS; IF NO RESPONSE IN 1960, ASK QUESTION 1 FOR 1970, THEN ASK QUESTION 3, THEN GO TO XI.)

Do you think of yourself as:

1960      1970

...  An old man/woman (1960 AND 1970 ARE DIFFERENT, GO TO 2)  
(1960 AND 1970 ARE SAME, GO TO 3)

...  An elderly man/woman (1960 AND 1970 ARE DIFFERENT, GO TO 2)  
(1960 AND 1970 ARE SAME, GO TO 3)

...  A middle-aged man/woman (1960 AND 1970 ARE DIFFERENT, GO TO 2)  
(1960 AND 1970 ARE SAME, GO TO 3)

IF NOT SELECT CATEGORIES OR RESISTIVE, ASK: Well how do you think of yourself? \_\_\_\_\_

(GO TO 3)

2. IF 1960 AND 1970 RESPONSE DIFFER, ASK: When we interviewed you in 1960, you indicated that you tended to think of yourself as being (Q.1, 1960). Now you think of yourself as being (Q.1, 1970). What has led you to think differently about your situation now than before?
- 
- 

( IF OLD IN 1970, GO TO XI )

3. At what age do you expect that you will think of yourself as an old man (woman)? DON'T ASK BUT RECORD

Never

85-89

70-74

90-94

75-79

95 or older

80-84

Other (SPECIFY) \_\_\_\_\_

4. IF CHECKED , ASK: When we interviewed you in 1960, you expected that by now you would be likely to think of yourself as being old. Yet you still think of yourself as being (Q.1, 1970). Are there any reasons for you not now thinking of yourself as an old man (woman)? \_\_\_\_\_
- 

#### XI. HEALTH STATUS

Next, I'd like to ask some questions about your health.

1. In general, would you say your health now is excellent, good, fair, poor, or very poor?

Excellent

Good

Fair

Poor

Very poor

Other (SPECIFY) \_\_\_\_\_

2. Has there been any change in recent years in the general level of your health? Would you say your health has declined; has remained about the same; or has improved?

Declined

Remained about the same

Improved

Other (SPECIFY) \_\_\_\_\_

3.  IF CHECKED, ASK: In 1960 you reported that you were troubled by some major health difficulties.

READ EACH CONDITION AND ASK: Has this condition worsened in recent years, remained about the same, improved, or disappeared entirely?

	WORSENERD	ABOUT	IMPROVED	DISAPPEARED
		SAME		
(1) _____	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
(2) _____	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
(3) _____	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<input type="radio"/> Difficulty with eyesight	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<input type="radio"/> Difficulty with hearing	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

3A. Do you have any major health difficulties that I have not listed?

No (GO TO 5)

Yes; What are these difficulties? \_\_\_\_\_

Any other health difficulties? \_\_\_\_\_

(GO TO 5)

4.  IF CHECKED, ASK: In 1960 you indicated that you did not have any major health difficulties. Do you have any major health difficulties now?

No (GO TO 5)

Yes; What are these difficulties? \_\_\_\_\_

Any other health difficulties? \_\_\_\_\_

5. Have you been a patient in a hospital or nursing home since we interviewed you in 1960, when you were  ?

No (GO TO 6)

Yes

↓  
Think for a minute about your last visit to a hospital or nursing home (ASK A, B, C; RECORD WHETHER HOSPITAL OR NURSING HOME)

5A. In what year was this visit? (RECORD BELOW)

5B. How long were you in the hospital that time?

5C. Why were you in the hospital?

When were you in the hospital or nursing home before that?  
(DETERMINE ALL VISITS OCCURRING AFTER 1960. Ask A, B, C ABOVE FOR EACH)

HOSPITAL OR NURSING HOME STAYS

A. YEAR	B. LENGTH	C. REASON
1. _____	_____	_____
2. _____	_____	_____
3. _____	_____	_____

6. During recent years have you personally been faced with any medical or dental costs that you could not readily afford to pay?

No (GO TO 7)

Yes; What type of problem was this? \_\_\_\_\_

7. In recent years have you needed any medical or dental care which you did not get because of the cost?

No

Yes (Medical) }

Yes (Dental) }

ASK:

What care did you need but could not financially afford? \_\_\_\_\_

## XII. MOBILITY

Next, I would like to ask you several questions about the ease with which you get out and around.

1. Do you have any physical or health problems that pretty much confine you to your own house or yard?

No (GO TO 2)

Yes; SPECIFY CONDITION AND DEGREE OF CONFINEMENT \_\_\_\_\_

Confined to bed

Confined to house

Other (SPECIFY) \_\_\_\_\_

2. About how often on the average do you get out of the house to go visiting, do some shopping, attend church services, or for other activities? Would you say it is:

About once a day or more

Several times a week

About once a week, or

Less often than this

Other (SPECIFY) \_\_\_\_\_

3. How do you get to places that are too far to walk? Do you drive yourself, have someone else drive you, or ride a bus?

Drive self

Someone else drives; Who usually drives you?

(INDICATE RELATIONSHIP  
TO R)

Bus

Don't get out

Other (SPECIFY) \_\_\_\_\_



4. How do you feel about your ability to get around and go places? Would you like to get out more than you do; are you getting out about as much as you want to; or would you like to spend more time at home?

Get out more

Getting out as much as want to

Spend more time at home

Other (SPECIFY) \_\_\_\_\_

5. Would you say that you are getting out of the house more often now than a few years ago; getting out about as much as before; or are getting out much less now than before?

Getting out more often

Same as before

Getting out less often

Other (SPECIFY) \_\_\_\_\_

XIII. CONFIDANTS

1. Is there any one person you feel particularly close to. We are thinking of someone other than your husband/wife or a child whom you share your innermost feelings with; someone you feel you can really depend on; in other words, someone who is closer to you than 'just' a friend.

No (GO TO 2)

Yes LIST NO MORE THAN 2 PERSONS. IF RESPONDENT LISTS MORE THAN 2, CHECK HERE AND ASK: Is one or two of these persons particularly close to you?

No (GO TO 2)

Yes

1A. What is this person's relationship to you? (RECORD BELOW)

1B. DETERMINE SEX OF CONFIDANT(S)

1C. What is his/her approximate age?

1D. About how often do you talk to him/her?

1E. Was there anything in particular that happened in your life that led you to establish such a close relationship with this person, such as your moving to a new community; a decline in your health; the loss of a spouse, or something like that?

PRESENT CONFIDANTS

	(1)	(2)
A. <u>Relationship</u>		
Brother/sister, other relative	<input type="checkbox"/> .....	<input type="checkbox"/>
Friend	<input type="checkbox"/> .....	<input type="checkbox"/>
Neighbor	<input type="checkbox"/> .....	<input type="checkbox"/>
Other (SPECIFY)	_____	
B. <u>Sex</u>		
Male	<input type="checkbox"/> .....	<input type="checkbox"/>
Female	<input type="checkbox"/> .....	<input type="checkbox"/>
C. <u>Age</u>	_____	
D. <u>Frequency of contact</u>		
Every day	<input type="checkbox"/> .....	<input type="checkbox"/>
Every week	<input type="checkbox"/> .....	<input type="checkbox"/>
Several times a month	<input type="checkbox"/> .....	<input type="checkbox"/>
Monthly	<input type="checkbox"/> .....	<input type="checkbox"/>
Less often	<input type="checkbox"/> .....	<input type="checkbox"/>

E. Event leading to the establishment of confidant. (RECORD ALL RESPONSES)

- Residential mobility
- Decline in health
- Loss of spouse
- Loss of children
- Loss of friends
- New acquaintances
- Other (SPECIFY)
- Other (SPECIFY)
- Don't know

<input type="checkbox"/>	.....	<input type="checkbox"/>
<input type="checkbox"/>	.....	<input type="checkbox"/>
<input type="checkbox"/>	.....	<input type="checkbox"/>
<input type="checkbox"/>	.....	<input type="checkbox"/>
<input type="checkbox"/>	.....	<input type="checkbox"/>
<input type="checkbox"/>	.....	<input type="checkbox"/>
_____		_____
<input type="checkbox"/>	.....	<input type="checkbox"/>

2. Has there been any one person that you enjoyed a particularly close relationship to, but who now is no longer close to you? This would be someone other than your husband/wife or a child with whom you shared your innermost feelings; someone you felt you could really depend on.

No (GO TO XIV)

Yes (RECORD THE FOLLOWING INFORMATION ON NO MORE THAN 2 PERSONS. IF THE RESPONDENT LISTS MORE THAN 2 PERSONS CHECK HERE AND ASK:) Was one or two of these persons particularly close to you?

No (GO TO XIV)

Yes

→ 2A. What was this person's relationship to you?

2B. DETERMINE SEX OF CONFIDANT(S)

2C. What was his/her age relative to your own? Would you say this person was: older, about your age, or much younger than yourself?

2D. What led to your no longer having this person close to you?

(1)

(2)

A. Relationship

Brother/sister, other relative

.....

Friend

.....

Neighbor

.....

Other (SPECIFY)

\_\_\_\_\_

B. Sex

Male

.....

Female

.....

C. Age relative to respondent

Older

.....

About the same

.....

Younger

.....

D. Loss of confidant

Residential mobility of confidant

.....

Residential mobility of respondent

.....

Death of confidant

.....

Other (SPECIFY)

\_\_\_\_\_

\_\_\_\_\_

## XIV. REMINISCENCE

1. Many people occasionally sit and think about things that have happened to them in their past. How often do you do this? Do you think about the past:

A great deal

Some

Very little

Not at all

Other (SPECIFY) \_\_\_\_\_

2. What types of things do you usually think about? \_\_\_\_\_
- \_\_\_\_\_
- \_\_\_\_\_

What else do you think about? \_\_\_\_\_

\_\_\_\_\_

3. Would you say that remembering these past things in your life is generally a pleasant or unpleasant experience?

Pleasant

Unpleasant

Other (SPECIFY) \_\_\_\_\_

## XV. LIFE SATISFACTION

1. On the whole, how satisfied are you with your way of life today? Would you say you are:

Very satisfied

Fairly satisfied

Not very satisfied

Not satisfied at all

Don't know (DON'T ASK)

Why do you feel this way? \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

2. Some people your age experience a great deal of loneliness. What about you? Would you say you feel lonely:

Much of the time

Some of the time

Hardly ever

Other (SPECIFY) \_\_\_\_\_

\_\_\_\_\_

3. Are there any things about your life now that cause you a great deal of worry or concern?

No

Yes; What are these? \_\_\_\_\_

Any others? \_\_\_\_\_

\_\_\_\_\_

4. Are there any things that bring you particular satisfaction in your life now?

No

Yes; What are these? \_\_\_\_\_

Any others? \_\_\_\_\_

\_\_\_\_\_

5. Persons your age hold many different opinions about their lives. I am going to read you some statements, and I would like you to tell me if you agree, or disagree with each statement as it applies to you. If you are not sure one way or the other just tell me you are unsure.

	AGREE	DISAGREE	UNSURE
As I grow older, things seem better than I thought they would be.	—	—	—
I have gotten more of the breaks in life than most of the people I know.	—	—	—
This is the dreariest time of my life.	—	—	—
I am just as happy as when I was younger.	—	—	—
These are the best years of my life.	—	—	—
Most of the things I do are boring and monotonous.	—	—	—
The things I do are as interesting to me as they ever were.	—	—	—
As I look back on my life, I am fairly well satisfied.	—	—	—
I have made plans for things I'll be doing a month or a year from now.	—	—	—
When I think back over my life, I didn't get most of the important things I wanted.	—	—	—
Compared to other people, I get down in the dumps too often.	—	—	—
I've gotten pretty much what I expected out of life.	—	—	—
In spite of what people say, the lot of the average man is getting worse, not better.	—	—	—
I just feel miserable most of the time.	—	—	—
I have more free time than I know how to use.	—	—	—
My life is full of worry.	—	—	—
Sometimes I feel there's just no point in living.	—	—	—
I have very few friends.	—	—	—
My life is still busy and useful.	—	—	—

## XVI. INCOME

It is important to the study that we obtain some information on your income. This information will be kept strictly confidential and will be used only for statistical purposes.

1. Here is a card listing incomes. Tell me the letter that best corresponds to your total income last year. Be sure to include money that you got from work, pensions, insurance, stocks, social security, children, relatives, or any other sources.

(SHOW CARD)

Letter \_\_\_\_\_

Other (EXPLAIN) \_\_\_\_\_

2. How adequate is your total income now? Would you say it is:

More than enough to meet all your needs comfortably

Just enough to meet all your needs comfortably

Just enough to get by on

Not enough to live on

Other (SPECIFY) \_\_\_\_\_

3. Would you say your financial situation has improved in recent years, has remained about the same, or has declined?

Improved; How has it improved? \_\_\_\_\_

Remained about the same

Declined

Other (SPECIFY) \_\_\_\_\_



4. All of us have problems with money now and then. In the last few years have you needed: (READ CATEGORIES BELOW)

4A. IF YES, ASK: Who, if anyone, helped you out? (IF SPOUSE ASK: Anyone else?) (CHECK CATEGORIES BELOW)

PROVIDED ASSISTANCE

	Yes	No	NO ONE	MYSELF	SPOUSE	SON	DAUGH- TER	BROTHER	SISTER	GRAND- CHILD	BANK	OTHER (SPECIFY)
To borrow a few dollars until your next check comes	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	_____
Additional money to pay unexpected bills or pay for expenses you could not afford	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	_____
Some regular financial help in meeting your monthly bills	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	_____

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5. Have you regularly been helping anyone else out financially in the last few years, such as a child, relative, or friend?

No

Yes

5A. Who have you been helping?

5B. What kind of financial assistance have you been providing him/her?

RELATIONSHIP OF RECIPIENT TO R

\_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_

NATURE OF ASSISTANCE

\_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_

## XVII. SERVICES

1. I am going to read you a list of services and programs that are available to persons your age in some communities. Please stop me if I mention a service that is available to older persons in this town.

(FOR EACH SERVICE KNOWN, ASK: 1A)

1A. Have you used \_\_\_\_\_ within the last year?

SERVICE

(SPECIFY NATURE OF USE)

SERVICE	R KNOWS ABOUT	USED LAST YEAR	SPECIFY NATURE OF USE (FREQUENCY)
<u>Adult education courses</u> through the public schools	<input type="checkbox"/>	<input type="checkbox"/>	_____
<u>A community center</u> for the aged	<input type="checkbox"/>	<input type="checkbox"/>	_____
<u>Home visiting program</u> for persons who can't get out	<input type="checkbox"/>	<input type="checkbox"/>	_____
<u>Prepared meals for home de-</u> <u>livery at low cost- Meals</u> on Wheels	<input type="checkbox"/>	<input type="checkbox"/>	_____
<u>Mobile library service</u>	<input type="checkbox"/>	<input type="checkbox"/>	_____
<u>Visiting nursing service</u> for persons who need health care in their own home	<input type="checkbox"/>	<input type="checkbox"/>	_____
<u>Church programs</u> designed to help older persons meet their needs	<input type="checkbox"/>	<input type="checkbox"/>	_____
<u>Programs to find employment</u> for older workers	<input type="checkbox"/>	<input type="checkbox"/>	_____
<u>Personal or Family Counseling</u> services	<input type="checkbox"/>	<input type="checkbox"/>	_____

1B. Are there any other services you have received this past year, or community programs in which you have participated, that I have not mentioned?

No

Yes; What are these? \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

2. Are there any kinds of services for persons your age which are not now available here, perhaps some we've talked about, that you feel are needed in this community?

No

Yes; What are these? \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Any others? \_\_\_\_\_  
\_\_\_\_\_

XVIII. COMPARATIVE LIFE SITUATION

We are interested in how you feel your situation now compares to that of other people your age.

Please give me your opinion, even if you may be unsure of exactly where you stand.

1. For example, what about your ability to get out and around. Would you say you get out and around more, about the same amount, or less often than most persons your age?

More

Same amount

Less often

Other (SPECIFY) \_\_\_\_\_

2. Would you say you receive more, about the same amount, or less help than others in meeting your daily needs?

- More
- Same amount
- Less help
- Not receiving any help
- Other (SPECIFY) \_\_\_\_\_

3. Would you say you \_\_\_\_\_ more, about the same amount, or less often than others your age?  
 (READ A,B,C,D,E BELOW)

	MORE	ABOUT THE SAME	LESS OFTEN	OTHER (SPECIFY)
A. See your children	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	_____
B. <b>See</b> your brothers and sisters	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	_____
C. Visit with friends, neighbors, and relatives (other than children and siblings)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	_____
D. Participate in organizations and group activities	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	_____
E. Attend church worship services	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	_____

4. How about your health. Would you say that you're in better health, in about the same shape, or in poorer health than others your age?

- Better health
- About same shape
- Poorer health
- Other (SPECIFY) \_\_\_\_\_

5. How about your financial situation. Would you say you are better off economically than others, in about the same situation, or less well off?

- Better off
- Same situation
- Less well off
- Other (SPECIFY) \_\_\_\_\_

Thank you very much for you time and assistance. I've asked all the questions I need to ask. Are there any questions you would like to ask me? Is there anything you would like to say to the Iowa Commission on Aging or the White House Conference on Aging?

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

## XIX. INTERVIEWER COMMENTS

Please complete the following questions upon leaving the respondent's home.

## 1. Respondent's Living Quarters:

One family home

Hotel room

Apartment

Home for aged

Room in rooming house

Other (SPECIFY) \_\_\_\_\_

## 2. Were there any parts of the interview which you feel the respondent did not understand or had great difficulty answering?

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## 3. Respondent was:

Cooperative

Indifferent

Suspicious

Hostile

## 4. Respondent's comprehension of questions:

Alert and answered quickly

Could understand but answered slowly

Slow to understand, had difficulty answering

## 5. Was anyone else present during interview?

No

Yes; Who? \_\_\_\_\_

## 6. If interview was not completed, explain: \_\_\_\_\_

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LIFE AFTER 70 IN IOWA  
DEPARTMENT OF SOCIOLOGY  
IOWA STATE UNIVERSITY

SCHEDULE 2:  
1960 RESPONDENT NOT AVAILABLE  
FOR 1971 INTERVIEW

INTERVIEWER: \_\_\_\_\_

DATE: \_\_\_\_\_



LIFE AFTER 70 IN IOWA  
DEPARTMENT OF SOCIOLOGY  
IOWA STATE UNIVERSITY

Hello, my name is \_\_\_\_\_, I am interviewing persons in this community who were previously interviewed in 1960 as part of a study sponsored by the Iowa Commission on the Aging.

\_\_\_\_\_ was one of the persons in this community that we talked to in 1960.

1. Did you know of or were you acquainted with \_\_\_\_\_?  
NAME

(IF YES, GO TO 2)

(IF NO, ASK 1A)



1A. Can you tell me of anyone in this neighborhood or community who might have known \_\_\_\_\_?

NAME

(IF NO, TERMINATE INTERVIEW)

(IF YES, ASK NAME AND ADDRESS, THEN TERMINATE INTERVIEW)

NAME

ADDRESS

NAME	ADDRESS

2. Were you related to \_\_\_\_\_?  
NAME

No

Yes (SPECIFY RELATIONSHIP)

\_\_\_\_\_

3. How well did you know \_\_\_\_\_? Would you say it was:  
NAME

Very well

Pretty well

Not too well

## I. CIRCUMSTANCES ASSOCIATED WITH THE LOSS OF RESPONDENT

IF CHECKED GO TO 4B

4. We have been informed that \_\_\_\_\_ is deceased. Is that correct?  
NAME

Yes (GO TO 4C)

No (GO TO 4B)

Don't know



4A. Do you know who might be able to provide this information?

No (TERMINATE INTERVIEW)

Yes (ASK NAME AND ADDRESS, THEN TERMINATE INTERVIEW)

NAME

ADDRESS

---



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4B. Do you know where \_\_\_\_\_ is presently living, or how he/she might be contacted?  
NAME

Yes (SPECIFY ADDRESS. IF ADDRESS IS OUTSIDE OF THE COUNTY GO TO 5; IF ADDRESS IS WITHIN THE COUNTY, CHECK HERE  AND TERMINATE INTERVIEW)

No (TERMINATE INTERVIEW)

(IF INFORMED THAT RESPONDENT IS DECEASED CHECK HERE  AND GO TO 4C)

4C. Can you tell me in what year \_\_\_\_\_ passed away?  
NAME

No

Yes (SPECIFY DATE) \_\_\_\_\_

4D. What was the cause of \_\_\_\_\_ death? \_\_\_\_\_  
 NAME

4E. Where did \_\_\_\_\_ die -- at home, in a nursing home, or in  
 a hospital?  
 NAME

Home

Nursing home

Hospital

Other (SPECIFY) \_\_\_\_\_

## II. HOUSEHOLD COMPOSITION AND RESIDENTIAL MOBILITY

5. Was \_\_\_\_\_ living at \_\_\_\_\_  
 NAME  
 (at the time of his/her death?//when he/she moved?)

Yes (GO TO 11)

Don't know (GO TO 11)

No



6. What was \_\_\_\_\_ address when (he/she died?//moved?)  
 NAME

(RECORD NEW ADDRESS BELOW: INDICATE IF CONGREGATE CARE FACILITY)

Don't know (GO TO 8)

7. In what year did he/she move to this address?

\_\_\_\_\_ Year

Don't know

8. Do you know his/her reasons for moving?

No

Yes (SPECIFY) \_\_\_\_\_



11.  (R LIVING ALONE IN 1960, GO TO 13)

When we interviewed \_\_\_\_\_ in 1960, he/she indicated that these persons were living with him/her.

- Wife/husband  
 Son(s) \_\_\_\_\_  
 Daughter(s) \_\_\_\_\_  
 Son- or daughter-in-law(s) \_\_\_\_\_  
 Grandchild(ren) \_\_\_\_\_  
 Sister(s) \_\_\_\_\_  
 Brother(s) \_\_\_\_\_  
 Other relative(s) \_\_\_\_\_  
 Other; \_\_\_\_\_

There were \_\_\_\_\_ persons, including \_\_\_\_\_ in the household.  
NAME

- (IF CHECKED, DETERMINE THE NUMBER OF PERSONS IN EACH CATEGORY ABOVE)

12. Were all of these persons still living with \_\_\_\_\_ at the time of his/her death//when he/she moved?)  
NAME

- Don't know (GO TO 13)  
 Yes (GO TO 13)  
 No (ASK A, B, C)

- ↓  
 A. Who was no longer living there? (LIST FIRST NAMES AND RELATIONSHIP TO R BELOW)  
 B. Why was \_\_\_\_\_ no longer living there?  
 (CODE: D-DECEASED, M-MOVED, R-RESPONDENT CHANGED RESIDENCE)  
 C. When did \_\_\_\_\_ stop living there?  
 (CODE: LIST YEAR: DK FOR DON'T KNOW)

PERSONS WHO LEFT HOUSEHOLD

A. NAME	A. RELATIONSHIP TO RESPONDENT	B. DECEASED OR MOVED (D,M,R)	C. YEAR LEFT HOUSEHOLD
1. _____			
2. _____			
3. _____			
4. _____			

13. Were there any persons living with \_\_\_\_\_ (at the time of his/her death//when he/she moved) that were not living with him/her in 1960?

Don't know (GO TO 14)

No (GO TO 14)

Yes (ASK A, B: DISREGARD IF R WAS IN A CONGREGATE CARE FACILITY)

↓  
A. Who were these persons? (LIST FIRST NAMES AND RELATIONSHIP TO R BELOW)

B. What was \_\_\_\_\_ approximate age? (LIST AGE OR DK FOR DON'T KNOW) NAME

PERSONS JOINING HOUSEHOLD

A. NAME	A. RELATIONSHIP TO RESPONDENT	B. AGE
1. _____		
2. _____		
3. _____		
4. _____		

III. EMPLOYMENT

14. Was \_\_\_\_\_ employed at a job (during the last year of his/her life//when he/she moved?)

Don't know (GO TO 19)

No (GO TO 19)

Yes

15. Was he/she self-employed or did he/she work for someone else?

Self-employed

Worked for someone else

Don't know

16. What was the nature of the work \_\_\_\_\_ did (during the last year of his/her life?//prior to his/her moving?)

---



---

17. Was this a full-time or a part-time job?

- Full-time
- Part-time
- Don't know

18. Did \_\_\_\_\_ work because he/she wanted to or was it more a matter of economic necessity?

- Wanted to
- Economic necessity
- Don't know

IV. ACTIVITIES, HELPING PATTERNS, CHILDREN, AND INTERACTION

19. During the last year or so of \_\_\_\_\_ life//Prior to \_\_\_\_\_ moving, was he/she unable to participate in activities which he/she used to greatly enjoy?

- No (GO TO 20)  Don't know (GO TO 20)
- Yes



19A. What were these activities, and why was \_\_\_\_\_ unable to do them?

ACTIVITIES LIST

ACTIVITY	REASON
1. _____	_____
2. _____	_____
3. _____	_____





23. How many children did \_\_\_\_\_ have living (at the time of his/her death?//when he/she moved?)

\_\_\_\_\_ Child(ren)  
NUMBER

Don't know

24. Did he/she see any of his/her child(ren) regularly; that is a couple times a week or more?

Don't know (GO TO 25)

No (GO TO 25)

Yes



- 24A. (DON'T ASK IF R HAD ONLY ONE LIVING CHILD) How many did he see regularly?

\_\_\_\_\_ Child(ren)

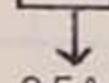
Don't know

25. Was there anyone other than children and persons living with him/her that he/she visited with frequently; that is about once a week or more?

Don't know (GO TO 26)

No (GO TO 26)

Yes



- 25A. Who were these persons? RELATIONSHIP

_____	_____	(LIST PERSONS MENTIONED AND CODE: R-RELATIVE, F-FRIEND, N-NEIGHBOR, FOR PERSONS NOT FALLING IN THESE CATEGORIES SPECIFY RELATIONSHIP TO R)
_____	_____	
_____	_____	
_____	_____	

26. How much contact did \_\_\_\_\_ have with persons outside his home? Would you say he/she:

Had very little contact and was along much of the time?

Saw people now and then but did not see many people regularly?

Saw a number of people regularly

Don't know

V. HEALTH, HELPING PATTERNS, RESIDUAL ITEMS

27. Prior to \_\_\_\_\_ (death//move) was he/she troubled by any long-term illness?

Don't know (GO TO 28)

No (GO TO 28)

Yes

↓  
27A. What was the nature of this illness: \_\_\_\_\_  
\_\_\_\_\_

28. Did \_\_\_\_\_ need anyone's help in order to get around or to meet daily needs?

Don't know (GO TO 29)

No (GO TO 29)

Yes

↓  
28A. For what did \_\_\_\_\_ need help, and who provided it when it was necessary?

TYPE OF HELP NEEDED

WHO PROVIDED HELP (RELATIONSHIP TO DECEASED)

_____	_____
_____	_____
_____	_____
_____	_____
_____	_____

29. As you know, parents and children sometimes help each other in different ways. Did \_\_\_\_\_ help his/her child(ren) regularly in any ways (during the last year or so of his/her life?//prior to his/her moving?)

Don't know (GO TO 30)

No (GO TO 30)

Yes

29A. In what ways did he/she assist his/her child(ren)?

TYPE OF HELP PROVIDED

---



---

30. How happy would you say \_\_\_\_\_ was (during the last year or so of his/her life?//at the time he/she moved from this area?)

- In excellent spirits and was greatly enjoying life?
- Was generally in good spirits, but was not able to enjoy life due to his/her deteriorating health or some other situation?
- Was generally despondent and unhappy with his/her life situation?
- Other (SPECIFY) \_\_\_\_\_
- 
- Don't know

31. During the last year or so of \_\_\_\_\_ life, //Prior to \_\_\_\_\_ move, would you say he/she:

- Was still very alert and aware of what was going on around him/her?
- Was beginning to lose contact with reality, but would still have days where he was quite alert?
- Was for the most part becoming quite senile?
- Don't know

32. Do you know if \_\_\_\_\_ had any personal problems which we haven't discussed?

- No
- Don't know
- Yes (DESCRIBE BRIEFLY) \_\_\_\_\_
- 
-

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