

1984

A Study to Determine Programs That Can Be Offered by the Council Bluffs Senior Citizens' Center

Jack Ruff

University of Nebraska at Omaha

Follow this and additional works at: <https://digitalcommons.unomaha.edu/cparpubarchives>

 Part of the [Demography, Population, and Ecology Commons](#), and the [Public Affairs Commons](#)

Please take our feedback survey at: https://unomaha.az1.qualtrics.com/jfe/form/SV_8cchtFmpDyGfBLE

Recommended Citation

Ruff, Jack, "A Study to Determine Programs That Can Be Offered by the Council Bluffs Senior Citizens' Center" (1984). *Publications Archives, 1963-2000*. 211.
<https://digitalcommons.unomaha.edu/cparpubarchives/211>

This Report is brought to you for free and open access by the Center for Public Affairs Research at DigitalCommons@UNO. It has been accepted for inclusion in Publications Archives, 1963-2000 by an authorized administrator of DigitalCommons@UNO. For more information, please contact unodigitalcommons@unomaha.edu.

A STUDY TO DETERMINE PROGRAMS THAT CAN BE OFFERED
BY THE COUNCIL BLUFFS SENIOR CITIZENS' CENTER

Purpose

This proposed study is in response to a request from the Council Bluffs Senior Citizens' Center Board and staff to gather information from the senior citizens in Council Bluffs concerning the types of programs and activities they would like to see provided by the Senior Citizens' Center. The study will (1) gather survey research information from the senior citizens of Council Bluffs, (2) provide information for program planning and development, (3) provide geographic and demographic information about the types of programs desired by different groupings of the elderly, and (4) provide a data base that can be periodically updated.

Project Structure

The project will have several discrete tasks: questionnaire design, sample design, training of volunteers, survey distribution and collection, analysis and report writing, and final presentation.

Questionnaire construction will focus on the (1) development of questions and scales that measure senior citizens' needs, (2) perceptions of users of the Senior Citizens' Center, (3) identification of the kinds of programs they would like to see provided, (4) extent of usage of present services, (5) reasons

COUNCIL BLUFFS SENIOR CITIZENS' CENTER SURVEY

The Council Bluffs Senior Citizens' Center is conducting a survey to determine what activities or programs to provide. Because your responses are important, we are providing a method to protect their anonymity. Please take the completed questionnaire and place it in the envelope provided. Do NOT place the mailing list card in the envelope. Give both the envelope and the card to the volunteer who calls to collect the information.

PART I: Please answer these questions about your activities and needs.

1. On the whole, how satisfied are you with your life today? (circle one)

1. very satisfied 2. fairly satisfied 3. not very satisfied 4. not at all satisfied

2. Do you feel you have too much to do, enough to do, not enough to do? (circle one)

1. too much 2. enough 3. not enough

3. What kinds of activities do you
enjoy at your home? How often?

Activity	Daily	Weekly	Monthly
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

4. What kinds of activities do you enjoy away from your home? How often and where?

Activity	Daily	Weekly	Monthly	Where
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____

5. What other activities would you enjoy if you could?

6. How often do you get out of your home? (circle one) 1. almost every day
 2. a few times a week 3. a few times a month 4. once a month 5. less than once a month
7. How often do relatives visit you in your home? 1. often 2. seldom 3. never
8. How often do you visit your relatives in their homes? 1. often 2. seldom 3. never
9. How often do friends visit with you in your home? 1. often 2. seldom 3. never
10. How often do you visit friends in their homes? 1. often 2. seldom 3. never
11. How often do you leave your home for social functions? (circle one)
 1. a few times a week 2. once a week 3. once a month 4. less than once a month
12. Do you have a telephone? yes _____ no _____
13. Which is your primary news source? (circle one)
 1. television 2. newspaper 3. radio 4. friends or relatives 5. magazines
 6. other (specify) _____
14. Which radio station do you listen to most often? _____
15. Which TV station do you watch most? _____
16. Do you subscribe to cable TV? yes _____ no _____
17. What is your main source of transportation? (circle one)
 1. walking 2. riding a bus 3. driving own car 4. riding with friend or relative
 5. other (specify) _____
18. Do you have a driver's license? yes _____ no _____
19. Do you own your own car? yes _____ no _____
20. If you drive, do you drive at night? yes _____ no _____
21. If you drive, what do you use your car for most often? (circle one)
 1. shopping 2. out of town trips 3. doctor appointments 4. social events
 5. getting to work 6. other (specify) _____

PART II: Please answer these questions about your health.

22. How would you assess your overall health? (circle one)
 1. excellent 2. good 3. fair 4. poor
23. Do you consider your health status to be: (circle one)
 1. better than your friends 2. same as your friends 3. worse than your friends

24. Have you had a regular health checkup during the last year? yes _____ no _____

25. Have you been hospitalized during the past year? yes _____ no _____

If yes, How many times? _____

How long? _____

For what illness? _____

26. How many times have you used these services in the last year for your health needs?

1. dentist _____

4. medical school _____

2. private physician _____

5. hospital _____

3. medical clinic _____

6. other (specify) _____

27. Do you have trouble getting health services? yes _____ no _____

If yes, what problems? (circle any that apply)

1. availability

2. cost

3. transportation

4. long waits

28. How do you usually pay for medical services? (circle any that apply)

1. cash

2. health insurance

3. Medicare

4. Medicaid

5. other (specify) _____

29. How much do you spend on medical services (doctors) per month? _____

30. How much do you spend on medications per month? _____

31. Do you have any chronic illnesses? yes _____ no _____

If yes, which ones? _____

32. When do you eat your main meal? (circle one)

1. morning

2. noon

3. evening

33. With whom do you eat your main meal of the day? (circle one)

1. alone

2. with spouse

3. with other relatives

4. with friends

34. Please record what you had to eat yesterday for each meal or snack time.

Breakfast

Snack

Lunch

Snack

Dinner

Snack

_____	_____	_____	_____	_____	_____
_____	_____	_____	_____	_____	_____
_____	_____	_____	_____	_____	_____
_____	_____	_____	_____	_____	_____

35. How often do you buy groceries? (circle one)
 1. daily 2. few times a week 3. weekly 4. every few weeks 5. monthly
36. Do you know of a program in your neighborhood which provides hot noon meals? yes____ no____
- If yes, how often have you eaten there? (circle one)
 1. regularly 2. occasionally 3. rarely 4. never
37. In case of an emergency, who would you first call? (circle one)
 1. family member 2. friend/neighbor 3. police 4. doctor 5. telephone operator
 6. clergy 7. other (specify) _____
38. How often do you feel lonely? (circle one)
 1. often 2. seldom 3. never

PART III: Please answer these questions about programs and activities in the community.

39. Below is a list of programs and services for older citizens in Council Bluffs. Please indicate whether you have heard of or participated in any of these programs. (circle the number in the column that applies)

	heard of		participated	
	yes	no	yes	no
Senior Citizens' Center	1	2	3	4
Social Security	1	2	3	4
Meals on Wheels	1	2	3	4
Food stamps	1	2	3	4
Home repair services for the elderly (handyman)	1	2	3	4
Programs assisting in winterizing and insulating homes	1	2	3	4
Programs assisting in homemaker/chores for senior citizens	1	2	3	4
Senior citizen discounts	1	2	3	4
Retired Senior Volunteer Program (RSVP)	1	2	3	4
Home health care programs	1	2	3	4
Telephone reassurance program	1	2	3	4
Handibus transportation	1	2	3	4
Supplementary Security Income	1	2	3	4
Welfare programs	1	2	3	4
Friendly Visitor	1	2	3	4
Other (specify)	1	2	3	4

40. Have you ever had problems finding out how to get involved with these services for older citizens?
 yes____ no____

41. How satisfied are you with the services you have received in the following areas? (circle the number in the column that applies)

	not at all satisfied	somewhat satisfied	very satisfied
Services for older persons	1	2	3
Educational programs	1	2	3
Health care	1	2	3
Housing	1	2	3
Recreation	1	2	3
Crime/safety	1	2	3
Transportation	1	2	3
Employment	1	2	3
Getting welfare services	1	2	3
Legal matters	1	2	3

42. If you have any problems receiving services, whom would you consult? (circle one)

1. friends 2. relatives 3. priest/minister 4. lawyer 5. doctor

6. other (specify) _____

43. Below is a list of things that are often causes of concern.

Please indicate how concerned you are about each.

(circle the number in the column that applies)

	very concerned	somewhat concerned	not at all concerned
Finances	1	2	3
Medical expenses	1	2	3
Legal matters	1	2	3
Transportation	1	2	3
Employment	1	2	3
Personal safety	1	2	3
Health	1	2	3
Economy	1	2	3
Housing	1	2	3

PART IV: Please answer these questions about senior citizen centers.

44. Have you heard of the Council Bluffs Senior Citizens' Center? yes _____ no _____

45. Of the following list of general activities, what do you think is the main purpose of a senior citizen's center? (circle one)

1. social/recreational 2. educational 3. health education and information

4. physical fitness activities 5. community volunteer programs

6. other (specify) _____

46. Have you ever been to any activities or programs at the Council Bluffs Senior Citizens' Center?

yes _____ no _____

47. Which programs have you attended and how often? (circle the number in the column that applies)

	regularly	often	sometimes	only once
1. _____	1	2	3	4
2. _____	1	2	3	4
3. _____	1	2	3	4
4. _____	1	2	3	4
5. _____	1	2	3	4

48. Were you satisfied with the program or programs you participated in? yes ____ no ____

49. If a carpool or mini-bus provided transportation to the Senior Citizens' Center would you use the Center more often? yes ____ no ____

50. If you have not attended any activities at the Senior Citizens' Center, please indicate your reasons for not attending? (circle as many as apply)

1. didn't know it was there
2. don't like its location
3. socialize elsewhere
4. not interested in programs that are offered
5. schedule of programs is inconvenient
6. no transportation to get to the center
7. no one to go with
8. physically difficult to participate
9. too busy to attend
10. other (specify) _____
11. other (specify) _____

51. Of the following list of general activities, which do you think the Senior Citizens' Center should focus on? (circle one)

1. social/recreational
2. educational
3. health education and information
4. physical fitness activities
5. community volunteer programs
6. other (specify) _____

52. Below is a possible list of activities. Which would you like to see offered at the senior center?

- | | | |
|--------------------|----------------------|--------------------------------------|
| 1. Group exercise | 19. Concerts | 38. Foster grandparent program |
| 2. Calligraphy | 20. Leatherwork | 39. Self-protection techniques |
| 3. Bowling | 21. Movies | 40. Music appreciation |
| 4. Reading club | 22. Job counseling | 41. Nutrition information |
| 5. Photography | 23. Carnivals | 42. Community service projects |
| 6. Art shows | 24. Counseling | 43. Personal finance management |
| 7. Horseshoes | 25. Driver's aid | 44. Clinic on advertising fraud |
| 8. Clinic on wills | 26. Lectures | Referral information for: |
| Trips to: | 27. Croquet | 45. Elderly services |
| 9. Museums | 28. Fishing | 46. Legal services |
| 10. Ballet | 29. Crocheting | 47. Employment services |
| 11. Opera | 30. Painting | 48. Tax services |
| 12. Symphony | 31. Plays | 49. Other |
| 13. Knitting | 32. Health education | 50. Cards and games |
| 14. Dances | 33. Woodworking | 51. Health maintenance |
| 15. Pool | 34. Bingo | 52. Basic home nursing techniques |
| 16. Potluck meals | 35. Quilting | 53. Blood pressure clinic |
| 17. Tours | 36. Energy programs | 54. Family relationships clinic |
| 18. Ceramics | 37. Sack lunches | 55. Legal contracts and forms clinic |

PART V: Demographic Information

53. How old are you? _____

54. How long have you lived at this address? _____

55. Where did you live just before the place you live now? (circle one)

- 1. same neighborhood in Council Bluffs
- 2. another neighborhood in Council Bluffs
- 3. outside of Council Bluffs

56. Do you own or rent? 1. own 2. rent

57. Do you live: (circle one) 1. alone 2. with your spouse 3. with your family
4. other (specify) _____

58. What are your sources of income? (circle those that apply)

- 1. earnings 2. savings 3. Social Security 4. family 5. welfare
- 6. retirement funds 7. other (specify) _____

59. What is your monthly income? (circle one)

- 1. \$0-\$334 2. \$335-\$500 3. \$501-\$1,000 4. \$1,001 or above

60. Are you: (circle one)

- 1. single 2. married 3. widowed 4. divorced 5. separated?

61. What is your sex? male _____ female _____

62. What is your race? (circle one)

- 1. white 2. black 3. American Indian 4. Asian 5. Spanish
- 6. other (specify) _____