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

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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?

<table>
<thead>
<tr>
<th>Activity</th>
<th>Daily</th>
<th>Weekly</th>
<th>Monthly</th>
</tr>
</thead>
<tbody>
<tr>
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</tbody>
</table>

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

<table>
<thead>
<tr>
<th>Activity</th>
<th>Daily</th>
<th>Weekly</th>
<th>Monthly</th>
<th>Where</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
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</tbody>
</table>

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  
   2. private physician  
   3. medical clinic  
   4. medical school  
   5. hospital  
   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)

<table>
<thead>
<tr>
<th>Program</th>
<th>heard of</th>
<th>participated</th>
</tr>
</thead>
<tbody>
<tr>
<td>Senior Citizens' Center</td>
<td>1</td>
<td>2</td>
</tr>
<tr>
<td>Social Security</td>
<td>1</td>
<td>2</td>
</tr>
<tr>
<td>Meals on Wheels</td>
<td>1</td>
<td>2</td>
</tr>
<tr>
<td>Food stamps</td>
<td>1</td>
<td>2</td>
</tr>
<tr>
<td>Home repair services for the elderly (handyman)</td>
<td>1</td>
<td>2</td>
</tr>
<tr>
<td>Programs assisting in winterizing and insulating homes</td>
<td>1</td>
<td>2</td>
</tr>
<tr>
<td>Programs assisting in homemaker/chores for senior citizens</td>
<td>1</td>
<td>2</td>
</tr>
<tr>
<td>Senior citizen discounts</td>
<td>1</td>
<td>2</td>
</tr>
<tr>
<td>Retired Senior Volunteer Program (RSVP)</td>
<td>1</td>
<td>2</td>
</tr>
<tr>
<td>Home health care programs</td>
<td>1</td>
<td>2</td>
</tr>
<tr>
<td>Telephone reassurance program</td>
<td>1</td>
<td>2</td>
</tr>
<tr>
<td>Handibus transportation</td>
<td>1</td>
<td>2</td>
</tr>
<tr>
<td>Supplementary Security Income</td>
<td>1</td>
<td>2</td>
</tr>
<tr>
<td>Welfare programs</td>
<td>1</td>
<td>2</td>
</tr>
<tr>
<td>Friendly Visitor</td>
<td>1</td>
<td>2</td>
</tr>
<tr>
<td>Other (specify)</td>
<td>1</td>
<td>2</td>
</tr>
</tbody>
</table>

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

<table>
<thead>
<tr>
<th>Area</th>
<th>1</th>
<th>2</th>
<th>3</th>
</tr>
</thead>
<tbody>
<tr>
<td>Services for older persons</td>
<td>1</td>
<td>2</td>
<td>3</td>
</tr>
<tr>
<td>Educational programs</td>
<td>1</td>
<td>2</td>
<td>3</td>
</tr>
<tr>
<td>Health care</td>
<td>1</td>
<td>2</td>
<td>3</td>
</tr>
<tr>
<td>Housing</td>
<td>1</td>
<td>2</td>
<td>3</td>
</tr>
<tr>
<td>Recreation</td>
<td>1</td>
<td>2</td>
<td>3</td>
</tr>
<tr>
<td>Crime/safety</td>
<td>1</td>
<td>2</td>
<td>3</td>
</tr>
<tr>
<td>Transportation</td>
<td>1</td>
<td>2</td>
<td>3</td>
</tr>
<tr>
<td>Employment</td>
<td>1</td>
<td>2</td>
<td>3</td>
</tr>
<tr>
<td>Getting welfare services</td>
<td>1</td>
<td>2</td>
<td>3</td>
</tr>
<tr>
<td>Legal matters</td>
<td>1</td>
<td>2</td>
<td>3</td>
</tr>
</tbody>
</table>

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. very concerned somewhat concerned not at all concerned

<table>
<thead>
<tr>
<th>Area</th>
<th>1</th>
<th>2</th>
<th>3</th>
</tr>
</thead>
<tbody>
<tr>
<td>Finances</td>
<td>1</td>
<td>2</td>
<td>3</td>
</tr>
<tr>
<td>Medical expenses</td>
<td>1</td>
<td>2</td>
<td>3</td>
</tr>
<tr>
<td>Legal matters</td>
<td>1</td>
<td>2</td>
<td>3</td>
</tr>
<tr>
<td>Transportation</td>
<td>1</td>
<td>2</td>
<td>3</td>
</tr>
<tr>
<td>Employment</td>
<td>1</td>
<td>2</td>
<td>3</td>
</tr>
<tr>
<td>Personal safety</td>
<td>1</td>
<td>2</td>
<td>3</td>
</tr>
<tr>
<td>Health</td>
<td>1</td>
<td>2</td>
<td>3</td>
</tr>
<tr>
<td>Economy</td>
<td>1</td>
<td>2</td>
<td>3</td>
</tr>
<tr>
<td>Housing</td>
<td>1</td>
<td>2</td>
<td>3</td>
</tr>
</tbody>
</table>

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)  

<table>
<thead>
<tr>
<th></th>
<th>regularly</th>
<th>often</th>
<th>sometimes</th>
<th>only once</th>
</tr>
</thead>
<tbody>
<tr>
<td>1.</td>
<td></td>
<td>1</td>
<td>2</td>
<td>3</td>
</tr>
<tr>
<td>2.</td>
<td></td>
<td>1</td>
<td>2</td>
<td>3</td>
</tr>
<tr>
<td>3.</td>
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<td>1</td>
<td>2</td>
<td>3</td>
</tr>
<tr>
<td>4.</td>
<td></td>
<td>1</td>
<td>2</td>
<td>3</td>
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<tr>
<td>5.</td>
<td></td>
<td>1</td>
<td>2</td>
<td>3</td>
</tr>
</tbody>
</table>

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?

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 45. Elderly services
   Trips to: 27. Croquet 46. Legal services
   11. Opera 30. Painting 49. Other
   12. Symphony 31. Plays
15. Pool 34. Bingo 52. Basic home nursing techniques
17. Tours 36. Energy programs 54. Family relationships clinic
18. Ceramics 37. Sack lunches 55. Legal contracts and forms clinic
19. Concerts 20. Leatherwork
23. Carnivals 24. Counseling
25. Driver's aid 26. Lectures
27. Croquet 28. Fishing
29. Crocheting 30. Painting
31. Plays
32. Health education
33. Woodworking
34. Bingo
35. Quilting
36. Energy programs
37. Sack lunches

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)
   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)
   6. other (specify) _________________________