

Comprehensive Regional Planning Report
for
Green Valley and Sahuarita, AZ

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EXECUTIVE SUMMARY

This regional survey was a groundbreaking event representing a pioneer effort as the first assessment gathering information from residents of both Green Valley and Sahuarita, AZ to be used for regional planning purposes. Visionary members of the Survey Consortium leading this project included representatives from La Posada at Park Centre; Carondelet Health Network; Green Valley Community Coordinating Council, Inc; The Town of Sahuarita; Green Valley / Sahuarita Chamber of Commerce; Casa de Esperanza; and Green Valley Recreation, Inc. They conceptualized the need to think regionally rather than to follow the established practice of organizing on a smaller individual community level. Their foresight is praiseworthy. They contracted to work with staff at the Arizona Center on Aging who had completed previous community assessments in Green Valley in 1985, 1991, and 1998 and had data available for longitudinal comparisons. The impetus for this survey was driven by major demographic changes that had taken place. Rapid growth since the U.S. Census in 2000 left local leaders without detailed information regarding the population.

The objectives of this initial regional needs assessment were fourfold. One goal was to obtain current information that may be used for regional planning purposes. A second purpose was to compare responses between Green Valley and Sahuarita residents to identify community specific issues necessary for targeted planning. A third intent was to determine what, if any, changes had occurred in Green Valley since the previous community survey in 1998. The fourth reason was to gather data regarding the need for specific childcare services, race, and ethnicity in Sahuarita, data that had not been collected before and were critically needed by The Town of Sahuarita. All of these objectives were designed to develop an area profile enabling community leaders and local service providers to implement programs based on needs identified by local inhabitants. Results will be incorporated into proposals submitted to a variety of extramural funding sources to support additional services.

Equal numbers of residents representing both communities were scientifically selected to participate for a total sample of 1,000. A systematic sample was drawn from the local telephone directory by staff at the Green Valley Community Coordinating Council resulting in a response rate of 70%. In Sahuarita, names were purposefully selected from three areas: Rancho Sahuarita, the master planned community including Rancho Resort; Quail Creek and La Jolla Verde, age-restricted neighborhoods; and the rest of Sahuarita. One third of the sample was from Quail Creek/La Jolla Verde to proportionally represent the retired sections. The response rate in Sahuarita was 43% for an overall regional response rate of 55%.

Throughout the fall of 2006 a series of meetings were held and email correspondence was maintained among the members of the Survey Consortium and the Principal Investigator to design the survey instrument. Areas to be measured included affiliation and satisfaction with the region; family and living arrangements; health issues; health behaviors; work force issues; health and medical issues (Green Valley only); childcare needs, ethnicity and race (Sahuarita only); and demographic information. The questionnaire was pilot tested by residents of both communities.

An initial mailing including the questionnaire and a cover letter was sent with details regarding the purpose of the study. One week after the initial mailing, a postcard reminder was sent to everyone receiving the questionnaire thanking them if they had already completed and returned the survey and, if not, reminding them to please do so. After another two weeks, a third mailing containing an updated cover letter and the questionnaire was sent to those who had not yet responded. Ethical principles and the rights of human subjects were ensured throughout this study. The University of Arizona Institutional Review Board approved all procedures utilized during the survey.

The most striking finding was that only minor differences were found between the two communities. As predicted, Green Valley residents were more integrated into their community which was an expected finding since they had lived there for 10 years on average, nearly 5 years longer than Sahuarita residents, giving them more time to develop local ties and affiliations. It was also anticipated that more people in Sahuarita would be currently employed since it is primarily a non-age restricted area targeting younger families. Despite differences in age, marital status, and household composition, residents of the two

communities shared values, traits, and characteristics in common. This finding was true despite the fact that more than 100 statistical comparisons were made. Multiple analyses like these often have some statistically significant outcomes even when no differences truly exist. The fact that more commonalities than differences were observed supports the need to adopt regional rather than community specific goals in overall planning activities. This critical finding validates the vision held by the Survey Consortium members.

In general, residents were involved within their community; had access to health care which was paid by insurance; had made healthy lifestyle choices regarding smoking, drinking, and exercise; and were well-educated with relatively high levels of income. Respondents were very interested in making the region more responsive to their needs by identifying businesses and services they wanted available locally. Their recognized needs included a larger variety of restaurants along with more stores selling food, home improvement products, general goods and merchandise, and specialty items such as craft supplies and fabric. On the negative side, nutritional intake needed to be improved since less than 20% adhered to recommended daily dietary guidelines for eating fruits and vegetables. The overall gestalt represented a cohort of healthy, vibrant, concerned people who cared about their community.

However, caution is needed regarding those who are not as fortunate. Although the percentages of those at-risk for health reasons were comparatively small, they were representative of those whose needs should be addressed in regional planning. This is especially true for those in poor health and those with high rates of hospitalization utilization during the past year which exceeded national norms. Exacerbating these problems was the reality that 1% of the population had no health insurance and lived in poverty.

Other noteworthy findings were community specific. In Green Valley, residents were generally healthier in 2007 than in 1998. They were less often bothered with feelings of loneliness, sadness, or depression in the past month; experienced better current health and relative health compared with age peers, had a primary care physician whom they had seen in the past year, and had received recommended vaccines. They were less likely to have had circulation problems or weakness. More volunteer hours were contributed, additional physical activities were performed, and a larger proportion had advanced degrees. Despite this, they had poorer nutritional habits.

Other findings in Green Valley remained constant over time. No differences were found in community contacts; reported prevalence of elder mistreatment; use of health care services including hospitals, emergency department visits and outpatient visits; healthy lifestyle choices; medication use; and number of falls.

Although the numbers of people at-risk were relatively small, those risks remained the same across time. Falls continued to be a problem with 8% having fallen during the past month and half falling more than once. Some residents remained at risk for adverse drug effects due to the total number of medications they were taking. Loneliness and depression persisted as concerns with that trend increasing over time. Significant numbers still reported that they were not a part of the community so that the need remained to integrate those less affiliated.

In Sahuarita, 91% self-identified their ethnicity as white and 25% lived with children under the age of 19 and expressed a need for child care services. They wanted services for infants, preschoolers, scholars and teens. However, these needs must be evaluated in the context that few respondents were living with children and may not be representative of the community at large.

Comparisons were made across the neighborhoods of Quail Creek/La Jolla Verde, Rancho Sahuarita and Sahuarita General to identify areas that may need specific targeting. These analyses revealed that residents of Sahuarita General had been in the community the longest number of years, had the largest employment rates, self-identified as Hispanic, and learned about community events by radio.

By contrast, residents of Rancho Sahuarita used email and newsletters to learn about community events. They believed that public transportation adequately met community needs.

More differences were found within the Quail Creek/La Jolla Verde neighborhood where residents were more apt to have moved to the area from out of state and were significantly older. They were more integrated into the community, had a local primary care physician, got diagnostic tests done locally, had received a current flu shot and used Medicare, Part A or Part B to pay for medical services. Most of these findings were not surprising since they were significantly older.

INTRODUCTION

In the fall of 2006 a consortium of local service providers from Green Valley and Sahuarita met to discuss the feasibility of conducting a regional survey. Their objective was to obtain information from community residents that could be integrated into decision-making processes to assure that program planning was consistent with residents' desires for growth.

Input was sought since major demographic changes had occurred in the region during the past decade. The population of Green Valley was estimated to increase by 6% per year according to the Green Valley Community Coordinating Council leading to a current total of 35,000 residents during the winter season compared with an estimated 23,500 in 1998.

Growth is attributable in large part to a change in the perception of the acceptance of living in a retirement community. In the late 1980s, 11% of seniors preferred to live in a retirement community. Currently 17% overall while 20% of Baby Boomers prefer this type of community.¹ This results in an influx of healthy, younger aged retirees whose needs may differ from older retirees.

The population of Sahuarita, a rapidly developing age-integrated community north of Green Valley, increased 529% from the 2000 U.S. census through July 2006.² As land and housing became more expensive in Tucson and its suburbs, people migrated to the exurbs, land that had recently had been mostly farmland. More affordable housing is available in the exurbs and has contributed to this phenomenal growth.³ Population increases in both communities have had a major impact on the region requiring an updated regional survey to provide a current profile for planning purposes.

The Survey Consortium included representatives from La Posada at Park Centre; Carondelet Health Network; Green Valley Community Coordinating Council, Inc; The Town of Sahuarita; Green Valley / Sahuarita Chamber of Commerce; Casa de Esperanza; and Green Valley Recreation, Inc. They contracted with staff at the Arizona Center on Aging (ACOA) to assist with the project. Monthly meetings were held from August through December, 2006 to plan and coordinate the proposed survey. Two meetings were held during January 2007 to finalize and pilot test the survey.

This current survey builds upon results from three previous surveys conducted in Green Valley by ACOA staff in 1985, 1991, and 1998.^{4,5} These earlier studies focused only on Green Valley primarily because emphasis was placed upon the changing needs, especially healthcare needs, which are experienced in an age-restricted community as residents age-in-place. Members of the Survey Consortium decided to include Sahuarita in this current study because of its rapid growth and its impact on the region.

Both Green Valley and Sahuarita are located in the Santa Cruz Valley about 25 miles south of Tucson and 45 miles north of Nogales, Mexico. Green Valley is at an elevation of 2,900 feet while Sahuarita is at 2,700 feet. Green Valley was established in 1964 as an age-restricted community for retirees and remains unincorporated. Since that time the community has grown dramatically and now has dozens of clubs and volunteer organizations, medical facilities, places of worship, recreation centers, and golf courses. Retirees age 55 and older desiring an active lifestyle are targeted.

By contrast, Sahuarita is a rapidly growing, non-age restricted community which was incorporated in 1994. Contributing to the recent population explosion is Rancho Sahuarita, a planned development that targets families by advertising the family-friendly parks, pools and schools in a variety of media.⁶ This subdivision now contains 3,800 homes with 8,000 more planned which will contribute to continued rapid growth.

STUDY DESIGN

The objectives of this regional needs assessment were fourfold. One goal was to obtain current information that may be used for regional planning purposes. A second purpose was to compare responses between Green Valley and Sahuarita residents to identify community specific issues necessary for targeted planning. A third intent was to determine what, if any, changes have occurred in Green Valley since the previous community survey in 1998. The fourth reason was to gather data regarding the need for specific childcare services, race, and ethnicity in Sahuarita, data that had not been collected before and were critically needed by The Town of Sahuarita. All of these objectives are designed to develop an area profile enabling community leaders and local service providers to implement programs based on needs identified by local inhabitants. Results will be incorporated into proposals submitted to a variety of extramural funding sources to support additional services.

Ethical principles and the rights of human subjects were ensured throughout this study. The University of Arizona Institutional Review Board approved all procedures utilized during the survey.

Sample Selection

Equal numbers of residents in both communities were selected to participate for a total regional sample of 1,000. More than 500 names were scientifically selected in each locality to assure that sufficient names were available to replace those who had moved away and did not receive the questionnaire since it was undeliverable. A total of 1,045 surveys were mailed with 74 returned by the post office despite mailings to the hold-out sample. Some returned questionnaires were not usable primarily because some didn't want to participate and some were returned blank. The result was 523 responses available for analysis for an overall response rate of 55%. Detailed information for each site is presented next.

Green Valley. A systematic sample was drawn from the local telephone directory by staff at the Green Valley Community Coordinating Council. The original mailing was sent February 28, 2007 with two subsequent mailings to replace those who had moved for a total mailing of 526. Despite multiple mailings, 50 questionnaires were undeliverable resulting in 476 potential responses. Of these, some could not be included in the analyses for a variety of reasons: 14 wrote that they did not answer mail surveys, four returned a blank survey, two sent a personal note stating they had moved, one wrote noting he was too busy to complete the survey, and one was a duplicate mailing. Seven people removed their unique identification number but were still included in the analyses. This led to a response rate of 70% compared with a response rate of 79% in 1990 and 82% in 1998.

Sahuarita. The randomized sampling plan used in Sahuarita was implemented by the Economic Development Manager. Names were purposefully selected from three areas: Rancho Sahuarita, the master planned community including Rancho Resort; Quail Creek and La Jolla Verde, age-restricted neighborhoods; and the rest of Sahuarita (Sahuarita General) within the town's boundaries. One third of the sample was from Quail Creek/La Jolla Verde and two thirds from Rancho Sahuarita and Sahuarita General to proportionally represent the retired sections.

The original mailing was sent on March 15, 2007, two weeks after the Green Valley surveys. This delay was necessary because two other surveys were being conducted at the same time. In February, every Sahuarita household received the 2007 Workforce Survey which was due mid-March. Also in February, primary election ballots were mailed to all registered voters which had a due date of mid-March. Representatives from Sahuarita decided to postpone the mailing of this regional survey until the other two surveys had been completed.

Replacement questionnaires for 19 undeliverable surveys were sent for a total mailing of 519. Despite the multiple mailings, 24 questionnaires were returned by the post office resulting in a possibility of 495

responses of which 215 were received. Three people removed their unique identification number but were still included in the analyses. Two surveys were returned blank, one person returned the wrong survey and one person wrote that he didn't answer surveys resulting in 211 (43%) available for analyses. Although this response rate is significantly lower than that for Green Valley, it is also significantly larger than the 11% response rate from the 2007 Workforce Survey conducted in Sahuarita.⁷

Additional analyses were completed to determine response rates by area: Sahuarita General had a response rate of 49%; Quail Creek/La Jolla Verde, 48%; and Rancho Sahuarita, 34%. Another way of looking at response rates is that 62% were from the non-age restricted parts of town while 38% were from the retirement areas.

Sampling Error. The sample was selected following approved scientific methods to ensure that the sample would be representative of the entire population. However, the possibility always exists that conclusions drawn from a sample may be in error and reflect findings different from those that would have occurred if it had been possible to sample the entire population.

One technique for addressing this potential problem is to draw a large enough sample that the error in estimating the population values is minimized. The actual sample used in this survey was large enough to assure that sampling error was limited to ± 3 to 5 percentage points which is well within the recommended range.

Questionnaire Development

Throughout the fall of 2006 a series of meetings were held and email correspondence was maintained among the members of the Survey Consortium and the Principal Investigator to design the survey instrument. Decisions were made to include some of the same items that had been on the 1998 survey, to create new items that would be assessed in both Green Valley and Sahuarita, and to create other items that were unique to each district so that specific items of interest could be addressed. Areas to be measured included affiliation and satisfaction with the region; family and living arrangements; health issues; health behaviors; work force issues; health and medical issues (Green Valley only); childcare needs, ethnicity and race (Sahuarita only); and demographic information.

ACOA staff developed the questionnaire and had the initial version reviewed by experienced university researchers. Members of the Survey Consortium reviewed this document and revisions were made based upon their recommendations. Once agreement was reached on the final format, the document was pilot tested on January 29, 2007 by residents of both Green Valley and Sahuarita. Again, revisions were made as necessary. The final questionnaire was printed in booklet form measuring 7" by 8.5 inches. Items selected are presented in Appendix A: Green Valley, and Appendix B: Sahuarita.

Data Collection

A revised form of the Total Design Method developed by Dillman^{8,9} was used. An initial mailing including the questionnaire and a cover letter (Appendix C) was sent with details regarding the purpose of the study. Respondents were directed to provide answers according to their own personal perspective and not representative of the household. Respondents were advised that their confidentiality was assured since data would be presented only in aggregate form without identifying individual responses. A unique identification number was used to track responses and follow-up with non-respondents as necessary.

One week after the initial mailing, a postcard reminder (Appendix D) was sent to everyone receiving the questionnaire thanking them if they had already completed and returned the survey and, if not, reminding them to please do so. After another two weeks, a third mailing was sent to those who had not yet responded. They received a second copy of the questionnaire and an updated version of the cover letter (Appendix E) encouraging them to respond and assuring them of the importance of their participation.

RESULTS

Study findings will be presented in this section of the report. Findings include a regional profile, comparisons between Green Valley and Sahuarita, results specific to Green Valley, and findings specific to Sahuarita. Information presented relates to affiliation and satisfaction with the community; family and living arrangements; health issues; health behaviors; work force issues; health and medical issues (Green Valley only); childcare, ethnicity and race (Sahuarita only), and demographic information.

Regional Findings

Affiliation and Satisfaction with the Community

Domestic migration within the United States has been studied extensively. In-migration, addressing people moving into a particular area from another part of the country, is relevant in this region. For the last two reporting periods of 1990-2000 and 2000-2004, the average annual rates of in-migration to the western mountain regions from other parts of the country have been relatively high. This pattern of in-migration is particularly true in Arizona which continues to be among the national leaders in the net number of people moving into the state. Average annual rates in Arizona for the two reporting periods were 16% and 14% respectively.¹⁰

This influx of migrants has had a significant impact disturbing infrastructure, social interactions, employment and business opportunities. All of these factors influenced an individual's perception of the neighborhood affecting their relationships and satisfaction with the area. Several aspects of community involvement were assessed to focus on the effect of in-migration on the region. Questions addressed levels of affiliation, extent of volunteer activities, informal caregiving, and suggestions for improving the community.

Affiliation. Respondents indicated that they were involved. Nearly two-thirds of them (61%) reported they were very satisfied with the number of contacts they had with friends and neighbors. In addition 62% consider themselves to be a part of the community with 7% reporting that they were very much affiliated.

To gain a better understanding of the types of social activities people engaged in when interacting with others in the region, several questions were included. For example, respondents were asked if they played cards, had outings with friends, attended religious events, or hosted neighborhood gatherings. The majority of respondents (85%) reported that they had outings with friends while less than half of them engaged in religious activities (43%), played cards (42%), or hosted gatherings (39%). Only five respondents (1%) reported that they did not engage in any of these behaviors while 60% engaged in one or two of the pastimes.

Volunteer Involvement. Volunteering is a widespread tradition in much of the country and serves to indicate how committed one is to community. In 2006, more than 6 million adults (3%) throughout the country donated an average of 15 hours monthly investing an estimated \$152 billion of labor into the social sector.^{11, 12}

Within the region, 58% reported that they were volunteers. Half of them worked with religious organizations, 33% for community groups, 26% for social clubs, 13% for social service agencies and 10% for youth organizations. On average, 14 hours were contributed per month. Nearly half (47%) volunteered at one location while 32% helped at two different organizations. This compares with national data of 69% and 20% respectively for adults participating in volunteer work.¹³

Information was also elicited from those who didn't volunteer. Specifically they were asked why they did not volunteer and if an incentive would make a difference in their willingness to do so. The most frequently cited reason for not participating was because they were too busy and didn't have the time. Some respondents had been involved in the community where they lived before moving to the region and

had no desire to resume those activities here. Others reported that they were still working, had health problems, or were part-time residents. The majority of these respondents (88%) would not be interested in doing so even if an incentive were offered. However, data from the Bureau of Labor Statistics, United States Department of Labor revealed that 33% of those who were employed do volunteer work. About 43% of volunteers became involved with their main organization after being asked to volunteer, most often by someone in the organization.¹³ These data suggest that other reasons may be influencing volunteer rates.

In-home Care Provided. Informal caregiving is an important part of our society. It is estimated that 52 million persons or 31% of the adult population are informal caregivers voluntarily providing help to those who are ill or disabled.^{14, 15} Eight percent provide care to more than one person with help ranging from partial assistance to 24-hour a day care.

Survey results documented that informal caregiving is integral to the region with 116 (26%) reporting that they provided care to someone. Additional information was requested to learn more about this support. Although not everyone responded, 102 (88%) answered these questions. The average number of caregiving hours per week was 51. However this is somewhat misleading since 21 people were involved for more than 60 hours weekly. If they are omitted from the calculations, the average number of hours per week drops to 12 hours or about 1½ days weekly. The majority (83%) provided care to one person; 13%, two persons; and 4%, three persons. Typically care was provided for a spouse (31%), child (26%), friend (23%) or neighbor (18%).

Business and Transportation. Respondents were asked if there were businesses they would like to have available in the region to avoid traveling to Tucson for goods and services. The majority (84%) took time to write in information in response to this question. More restaurants, home improvement stores, retail stores, and gas stations were mentioned along with specialty stores for dry cleaning, craft supplies, fabric, car wash and pet supplies.

Many businesses were mentioned by name. Specific restaurants identified by name included: Sweet Tomatoes, Beyond Bread, Olive Garden, Eegees, Cracker Barrel, Applebees, Fazoli's, Perkins, and Red Lobster. Home improvement businesses included Home Depot; Lowes; and Bed, Bath and Beyond. Additional grocery stores such as Trader Joe's, Wild Oats, Sunflower Market, and Fry's were identified. Retail stores such as Circuit City, Costco, Target, Best Buy, Dillard's, Sams's Club, Office Max, J C Penney, Mervyn's, T.J. Maxx, Borders Books, Kohls, PetSmart, and Wal-Mart were identified. The most frequently identified business was Trader Joe's mentioned by 36% of the respondents.

About half of the respondents (53%) believed that transportation services were adequate. This may be contributed in part to the fact that 97% still drove a car. The other half (47%) thought that additional services were needed, specifically transportation to Tucson to access services (54%), within the community (53%), cab services (37%), and dial-a-ride services (34%).

Environmental Issues. Respondents were asked about their level of concern about a variety of environmental issues. They were most concerned about water availability (76%) followed by protection of open spaces (62%), air quality and mosquito control (47%), and lastly availability of hiking trails (24%).

In addition to this set of defined issues, respondents pinpointed additional concerns of particular interest to them. They identified illegal immigrants, drug traffic, waste management, and the need for additional parks and bike routes.

Respondents learned about community events primarily by newspaper (91%), word of mouth (65%), newsletters (60%) and email (33%). Less than one third used public service television and radio (22%) to learn about events. On average, three different sources were used.

Affiliation/Community Satisfaction Summary. Most respondents were involved and reported themselves to be affiliated with the community. However, significant numbers were not connected. About one third were not affiliated, were not satisfied with the extent of their informal social network, and did not participate in volunteer activities. This may be due in part to the fact that residents of both communities were relatively new to the area and greater efforts may be needed to integrate them.

Although a smaller proportion of people were informal caregivers when compared to national data, those who were generally provided care to more of those in need.

Nearly all respondents took the time to write in their ideas of which goods and services needed to be made available within the region. This high level of response indicated that they cared about their community and wanted to see improvements made.

Environmental issues were a concern. Primary factors were the availability of water and protection of open spaces along with the impact of illegal immigrants and drug trafficking.

Family and Living Arrangements

Most respondents (76%) lived with their spouse while 17% lived alone. Eleven percent had children aged 18 years or younger living with them. Less than 3% lived with a partner, parents, siblings, extended family member, friends, paid help, adult children and grandchildren. Average household size was two as compared with three in Arizona and nationwide.¹⁶

Half of the respondents (47%) had no relatives living in Arizona. On average, they telephoned, visited, or emailed their children, grandchildren and great grandchildren seven times a week. Five percent had lived in the region less than one year while 32% were there for 10 or more years. The average length of time was eight years. At a national level, 58% of respondents have lived in their community for 10 or more years while 6% have lived there for less than one year.¹⁷

Health Issues

Probably the most important thing in life is good health which affects every aspect of existence. A healthy mind in a healthy body makes life worth living. The importance of good health cannot be ignored. Without it, one is susceptible to diseases and a shortened life span. Several aspects of health were assessed to gain an understanding of regional issues.

Health Status. One third indicated that they were in excellent health which matches national results from the 2001 Survey of Income and Program Participation. Regionally 55% reported their health as good as compared with 30% in the national sample. Only 11% of the regional sample identified their health as fair or poor which is comparable to the national data.¹⁸

Overall health was better than others their age for 62% of the people. Thirty-three percent believed it to be the same and only 5% believed their health was worse than others their own age.

One fifth (22%) used an assistive device. For these 104 respondents, the majority (62%) needed help with vision problems, 32% with ambulation, and 28% with hearing. National estimates for the incidence of hearing problems range from 24% to 51%.^{19, 20}

Access to Care. The majority (93%) had a primary care physician and 86% of them had seen their doctor for a routine physical checkup within the past year as compared with 73% nationally.¹⁸ Fifty-two percent reported seeing a medical specialist. These included: allergist, cardiologist, chiropractor, dentist, dermatologist, endocrinologist, ENT, gastroenterologist, gynecologist, naturopath, neurologist, oncologist, ophthalmologist, orthopedic surgeon, physical therapist, podiatrist, psychiatrist, pulmonary specialist, retinologist, rheumatologist, or urologist.

Nearly two-thirds (65%), saw a doctor locally while 18% traveled to Tucson for their primary care physician and 31% traveled to Tucson for diagnostic tests.

Use of Services. Information was elicited regarding use of health care services and type of payment used for services. During the past year, 79% had no hospitalizations as compared with 91% nationally. The frequency of hospital visits varied by age with older persons hospitalized more often. Regional data for hospital use were re-analyzed for those age 65 years and older. Seventy-six percent of this age group were not hospitalized as compared with 81% nationally.¹⁸ Those who were hospitalized had an average length of stay of five days. The majority (86%) were hospitalized in Tucson.

Other medical services were not regularly needed with a third (28%) visiting an emergency department (ED) or having an outpatient visit (36%) during the past year. An average of two ED visits and 11 outpatient visits was reported.

Medical Payment. A list of payment sources was provided with instructions to indicate all those used to pay for medical services. Nearly half had Medicare, Part A (47%) or Medicare, Part B (44%). Thirty percent paid with Blue Cross/Blue Shield or other private insurance; 26% had health insurance from their employer, either current or former; 19% used a Health Maintenance Organization (HMO), and 11% either went to the VA or paid out-of-pocket for services. Less than 10% used AHCCCS, ALTCS, government employees' health insurance or cash from relatives.

Forty percent used one source in paying for services. Another 23% used two forms of payment while 29% reported three different sources of payment.

Three respondents (<1%) reported having no insurance as compared with 15% nationally and 20% in Arizona which has the nation's fourth highest rate of persons without health insurance.^{18, 21} No information regarding insurance coverage for medical care was identified for three people.

Mental Health Issues. Items included in the questionnaire assessed feelings of loneliness, sadness or depressed mood, and stress experienced during the past month. The majority reported that they never or seldom experienced any of these states: 81% for loneliness, 82% for sad/depressed and 59% for stress. However, one fifth of them reported having been bothered with loneliness (19%), and feelings of sadness/depression (20%) while nearly half (42%) were bothered by stress (Table 1).

Nationwide data from 2004 documented that 3% of the population age 18 and older experienced serious psychological distress during the past month.²² Although the national data were based upon a different set of items meeting more stringent criteria, they provided an incidence statistic for comparison purposes.

Table 1. Feelings of loneliness, sad or depressed mood, and stress during the past month

Feeling	Never-n(%)	Seldom-n(%)	Sometimes-n(%)	Usually-n(%)	Very Often-n(%)
Loneliness	293 (57%)	125 (24%)	76 (15%)	10 (2%)	10 (2%)
Sad/depressed	249 (49%)	167 (33%)	82 (16%)	7(2%)	8 (2%)
Stress	136 (27%)	164 (32%)	159 (31%)	24 (5%)	31 (6%)

Levels of Hope. Having hope helps to promote quality of life and prevent feelings of hopelessness which often co-occur with feelings of loneliness, depression, and stress. Given the importance of hope in mental health, a subset of items from a standardized instrument, the Herth Hope Index, was used for assessment.²³ This instrument was selected because the sample of people on whom it was tested was similar to regional residents.

Directions were to rate the level of agreement on items examining a positive outlook on life, a sense of direction, value and worth of life, presence of a faith that comforts, and deep inner strength. Strength of

agreement was indicated on a score of 1 to 3 for each item and scores were added to create a total Hope Scale ranging from 5 to 15 points. The average score was 13 with a standard deviation of two which is comparable to the scores observed on the validation sample of the Herth Hope Index indicating that the respondents matched the normative group.

Elder Mistreatment. Elder mistreatment has been of concern since it was first described nearly 30 years ago. The first scientific study of the incidence of abuse and neglect was conducted in 1988 in the Boston area and results revealed that 3% of community-dwelling elders had been abused.²⁴ Although this study was published nearly 20 years ago, it remains the most frequently cited research due to the scientific rigor that was applied. Currently no national database exists addressing abuse, neglect, and exploitation. This lack of population-based studies has led to analyses of state-level Adult Protective Services data. However, these data identify only those cases that have come to public attention and underestimate incidence and prevalence.²⁵ Estimates are that only 16% of cases are reported while 84% remain unreported.²⁶

Although a paucity of national level scientific research exists on the incidence and prevalence of abuse, neglect, and financial exploitation, numbers are increasing.²⁷⁻³⁰ Approximately 1 in 25 elders is abused annually.³¹

Data for those aged 65 years and older were analyzed to identify regional rates of abuse, neglect, and financial exploitation. Five people reported that they had experienced some type of mistreatment recently. None had been physically abused, four had experienced financial exploitation, and none had been neglected. One provided no details regarding the type of mistreatment.

When data were analyzed without regard to age, the number who replied positive to the question – has anyone close to you tried to hurt you or harm you recently? – increased from five to eight. Clearly these incidence data are lower than those reported in the literature. It is believed that underreporting occurs to protect both the abuser and person being abused.

Health Issues Summary. A larger proportion (89%) reported their health as excellent or good as compared with 66% nationwide. Furthermore, the majority believed their health was better than others their age. Most (93%) had a primary care physician and most of them (86%) had seen their physician within the past year. However, hospital utilization rates were higher in the region than nationally with 24% of respondents hospitalized during the past year as compared with 19% nationwide. Incidence of loneliness, depression and stress were higher than those reported for the nation. Self-reported health status exceeded that suggested by rates of hospitalization.

Paying for health care services was not a major issue for most of the respondents with less than 1% reporting that they had no health care coverage. Reported rates of mistreatment were lower than expected. Responses to a standardized instrument assessing levels of hope revealed that the majority of respondents had a positive outlook on life.

Health Behaviors

Lifestyle choices impact overall health and quality of life and are as significant as genetic inheritance in determining how well one ages.³² Since preventive health care addresses a range of public health problems, screening has become an important aspect of care. Several health-related lifestyle choices were assessed: smoking and drinking behaviors and the status of a flu and pneumonia vaccination.

Smoking. Most (91%) do not smoke now with 48% reporting that they had smoked in the past but had stopped. Forty-three percent reported that they had never smoked as compared with 54% nationally and statewide.³³ Data from the 2004 National Health Interview Survey conducted by the National Center for Health Statistics revealed that 23% of males and 19% of women nationwide were smokers. This compares with regional data of 9% for both males and females.³⁴

Alcohol Use. Routine screening for alcohol problems was initiated by a 1990 report by the Institute of Medicine. They recommended that patients in all medical settings be screened for problems that may be caused by alcohol use.³⁵ A commonly used questionnaire for determining the quantity and frequency of drinking is the CAGE screen.³⁶ This instrument consists of four items: 1) have you ever felt you should CUT down on your drinking, 2) have people ANNOYED you by criticizing your drinking, 3) have you ever felt bad or GUILTY about your drinking, and 4) have you ever had a drink first thing in the morning to steady your nerves or get rid of a hangover (EYE-OPENER). The number of positive responses to these questions is calculated and a score of one or more indicates a possible problem.

Seventy-three percent indicated that they drink alcoholic beverages. Of these 370 persons, 339 (92%) completed the four CAGE questions. Sixty-three (19%) had a potential problem as compared with 20% reported in the literature.³⁷

Vaccines. Overall 65% reported having a flu shot this season as compared with 69% nationally.³⁸ Annual flu shots are recommended for individuals age 65 and older. One of the *Healthy People 2000* objectives was that at least 60% of elders receive an annual flu shot. Regional data were reanalyzed for respondents in this age category and 80% of them had received a flu shot this season which compares with 73% for the entire state of Arizona and with a range of 54 to 74% for the nation. Regional data exceeded the rates for both the state and the nation.³⁹

Pneumococcal infections are the leading cause of pneumonia and contribute to disability and mortality. The Centers for Disease Control and Prevention estimate that more than 40,000 deaths occur annually with 80% of them occurring in elders. Regionally 60% had a pneumonia vaccine at some time. This compares to a nationwide incidence of 65%.⁴⁰

Wellness Activities. A list of 15 exercises, sports, or physically active hobbies was included with instructions to indicate the number of times each was done during a typical week. On average, respondents participated in three activities each week while 7% did six or more of the activities. The most popular activities were: walking for exercise (84%), gardening and yard work (68%), working out with equipment or at a gym (62%), playing golf (59%), swimming (53%), and exercising (51%). Less than half jogged, bicycled, hiked, danced, did aerobics, played tennis, went bowling, rode horseback, or went hunting or fishing. Three of these activities including walking, gardening, and working out at the gym were done more than once a week on average.

Respondents were asked if they expected changes in the amount of physical activity during the next five years. The majority (84%) expected their activities to stay the same or increase.

Nutrition. Eating a diet high in fruits and vegetables is associated with a decreased risk for cancer and other chronic diseases.^{41, 42} Their consumption also provides essential vitamins, minerals, and other components necessary for a healthy diet.⁴³ Since the mid 1980s, the U.S. Department of Agriculture has recommended that at least two servings of fruit and three servings of vegetables be eaten daily.⁴⁴ Given the importance of good nutrition, this was assessed.

One of the instruments used to assess dietary intake was developed for the Behavioral Risk Factor Surveillance System. This system provides a continuous telephone survey conducted by state health departments in collaboration with the Centers for Disease Control and Prevention. Information is collected from adults 18 years and older. Six items measure the frequency of eating fruit, fruit juice, green salad, potatoes, carrots, and other vegetables.⁴¹ These items were included in the survey.

Twenty-one percent ate at least two fruits daily, 5% ate three or more vegetables, and 2% met the minimum criteria for both fruits and vegetables. This compares with national data of 29%, 33% and 11% respectively that were reported in 2007 based on the National Health and Nutrition Examination Survey.⁴²

Health Behaviors Summary. The majority of respondents had made many positive lifestyle choices influencing their health. Current regional rates of smoking were less than those reported nationally. Most did not have a potential problem with alcoholism and the rates of those who did were similar to national estimates. Most respondents were physically active and engaged in at least three activities such as walking, gardening, or working out with equipment on a weekly basis. However, consumption of fruits and vegetables was well below those recommended and reported nationally.

Work Force Issues

Employment Status. Sixty-five percent were retired and 20% were working full time. Less than 10% were working part-time or were looking for work. Thirty-four people (8%) were interested in returning to the workforce. They were asked additional questions to learn about the type of work they wanted and other details about possible employment. Of 34 people, 87% were interested in part-time work and 13% were interested in full-time employment.

Those interested in returning to work were asked what type of job they preferred. Two were looking for administrative work while all the other responses were mentioned by only one person and included such jobs as accountant, clerical, journalism, manufacturing, public health inspector and sales. Ten needed health benefits, six needed retraining, and eight wanted to improve their computer skills. Too few respondents provided information on the minimum income they would like to be reliably reported.

Profession. Occupational codes from the Equal Employment Opportunity Commission (EEOC) were used to elicit information regarding respondents' professions.⁴⁵ This coding system was selected because normative data were available for comparisons with other groups. A special file was created from the 2000 Census data for the EEOC, in cooperation with the Department of Justice, Department of Labor, and the Office of Personnel Management. Data from this file provide both state-level and national comparisons.^{46, 47}

The two most frequently identified occupations in the region were Professionals (37%) and Officials/Managers (19%) which accounted for more than half of the respondents (56%). Statewide in Arizona, these two occupational categories accounted for 27% of the population and 11% at the national level (Table 2).

Table 2. Regional, state, and national occupational categories

Occupation	Region-n(%)	State-n(%)	US-n(%)
Officials/Managers	95 (19%)	69,414 (10%)	4,543,489 (11%)
Professionals	190 (37%)	114,990 (17%)	7,111,143 (17%)
Technicians	19 (4%)	43,062 (6%)	2,540,991 (6%)
Sales	46 (9%)	112,720 (16%)	5,287,685 (13%)
Office/Clerical	53 (10%)	119,442 (17%)	5,958,297 (14%)
Skilled craft workers	15 (3%)	44,506 (6%)	3,053,871 (7%)
Operatives	3 (1%)	62,060 (9%)	5,073,263 (12%)
Laborers	2 (< 1%)	41,418 (6%)	3,237,936 (8%)
Service Workers	7 (1%)	88,892 (13%)	5,095,816 (12%)

Demographic Information

Information was provided on gender, marital status, year of birth, educational level, state of residence prior to moving to Arizona, and annual household income. Forty percent of the respondents were male, the majority were married (76%) while 13% were widowed. Less than 10% were divorced, never married, or living with a domestic partner. The average age was 66 with a range of 25 to 92 years. Most had graduated high school (97%). Some (27%) had received a bachelor's degree, 16% a master's degree, and

5% a PhD, MD, or other post-graduate degree. Nationally the rates are 17% for bachelor's, 6% for master's, and 3% for other advanced degrees.⁴⁸

Seventeen percent of the respondents were native to Arizona. Other residents migrated to the region from the Midwest, 35%; Pacific states, 26%; western states, 15%; northeast, 12%; southeast, 5%; south central, 5%; other countries, 1%.

Income. The U.S. Census Bureau issues an annual report on poverty in this country. Statistics are provided identifying the number of poor people and how poverty is distributed by age, race or ethnicity, region, and family size. These data are used by the U.S. Department of Health and Human Services (DHHS) to prepare annually updated poverty guidelines. These income thresholds establish eligibility criteria for many DHHS programs. Current data were printed in the Federal Register on January 24, 2007.⁴⁹

Regional data were analyzed to examine poverty rates. Five households (1%) were in poverty. This compares with a poverty rate of 15% in Pima County, and 12% nationally.⁵⁰⁻⁵³

Another way of examining income is using quintiles. Households are often divided based on their gross income. Current intervals are defined with data from the 2005 Current Population Survey.⁵⁴ Regional data were compared with national data based on 2005 US Census update.⁵⁵ Regional residents had greater income than that reported nationally (Table 3).

Table 3. Income quintiles based on US census data

Quintile	\$ Range	Region %	US %
Lowest 20%	<\$18,500	6%	14%
2 nd (21-40%)	\$18,500 - \$34,737	12%	16%
3 rd (41-60%)	\$34,738 - \$55,331	20%	19%
4 th (61-80%)	\$55,331 - \$88,029	30%	23%
5 th (81-100%)	\$88,030 - \$157,175	28%	19%
Highest 5%	≥ \$157,176	5%	8%

Regional Comparisons

Responses were compared between the residents of Green Valley and Sahuarita. Statistically significant differences were found in some demographic variables. For example, Sahuarita respondents were younger, more likely to be married and not live alone, have more people living in the household including children, and be newer to the community (Table 4).

Table 4. Significant differences in demographic variables between Green Valley and Sahuarita respondents

Variables	Green Valley	Sahuarita
Average age	73 years	55 years
Marital status		
Married	74%	80%
Widowed	17%	6%
Living alone	22%	10%
Household size	2 persons	3 persons
Living with children		
≤ 18 years old	< 0.003%	26%
adult children	< 0.003%	8%
Length of residence	10 years	5.5 years

More than 100 comparisons were made between respondents in the two communities. It is critical to note that very few of these comparisons were significantly different despite the observed differences in demographic variables. Although they differ in age, marital status, and household composition, their needs and values were comparable. In fact, more commonalities than differences were observed. This finding in and of itself is significant. This is the first regional survey to include residents of both Sahuarita and Green Valley. The finding that they are quite similar in the majority of the assessed items supports the need to adopt regional rather than community specific planning. Minor adaptations may be made that are community specific for those issues that are statistically and practically different.

Dissimilar areas needing to be addressed specifically for each community focus primarily on issues affecting affiliation and satisfaction with the community. In addition, a few variations were found in family and living arrangements, health issues, health behaviors and work force issues. Differences that were both statistically significant and meaningful are presented.

Affiliation and Satisfaction with the Community

More Green Valley residents considered themselves to be a part of the community and were more satisfied with the number of contacts they have with friends and neighbors. This may be due, in part, to the fact that people had lived nearly twice as long in Green Valley as they had in Sahuarita (See Table 4.). Preferred activities included playing cards and going on outings with friends. In addition, more participated in volunteer activities and spent more hours doing so. They learned about community events by newspaper, public service television, and radio.

More Sahuarita residents identified businesses they wanted in the community and were more concerned with mosquito control than were Green Valley respondents. They learned about community events primarily by email.

Family and Living Arrangements

Sahuarita respondents were more likely to have other relatives living in Arizona (61%) than were Green Valley residents (37%).

Health Issues

More Green Valley residents accessed health care locally for primary care and diagnostic testing, saw a medical specialist, used assistive devices and were bothered by feelings of stress. Despite these differences, they were more likely to consider themselves to be in better health than others of their age.

Health Behaviors

More Green Valley residents had a flu shot (76% vs 48%), and pneumonia vaccine (76% vs 36%) than did Sahuarita residents. However, this finding is not unexpected given the emphasis placed on elders receiving these vaccines rather than younger aged adults. More Sahuarita respondents expected to increase their level of physical activity in the next five years.

Work Force Issues

More residents of Sahuarita were currently employed, both full-time time and part-time. In addition, more of them were currently interested in returning to the workforce and preferred part-time rather than full-time work. Data were elicited regarding the desired income level and the need for health benefits, retraining, and/or computer skills in the new position. These data could not be analyzed because too few people responded.

Results Specific to Green Valley

Five questions were incorporated in the Green Valley survey to elicit information about health and medical issues. These items were not included in the Sahuarita survey. In addition, some of the items in the current survey were included on the community survey conducted in 1998 permitting analyses for changes across time. Findings from these items unique to Green Valley will help target community specific planning.

Health and Medical Issues

As part of the 1998 Green Valley survey, information was collected to determine the reasons why residents had moved away from the community.⁵ To gather this information, people who had participated in the 1990 community survey and had moved away before the 1998 survey were contacted. They reported that their reasons for moving were to be near family and friends (53%), because of declines in their health (16%), and because of inadequate health care in Green Valley (16%). Two of the three major reasons for moving were related to health and medical issues. These earlier findings suggest that data again be included in the 2007 survey addressing these concerns.

Respondents were asked what might influence their decision to leave Green Valley if their health declined. A variety of reasons was listed with the directions to indicate all that applied. For the 57% who would consider leaving the area, the reasons, and the percent of respondents, included: to be closer to children (63%), access assisted living facilities (ALFs) outside of Green Valley (29%), be closer to other family members (28%), specific medical treatment was not available locally (23%), access affordable housing (14%), local health care was too expensive (13%), and current house was not adapted for age-related changes (8%).

The 1998 data revealed that 35% would move to be nearer their children, 20% to access medical care not available in Green Valley, and 7% because health care in the community was too costly. No data were collected in 1998 regarding ALFs, nearness of other family members, affordable housing, and design of current home.

Medication Usage. At least 85% of elders use one prescription medication and most use more than one.⁵⁶ The average American elder takes four to five daily.⁵⁷ They take about three times as many as younger

aged adults mainly due to the increased prevalence of chronic medical conditions.⁵⁸ Annually thousands of elders are hospitalized with illnesses related directly to medications.⁵⁹ Toxic effects of medications and drug-related problems can have profound medical and safety consequences for older adults. It is for these reasons that information was gathered describing current medications.

Respondents reported that on average, three prescription medications were taken, two vitamins, one over-the-counter medication, and one supplement. When all four types were combined, the average was seven. Data from the 1998 survey were the same.

Numerous definitions are used in the literature to define the risk level for taking multiple medications. Agreement is reached that the risk of even one ill-prescribed medication can cause myriad problems including the potential for fatal outcomes. The model chosen for comparison with the survey data was developed by Wick & Zanni (2007).⁶⁰ Under their paradigm, the adverse effect rate is estimated at 4% for elders taking 5 or fewer drugs, 10% for those taking 6 to 10 drugs, and 28% for those taking 11 to 15 drugs. Based upon the number of prescription medications alone, 5% were at-risk for adverse effects. This increased to 12% when the total number of medications was considered.

Medical Conditions and Falls. Eleven common medical conditions were listed and respondents were instructed to indicate those that affected them. More than half of the respondents have hypertension and/or arthritis. Local and national incidence rates are presented (Table 5).^{61, 62}

The average number of medical conditions was two which is the same as reported in 1998.

Table 5. Frequency of common medical conditions

Medical Condition	2007 % with condition	1998 %	National %
Hypertension / high blood pressure	55%	38%	49%
Arthritis / rheumatism	50%	50%	54%
Aching back	41%	-	35%
Sleeping problems	29%	26%	-
Heart trouble	21%	22%	37%
Glaucoma / cataracts	20%	22%	-
Diabetes	13%	7%	20%
Circulation problems	12%	16%	-
Emphysema / asthma	12%	12%	14%
Weakness	10%	14%	-
Depression	8%	16%	-

Falls are the leading cause of non-fatal injuries in the United States and are a threat to the health and well-being of elders.⁶³ Approximately 75% of deaths due to falls occur among the elderly with unintentional injury being the sixth leading cause of death.^{64, 65} For these reasons, falls are a serious health problem among elders due to their frequency of falling, associated morbidity, indicator of an as yet undetected decline in health, and the cost of health care necessitated by a fall. Among the elderly, falls account for 87% of all fractures and contribute to 40% of nursing home admissions.⁶³

Few falls were reported by the respondents. The majority (92%) had not fallen during the past month as compared with 81% who had not fallen during the past year in the 1998 survey. This contrasts favorably with the data that at least one in three community-dwelling elders has a fall during a one-year period.⁶⁴ For the 26 who had fallen as reported in the 2007 survey, 46% fell once, 23% twice, 12% three times, 15% four times, and 4% fell 10 times. Recommendations have been made that recurrent fallers be targeted for diagnostic and preventive efforts.^{66, 67}

Use of Health Care Services. As health declines, more people need supportive services. Nine types of services were listed and respondents were asked to indicate which, if any, they use during a typical week.

Sixteen percent used light housekeeping services and 3% used a 24-hour urgent care center. All of the remaining services including respite care, skilled nursing facility, hospice, home delivered meals, rehabilitative services, adult day health care, and dialysis were used by less than 2% of the respondents. Eighty-three percent used none of these services.

Open Ended Responses. Thirty-nine people took the time to write additional comments sharing their concerns about the community. Issues they identified further clarified residents' desires for change. The most commonly identified need was for a hospital (21%) followed by improvements to the infrastructure (13%) including more police services, better roads, and more public transportation. Additional issues were identified by only one respondent and were not considered representative of the community.

Longitudinal Comparisons

A total of 28 items were similar on both the 1998 and 2007 survey. For some of these items, minor differences occurred in the response options. When this occurred, recoding was needed for comparison purposes.

Responses to 13 of these items did not change during the nine years between surveys. These included items assessing: satisfaction with community contacts; having relatives living in the state; being hurt or harmed; use of health care services including hospitals, emergency department visits and outpatient visits; smoking habits; having a current flu shot; drinking alcoholic beverages; reasons for moving from the community if health declined; use of medications including prescription, over-the-counter, vitamins, and supplements; number of falls; and demographic variables measuring marital status, gender and age.

Of the 28 identical items, responses to 15 were both statistically and practically different across time. Differences were found in the areas of health issues, affiliation and satisfaction with the community, health behaviors, medical issues, and one of the demographic variables. Health issues presented the most significant differences.

Health Issues. On six of the eight items, those surveyed in 2007 reported healthier responses. These items and their associated percents include: never bothered with feelings of loneliness in the past month, 84% in 2007 compared with 76% in 1998; never bothered with feelings of sadness or depression in the past month, 84% in 2007 compared with 73% in 1998; current health status is excellent, 24% versus 31%; better relative health compared with age peers, 55 versus 70%; having a primary care physician, 76% versus 68%; and visiting a primary care physician with the past year, 76% versus 68%. Overall respondents in 2007 were less lonely or depressed, reported better health and were more apt to have seen their doctor recently.

Fewer respondents in 1998 (10%) used assistive devices as compared with the 28% who reported using them in 2007.

Paying for medical care differed across time. The respondents in 2007 were likely to use Medicare (76% versus 68%); and veteran's administration benefits, CHAMPUS, or military sources (13% versus 2%). By contrast, the respondents in 1998 used insurances from employers (33% versus 23%); HMO, a health maintenance organization, (31% versus 16%); or self-pay (24% versus 13%).

Affiliation/Community Satisfaction. The respondents in 2007 contributed more volunteer hours to the community (12 hours versus five hours) and considered themselves to be more a part of the community (30% versus 22%). However, interpretation of this latter finding is complicated by the fact that a greater proportion of the 2007 respondents (31% versus 20%) reported that they were not at all associated with the community.

Health Behaviors. Differences were found in vaccines and in levels of physical activity. A greater proportion of the 2007 respondents had received a pneumonia vaccine (78%) than had the 1998

respondents (66%). In addition, the current residents were more active in 11 of the 14 exercises, sports and physically-active hobbies that were assessed including walking, jogging, hiking, gardening, aerobics, calisthenics, golf, tennis, bicycle riding, swimming and working out using exercise equipment. No differences were found in dancing, bowling, and horseback riding.

Medical Issues. Comparisons were made on 10 medical conditions including hypertension, heart trouble, circulation problems, arthritis, emphysema, glaucoma, depression, weakness, diabetes and sleeping problems. Differences were found on four of these conditions. The 2007 respondents more likely had hypertension (55% versus 38%), and diabetes (13% versus 7%), while the 1998 respondents reported more circulation problems (17% versus 12%) and weakness (15% versus 10%).

In both surveys respondents were asked about their use of health care services such as light housekeeping, respite care, skilled nursing facility, hospice, home delivered meals, rehabilitative services, adult day care, dialysis, and 24-hour urgent care. The only difference in use of these services was in light housekeeping which was used more by the 2007 respondents (16% versus 8%).

Demographics. The only difference was in educational levels. A greater proportion of the 2007 respondents had a bachelor or master degree, MD or PhD degree, or other post-graduate degrees (51% versus 38%).

Results Specific to Sahuarita

Three items were incorporated in the Sahuarita survey to elicit information about types of services needed for school-age children, ethnicity, and race as measured by the U.S. Census. These items were not included in the Green Valley survey. In addition, comparisons were made across the three sections of Sahuarita including Quail Creek, Rancho Sahuarita, and the remainder of Sahuarita (Sahuarita General) to determine if differences occurred. These analyses were requested to ascertain if certain areas of the community needed targeting for specific issues.

Childcare, Ethnicity and Race

Types of Services. The five activities for school age children were after school recreation programs, day care, infant care, preschool, and a teen center. In addition, respondents could identify other needs. Data were analyzed for those 54 respondents living with children 18 years of age and younger.

After school programs were needed by 37%, a teen center by 11%, day care and preschool by 8%, and infant care by 3%. Additional services identified were activities for the handicapped, sports programs, summer camps, Head Start, and more family amusement parks.

Ethnicity/Race. Most (91%) were White, 7% fit none of the categories, and less than 2% were Asian or Black/African American. Fourteen percent were Hispanic as compared with 29% in Arizona and 15% nationwide.¹⁶

Open Ended Responses. Forty-eight people took the time to write additional comments sharing their concerns about the community. Issues they identified further clarify residents' desires for change. The most commonly identified need was for organized activities (25%), both indoors and outdoors that target all community residents regardless of age. The need for a hospital was mentioned by 15% and providing services for those with special needs was mentioned by 8%.

Comparisons within Areas of Sahuarita

Statistical comparisons were not always possible across the three sites due to the small number of responses. This occurred in three ways. First, some items were completed by very few respondents. For

example, only 17 persons across all three locations reported how many hours per week they wanted to work. With so few responding, statistical comparisons cannot be made.

The second reason is that while a sufficient number of those surveyed responded to the original question, too few respondents fit into one of the categories when more detail was requested. For example, 52 respondents regularly provided care to someone in the community which is a large enough number to analyze statistically. However, too few of them included information relating for whom the care was provided. For example, 11 people provided care for their spouse, 25 for their child, five for their neighbor and seven for a friend. At least one area of Sahuarita had too few respondents providing care to permit statistical comparisons.

The third reason is that no one chose a specific response. For example, none of the respondents reported using ALTCS as the payment source for medical care. When all respondents are the same, statistical comparisons are unnecessary.

All items where statistical comparisons were possible were analyzed. Those with both statistical significance and practical differences are discussed.

Affiliation and Satisfaction with the Community. Five of the 11 items had differences across the three sections of Sahuarita. More residents of Quail Creek (67%) were very satisfied with the number of contacts they with friends and neighbors than were those in Sahuarita General (41%) and Rancho Sahuarita (39%). Three of the four social activities listed were more common in Quail Creek than in the rest of the community. These included outings with friends (89%), hosting neighborhood gatherings (49%) and playing card (48%).

Residents in Sahuarita General had been living in the area the longest (11 years) as compared with four years in Quail Creek and three years in Rancho Sahuarita.

Some differences were observed in how people learn about community events. More Rancho Sahuaritans used newsletters (74%) and email (54%). Word of mouth was more common in Quail Creek (76%) while radio was more common in Sahuarita General (28%). In addition, more Rancho Sahuaritans (66%) considered transportation adequate than did those living in Quail Creek (59%) or the rest of Sahuarita (31%).

Family and Living Arrangements. Differences were expected since Quail Creek residents were significantly older (average age of 65). However, the small number of respondents and the lack of practical differences that were found did not support this hypothesis. For example, only 20 respondents lived alone, three with extended family, and 16 with adult children. When this occurs, statistical tests can not be calculated.

Although the number of people living in the household and the number of contacts that were typically made on a weekly basis with younger family members was statistically significant, the difference of one was not practically significant.

Health Issues. More residents of Quail Creek had a local primary care physician (79%) and got diagnostic tests done locally (75%) than did other residents of Sahuarita who were more apt to drive to Tucson for these services. In addition, Quail Creek residents used Medicare, Part A (39%) or Part B (37%) to pay for medical services.

Health Behaviors. For many of the items in this area the number of respondents within response options was too small to permit statistical analyses. For example, only six respondents in all of Sahuarita smoke more than one pack of cigarettes daily. Items on which respondents had similar responses included assessments of smoking, vaccination for pneumonia, CAGE alcohol assessment, and changes in the

amount of physical activity. Neither the specific physical activities completed in a typical week nor the total number of types of activities could be analyzed.

Significant differences were found in flu vaccination. More respondents in Quail Creek (66%) had received a current flu shot as compared with 42% in Sahuarita General and 33% in Rancho Sahuarita. This finding is not surprising since public policy targets the elderly for these vaccinations and residents in Quail Creek are significantly older.

Nutritional health was assessed by determining the frequency with which six different food types were eaten regularly. Comparisons on four of these six were statistically significant. For each of these items (fruit, green salad, carrots, and other vegetables) respondents in Rancho Sahuarita consumed fewer servings than those in the other areas. Although the difference in actual number of servings was small, this trend remains significant and nutrition was inadequate throughout Sahuarita.

Work Force Issues. Responses to the question - Are you currently employed - were recoded into yes, no, or retired for statistical analyses. Seventy percent of those in Sahuarita General were employed, 60% in Rancho Sahuarita, and 30% in Quail Creek (Table 6).

Table 6. Employment status within areas of Sahuarita

Area	Employed	Not Employed	Retired
Quail Creek	30%	6%	63%
Rancho Sahuarita	60%	19%	21%
Sahuarita General	70%	9%	22%

The number of responses expressing interest in returning to the workforce and identifying professional fields was too small to permit statistical analyses.

Family Support Services. A list of six types of support services was identified and respondents were asked to indicate which, if any, they needed for their school aged children. Services included after school recreation programs, day care, infant care, preschool, teen center, or other. The number of respondents indicating need for each of these individual services was too small to analyze.

Demographic Information. Four of the eight items were statistically significant and practically different. In Quail Creek, more men completed the survey (54%), respondents were older (average age was 65), fewer were of Hispanic origin (5%), and more were from out of state (80%) (See Table 7).

Table 7. Demographic differences within areas of Sahuarita

Area	Male	Average Age	Hispanic	Out of State
Quail Creek	54%	65	5%	80%
Rancho Sahuarita	35%	47	21%	71%
Sahuarita General	27%	52	17%	64%

No differences were found in marital status, educational level, or income. Since nearly all respondents (91%) were Anglo, statistical comparisons were not possible.

Limitations. Our analysis has two limitations. First, multiple analyses were completed using the same dataset. When this occurs, one would expect that some of the relationships would be statistically significant. For example, if 100 tests were run, it is expected that at least five of them would be significant even though no relationship actually exists. Any conclusions that are drawn may be suspect. To help address this concern, only those outcomes that were both statistically significant and of practical relevance were presented.

Second, no follow-up calls were made to the non-respondents to learn if they differed demographically in any significant way from those who did respond. It is possible that this might be the case especially when a large proportion of those selected for the study fail to complete the questionnaire. However, given the percentage of people who responded, especially in Green Valley with 70% responding, and the sampling error established for the survey, this possibility is minimized.

DISCUSSION

This regional survey was a groundbreaking event representing a pioneer effort. It was the first attempt to gather information from residents of both Green Valley and Sahuarita, AZ that can be used for planning purposes. Members of the Survey Consortium had a noteworthy vision. They conceptualized the need to think regionally rather than to follow the established practice of organizing on a smaller individual community level. Their foresight is praiseworthy.

The impetus for this survey was driven by major demographic changes that have taken place. Rapid growth since the U.S. Census in 2000 had left local leaders without detailed information regarding the population. Information was needed describing current residents for effective planning to take place. Input from a representative sample was sought to develop a comprehensive regional profile for planning purposes.

The most striking finding was that only minor differences were found between the two communities. As predicted, Green Valley residents were more integrated into their community which was an expected finding since they had lived there for 10 years on average, nearly 5 years longer than Sahuarita residents, giving them more time to develop local ties and affiliations. It was also anticipated that more people in Sahuarita would be currently employed since it is primarily a non-age restricted area targeting younger families. Despite differences in age, marital status, and household composition, residents of the two communities shared values, traits, and characteristics in common. This finding was true despite the fact that more than 100 statistical comparisons were made. Multiple analyses like these often have some statistically significant outcomes even when no differences truly exist. The fact that more commonalities than differences were observed supports the need to adopt regional rather than community specific goals in overall planning activities. This critical finding validates the vision held by the Survey Consortium members.

In general, residents were involved within their community; had access to health care which was paid by insurance; had made healthy lifestyle choices regarding smoking, drinking, and exercise; and were well-educated with relatively high levels of income. On the negative side, nutritional intake needed to be improved since less than 2% adhered to recommended daily dietary guidelines for eating fruits and vegetables.

Respondents were very interested in making the region more responsive to their needs regarding businesses and services they wanted available locally. The majority of them (84%) thought about what was needed and then wrote their ideas before returning the questionnaires. They wanted a larger variety of restaurants along with more stores selling home improvement products, food, general goods and merchandise, and specialty items such as craft supplies and fabric. It is worth mentioning that more than a third stated that they particularly wanted a Trader Joe's store located there.

The overall gestalt represented a cohort of healthy, vibrant, concerned people who cared about their community. However, caution is needed regarding those who are not as fortunate. Although the percentages of those at-risk were comparatively small, they represented people requiring special attention for their needs. This was especially true for those in poor health. For example, 14% had not seen a primary care physician within the past year and 11% reported their health as only fair or poor. In addition, rates of hospital utilization during the past year exceeded national norms. Exacerbating these problems was the reality that 1% of the population had no health insurance and lived in poverty. Mental health issues were a concern for at least 20% of the residents with nearly half reporting being bothered by stress.

Other noteworthy findings were community specific. In Green Valley, residents were generally healthier in 2007 than in 1998. They were less often bothered with feelings of loneliness, sadness, or depression in the past month; experienced better current health and relative health compared with age peers, had a primary care physician whom they had seen in the past year, and had received recommended vaccines. They were less likely to have had circulation problems or weakness. More volunteer hours were

contributed, additional physical activities were performed, and a larger proportion had advanced degrees. Despite these findings, they had poorer nutritional habits.

Other findings remained constant over time. No differences were found in community contacts; reported prevalence of elder mistreatment; use of health care services including hospitals, emergency department visits and outpatient visits; healthy lifestyle choices; medication use; and number of falls.

Although the numbers of people at-risk were relatively small, those risks remained the same across time. Falls continued to be a problem with 8% having fallen during the past month and more than half falling more than once. Some residents remained at risk for adverse drug effects due to the total number of medications they were taking. Loneliness and depression persisted as concerns with that trend increasing over time. Significant numbers still reported that they were not a part of the community so that the need remained to integrate those not-affiliated.

In Sahuarita, 91% self-identified their ethnicity as white and 25% lived with children under the age of 19 and expressed a need for child care services. They wanted services for infants, preschoolers, scholars and teens. However, these needs must be evaluated in the context that few respondents were living with children and may not be representative of the community at large.

Comparisons were made across Quail Creek/La Jolla Verde, Rancho Sahuarita and Sahuarita General to identify any areas that may need specific targeting. These analyses revealed that residents of Sahuarita General had been in the community the longest number of years, had the largest employment rates, self-identified as Hispanic, and learned about community events by radio.

By contrast, residents of Rancho Sahuarita used email and newsletters to learn about community events. They believed that public transportation adequately met community needs.

More differences were found within the Quail Creek/La Jolla Verde neighborhoods where residents were more apt to have moved to the area from out of state and were significantly older. They were more integrated into the community, had a local primary care physician, got diagnostic tests done locally, had received a current flu shot and used Medicare, Part A or Part B to pay for medical services. Most of these findings were not surprising since they were significantly older.

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Appendix A: Green Valley Survey

2007 Green Valley Regional Survey



Conducted by

Arizona Center on Aging
Colleges of Medicine and Nursing
University of Arizona

In cooperation with

La Posada at Park Centre
Carondelet Health Network
Green Valley Community Coordinating Council, Inc
The Town of Sahuarita
Green Valley / Sahuarita Chamber of Commerce
Casa de Esperanza
Green Valley Recreation, Inc.

This first set of questions examines your level of affiliation and satisfaction with your community.

1. How much are you a part of your community? (Circle number)

- 1. NOT AT ALL
- 2. A LITTLE BIT
- 3. SOMEWHAT
- 4. QUITE A BIT
- 5. VERY MUCH

2. How satisfied are you with the number of contacts you have with friends and neighbors in your community? (Circle number)

- 1. VERY SATISFIED
- 2. JUST SATISFIED
- 3. NOT VERY SATISFIED

3. Do you do volunteer work in your community? (Circle number)

1. YES →

Where do you volunteer? (Circle all that apply)

- 1. Religious organization
- 2. Community organization
- 3. Social service agency
- 4. Social club
- 5. Youth organizations
- 6. Green Valley Recreation
- 7. Other (Specify) _____

2. NO →

1. Why not? _____

2. Would an incentive make a difference?

- 1. YES
- 2. NO

4. How many hours per month do you spend in volunteer activities? (Write the number of hours. If you do *not* volunteer, write "0".)

_____ HOURS PER MONTH

5. Do you provide care to anyone in your community on a regular basis? (Circle number)

1. YES →

<p>1. Number of hours per week. (Write number) _____</p> <p>2. For whom do you provide care? (Circle all that apply)</p> <p>1. Spouse</p> <p>2. Child</p> <p>3. Neighbor</p> <p>4. Friend</p> <p>5. Other (Specify) _____</p>

2. NO - CONTINUE WITH THE NEXT QUESTION

6. Are there businesses that you would like to have here in Green Valley for which you now must travel to Tucson or other communities? (Circle number)

1. YES →

<p>1. What businesses are these? _____</p> <p>_____</p> <p>_____</p> <p>2. If a business exists here but you don't use it, tell why.</p> <p>_____</p> <p>_____</p>
--

2. NO - CONTINUE WITH THE NEXT QUESTION

7. Are transportation services adequate in the community? (Circle number)

1. YES - CONTINUE WITH THE NEXT QUESTION

2. NO →

<p>Circle all that are needed:</p> <p>1. Special needs transportation</p> <p>2. Dial-A-Ride</p> <p>3. Cab services</p> <p>4. Transportation to Tucson for services</p> <p>5. Transportation within the community</p> <p>6. Transportation outside the community other than to Tucson</p> <p>7. Other (Specify) _____</p>
--

8. Are you concerned with any of the following issues? Please indicate if you are concerned with each issue by circling 1 (NO), 2 (SOMEWHAT), or 3 (YES).

	(Circle your answer)		
	NO	SOMEWHAT	YES
1) AIR QUALITY	1	2	3
2) PROTECTION OF OPEN SPACES	1	2	3
3) MOSQUITO CONTROL.....	1	2	3
4) WATER AVAILABILITY	1	2	3
5) AVAILABILITY OF HIKING TRAILS	1	2	3
6) OTHER (Specify) _____	1	2	3

9. How do you learn about events in your community? (Circle all that apply)

1. NEWSPAPER
2. PUBLIC SERVICE TELEVISION
3. NEWSLETTERS
4. EMAIL
5. RADIO
6. WORD OF MOUTH
7. OTHER (Specify) _____

This next section deals with information about your family and living arrangements.

10. Who besides you lives in your home? (Circle all numbers that apply)

1. NO ONE ELSE - I LIVE ALONE
2. SPOUSE
3. PARTNER
4. PARENTS
5. SIBLINGS
6. EXTENDED FAMILY MEMBER
7. FRIENDS
8. PAID HELP
9. CHILDREN 18 OR YOUNGER
10. ADULT CHILDREN
11. GRANDCHILDREN
12. OTHER (Specify) _____

11. Other than children and members of your household, do you have relatives living in Arizona?
(Circle number)

1. YES
2. NO

12. How many people live in your household? (Write the number of people. If you live alone, write "1".)

_____ NUMBER OF HOUSEHOLD MEMBERS

13. During a typical week, how often do you telephone, visit, or email your children, grandchildren, and great grandchildren? (Write the number. If none, write "0".)

_____ NUMBER OF CALLS, VISITS, OR EMAILS

14. How many years have you been living in Green Valley? (Write the number of years. If you have lived here less than one year, write the number of months.)

_____ NUMBER OF YEARS

OR

_____ NUMBER OF MONTHS

These next questions ask about your overall health care.

15. Do you have a primary care physician? (Circle number)

1. YES →

1. Where do you go for visits? (Circle number.)

1. Green Valley

2. Tucson

3. Other (Specify) _____

2. If diagnostic tests are needed, where do you go?

1. Green Valley

2. Tucson

3. Other (Specify)

2. NO - CONTINUE WITH THE NEXT QUESTION

16. When did you last see a doctor for a routine physical checkup? (Write the month and year)

_____ MONTH

_____ YEAR

17. Are you seeing a medical specialist(s)? (Circle number)

1. YES →

1. What type of specialist(s)? (Specify) _____

2. What is the location(s)? _____

2. NO - CONTINUE WITH THE NEXT QUESTION

18. During the past month how much have you been bothered with feelings of loneliness? (Circle number)

1. NEVER

2. SELDOM

3. SOMETIMES

4. USUALLY

5. VERY OFTEN

19. During the past month how much have you been sad or depressed? (Circle number)

1. NEVER

2. SELDOM

3. SOMETIMES

4. USUALLY

5. VERY OFTEN

20. During the past month how much have you been bothered by stress? (Circle number)

1. NEVER

2. SELDOM

3. SOMETIMES

4. USUALLY

5. VERY OFTEN

21. Has anyone close to you tried to hurt you or harm you recently? (Circle number)

1. YES →

How have they tried to harm you? (Circle all that apply)

1. Physically
2. Financially
3. Through neglect
4. Other (Specify) _____

2. NO - CONTINUE WITH THE NEXT QUESTION

22. Do you use assistive devices (e.g., cane, walker)? (Circle number)

1. YES →

How do these devices help you? (Circle all that apply)

1. Ambulation
2. Vision
3. Hearing
4. Other (Specify) _____

2. NO - CONTINUE WITH THE NEXT QUESTION

23. In general, how is your health now? (Circle number)

1. EXCELLENT
2. GOOD
3. FAIR
4. POOR

24. How do you rate your overall health relative to others your own age? (Circle number)

1. BETTER
2. THE SAME
3. WORSE

25. Read each of the following statements. Please indicate if you agree with each statement by circling 1 (NO), 2 (SOMEWHAT), or 3 (YES).

(Circle your answer)

	NO	SOMEWHAT	YES
1. I HAVE A POSITIVE OUTLOOK ON LIFE.....	1.....	2.....	3.....
2. MY FAITH COMFORTS ME	1.....	2.....	3.....
3. I HAVE DEEP INNER STRENGTH.....	1.....	2.....	3.....
4. I HAVE A SENSE OF DIRECTION.....	1.....	2.....	3.....
5. I FEEL MY LIFE HAS VALUE AND WORTH	1.....	2.....	3.....

This next section has questions relating to work force issues.

26. Are you currently employed? (Circle number.)

1. YES, FULL -TIME
2. YES, PART-TIME, REGULARLY
3. YES, PART-TIME AS NEEDED
4. NO, LOOKING FOR FULL-TIME WORK
5. NO, LOOKING FOR PART-TIME WORK
6. NO, NOT LOOKING FOR EMPLOYMENT
7. NO, RETIRED

27. Are you currently interested in returning to the workforce?

1. YES →

1. How many hours per week do you want to work? _____
2. What type of job? _____
3. What is your desired minimum income? _____
4. Do you need any of the following? (Circle your answer)
 1. Health benefits.....YES.....NO
 2. Retraining.....YES.....NO
 3. Computer skills.....YES.....NO

2. NO - CONTINUE WITH THE NEXT QUESTION

28. How would you describe your profession? (If you are retired, what was your profession before retirement?) (Circle number)

1. OFFICIALS and MANAGERS
2. PROFESSIONALS
3. TECHNICIANS
4. SALES
5. OFFICIAL and CLERICAL
6. SKILLED CRAFT WORKERS
7. OPERATIVE (semiskilled)
8. LABORERS (unskilled)
9. SERVICE WORKERS
10. OTHER (Specify) _____

This next set of questions asks about your use of health care services.

29. How many times did you personally use a hospital during the past year? (Write the number of times and days. If none, write "0".)

- _____ NUMBER OF HOSPITALIZATIONS
- _____ TOTAL NUMBER OF DAYS SPENT IN THE HOSPITAL
- _____ LOCATION WHERE HOSPITALIZED MOST RECENTLY
- _____ NUMBER OF EMERGENCY DEPARTMENT VISITS
- _____ NUMBER OF OUTPATIENT VISITS

30. We would like to know how you pay for your medical care. Which of the following forms of insurance or methods of payment do you use? (Circle all numbers that apply.)

1. AHCCCS (ARIZONA'S ACUTE CARE MEDICAID PROGRAM)
2. ALTCS (ARIZONA'S LONG TERM CARE MEDICAID PROGRAM)
3. BLUE CROSS/BLUE SHIELD OR OTHER PRIVATE INSURANCE
4. FAMILY (CASH FROM RELATIVES)
5. GOVERNMENT EMPLOYEES HEALTH INSURANCE
6. HMO (HEALTH MAINTENANCE ORGANIZATION)
7. INSURANCE FROM EMPLOYERS (CURRENT AND/OR FORMER)
8. MEDICARE, PART A (HOSPITAL INSURANCE)
9. MEDICARE, PART B (OPTIONAL OUTPATIENT INSURANCE)
10. SELF PAY, OUT-OF-POCKET
11. VETERANS ADMINISTRATION BENEFITS/CHAMPUS/MILITARY
12. OTHER (Specify) _____

These next few questions address your health behaviors.

31. How would you describe your smoking habits? (Circle number)

1. NEVER SMOKED
2. USED TO SMOKE BUT STOPPED
3. SMOKE LESS THAN ONE PACK OF CIGARETTES DAILY
4. SMOKE ONE PACK OF CIGARETTES OR MORE DAILY
5. OTHER (Specify) _____

32. Have you had a flu shot this season? (Circle number)

1. YES
2. NO

33. Have you ever had a pneumonia vaccine? (Circle number)

1. YES
2. NO
3. DON'T KNOW

34. Do you drink alcoholic beverages? (Circle number)

1. YES →

- | |
|--|
| <ol style="list-style-type: none">1. Have you ever felt you ought to cut down on your drinking ?.....YES...NO2. Have people annoyed you by criticizing your drinking?.....YES...NO3. Have you ever felt bad or guilty about your drinking?.....YES...NO4. Have you ever had a drink first thing in the morning to steady your nerves or get rid of a Hangover?.....YES...NO5. Do you have 3 or more drinks of beer, liquor, or wine almost every Day?.....YES...NO |
|--|

2. NO - CONTINUE WITH THE NEXT QUESTION

Next are some questions about your health and wellness activities.

35. Do you engage in these social activities? (Circle all that apply)

1. PLAYING CARDS
2. OUTINGS WITH FRIENDS
3. ATTENDING RELIGIOUS ACTIVITIES
4. HOSTING NEIGHBORHOOD GATHERINGS
5. OTHER (SPECIFY) _____

36. Do you drive a car? (Circle number)

1. YES
2. NO

37. During the next five years do you expect changes in the amount of your physical activities? (Circle number)

1. STAY THE SAME
2. INCREASE
3. DECREASE

38. During a typical week, how many days did you do each of the following exercises, sports or physically active hobbies? Write the number of times. (If you did not do an activity, write "0".)

- _____ WALKING FOR EXERCISE
- _____ JOGGING / RUNNING
- _____ HIKING
- _____ GARDENING / YARD WORK
- _____ AEROBICS CLASSES
- _____ DANCING
- _____ CALISTHENICS/GENERAL EXERCISE
- _____ GOLF
- _____ TENNIS
- _____ BOWLING
- _____ BICYCLE RIDING
- _____ SWIMMING / WATER EXERCISE
- _____ HORSEBACK RIDING
- _____ WORKOUT WITH EQUIPMENT OR AT A GYM
- _____ HUNTING / FISHING
- _____ OTHER (Specify) _____

This next set of questions concerns your nutritional health.

39. During the past **week** how many times did you eat each of the following foods? Please write the number of days that you ate each of these foods. (If you did not eat a particular food, write "0")

- _____ FRUIT JUICE (such as orange, grapefruit, or tomato juice)
- _____ FRUIT (do not count juice)
- _____ GREEN SALAD
- _____ POTATOES (do not count french fries, fried potatoes, or potato chips)
- _____ CARROTS
- _____ VEGETABLES (do not count carrots, potatoes or salad)

This next set of questions addresses medical issues.

40. If your health declined, which of the following options would influence your decision about the possibility of moving? (Circle all that apply)

1. WOULD **NOT** LEAVE GREEN VALLEY
2. CURRENT HOUSE **NOT** ADAPTED FOR AGE-RELATED CHANGES
3. BE CLOSER TO CHILDREN
4. BE CLOSER TO OTHER FAMILY MEMBERS
5. TO ACCESS AFFORDABLE HOUSING
6. TO ACCESS ASSISTED FACILITIES OUTSIDE OF GREEN VALLEY
7. HEALTH CARE IS TOO EXPENSIVE IN GREEN VALLEY
8. SPECIFIC MEDICAL TREATMENT NOT AVAILABLE LOCALLY
9. OTHER (Specify) _____

41. How many medications are you currently taking on a regular basis? (Write the number of medications. If none, write "0".)

- _____ NUMBER OF PRESCRIPTION MEDICATIONS
- _____ NUMBER OF OVER-THE-COUNTER MEDICATIONS
- _____ NUMBER OF VITAMINS
- _____ NUMBER OF SUPPLEMENTS

42. At the present time are you affected by any of the following medical conditions?

(Circle your answer)

1. HYPERTENSION / HIGH BLOOD PRESSURE HAVE DON'T HAVE
2. HEART TROUBLE HAVE DON'T HAVE
3. CIRCULATION PROBLEMS HAVE DON'T HAVE
4. ARTHRITIS / RHEUMATISM HAVE DON'T HAVE
5. EMPHYSEMA / ASTHMA HAVE DON'T HAVE
6. GLAUCOMA / CATARACTS HAVE DON'T HAVE
7. DEPRESSION HAVE DON'T HAVE
8. WEAKNESS HAVE DON'T HAVE
9. ACHING BACK HAVE DON'T HAVE
10. DIABETES HAVE DON'T HAVE
11. SLEEPING PROBLEMS HAVE DON'T HAVE
12. OTHER (Specify) HAVE DON'T HAVE

43. In the last month, how many times have you tripped or fallen? (Write the number of times. If none, write 0.)

_____ NUMBER OF TIMES

44. A variety of health care services is available to assist those needing help. Some of these services are listed below. Indicate whether or not you use each of the listed services during a typical week.

(Circle your answer)

1. LIGHT HOUSEKEEPING SERVICES YES NO
2. RESPITE CARE YES NO
3. SKILLED NURSING FACILITY YES NO
4. HOSPICE YES NO
5. HOME DELIVERED MEALS YES NO
6. REHABILITATIVE SERVICES YES NO
7. ADULT DAY HEALTH CARE YES NO
8. DIALYSIS YES NO
9. A 24-HOUR URGENT CARE CENTER YES NO

Finally, we would like to ask some questions about you to help interpret the results.

45. What is your gender? (Circle number.)

1. MALE
2. FEMALE

46. What is your marital status? (Circle number.)

1. MARRIED
2. WIDOWED
3. SEPARATED
4. DIVORCED
5. NEVER MARRIED
6. DOMESTIC PARTNER

47. Where did you live before moving to this community?

_____ CITY

_____ STATE

48. In what year were you born? (Write the year.)

_____ YEAR OF BIRTH

49. What is the highest grade in school which you completed? (Circle number.)

1. 8 YEARS OR LESS
2. SOME HIGH SCHOOL
3. HIGH SCHOOL GRADUATE
4. SOME COLLEGE
5. TECHNICAL CERTIFICATE
6. ASSOCIATE'S DEGREE
7. BACHELOR'S DEGREE
8. MASTER'S DEGREE
9. M.D. OR PH.D.
10. OTHER POST-GRADUATE DEGREE
11. OTHER (Specify) _____

50. The following list contains annual income ranges. Which range corresponds to your current annual household income? (Circle number)

1. LESS THAN \$10,200
2. \$10,200 - \$13,999
3. \$14,000 - \$17,999
4. \$18,000 - \$33,999
5. \$34,000 - \$54,999
6. \$55,000 - \$87,999
7. \$88,000 - \$156,999
8. MORE THAN \$157,000

Is there anything we may have overlooked? Please use this space for any additional comments you would like to make.

THANK YOU VERY MUCH FOR YOUR TIME.

Appendix B: Sahuarita Survey

2007 Sahuarita Regional Survey



Conducted by

Arizona Center on Aging
Colleges of Medicine and Nursing
University of Arizona

In cooperation with

La Posada at Park Centre
Carondelet Health Network
Green Valley Community Coordinating Council, Inc
The Town of Sahuarita
Green Valley / Sahuarita Chamber of Commerce
Casa de Esperanza
Green Valley Recreation, Inc.

This first set of questions examines your level of affiliation and satisfaction with your community.

1. How much are you a part of your community? (Circle number)

1. NOT AT ALL
2. A LITTLE BIT
3. SOMEWHAT
4. QUITE A BIT
5. VERY MUCH

2. How satisfied are you with the number of contacts you have with friends and neighbors in your community? (Circle number)

1. VERY SATISFIED
2. JUST SATISFIED
3. NOT VERY SATISFIED

3. Do you do volunteer work in your community? (Circle number)

1. YES →

Where do you volunteer? (Circle all that apply)

1. Religious organization
2. Community organization
3. Social service agency
4. Social club
5. Youth organizations
6. Local government
7. Other (Specify) _____

2. NO →

1. Why not? _____

2. Would an incentive make a difference?

1. YES
2. NO

4. How many hours per month do you spend in volunteer activities? (Write the number of hours. If you do *not* volunteer, write "0".)

_____ HOURS PER MONTH

5. Do you provide care to anyone in your community on a regular basis? (Circle number)

1. YES →

<p>1. Number of hours per week. (Write number) _____</p> <p>2. For whom do you provide care? (Circle all that apply)</p> <p>1. Spouse</p> <p>2. Child</p> <p>3. Neighbor</p> <p>4. Friend</p> <p>5. Other (Specify) _____</p>

2. NO - CONTINUE WITH THE NEXT QUESTION

6. Are there businesses that you would like to have here in Sahuarita for which you now must travel to Tucson or other communities? (Circle number)

1. YES →

<p>1. What businesses are these? _____</p> <p>_____</p> <p>_____</p> <p>2. If a business exists here but you don't use it, tell why.</p> <p>_____</p> <p>_____</p>
--

2. NO - CONTINUE WITH THE NEXT QUESTION

7. Are transportation services adequate in the community? (Circle number)

1. YES - CONTINUE WITH THE NEXT QUESTION

2. NO →

<p>Circle all that are needed:</p> <p>1. Special needs transportation</p> <p>2. Dial-A-Ride</p> <p>3. Cab services</p> <p>4. Transportation to Tucson for services</p> <p>5. Transportation within the community</p> <p>6. Transportation outside the community other than to Tucson</p> <p>7. Other (Specify) _____</p>
--

8. Are you concerned with any of the following issues? Please indicate if you are concerned with each issue by circling 1 (NO), 2 (SOMEWHAT), or 3 (YES).

	(Circle your answer)		
	NO	SOMEWHAT	YES
1. AIR QUALITY.....	1	2	3
2. PROTECTION OF OPEN SPACES	1	2	3
3. MOSQUITO CONTROL	1	2	3
4. WATER AVAILABILITY.....	1	2	3
5. AVAILABILITY OF HIKING TRAILS.....	1	2	3
6. OTHER (Specify) _____	1	2	3

9. How do you learn about events in your community? (Circle all that apply)

1. NEWSPAPER
2. PUBLIC SERVICE TELEVISION
3. NEWSLETTERS
4. EMAIL
5. RADIO
6. WORD OF MOUTH
7. OTHER (Specify) _____

This next section deals with information about your family and living arrangements.

10. Who besides you lives in your home? (Circle all numbers that apply)

1. NO ONE ELSE - I LIVE ALONE
2. SPOUSE
3. PARTNER
4. PARENTS
5. SIBLINGS
6. EXTENDED FAMILY MEMBER
7. FRIENDS
8. PAID HELP
9. CHILDREN 18 OR YOUNGER
10. ADULT CHILDREN
11. GRANDCHILDREN
12. OTHER (Specify) _____

11. Other than children and members of your household, do you have relatives living in Arizona?
(Circle number)

1. YES
2. NO

12. How many people live in your household? (Write the number of people. If you live alone, write "1".)

_____ NUMBER OF HOUSEHOLD MEMBERS

13. During a typical week, how often do you telephone, visit, or email your children, grandchildren, and great grandchildren? (Write the number. If none, write "0".)

_____ NUMBER OF CALLS, VISITS, OR EMAILS

14. How many years have you been living in Sahuarita? (Write the number of years. If you have lived here less than one year, write the number of months.)

_____ NUMBER OF YEARS

OR

_____ NUMBER OF MONTHS

These next questions ask about your overall health care.

15. Do you have a primary care physician? (Circle number)

1. YES →

1. Where do you go for visits? (Circle number.)

1. Sahuarita

2. Tucson

3. Other (Specify) _____

2. If diagnostic tests are needed, where do you go?

1. Sahuarita

2. Tucson

3. Other (Specify) _____

2. NO - CONTINUE WITH THE NEXT QUESTION

16. When did you last see a doctor for a routine physical checkup? (Write the month and year)

_____ MONTH

_____ YEAR

17. Are you seeing a medical specialist? (Circle number)

1. YES →

1. What is the specialty? (Specify) _____

2. Where do you see the specialist? (Circle number)

1. Sahuarita

2. Tucson

3. Other (Specify) _____

2. NO - CONTINUE WITH THE NEXT QUESTION

18. During the past month how much have you been bothered with feelings of loneliness? (Circle number)

1. NEVER

2. SELDOM

3. SOMETIMES

4. USUALLY

5. VERY OFTEN

19. During the past month how much have you been sad or depressed? (Circle number)

1. NEVER

2. SELDOM

3. SOMETIMES

4. USUALLY

5. VERY OFTEN

20. During the past month how much have you been bothered by stress? (Circle number)

1. NEVER

2. SELDOM

3. SOMETIMES

4. USUALLY

5. VERY OFTEN

21. Has anyone close to you tried to hurt you or harm you recently? (Circle number)

1. YES →

How have they tried to harm you? (Circle all that apply)

- 1. Physically
- 2. Financially
- 3. Through neglect
- 4. Other (Specify) _____

2. NO - CONTINUE WITH THE NEXT QUESTION

22. Do you use assistive devices (e.g., cane, walker)? (Circle number)

1. YES →

How do these devices help you? (Circle all that apply)

- 1. Ambulation
- 2. Vision
- 3. Hearing
- 4. Other (Specify) _____

2. NO - CONTINUE WITH THE NEXT QUESTION

23. In general, how is your health now? (Circle number)

- 1. EXCELLENT
- 2. GOOD
- 3. FAIR
- 4. POOR

24. How do you rate your overall health relative to others your own age? (Circle number)

- 1. BETTER
- 2. THE SAME
- 3. WORSE

25. Read each of the following statements. Please indicate if you agree with each statement by circling 1 (NO), 2 (SOMEWHAT), or 3 (YES).

(Circle your answer)

	NO	SOMEWHAT	YES
1. I HAVE A POSITIVE OUTLOOK ON LIFE.....	1	2	3
2. MY FAITH COMFORTS ME.....	1	2	3
3. I HAVE DEEP INNER STRENGTH.....	1	2	3
4. I HAVE A SENSE OF DIRECTION.....	1	2	3
5. I FEEL MY LIFE HAS VALUE AND WORTH.....	1	2	3

This next section has questions relating to work force issues.

26. Are you currently employed? (Circle number.)

- 1. YES, FULL -TIME
- 2. YES, PART-TIME, REGULARLY
- 3. YES, PART-TIME AS NEEDED
- 4. NO, LOOKING FOR FULL-TIME WORK
- 5. NO, LOOKING FOR PART-TIME WORK
- 6. NO, NOT LOOKING FOR EMPLOYMENT
- 7. NO, RETIRED

27. Are you currently interested in returning to the workforce?

1. YES →

1. How many hours per week do you want to work? _____
2. What type of job? _____
3. What is your desired minimum income? _____
4. Do you need any of the following? (Circle your answer)
 1. Health benefits.....YES.....NO
 2. Retraining.....YES.....NO
 3. Computer skills.....YES.....NO

2. NO - CONTINUE WITH THE NEXT QUESTION

28. How would you describe your profession? (If you are retired, what was your profession before retirement?) (Circle number)

1. OFFICIALS and MANAGERS
2. PROFESSIONALS
3. TECHNICIANS
4. SALES
5. OFFICIAL and CLERICAL
6. SKILLED CRAFT WORKERS
7. OPERATIVE (semiskilled)
8. LABORERS (unskilled)
9. SERVICE WORKERS
10. OTHER (Specify) _____

This next set of questions asks about your use of health care services.

29. How many times did you personally use a hospital during the past year? (Write the number of times and days. If none, write "0".)

- _____ NUMBER OF HOSPITALIZATIONS
- _____ TOTAL NUMBER OF DAYS SPENT IN THE HOSPITAL
- _____ LOCATION WHERE HOSPITALIZED MOST RECENTLY
- _____ NUMBER OF EMERGENCY DEPARTMENT VISITS
- _____ NUMBER OF OUTPATIENT VISITS

30. We would like to know how you pay for your medical care. Which of the following forms of insurance or methods of payment do you use? (Circle all numbers that apply.)

1. AHCCCS (ARIZONA'S ACUTE CARE MEDICAID PROGRAM)
2. ALTCS (ARIZONA'S LONG TERM CARE MEDICAID PROGRAM)
3. BLUE CROSS/BLUE SHIELD OR OTHER PRIVATE INSURANCE
4. FAMILY (CASH FROM RELATIVES)
5. GOVERNMENT EMPLOYEES HEALTH INSURANCE
6. HMO (HEALTH MAINTENANCE ORGANIZATION)
7. INSURANCE FROM EMPLOYERS (CURRENT AND/OR FORMER)
8. MEDICARE, PART A (HOSPITAL INSURANCE)
9. MEDICARE, PART B (OPTIONAL OUTPATIENT INSURANCE)
10. SELF PAY, OUT-OF-POCKET
11. VETERANS ADMINISTRATION BENEFITS/CHAMPUS/MILITARY
12. OTHER (Specify) _____

These next few questions address your health behaviors.

31. How would you describe your smoking habits? (Circle number)

1. NEVER SMOKED
2. USED TO SMOKE BUT STOPPED
3. SMOKE LESS THAN ONE PACK OF CIGARETTES DAILY
4. SMOKE ONE PACK OF CIGARETTES OR MORE DAILY
5. OTHER (Specify) _____

32. Have you had a flu shot this season? (Circle number)

1. YES
2. NO

33. Have you ever had a pneumonia vaccine? (Circle number)

1. YES
2. NO
3. DON'T KNOW

34. Do you drink alcoholic beverages? (Circle number)

1. YES →

- | |
|--|
| 1. Have you ever felt you ought to cut down on your drinking ?.....YES...NO |
| 2. Have people annoyed you by criticizing your drinking?.....YES...NO |
| 3. Have you ever felt bad or guilty about your drinking?.....YES...NO |
| 4. Have you ever had a drink first thing in the morning to steady your nerves or get rid of a hangover?.....YES...NO |
| 5. Do you have 3 or more drinks of beer, liquor, or wine almost every day?.....YES...NO |

2. NO - CONTINUE WITH THE NEXT QUESTION

Next are some questions about your health and wellness activities.

35. Do you engage in these social activities? (Circle all that apply)

1. PLAYING CARDS
2. OUTINGS WITH FRIENDS
3. ATTENDING RELIGIOUS ACTIVITIES
4. HOSTING NEIGHBORHOOD GATHERINGS
5. OTHER (SPECIFY) _____

36. Do you drive a car? (Circle number)

1. YES
2. NO

37. During the next five years do you expect changes in the amount of your physical activities? (Circle number)

1. STAY THE SAME
2. INCREASE
3. DECREASE

38. During a typical week, how many days did you do each of the following exercises, sports or physically active hobbies? Write the number of times. (If you did not do an activity, write "0".)

- _____ WALKING FOR EXERCISE
- _____ JOGGING / RUNNING
- _____ HIKING
- _____ GARDENING / YARD WORK
- _____ AEROBICS CLASSES
- _____ DANCING
- _____ CALISTHENICS/GENERAL EXERCISE
- _____ GOLF
- _____ TENNIS
- _____ BOWLING
- _____ BICYCLE RIDING
- _____ SWIMMING / WATER EXERCISE
- _____ HORSEBACK RIDING
- _____ WORKOUT WITH EQUIPMENT OR AT A GYM
- _____ HUNTING / FISHING
- _____ OTHER (Specify) _____

This next set of questions concerns your nutritional health.

39. During the past **week** how many times did you eat each of the following foods? Please write the number of days that you ate each of these foods. (If you did not eat a particular food, write "0")

- _____ FRUIT JUICE (such as orange, grapefruit, or tomato juice)
- _____ FRUIT (do not count juice)
- _____ GREEN SALAD
- _____ POTATOES (do not count french fries, fried potatoes, or potato chips)
- _____ CARROTS
- _____ VEGETABLES (do not count carrots, potatoes or salad)

This next question addresses family support services.

40. What family support services do you need for your school age children? (Circle all that apply)

1. NO SCHOOL AGE CHILDREN LIVE IN MY HOUSEHOLD
2. AFTER SCHOOL RECREATION PROGRAMS
3. DAY CARE
4. INFANT CARE
5. PRESCHOOL
6. TEEN CENTER
7. OTHER (Specify) _____

Finally, we would like to ask some questions about you to help interpret the results.

41. What is your gender? (Circle number.)

1. MALE
2. FEMALE

42. What is your marital status? (Circle number.)

1. MARRIED
2. WIDOWED
3. SEPARATED
4. DIVORCED
5. NEVER MARRIED
6. DOMESTIC PARTNER

43. In what year were you born? (Write the year.)

_____ YEAR OF BIRTH

44. Are you Hispanic/Latino? (As measured by the US Census)

1. YES
2. NO

45. What is your ethnicity? (Circle number) (As measured by the US Census)

1. AMERICAN INDIAN / ALASKA NATIVE
2. ASIAN
3. BLACK / AFRICAN AMERICAN
4. NATIVE HAWAIIAN / OTHER PACIFIC ISLANDER
5. WHITE
6. OTHER(Specify) _____

46. Where did you live before moving to this community?

_____ CITY
_____ STATE

47. What is the highest grade in school which you completed? (Circle number.)

1. 8 YEARS OR LESS
2. SOME HIGH SCHOOL
3. HIGH SCHOOL GRADUATE
4. SOME COLLEGE
5. TECHNICAL CERTIFICATE
6. ASSOCIATE'S DEGREE
7. BACHELOR'S DEGREE
8. MASTER'S DEGREE
9. M.D. OR PH.D.
10. OTHER POST-GRADUATE DEGREE
11. OTHER (Specify) _____

48. Are you currently employed? (Circle number.)

1. YES, FULL-TIME
2. YES, PART-TIME, REGULARLY
3. YES, PART-TIME AS NEEDED
4. NO, LOOKING FOR FULL-TIME WORK
5. NO, LOOKING FOR PART-TIME WORK
6. NO, NOT LOOKING FOR EMPLOYMENT
7. NO, RETIRED, NOT EMPLOYED

49. The following list contains annual income ranges. Which range corresponds to your current annual household income? (Circle number)

1. LESS THAN \$10,200
2. \$10,200 - \$13,999
3. \$14,000 - \$16,999
4. \$17,000 - \$19,999
5. \$20,000 - \$23,999
6. \$24,000 - \$33,999
7. \$34,000 - \$54,999
8. \$55,000 - \$87,999
9. \$88,000 - \$156,999
10. MORE THAN \$157,000

Is there anything we may have overlooked? Please use this space for any additional comments you would like to make.

THANK YOU VERY MUCH FOR YOUR TIME.

Appendix C: Initial cover letters

March 2007

Dear Green Valley Resident,

Almost everyone living here is interested in Green Valley and the nearby region. However, folks have different concerns and interests and we have only a vague idea of what is important to you. Without this information, sensible and effective community planning is difficult. Given the large population growth occurring recently both in Green Valley and in nearby Sahuarita, we want to assure that our activities accurately reflect your interests. A Planning Group with representatives from both communities has been meeting monthly since last fall to discuss how best to address this matter.

Our group decided to conduct community-wide mail surveys here and in Sahuarita to learn about your opinions. We chose this approach because it has been quite successful in the past when we worked together to conduct Green Valley surveys in 1985, 1991, and 1998. Results from each survey were used to plan for needed services as identified by survey respondents.

You have been randomly selected to voluntarily participate in this study titled *Factors Affecting Quality of Life for Green Valley and Sahuarita Residents*. If you agree to participate, please complete the enclosed questionnaire which will take about 20 minutes. You may choose not to answer some or all of the questions. No known risks or costs will occur to you except for your time.

In order for the study results to accurately represent the values of all community residents, it is important for each survey to be completed and returned to me. Since a sample of residents is being surveyed, your response is critical to our understanding of the issues. Your answers should reflect only your personal views, not those of your family and friends.

To assure the confidentiality of your responses, a code number has been used. The key to the code will be kept in a locked cabinet available only to me and the research assistant. All survey results will be reported in aggregate form so that your name will not be revealed in any reports. A self-addressed stamped envelope has been enclosed for your convenience.

The importance of this project is reflected by the variety of participating organizations including La Posada at Park Centre; Carondelet Health Network; Green Valley Community Coordinating Council, Inc; The Town of Sahuarita; Green Valley / Sahuarita Chamber of Commerce; Casa de Esperanza; and Green Valley Recreation, Inc. They will integrate study findings into their decision-making processes to assure that program planning is consistent with your desires.

Thank you for your cooperation. Your prompt reply will be appreciated. Please do not hesitate to contact me at (520) 626-5808 or the University of Arizona Human Subjects Protection Program office at (520) 626-6721 if you have any additional comments or suggestions.

Sincerely,



Elaine W. Rousseau, PhD
Principal Investigator



March 2007

Dear Sahuarita Resident,

Almost everyone living here is interested in Sahuarita and the nearby region. However, folks have different concerns and interests and we have only a vague idea of what is important to you. Without this information, sensible and effective community planning is difficult.

Given the large population growth occurring recently both in Sahuarita and in nearby Green Valley, we want to assure that our activities accurately reflect your interests. A Planning Group with representatives from Sahuarita and Green Valley has been meeting monthly since last fall to discuss how best to address this matter. We have decided to conduct a communitywide mail survey here and in Green Valley to learn about your opinions.

You have been randomly selected to voluntarily participate in this study titled *Factors Affecting Quality of Life for Sahuarita and Green Valley Residents*. If you agree to participate, complete the enclosed questionnaire which will take about 20 minutes. You may choose not to answer some or all of the questions. No known risks or costs will occur to you except for your time.

In order for the study results to accurately represent the values of all community residents, it is important for each survey to be completed and returned to me. Since a sample of residents is being surveyed, your response is critical to our understanding of the issues. Your answers should reflect only your personal views, not those of your family and friends.

To assure the confidentiality of your responses, a code number has been used. The key to the code will be kept in a locked cabinet available only to me and the research assistant. All survey results will be reported in aggregate form so that your name will not be revealed in any reports. A self-addressed stamped envelope has been enclosed for your convenience.

The importance of this project is reflected by the variety of participating organizations including La Posada at Park Centre; Carondelet Health Network; Green Valley Community Coordinating Council, Inc; The Town of Sahuarita; Green Valley / Sahuarita Chamber of Commerce; Casa de Esperanza; and Green Valley Recreation, Inc. Each organization will integrate study findings into their decision-making processes to assure that program planning is consistent with your desires.

Thank you for your cooperation. Your prompt reply will be appreciated. Please do not hesitate to contact me at (520) 626-5808 or the University of Arizona Human Subjects Protection Program office at (520) 626-6721 if you have any additional comments or suggestions.

Sincerely,



Elaine W. Rousseau, PhD
Principal Investigator



Appendix D: Postcard follow-up

March 2007

Last week we mailed a questionnaire to you seeking your opinion about a variety of community issues.

If you have already completed and returned the survey to us, please accept our sincere thanks. If not, please do so today. It is extremely important that your responses be included in the study to accurately reflect the community values.

If you did not receive the questionnaire, please call me at 626.5808 and I will get another one in the mail to you today.

Sincerely,

A handwritten signature in black ink that reads "Elaine W. Rousseau, Ph.D." The signature is written in a cursive style.

Elaine W. Rousseau, PhD
Principal Investigator

Appendix E: Follow-up letters

March 2007

Dear Green Valley Resident,

About three weeks ago I wrote to you seeking your responses to a community-wide survey conducted in Green Valley and Sahuarita examining a variety of issues important to the community and the region. As of today, we have not received your completed questionnaire.

This study provides an excellent opportunity to gather information on many important issues facing this area. By completing the questionnaire, you have the chance to let others know what is important to you. Results from this study will be used by all the participating organizations including La Posada at Park Centre; Carondelet Health Network; Green Valley Community Coordinating Council, Inc; The Town of Sahuarita; Green Valley / Sahuarita Chamber of Commerce; Casa de Esperanza; and Green Valley Recreation, Inc. Each organization will integrate study findings into their decision-making processes to assure that program planning is consistent with your desires.

I am writing to you again today because of the significance of each questionnaire since participants were randomly selected. Although your participation is voluntary, it is important that we hear from you so that study results are representative of your community. In the event that your questionnaire has been misplaced, a replacement is enclosed. Please complete the questionnaire and return it to me in the enclosed self-addressed, stamped envelope. This will take about 20 minutes. Your answers should reflect only your personal views, not those of your family and friends. You may choose not to answer some or all of the questions. No known risks or costs will occur to you except for your time.

As mentioned in my last letter, a code number has been assigned to each questionnaire to assure the confidentiality of your responses. The key to the code will be kept in a locked cabinet available only to the research team at the Arizona Center on Aging, University of Arizona. All survey results will be reported in aggregate form so that your name will not be revealed in any reports.

It is not too late for you to participate in this study. Please do not hesitate to contact me at (520) 626-5808 or the University of Arizona Human Subjects Protection Program office at (520) 626-6721 if you have any questions.

Your cooperation is greatly appreciated.

Sincerely,



Elaine W. Rousseau, PhD
Principal Investigator

April 2007

Dear Sahuarita Resident,

About three weeks ago I wrote to you seeking your responses to a community-wide survey conducted in Sahuarita and Green Valley examining a variety of issues important to the community and the region. As of today, we have not received your completed questionnaire.

This study provides an excellent opportunity to gather information on many important issues facing this area. By completing the questionnaire, you have the chance to let others know what is important to you. Results from this study will be used by all the participating organizations including La Posada at Park Centre; Carondelet Health Network; Green Valley Community Coordinating Council, Inc; The Town of Sahuarita; Green Valley / Sahuarita Chamber of Commerce; Casa de Esperanza; and Green Valley Recreation, Inc. Each organization will integrate study findings into their decision-making processes to assure that program planning is consistent with your desires.

I am writing to you again today because of the significance of each questionnaire since participants were randomly selected. Although your participation is voluntary, it is important that we hear from you so that study results are representative of your community. In the event that your questionnaire has been misplaced, a replacement is enclosed. Please complete the questionnaire and return it to me in the enclosed self-addressed, stamped envelope. This will take about 20 minutes. Your answers should reflect only your personal views, not those of your family and friends. You may choose not to answer some or all of the questions. No known risks or costs will occur to you except for your time.

As mentioned in my last letter, a code number has been assigned to each questionnaire to assure the confidentiality of your responses. The key to the code will be kept in a locked cabinet available only to the research team at the Arizona Center on Aging, University of Arizona. All survey results will be reported in aggregate form so that your name will not be revealed in any reports.

It is not too late for you to participate in this study. Please do not hesitate to contact me at (520) 626-5808 or the University of Arizona Human Subjects Protection Program office at (520) 626-6721 if you have any questions.

Your cooperation is greatly appreciated.

Sincerely,



Elaine W. Rousseau, PhD
Principal Investigator