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UNIVERSITY OF WINDSOR  
The School of Social Work

OLDER PEOPLE IN KINGSVILLE, ONTARIO: A STUDY  
OF THEIR LIVING ARRANGEMENTS, HEALTH,  
AND SOCIAL RELATIONS

by

Jean Lin  
Phyllis Neilson, and  
Clayton Purcell

A research project presented to the School of Social Work  
of the University of Windsor in partial fulfillment of the  
requirements for the degree of Master of Social Work.

May, 1972

WINDSOR, ONTARIO, CANADA

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Phyllis Neilson  
Clayton Purcell 1972

400235



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Dr. R. Helling, Member  
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Clayton Purcell

#### ABSTRACT

As partial fulfillment of the requirements for the degree of Master of Social Work at the University of Windsor, the authors undertook to study the characteristics of the non-institutionalized elderly people in a rural town of Southwestern Ontario. It is concerned with living arrangements, health and social relations of older persons.

The population of the study was defined as older persons, 65 years of age and older, and their spouses, Living in Kingsville, Ontario, Canada. The total population was 544 according to the 1970 Assessment Roll. Because of the assumption that the marital status relates to one's life style, the population was divided into three categories: single, men, single women and married persons. The technique of random-representative sampling was used to choose 196 persons. Owing to death, illness, relocation or refusal, there were 126 in the final study sample.

Prior to conducting interviews, public awareness and the sanction of the leaders of the community were sought by television announcement, news release, notice in the church bulletins and by interviewing and telephoning the community leaders in Kingsville.

A questionnaire based on the Social Indicator For The Aged and a supplement sheet to seek additional information such as the length of residency in the town were used for data collection. The data was obtained directly from the older persons through administering the questionnaire by the researchers and trained volunteers.

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The positive findings on living arrangements, health and social relations in Kingsville are contrary to the general picture of older persons as a desperate group, beset by the problems. Most of the older persons have satisfactory living quarters, live independently and are in good physical health. They maintain a good diet, have few sick days in a month and encounter few difficulties in performing daily activities. The findings also indicate a satisfactory interpersonal relationship; most of the older persons know someone to visit and to call on in case of emergency. Though not many of the older people have hobbies, they are occupied with life tasks and interests, and do not want to work.

The positive conditions of the individuals are paralleled by the positive feelings toward the community. Most of the older people in the Kingsville Study expressed satisfaction with the neighbourhood: the clean air, number of trees, open spaces, quietness and cleanliness of the surroundings. Most of the older persons feel safe to move about in the community and community services easily accessible. Most importantly, the older persons feel that they are respected in the community and regard Kingsville a good place for the older persons to live.

It became evident that the conditions of life for the older people in Kingsville approach those in the "ideal" community as described in the Final Report of the Special Committee of the Senate on Aging. It is, therefore, proposed that the actual conditions and inter-relationship of conditions of relatively successful communities such as Kingsville be studied in order to construct an optimum environment for older people in Canada.

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## CHAPTER I

### INTRODUCTION

#### Purpose of the Study

The purpose of this project is that of identifying the characteristics of the non-institutionalized elderly people. The study was conducted in Kingsville, a rural town of Southwestern Ontario. It is concerned with health, living arrangements and social relationships of older persons.

There has been a definite need for better understanding of the living conditions and the social status of elderly Canadians. According to Elkin:

...we virtually have no research on the problems of the aged families in Canada.<sup>1</sup>

The project is, then, a partial response to the need for research on the families of older Canadians. The choice of a rural town, was made partly on the basis of expediency, since the particular town was close at hand, but also, because there appeared to the researchers to be a virtual vacuum of the knowledge of such a population of elderly people in Canada. Most studies of the characteristics of older people in Canada have been conducted in urban centres.

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<sup>1</sup>Frederick Elkin, The Family in Canada. (Ottawa: The Vanier Institute of the Family, 1968) p. 129.

### Nature of the Problem

Although old age is a natural process, there are those who persist in viewing it as a social problem. One definition of social problems, that of S. Kerson Weinberg, serves to highlight the difficulties attendant upon that view,

...behaviour patterns or conditions that are considered objectionable or undesirable by many members of society...and recognized as being amenable to corrective action.<sup>2</sup>

It may be that since the older persons experience disagreeable, vague, or limiting forms of social participation, some are inclined to view old age as a social problem. However, these limits to social participation stem, not from the fact that the aged are inherently "different" but rather from the fact that they are living in a fast changing world, in a less homogeneous society coupled with its usual slow pace in dealing with problems. The aged can be compared to a minority group, in that they (1) suffer from job discrimination, (2) many are economically dependent, (3) many have lower living standards, and (4) many suffer the consequences of skill obsolescence. Changes in society, especially in the family structure, from an extended family to a nuclear family, complicated by socio-economic changes, are considered intolerable and subject to corrective action.

The aged are rarely involved in such problematic behaviour as theft, destruction of property, gambling and the like, but they suffer from high rates of suicide, insanity and cancer.<sup>3</sup>

Old age is defined by the individual's chronological age, by social definition, through the loss of some roles and the acquisition of

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<sup>2</sup>S. Kerson Weinberg, Social Problems in Our Times: A Sociological Analysis (Englewood Cliff, N.J.: Prentice Hall Inc., 1960), p.4.

<sup>3</sup>Ibid., p. 510.

others. This social definition is relative, according to the social role of the person. Hockey players may be "old" at thirty-five, while many politicians continue their activity into their seventies.

Usually, in the family situation, the elderly individual is more isolated, has less authority than previously, loses some familiar roles: other traditional roles tend to blur causing intergenerational misunderstanding and conflict. The departure of a loved one or friend tends to increase the elderly's isolation. New friends must be acquired, new roles carved out yet there seems to exist an increasing resistance to doing this.

It is through roles, that society integrates the individual. Each society evolves a series of roles, that is positions with expected behaviour, and assigns a value to them which one calls statuses. Such definitions assure the continued existence of that society and of its continued functioning. As mentioned before, these roles and statuses serve to integrate the individual into that society and at the same time helps the individual's self-concept.

Sixty-five years of age is the arbitrary age for the rite of initiation into old age. The Canadian society reflects this philosophy with its obligatory retirement and the reception of Old Age Security payments.

Socially defined as different, labelled as old, with work roles no longer existing, or denied the individual, new roles to be assumed along with their concomitant statuses add to the difficulty of aging. Change in role is difficult at any age, but the elderly seem to be affected more often and more acutely than others. Yet, one must remember that it is not "people" that are "problems", but that one is dealing with "people beset by problems."<sup>4</sup>

<sup>4</sup>The Senate of Canada, Final Report of the Special Committee of the Senate on Aging (Ottawa: Queen's Printer, 1966) p.4.

### Method

Owing to the fact that gerontology is a newly developing field, there is a definite need for more information regarding the status of senior citizens, and for planning better services for the aged. Since the exploratory study, as a research method, is used, first, to gain more insight into the phenomenon, and, second, to attempt to describe more accurately the characteristics of the particular group, it was decided to use exploratory method in the present study.

It is an endeavour to discover new insights and ideas. It is hoped that this study will help to clarify concepts of the aging process, establish a hierarchy of priorities for further studies, and help to construct an inventory of problems considered urgent by the researchers and especially by the members of the population themselves.

### Definition of Terms

In this study, the terms elderly, older person, the aging, refer to people sixty-five and older. However, with the married couples, the term also includes the spouse who may or may not be sixty-five years old.

The terms rural and urban have changed in meaning the past few years. In this study, the definitions are as follows:

...any city, town or village with a population of 1,000 inhabitants whether incorporated or not, is now referred to as urban.<sup>5</sup>

In the context of this study, the term "rural" is used qualitatively rather than quantitatively. It is defined as:

...an area of face to face association larger than a neighbourhood in which a majority of the people use a majority of the social, economic, educational, religious and other services required for collective life and in which there is a general agreement on basic attitudes and behaviour.<sup>6</sup>

<sup>5</sup>Dominion Bureau of Statistics, Canada Year Book, 1970-71 (Ottawa: Information Canada), p. 220.

<sup>6</sup>Dictionary of Sociology and Related Sciences, 1968 ed., S.V. "Rural Community," by Edmund de S. Brunner.



In this respect, Kingsville may be called a rural town.

The areas of Health, which in this study does not mean the absence of disease, but physical well being, Living Arrangements, type of dwelling, household composition, quality of immediate neighbourhood and surrounding community, and Social Relationships, a pattern of social conduct, of interaction between persons or groups, are vitally important in the lives of senior citizens. Indeed, the World Health Organization equates health in terms of social well-being of which physical health, housing and social relationships play a large role.<sup>7</sup>

#### Review of the Literature

Much has been written, especially in the United States of America, regarding the aged. In Canada, the outstanding document regarding the plight of the aged, is the Final Report of the Special Committee of the Senate on Aging.<sup>8</sup> This government document focuses national attention on the situation of the elderly in our Canadian Society. A review of the literature reveals the existence of a number of studies regarding the senior citizen. On the Canadian scene, the Edmonton Welfare Council has produced: Edmonton's Senior Residents Survey Report, 1964,<sup>9</sup> the Winnipeg Social Audit,<sup>10</sup> 1968 has delineated problem areas and problem groups, among them the elderly and the Department of Agricultural Economics, Ontario Agricultural College wrote Aging Population of Wellington County.<sup>11</sup> Recently the Ontario Housing

<sup>7</sup>Royal Commission on Health Services, The Health of the Canadian People, by Robert Kohn (Ottawa: Queen's Printer, 1967), p. 2.

<sup>8</sup>Final Report of the Special Committee of the Senate on Aging, p.4.

<sup>9</sup>Robert L. James, Edmonton Senior Resident's Survey Report (Edmonton: Edmonton Welfare Council, 1965).

<sup>10</sup>Welfare Council of Greater Winnipeg, Winnipeg Social Audit (Winnipeg: Welfare Council of Greater Winnipeg, 1968).

<sup>11</sup>The Department of Agricultural Economics, The Aging Population of Wellington County (Guelph, Ontario: Ontario Agricultural College, 1959).

Corporation and local health departments' urban rural survey of elderly Canadians, in Metropolitan Toronto and Dufferin County.<sup>12</sup>

On the American scene, in 1953, the University of Michigan produced the study: Older People Tell Their Story,<sup>13</sup> a study of older people in Grand Rapids, Michigan. This was followed in 1964 by another study of senior citizens, Characteristics and Needs of Senior Citizens in Kent County, Michigan.<sup>14</sup> Perhaps the most famous study of senior citizens was the Minnesota study, Aging in Minnesota.<sup>15</sup> This study played an important role in the preparation of the first Whitehouse Conference on Aging.

Though four of the aforementioned studies do survey the rural population, they also study the urban senior citizens. They are not directly focused on the status of the elderly in a rural town.

Through the study of the elderly population of the town of Kingsville, it is hoped to ascertain the concrete situation of the senior citizens, not as others see it but as it is perceived by the older people themselves. Past experience has shown that the two concepts may differ. As the Edmonton study states:

...although we thought we knew, in general, what we should investigate, we had no assurance that the older people themselves would agree with our priorities.<sup>16</sup>

The information that may be obtained from such a study, may help

<sup>12</sup>Cape Schwenger, "Old Folks at Home", Ontario Housing Vol, 15, No. 3 (17th Conference Issue).

<sup>13</sup>Woodrow W. Hunter and Helen Maurice, Older People Tell Their Story (Michigan: University of Michigan, Institute for Human Adjustment, Division of Gerontology, 1953).

<sup>14</sup>United Community Service Planning Division, Senior Citizens' Survey Committee Characteristics and Needs of Senior Citizens of Kent County, Michigan. (Michigan: Michigan Dept. of Mental Health 1964).

<sup>15</sup>Arnold M. Rose, Aging in Minnesota (Minneapolis,: University of Minnesota Press, 1963).

<sup>16</sup>James, Edmonton Senior Resident's Survey, p. 1.

to dispel myths and misinformation surrounding the elderly. Current whim or fancy may serve to attract attention to a problem, but it also tends to obscure it and often acts as a deterrent to any really effective programme which would serve to help remedy the situation.

Thus, it is hoped that the information gathered in the study of the senior citizens of Kingsville, will be of service to all senior citizens in general and to the many friends among the persons the researchers interviewed while surveying the town.

#### Dimensions of Aging

#### Living Arrangements

...The environment in which man lives is a powerful determinant of his state of well being. His home is the focal point of his environment; it is "the physical structure that man uses for shelter and the environs of that structure including all necessary services, facilities, equipment and devices needed or desired for the physical and mental health and social well being of the family and the individual".<sup>17</sup>

All aspects of one's environment are interrelated and must be considered even if only examining one area of that environment. The present section will deal with a number of conditions that effect the individual's, and especially the older person's general life situation, in regards to his living arrangements. The term, living arrangements, is used in this thesis in the same sense as that employed in the Encyclopedia of Social Work, section on Aging, sub-section, - Living Arrangements - Ecology:

...Environmental factors known to effect the older person's capacity to function are proximity to and accessibility of relatives and friends; needed health, recreational, shopping and occupational facilities and availability of appropriate transportation; condition of dwelling and availability of adequate funds for rental and repairs; safety from physical and or personal hazards. Inadequacies result in isolation, poor health, or robberies and attacks. Because

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<sup>17</sup>H.N. Colburn, "Relationship Between Health and Housing," in The Right to Housing, 3d. Michael Wheeler (Montreal: Harvest House, 1969), p. 209.

of the diminished capacities of older people and the concomitant smaller number of resources with which to cope with stress, they are more vulnerable to environmental pressures. In short, the physical environment can either foster or be detrimental to the well being of the elderly.<sup>18</sup>

#### Healthful environment:

There has been a growing world wide concern about the matter of residential environment and its effect on the people. The fundamental requirements for a healthy residential environment have been specified by a World Health Organization Expert Committee.

...Its concern encompasses (1) the design of the dwelling unit; (2) household service and facilities; (3) physiological requirements; (4) protective requirements; and (5) town, village, and regional planning considerations.<sup>19</sup>

#### Healthful housing:

In the same vein, the American Public Health Association has identified four major areas of concern in the matter of healthful housing, "fundamental physiological needs; fundamental psychological needs; protection against contagion; and protection against accidents."<sup>20</sup>

Fundamental physiological needs include such factors as provision of adequate open space and a comfortable thermal environment, clean air, adequate daylight and artificial light, and an absence of excessive noise. Psychological needs refer to the presence of adequate privacy, the opportunity for "normal family and community life, and of possibilities for aesthetic satisfaction in the home and its surroundings".

Protection against contagion includes such items as "a safe water

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<sup>18</sup>Encyclopedia of Social Work, 16th issue, (1971), s.v. "Aging," by Elaine M. Brody, p. 63.

<sup>19</sup>Colburn, The Right to Housing, p. 210.

<sup>20</sup>Ibid.

supply, sewage and toilet facilities, means for food storage, and adequate sleeping space to minimize risk of infection". Protection against accidents demands that the dwelling be structurally sound, "free from fire hazards", and providing protection against "shocks, burns, gas poisoning, and falls, and a neighborhood which provides protection against automobile traffic".<sup>21</sup>

#### Community environment:

The community environment whether it be hazardous or helpful depends on many factors. With modern industrialization, air pollution, and its effect on health, is a serious matter in many areas.<sup>22</sup> In the cities, especially, noise is considered both a pollutant and a health hazard. The World Health Organization Expert Committee has stated that noise, even at a low level "is sufficient to provoke a deep impact upon the functional condition of the nervous system". There are both physiological and psychological damages from excessive noise.<sup>23</sup>

#### Adverse environmental factors:

Other environmental factors which can adversely effect one's health and general condition, are congested living conditions, both indoors and out. Many poor people are forced by economic necessity to live in congested living quarters without an outside area for adequate exercise and relaxation.<sup>24</sup>

"The physical and psychological benefits of open space must be recognized in all urban planning and housing programs".<sup>25</sup>

<sup>21</sup>Colburn, The Right to Housing, p. 210.

<sup>22</sup>Ibid., p. 213.

<sup>23</sup>Ibid., p. 216.

<sup>24</sup>A high percentage of the aged are among the ranks of the poor. Senator Croll states in Poverty in Canada (Ottawa: Information Canada, 1971), p. 22, that two-thirds of the people over 65 fall below the 1967 poverty-income levels.

<sup>25</sup>Colburn, The Right to Housing, p. 217.

There is quite conclusive evidence from studies in Europe that persons living in apartments tend to be more affected by upper respiratory infections and psychoneurotic disorders than persons living in other types of accommodations. Factors to blame for this condition are thought to be confinement in a relatively small space, spacial isolation, noise and lack of privacy.<sup>26</sup>

"The index of crowding and of privacy for individuals within the family" in Canada, is set at 1.6 persons per room.<sup>27</sup> The situation, as it existed, in Canada, in 1961, was reported as 2.9 (metro areas), 4.5 (other urban areas), and 8.2 (rural areas).<sup>28</sup> These figures are for Canadians of all ages. Older people, as a rule, live in less crowded conditions because of children leaving home when they reach adulthood.

Housing for older people:

There appears to be a growing awareness that older persons have housing requirements similar to and yet different from the rest of society.<sup>29</sup> One of the items in the Proclamation of Seniors' Rights by the International Senior Citizens Association and the European Society for the Aged, states that older people have the right to dignified housing that is adequate for their age requirements".<sup>30</sup>

Older people have special housing needs for different reasons. Certain physical conditions resulting from the aging process, such as diminishing sight, increased sensitivity to heat and cold, a decline in sensory acuity and reaction time make attention to such things as adequate lighting, non-slip surfaces, noise control, temperature regulations and

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<sup>26</sup> Colburn, The Right to Housing, p. 217.

<sup>27</sup> Ibid., p. 205.

<sup>28</sup> Ibid., pp. 205-206.

<sup>29</sup> Sylvia Goldblatt, "Everyone Has a Right to Decent Housing," On Growing Old Vol. 6., No. 1 (January 1969): p.4.

<sup>30</sup> Ibid. p. 3.

certain precautions to prevent accidents, essential in improving the quality of housing for older people.<sup>31</sup>

Poverty is sometimes the reason for older people living in unsuitable living quarters. If money is limited, the older person may be forced to live in "cramped quarters which may be cold, drafty and with inconvenient sanitary facilities".<sup>32</sup>

The Canadian Welfare Council, 1964 made a statement pertaining to the living arrangements of Canada's older people.

...Living arrangements for Canada's aged is a complex and in some respects a controversial problem. It is related to such diverse things as physical planning, nursing and medical care, building standards, public finance, rehabilitation, recreation, social welfare, public opinion and attitudes, and the real estate market. It involves questions of the respective responsibilities of federal, provincial and local governments; of voluntary organizations; of private enterprise; of the individual, the family and the community.<sup>33</sup>

Alternate living arrangements for older Canadians:

Although the Senate committee found that the majority of older Canadians have no urgent housing problem, an older person who is required to change his accommodation, is faced with a serious problem because of a lack of suitable alternate accommodation. Likewise, it was found that slightly infirm older people, who have need of only some supportive care, are extremely limited in the matter of choice of suitable living quarters.<sup>34</sup>

Andre'-M. Guillemette states:

...It is a proven fact that most elderly persons want to live in their own homes and in their own communities and to put off as long as possible - or forever - moving into institutional accommodation.<sup>35</sup>

<sup>31</sup>Colburn, The Right to Housing, pp. 226-227.

<sup>32</sup>Ibid., p. 227.

<sup>33</sup>Final Report of the Special Committee of the Senate on Aging, p. 38.

<sup>34</sup>Ibid., p. 39.

<sup>35</sup>Canadian Conference on Aging, Future Action on Behalf of the Aging, paper prepared for the conference by Andre'-M. Guillemette (Ottawa: Canadian Welfare Council, 1966), pp. 58-59.

In Canada, there are many older persons in nursing homes and homes for the aged, who are mildly infirm and who could be living in the community if suitable accommodations and services were available.

Alternate living arrangements for older people in other countries:

Canada has been backward in providing the necessary accommodations and services when compared to many European countries, notably England, where every effort is made to keep the older person in the familiar surroundings of his own community for as long as possible.

Peter Townsend describes a system of sheltered housing in England, which provides flatlets or bungalows with some help for personal and household tasks for mildly infirm older people. Townsend suggests groups of 6 to 20 people according to need.<sup>36</sup>

Household Composition of older persons:

There is no doubt that the individual's housing is an important part of his residential environment. The nature of the composition of the household in which one resides is also an important factor in the overall environment, and is related to such conditions as marital and family status, health, age, and income. For example, "as income and health permit, more live separately".<sup>37</sup>

There has been a shift away from parents living with their grown children due mostly to social and economic factors. Most older persons to-day prefer to live independently so long as possible,<sup>38</sup> close to their children, but not with them.

<sup>36</sup>Canadian Conference on Aging, The Changing Role of the Older Person in Our Society, paper prepared for the conference by Peter Townsend, pp. 20-21.

<sup>37</sup>Encyclopedia of Social Work, p. 52.

<sup>38</sup>Canadian Conference on Aging, The Discussion Groups, paper prepared for the conference by Lillian Burke.



The following information is given in the Final Report of the Special Committee of the Senate on Aging.

(1) The inclination of older people seems to be to live in their own homes as long as possible. In 1961 nearly 95 per cent of families with the head 65 and over were doing so, and even when the older person was single or was left alone as widow or widower, with no children at home, nearly 260,000 or 43 per cent of them continued to maintain their own dwellings men and women in about the same proportion.

(2) Very few older families doubled up with relatives but this was a fairly common pattern with other individuals. The percentage of unattached individuals living with relatives in 1961 was 29 per cent which, however, is less than it was in 1956. Older women were more likely than older men to live with relatives. The respective percentages were 33 per cent of all unattached women and 23 per cent of all unattached men. The actual figures were 123,000 women and 52,000 men.<sup>39</sup>

A number of factors have been considered in an attempt to present an overview of living arrangements, for the reader. The researchers are interested in all aspects of living arrangements of older people. They were especially interested in discovering whether the living arrangements of older persons in a specific town, Kingsville, were adequate, inadequate, or approaching the "ideal". They wished to know whether the various aspects of the residential environment of the older people of a town were positive or negative determinants to their general life situation.

Accordingly the researchers wished to investigate the following areas of living arrangements -

1. The household status of older people in a small town.
2. The adequacy or inadequacy of housing of older people in a town and the availability of alternate housing.
3. The quality of the neighbourhood of older people in a town and their degree of satisfaction with their general condition.

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<sup>39</sup>Final Report of the Special Committee of the Senate on Aging, p. 38.

#### 4. The convenience and adequacy of community services.

##### Health

...The aged who live in rural areas suffer the disadvantages of long distances, difficult communication and transportation and frequently lack conveniences which are taken for granted in the urban environment. More study is needed into the question of how the various forms of health services could be made available more adequately to these people.<sup>40</sup>

The statement by the Special Committee on Aging pointed out three aspects of concern regarding the aged: problems of health, concerns for the aged in rural areas and problems in the provision of health services. These concerns lead to the questions: what is the health status of the aged in general, what are the characteristics of the rural aged and finally, how do the elderly maintain their health in the rural areas?

##### Physical changes and health:

Aging, as process, appears to involve many physical changes in an entire organism. In general, as the organism ages, the weights of the organs decrease. In man, there is a decrease in brain weight and size due to a loss of cells. And, noticeably, various sensory functions decline in later life. For example, there is an increase in the relative rate of occurrence of new cases of deafness in males with increasing age, while visual acuity falls gradually. The decline in the sense of taste is evident in the changes of the perception of sugar, salt and other substances.<sup>41</sup>

In the heart, the main changes during senescence are a decrease in cardiac output and a decrease in the elasticity of the large arteries. The decline in the respiratory system is seen in terms of the vital capacity and the maximum breathing rate. There is a general decrease in muscular

<sup>40</sup> Final Report of the Special Committee of the Senate on Aging, p. 28.

<sup>41</sup> Bernard Grad, "Aging and Changes in Health," in Aging and Health, ed. J.R.D. Bayne, prepared for the Canadian Conference on Aging (Ottawa: Canadian Welfare Council, 1965). p. 7.

strength during aging, while in the digestive system, there is a deterioration, loss of teeth and a decrease in the secretion of digestive enzymes which tend to result in less efficient digestion. Aged skin is marked by wrinkles, is sallow, grey or yellow, had diminished elasticity and increase pigmentation. It heals more slowly and is much more prone to disease in general. Aged individuals have diminished resistance to stresses of all kinds: heat, cold and change of atmospheric pressure.<sup>42</sup>

Owing to the physical changes, there is a stereotype image of old age being synonymous with illness and dependence. It has been stressed the aging is a physiological phenomenon and not a disease.<sup>43</sup>

...There is probably no clear dividing line between the process responsible for physiological aging and those which are at the root of some degenerative diseases, but to reduce senility to a disease of the arteries or to the isolated deficiency of one or another of the functions of our organism is a delusion that is not borne out by facts.<sup>44</sup>

The evidence pointed out that most diseases, if not all, may occur at any age and the aged are not wholly immune to any disorder.<sup>45</sup> There is no disease as "old age", though four areas: circulatory impairment, metabolic dysfunctions, arthritis and new growth have been identified as particularly significant to geriatric medicine.<sup>46</sup> With the increasing age, however, the chronic, slowly progressive disorders of a degenerative nature becomes more prominent. Compared to the younger groups, the ailments of

<sup>42</sup>Grad, "Aging and Changes in Health," p.8.

<sup>43</sup>Francis Bourliers, "Aging in the Individual," Proceedings of Canadian Conference on Aging (Ottawa: The Canadian Welfare Council, 1965), p. 23.

<sup>44</sup>Ibid.

<sup>45</sup>Dominion Bureau of Statistics, Vital Statistics: 1963 (Ottawa: Queen's Printer, 1965), p. 23.

<sup>46</sup>Robert Kohn, The Health of the Canadian People (Ottawa: Queen's Printer, 1967), p. 317.

the aged are characterized by "chronicity, disability and multiplicity."<sup>47</sup> This view is supported by evidence that the percentage of illness among the aged is about the same as in the younger age groups; but, when illness does occur, it is generally more severe and of longer duration.<sup>48</sup>

Besides the physical changes, chronic illness is often accompanied by disability or impairments of function, such as impairments of speech, hearing loss, poor eyesights impairments of extremities and back pain.

In all, aging process is marked by a gradual diminution in the adaptability of the individual. However, the similarity of the process does not make the elderly a homogeneous group. The older persons have varying degrees of physiological changes, those with similar impairment may react, feel and function differently. The heterogeneity of the aged population points out the needs for a diversity and range of health services. Health maintenance:

Problems of maintaining physical health are compounded as people advance into senior adulthood. Logically, a starting point is education at an early period of life for the maintenance and understanding of good health in the later years. This focus does not negate the fact that older people also need information and guidance about physical changes and how to live with them. Diet, exercise, rest and availability of health services are all important information for the aged.

Poor nutrition has been found, among the aged, to affect adversely mental and physical capacity, to add to the hazards of disease, to retard convalescence, and to dull all activity.<sup>49</sup> Yet, studies have shown that

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<sup>47</sup>Encyclopedia of Social Work, p. 59.

<sup>48</sup>Kohn, Health of Canadian People, p. 318.

<sup>49</sup>Eugene A. Confrey and Marcus S. Goldstein, "The Health Status of Aging People," in Handbook of Social Gerontology, ed. Clark Tibbitts (Chicago: University of Chicago Press, 1960), p. 198.

Older people, especially older women, do not have healthy dietary practices.<sup>50</sup> Despite the reduction of dietary intake about 7½ per cent every ten years after the age of twenty-five,<sup>51</sup> older people need, as well as the young, six groups of food: proteins, fats, carbohydrates, vitamins, minerals and water.<sup>52</sup>

The common causes of poor nutrition have been identified as inadequate income, living alone, loss of teeth or poorly fitting dentures, limited energy and capacity for shopping and long standing faulty habits and beliefs about foods and nutrition.<sup>53</sup> It is true that the good protein diet needed by the aged is relatively expensive, often beyond the income of older people. And those living by themselves, isolated from the friends or relatives, have little incentives to cook and eat proper foods. Furthermore, because of painful or missing teeth, older persons often choose only softer foods, which may lead to difficulties with constipation and again may leave out important items in the diet.

Despite the emphasis on primary prevention and the attempt to establish Oldster's Clinics, health problems of older persons have been at best dealt with at the level of secondary prevention.<sup>54</sup> No doubt, physicians occupy a crucial position in terms of diagnosis and treatment. But, the doctors alone cannot undertake to provide the best possible care without assistance and co-operation from the patient's family, the hospitals, public health agencies, social agencies and other community services.

<sup>50</sup>Oliver E. Byrd, Nutrition (Stanford: Stanford University Press, 1955), p. 41.

<sup>51</sup>Ibid., p. 221

<sup>52</sup>Ibid., pp. 224-225.

<sup>53</sup>Confrey and Goldstein, "Health Status," p. 198.

<sup>54</sup>Final Report of the Special Committee of the Senate on Aging, p. 100.

The Senate Committee on Aging recommended home care, physiotherapy and other forms of rehabilitation programs, geriatric clinic, public health and social work services for the aged.<sup>55</sup>

Health and social-environmental factors:

It has been pointed out that physical health cannot be viewed apart from social and mental well being of an individual. Besides the physical changes, aging process is characterized by changes in one's social environment: (1) loss of status due to retirement, (2) loss of earning power or loss of financial independence, and (3) loss through death or separation of spouse, friends and relatives.<sup>56</sup>

Research has pointed out the inter-relationship between health and other factors. The lower income group was found to have spent more days in the hospital than the higher income group.<sup>57</sup> Single women tended to have poorer health in comparison with married women or men.<sup>58</sup> And, loneliness is not only found to be associated with the amount of food intake but also with one's feeling toward his health conditions.<sup>59</sup>

Health is also found to be associated with the type of community in which older persons live. Dr. Schwenger summarized the characteristics of the health of rural aged as follows:

...Rural old folk were in poorer health as evidenced by their self reported illnesses and symptoms. They also had more hospitalization and far fewer medical and paramedical health resources. The rural elderly, however, appeared to worry less about their poorer health. In spite of complaining about the absence of a

<sup>55</sup>Final Report of the Special Committee of the Senate on Aging,  
p. 31.

<sup>56</sup>Grad, "Aging and Changes," Aging and Health, p. 20.

<sup>57</sup>Kohn, Health of Canadian People, p. 318.

<sup>58</sup>Ethel Shanas et al. Old People in Three Industrial Societies  
(New York: Atherton Press, 1968), p. 45.

<sup>59</sup>Ibid., p. 59.

resident physician they seemed to be able to contact a doctor, at least by telephone, as often as in the city and they could count more on family, friends and neighbors in case of emergency.<sup>60</sup>

Furthermore, Health status of older people is also related to the availability of services and cultural value in a society. Shanas' study of older people in Denmark, Britain and U.S. pointed out the above mentioned relations.<sup>61</sup>

#### Research problems:

In Kingsville, there are 3 physicians serving a population of 4,087. This means that the number of population per physician is 1,362; which is much higher than the national average of 833 and almost double the figure of 775 in Ontario.<sup>62</sup> Although visiting home maker services and a public health nurse are available, there are no meals-on-wheels, home care programs, Oldster's Clinic, or nursing homes in this community. The situation in Kingsville leads to the questions whether the shortage of doctors and the present health services affect the older person's evaluation of the medical services. And more specifically, whether the lack of health personnel affect their frequency of visits to the doctors.

The evaluation of health services cannot be viewed apart from the health conditions of the aged. The measurement of health conditions of older persons has essentially two criteria: 1) the disease model in terms of types of ailments older people encounter, and 2) the functional model in terms of the limitation of activities caused by the functional impairments.

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<sup>60</sup>Cope Schwenger, "Old Folks at home," p. 8.

<sup>61</sup>Shanas et al. Old People in Three Industrial Societies, pp. 71-98.

<sup>62</sup>Dominion Bureau of Statistics, Canada Year Book, 1970-71, pp. 324-5.

Studies in Edmonton<sup>63</sup> and Grand Rapids<sup>64</sup> have used primarily the first model while the second model was applied in Shanas' study.<sup>65</sup> In order to obtain a comprehensive picture of older people in the community, it appears more meaningful to use the functional model.

In view of the above observations, the researchers wished to investigate the following areas of health status:

- 1) The health conditions of the older people in a rural town, the difficulties they encounter in their daily activities, and their feelings about their health.
- 2) Health maintenance: adequacy of diet.
- 3) Evaluation of health services in the town.
- 4) Relationship between older person's health and socio-economic status.

#### Social Relations

Growing old is a natural phenomenon from which no one is exempt, and all aspects of living are affected by it. Most of the present generation will pass through all the stages of childhood, youth, maturity and old age. Throughout each stage, the social relations with others form an important dimension in the life experience. Old age brings with it particular problems in this dimension of living. Many popular beliefs regarding older people and their relations with others form a base for social policies and the social services.

Among these popular beliefs affecting social relations are those identified by Shanas.<sup>66</sup>

1. Most old people are in poor health.
2. Most old people are physically isolated from their families.
3. Most older people want to continue to work.
4. Most old people are living in poverty.

<sup>63</sup>Edmonton Senior Resident's Survey, pp. 60-68.

<sup>64</sup>Hunter and Maurice, Older People Tell Their Story, pp. 10-15.

<sup>65</sup>Shanas et al. Old People in Three Industrial Societies, pp. 18-46.

<sup>66</sup>Ibid., p. 2.



There are two main themes in Theories of Aging that have direct bearing on the social relations of older people. These theories are stated in terms of segregation and integration.

Being old, infirm and poor is thought to limit the possibility of social participation with others. One author speaks of a "desocialization" process,<sup>67</sup> a kind of socialization in reverse. Cumming and Henry,<sup>68</sup> perceive normal aging as a process of "mutual withdrawal" between the older person and others in his environment.

In Growing Old, Cumming and Henry take their cue from the decreasing activity of the aging individual. They believe that the process of pulling away from the mainstream of social activities as mutually agreed by the individual and society to the extent that the desirability of disengagement is implied. This increasing withdrawal is not just in response to a lack of social stimulus but has such developmental aspects as: (1) increased pre-occupation with self, (2) and decreased emotional investment in persons and objects in the environment.<sup>69</sup>

The essence of the Disengagement Theory has been summed up in this manner:

...society and the individual prepare in advance for the ultimate disengagement of incurable, incapacitating disease and death by an inevitable, gradual and mutually satisfying process of disengagement from society.<sup>70</sup>

Disengagement is believed to be, by its supporters, a universal phenomenon, though there are variations according to individual and cultural

<sup>67</sup>Shanas et al., Old People in Three Industrial Societies, p. 4.

<sup>68</sup>Arnold M. Rose, "A Current Theoretical Issue in Social Gerontology," in Middle Age and Aging, Bernice L. Neugarten 3d. (Chicago and London: University of Chicago Press, 1968) p. 185.

<sup>69</sup>Ibid.

<sup>70</sup>Ibid.

patterns. One latent function of retirement, (disengagement framework,) is that it lessens the danger of having the senile older person disrupt the operation of social organizations.

In a youth-oriented society, such as Canada, the elderly are forced out of their former social roles, producing the concomitant effects of disengagement in auxiliary roles, such as membership in occupation associations, or associations linked with economic activity, such as service clubs. Thus, the majority of the elderly are thought to be forced into non-participation, by social values and economic dictates. The Theory of Disengagement appears to lead to a value judgement, one that says it is more fitting to acquiesce to what is "natural" than to fight it.

The individual and his social relations are an integral part of a balanced presentation of the life of older people. These social relations and interactions with others may be plotted and the map so obtained is what has been called Social Life Space.<sup>71</sup>

In the concept of Social Life Space, three elements play an important part: (1) the number of contacts a person has, (2) the degree of intensity in the sharing of emotional life, and (3) the degree of complexity and the variety of the social relationships.<sup>72</sup>

Thus employing these ideas in the present, it seems important to investigate the following areas:

1. The visiting patterns of older people.
2. The number and frequency of social contacts.
3. The activities of older people.
4. The degree of satisfaction with life in general.

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<sup>71</sup>Richard H. Williams, et al., "Some Suggestions for a Conceptual Framework," Middle Age and Aging, p. 379.

<sup>72</sup>Ibid., p. 380.

### Scope of the Study

It was intended that the survey determine the status of all non-institutionalized senior citizens in the town of Kingsville. It was to measure the social conditions in which the elderly are living. Data was gathered to provide information regarding the status and satisfaction of the elderly in such areas as:

- Living Arrangements
- Social Relations and Activities
- Life Satisfaction
- Health Status
- Economic Well-Being
- Independence

Limitation of time forced the researchers to consider what for them seemed to be of most importance to include in the study. Their arbitrary choice was made on the basis of interest to include only the following areas:

- Living Arrangements
- Health Status
- Social Relations

Although study of the aged has an importance, both in the academic and social policy realms, in its own right, the researchers had various personal interests in the problems of the aged. Some of these interests were connected with their chosen field of work, professional social work, but what seemed to them to be of greater significance in terms of their interest were intimate relations with older members of their families.

These interests of the researchers found their focus in specific questions about the conditions of aging. The more salient questions for them were:

- What is the health of older people in a rural town?
- What are the living arrangements of these older persons?
- What are the social relationships of older people in a rural town?

In answering these general questions it is the hope of the researchers to add to the knowledge of the condition of older persons in Canada.

### The Survey Setting

The town of Kingsville, population 4,078,<sup>73</sup> is located on the shore of Lake Erie, in Essex County, in the extreme western section of the Province of Ontario. The area surrounding the town is known as the Sun Parlor of Canada, because of its mild climate and southerly location. Kingsville itself has the approximate latitude of Rome<sup>74</sup> and lies a matter of 4 or 5 miles north of 42° of Latitude, which in the American west forms the border between Oregon and California. Both the latitude and the bodies of water on the three sides of the County account for the moderate temperatures that prevail in the town.

The town is adjacent to rich agricultural lands, and is 8 miles from the town of Harrow, population 19,077,<sup>75</sup> to the West, and 7 miles from Leamington, population 10,589<sup>76</sup> to the East. Detroit, Michigan and Windsor, Ontario are 27 miles North West of the town.

Kingsville, named after Col. James King and incorporated as a village in 1878, was settled principally by people of English, Irish, Scottish, German and Danish origin.

Essex County was settled earlier than many other areas in Ontario, partly because the French settlements in the county remained fairly intact after the Seven Years War. Between 1764 and 1790, land in Essex County was acquired mostly by grants from the Indians, and the transactions that had occurred under French rule, were recognized by the new British Government.

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<sup>73</sup>The population figures quoted here are from the 1971 Census, Kingsville Town Hall.

<sup>74</sup>Neil F. Morrison, Garden Gateway to Canada (Toronto: The Ryerson Press, 1954), p. 1.

<sup>75</sup>The population figures stated here were obtained from the assessment rolls, Harrow Town Hall.

<sup>76</sup>These figures are from the 1971 Census, Leamington Town Hall.

Many of the early settlers were families of British soldiers, United Empire Loyalists, and German families of Hessian origin who emigrated to Canada from Pennsylvania.<sup>77</sup>

Owing to Kingsville's scenic location and beaches, it became an attraction for tourists in the summer. At one time there were a number of industries located in Kingsville, and because of the harbour and good docking facilities, fishing flourished.<sup>78</sup>

Today the town occupies an area of approximately 3.5 square miles.<sup>79</sup> Its four wards are divided by two main thoroughfares which extend 1.8 miles East to West, and 1.4 miles North to South. These roads intersect in the centre of town, and nearly all stores and services are within a 4 block radius of the main intersection. The town's facilities are within a mile of the furthest resident, and most may walk to the services within ten or fifteen minutes. There is no public transportation but taxi cabs are readily available. Near the lake is a second smaller centre, with two resort hotels, a large park, and a few small stores.

Kingsville is a pleasant town with its tree lined streets, and neatly kept older frame and brick houses. There are no slums in Kingsville, and only a few homes appear to be in a state of disrepair. Several new subdivisions have developed on the outskirts.

Jack Miner's bird sanctuary is located 2 miles to the North and yearly attracts thousands of visitors from all over the world.

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<sup>77</sup>Historical Section of the Kingsville Committee, Kingsville Through the Years 1783-1952, (Lakeshire Publishers Limited, 1952) pp. 6, 77.

<sup>78</sup>Ibid., pp. 30-41, 99.

<sup>79</sup>Information obtained verbally at the Clerk's office, Kingsville Town Hall.

Today Kingsville has a number of small plants and a large tobacco factory. The fishing industry has dwindled somewhat because of the lake's pollution and high mercury content. The town was declared a designated area, eligible to receive forgivable loans from the province. As a result several new industries located in Kingsville have provided jobs for some of the local people. However, a large number of the working population commute to nearby Leamington and to Windsor. <sup>80</sup>

Kingsville is generally considered a friendly and desirable town to live in, and in the past, it has been considered as an ideal retirement community. Whether these assumptions regarding its suitability for retirement are true, may perhaps be deduced from the survey results.

## CHAPTER II

### RESEARCH DESIGN

#### Preliminary Preparations

Plans were formulated for initiating and conducting the study in Kingsville. Success of a project, in a small town in the opinion of the researchers, depends to a large extent on the public becoming aware of the project. It was thought to be imperative to obtain the sanction of some of the prominent residents, organizations, and groups prior to contacting any of those who were to be interviewed.

An appointment was made with two well known business and civic leaders of the community to discuss the proposed project, and to attempt to gain their co-operation. They were interested in the study and helped by giving names of all persons, organizations, and clubs who in their opinion might be contacted and informed of the proposed survey and its objectives.

Accordingly, several months prior to conducting interviews, personal visits were made to civic officials, business leaders, the clergy, and officers of various clubs and organizations. There was a special visit to the local senior citizens' club to inform the members of the proposed survey. The professional persons in the community, and other prominent citizens were contacted by phone to discuss the study with them, and attempt to obtain their support and approval. Co-operation

and support were forthcoming from all without exception.

A month after the initial contact, letters from the Director of the School of Social Work, University of Windsor, were sent to those previously contacted, requesting their co-operation.<sup>1</sup> Notices appeared in club and church bulletins, and announcements of the project were given verbally at meetings.

Public involvement and support are important elements of any successful community endeavour. For these reasons, the educational benefits and the potential for aiding in the planning of services for older persons inherent in the study were stressed. Confidentiality and the right to abstain from answering any of the questions were also emphasized.

Shortly before Christmas, a news release was published in the local paper, and at the same time letters were mailed to the prospects announcing the imminence of the survey.<sup>2</sup> In order to allay possible suspicion, the letter stated that all interviewers would have letters of identification.<sup>3</sup> Also, the names and phone numbers of four prominent local citizens were included in the letters along with the names of members of the interviewing team. A number of prospective interviewers contacted the references to obtain further information about the project.

Within a week of delivery of all letters, an attempt was made to

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<sup>1</sup> A copy of the letter is in Appendix B.

C and D. <sup>2</sup> Copies of the newspaper article and the letter are in Appendix.

<sup>3</sup> A copy of the letter of identification is in Appendix E.



contact all 196 individuals in the sample, either by phone or in person, to arrange appointments for interviews. At the same time the local radio and Cable T.V. stations carried announcements of the project.

All interviews were arranged at a time convenient to the respondents. If an individual seemed somewhat hesitant on the phone, further explanation and reassurances were given, since older persons may understandably view strangers' motives with suspicion and respond cautiously.

The 131 interviews were completed by 10 interviewers within a 4 week period, with 89 finished in 3 days between Christmas and New Years. Although the committee realized that the Christmas holidays were not an appropriate time to conduct a survey, most of the interviewers were not available at any other time.

#### Population

The population of the study has been defined as older persons, 65 years of age and older, and their spouses, living in this rural town of Southwestern Ontario, Canada. Since there are no nursing homes nor homes for the aged in town, none of the population is in institutions. The name, address and marital status of older persons with birth dates in 1906 or prior to 1906 were taken down from the 1970 Assessment Roll, made available by the Town Clerk at the Town Hall. (In September and October of 1971, the 1971 Assessment Roll was not yet available). The total population was 544.

Analysis of this population (excluding spouses under 65 years of age) indicates that this town has higher percentage of older people than that of Canada<sup>4</sup> (Table 2.1). Some 11.89 per cent of the population in this town are older people, while in Canada, there are only 7.69 per cent.

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<sup>4</sup>Canada Year Book, 1970-71, p. 235.

TABLE 2.1  
PROPORTION OF 65 AND OVER IN  
KINGSVILLE AND CANADA

	Total Population		65 and over	
	No.	Percentage	No.	Percentage
Canada	20,014,880	100	1,539,548	7.69
Kingsville	4,078	100	485	11.89

Table 2.2 further shows that the town has a higher percentage of females among those 65 and over, than is found in Canada.<sup>5</sup>

TABLE 2.2  
STUDIED POPULATION COMPARED  
WITH NATIONAL POPULATION  
BY SEX

	No.	Percentage
<u>Canada</u>		
Male	716,556	46.54
Female	822,992	53.46
<u>Kingsville</u>		
Male	199	41.03
Female	286	58.97

It is, therefore, important to bear in mind that the population in this study, in comparison to the national average, has higher percentage of older people and also higher percentage of women, 65 and over in the community.

#### Sample

Since the assumption was made that the health status, living arrangements and social relations of older people relate to one's marital

<sup>5</sup>Canada Year Book, 1970-71, p. 235.

status, the technique of random-representative sampling was chosen.

The population defined in the previous section was divided into three categories: "single men", "single women", and "married couples". The category of "single men" included bachelors, widowers and those who are divorced or separated, while the female counterparts were included in the category of "single women". The category of "married couples" was defined as husband and wife living together.

Upon categorization, the percentages in each category was calculated (see Table 2.3). To render statistical analysis meaningful, it was the aim to include 10 respondents in each category. This decision meant that in order to have 10 respondents in the category of "single men", 30 per cent of the population would have to be surveyed. In addition, since the list of older people was taken from the 1970 assessment roll, 5 per cent of the population was allowed for the refusals and change of status such as death, admission to the institutions and change of marital status. For example, if a married man is found to have become a widower, or a single woman married, after stratification and selection of the sample, he or she would be dropped from the list. Therefore, 35 per cent of the population in each category was drawn according to the Random Table.<sup>6</sup>

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<sup>6</sup>Allen L. Edwards, Statistical Analysis (New York: Holt, Rinehart and Winston, 1968), p. 192.

TABLE 2.3  
THE SAMPLING PROCESS: NUMBERS  
IN THREE CATEGORIES

	Single Men	Single women	Married persons	Total
Population	37	139	368 (184 couples)	544
Percentage of population	6.8	25.6	67.6	100
30% population	11	42	110	163
35% population	13	48	128 (64 couples)	189
NO. for adjustment	7	0	0	
NO. in sample	20	48	128	196

Married couples were drawn as units, rather than two separate individuals. At this stage, the intended sample included 13 single men, 48 single women and 64 married couples, with the total of 189 persons.

During the process of making arrangements for the interviews, some difficulties were encountered in "single men" category, owing to the high degree of change of status (see Table 2.4) among a small number of people. In order to ensure the possibility of the use and interpretation of statistical analysis, seven more names were drawn from the "single men" category. The final sample, therefore, included 20 single men, 48 single women and 128 married persons, with the total of 196.

Reasons for attrition of subjects from the sample

Of the 196 persons selected randomly for the survey, 131 were interviewed and 65 were not interviewed for various reasons.<sup>7</sup> Five of the interviews could not be completed because of difficulty in understanding English, and because of fatigue. There were 126 completed interviews. Of the 65 who were not interviewed, 35 did not meet the working definition of the study population and had to be rejected. To qualify as a married couple, both partners had to be living together and were counted as 2 individuals. Death of one of the partners, which had occurred in 5 instances, eliminated the other partner from the survey. Two other couples were disqualified because of marital separation. Seven single persons died, 2 men and 5 women. Two married couples, and 2 single women were in nursing homes or homes for the aged while 2 couples and 2 single women had moved away. Attrition of the sample by 2 more was caused by errors in the assessment rolls, which showed 2 married men as single.

Of the remaining 30 persons who were not interviewed, Table 2.4, section 2, 5 were unavailable because of previous commitments, 6 could not be interviewed because of illness, and 2 because they spoke little or no English. In one case a woman requested that her mother not be contacted because she was senile and would be upset. Sixteen persons, 10 married people, 1 single man, and 5 single women refused to be interviewed. To ensure participation, there was an attempt made to encourage the people drawn in the sample to participate in the survey. When a person was quite definite in his decision not to be interviewed, he was thanked, and no further effort was made to gain his co-operation.

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<sup>7</sup>The 65 who were not interviewed represents the totals from section 1 and 2, of Table 2.4, 30 + 35.

TABLE 2.4  
ATTRITION OF THE KINGSVILLE SAMPLE  
ACCORDING TO CAUSE

Cause	Married Couples		Single Persons			Totals
	Number of couples	Number of persons affected	Total M. & F.	Male	Female	
1. Those from sample not used because of ineligibility						
Moved	2	4	2	0	2	6
Institutionalized	2	4	0	0	2	6
Separated, but one partner in Kingsville	2	4	N/A	0	0	4
Errors in assessment rolls	0	0	2	2	0	2
Death of one partner	5	10	N/A			10
Death	0	0	7	2	5	7
Totals	11	22	13	4	9	35
2. Those not participating						
Unavailable	2	4	1	0	1	5
Illness or mental condition	2	4	3	1	2	7
Language barrier	0	0	2	1	1	2
Refusals	5	10	6	1	5	16
Totals	9	18	12	3	9	30

The low refusal rate compares favourably with other studies, although it is somewhat difficult to make comparisons because of variations in sampling procedures and data recording.

TABLE 2.5

REASON FOR ATTRITION: 35 OUT  
OF 186 SUBJECTS IN  
GRAND RAPIDS STUDY

	Male Number	Female Number	Both sexes Number
<u>Reasons for attrition</u>			
Too sick to be interviewed	4	9	13
Moved away or out of city	2	3	5
Could not be contacted	2	1	3
Died	1	2	3
Refused to be interviewed	4	6	10
No information	1	1	1
Totals	14	21	35

Source: Hunter Maurice, Older People Tell Their Story, (Michigan: Institute for Human Adjustment, 1953) Table 2, p. 7.

In the Grand Rapids Study, those who died, 2, are included in Table 2.5. This is not the case in the Kingsville and Kent County studies which follow in Tables 2.6 and 2.7.

TABLE 2.6

REASON FOR ATTRITION: 169 OUT OF 990  
SUBJECTS IN KENT COUNTY STUDY

	Subjects last through attrition by percentage (17.1 of total)
<u>Reasons For Attrition</u>	
Language barrier	01.4
Vacation	02.3
Physically and mentally incapable	03.5
Refusals	07.0
Other	02.9

Source: Characteristics and Needs of Senior Citizens in Kent County, Michigan, p. 10.

In Table 2.7, Kingsville figures were adjusted to be comparable with Kent County and Grand Rapids studies. The percentages for Kingsville were calculated from a sample of 161, which was the number left after the 35 subjects, Table 2.4, section 1, were dropped because of ineligibility from the total sample of 196.

TABLE 2.7  
COMPARISONS OF THE THREE STUDIES

	Kent County Percentage	Grand Rapids Percentage	Kingsville Percentage
<u>Sample</u>			
Those who participated	82.9	81.1	81.4 <sup>a</sup>
Those who did not participate	17.1	18.9	18.6 <sup>b</sup>

<sup>a</sup>Calculated from 161 subjects, of whom 30 did not participate.

<sup>b</sup>From Table 2.4, section 2.

It can be seen from Table 2.7 that Kingsville compares favourably with both Kent County and Grand Rapids. It was felt in both these studies that the percentage of completed interviews was high.

In the Kingsville study, all 65 persons from the sample who did not participate because of ineligibility or other reasons, (Table 2.4, sections 1 and 2), were accounted for. Pains were taken to locate or obtain information about the residency of a number of the persons not readily available. Neighbours, relatives, and friends were all co-operative.

Since it can be assumed that more difficulties will be encountered in conducting a survey of older persons than of a younger population, the high percentage of the sample who participated in the Kingsville study is gratifying.



### The Questionnaire

The questionnaire chosen for the Kingsville study was developed to obtain information on the status of older persons, by the Institute for Interdisciplinary Studies, American Rehabilitation Foundation, Minneapolis Minnesota.<sup>8</sup>

This particular questionnaire was chosen, because it contained items which were appropriate to gather information on the living arrangements, health, and social relationships of older people in Kingsville.

The questionnaire was pretested on older persons in both rural and urban settings and revised accordingly. It was designed to measure the status and satisfaction of older people with regards to:

- Housing conditions
- Social relations and activities
- Life satisfaction
- Health status
- Economic well being
- Independence

The researchers were interested in all those areas of the life of older people in Kingsville.

The questionnaire contains both objective and subjective items to provide the required information. Questions are precise and clear. The form of questions is either "yes" or "no" or multiple choice.

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<sup>8</sup> Social Indicators for the Aged, a Guide for State Agencies on Aging, was made possible by a grant from the Administration on Aging, Social and Rehabilitation Service, U.S. Department of Health, Education and Welfare. It was prepared with the guidance of the Older Americans Service Division Administration on Aging, in order to provide information which would serve as a base for more effective programing on behalf of all elderly Americans. Institute for Interdisciplinary Studies, American Rehabilitation Foundation, Social Indicators for the Aged A Guide for State Agencies on Aging (Minnesota: 123 East Grant Street, 1971), p. 1.

Since the questionnaire was not tested in Canada, it was not possible to apply the cumulative indices, and instead each question stood as a separate universe.

The questionnaire was presented to the Kingsville sample exactly as constructed, except for several revisions. Items 5 and 6 referring to "race" were changed to establish the ethnic origin of the population studied, since "race" has not the same connotation in Canada. Items 69, 69a, on food, stamps were deleted because they are irrelevant in Canada. Parts of item 71, public welfare and social security were replaced with their Canadian counterparts. Item 78, medicare, other hospital insurance, and doctor bills were deleted and corresponding Canadian forms substituted.

Additional information was required, and a supplement sheet of 7 questions was developed. The researchers wanted to ascertain the amount of recent influx of older people into the town, besides measuring the stability of the older population and accordingly included items pertaining to both periods of time. Other information desired referred to past or present occupation, the need for prescription drug insurance, knowledge of free medical insurance for those 65 years of age and older as of January 1, 1972, opinion of the survey, and items were included accordingly.

The questions were designed to be as straight forward as possible and explicit directions for administering the questionnaire are in the guide book.<sup>9</sup>

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<sup>9</sup>A copy of the questionnaire and supplement sheet used in the Kingsville Study is in Appendix F.

### Interviewing

Owing to the limitations of time and the relatively large number of people to be interviewed, a team of interviewers was formed. Friends were asked to help. Out of thirteen applications, a corps of interviewers made up of ten members was formed. Three graduate students of the School of Social Work, two Guidance Counsellors, two school Principals and three retired educators made up the membership.

Three meetings were held to help the team prepare for the survey of the town.

#### **First Meeting:**

The goals of the first meeting were:

- 1) To explain the nature of the study.
- 2) To explain the number of interviews that were necessary and the duration of each interviewing session.
- 3) To obtain a firm commitment on the part of the members of the team to participate.
- 4) To familiarize the members of the team with the questionnaire.

#### **Second Meeting:**

The goals of the second meeting were:

- 1) To introduce the staff to the questionnaire. For this purpose a sample questionnaire was handed out and read. This was followed by a question period.
- 2) To specify the role of confidentiality in interviewing.
- 3) To educate the interviewers in regarding their role in influencing the respondent's answer to the question posed.
- 4) Familiarization of interviewing techniques through role playing.
- 5) To arrange for practice interviews with elderly persons using the questionnaire and the supplement that was to be tested. A kit was given to each person containing the questionnaire, supplement and instructions.

**Third Meeting:**

The goals of the third meeting were:

- 1) To report the experience of interviewing.
- 2) To suggest changes in the wording of the supplement if any.
- 3) To discuss questions arising from interview procedures.
- 4) To remind the members of the team of the importance of following all the instructions, especially in its administration. When a respondent refuses to answer a question, it is marked "Refused". If a respondent does not understand the question, the entire question or part of it may be repeated but, never reworded. If the respondent still does not answer, it should be marked D.K. (don't know).
- 5) To remind the members of the team of the obligation of confidentiality.
- 6) To confirm the time and date of the survey.

### CHAPTER III

#### FINDINGS: GENERAL CHARACTERISTICS

The purpose of this chapter is to provide some social characteristics of the sample. Since certain information such as socio-economic factors are related to the variables in living arrangements, health and social relations, analysis of the specific variables in the following chapter would be more meaningful by this provision. Included in this general information were areas pertaining to age, marital status, education, ethnic origins, income, occupations, years of stay in Kingsville, and the response to the Survey. These data were coded according to certain procedures as were the data in the three subsequent chapters in which the findings are presented.

#### Coding Procedures

After the interviews were completed, the responses to the questions were coded according to the keys (see Appendix G), which were based, modified and added to the keys in Social Indicators for the Aged.<sup>1</sup>

The number of variables did not coincide with the number of questions; there were 163 variables, including those in the questionnaire and supplement sheet. With most questions, each question asked about one variable such as age or sex. In some questions responses concerning more than one variable were evoked. And, in order to obtain proper data, more than one question was asked about a single variable. For example, on employment status, three questions were asked: Whether one is working at

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<sup>1</sup>Social Indicators for the Aged, pp. 22-50.

present, whether it is a full time job, and whether one would like to have a job. When coding, the responses were grouped into one variable according to the following keys:

1. At work full time
2. At work part time
3. Not at work but would like a job
4. Not at work but would not like a job
9. Not ascertained

The purpose here is to simplify coding and to present simple, easily understood questions in order to assure uniformity in interpreting the stimulus.

The guidelines provided in Social Indicators<sup>2</sup> for the use of code numbers were observed to simplify coding and to reduce errors in keypunching. Yes - no questions were coded 1 for Yes, and 5 for No. When, for any reason, the respondent refused to answer the question or an interviewer neglected to ask, the response was regarded as "Not Ascertained" (abbreviated N.A.) and coded with the number 9. And, whenever the question was not applicable to the particular respondent, it was coded with the number 0. Otherwise, responses were usually numbered consecutively in the order they appear on the questionnaire.

The code numbers were punched on IBM cards to facilitate the processing of the data. The results were tabulated according to four categories: "single men", (abbreviated S.M.) "single women", (abbreviated S.W.) "married men", (abbreviated M.M.) and "married women", (abbreviated M.W.), in terms of the numbers of respondents, percentages and rank of each item in each variable. Further division of "married couples" into two categories, married men and married women, was to facilitate the comparison

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<sup>2</sup>Social Indicators for the Aged, p. 21.

of data according to the marital status and to sex. Furthermore, using the Statistical Package for the Social Sciences,<sup>3</sup> computer programs were written to seek cross-tabulation between variables such as the relationship between age and objective health status. Correlation coefficient and were calculated to determine the significance of the relations.

Age

TABLE 3.1<sup>a</sup>

PERCENTAGE DISTRIBUTION ON  
AGE OF RESPONDENTS

	S.M. (N=11)	S.W. (N=29)	M.M. (N=43)	M.W. (N=43)	Total (N=126)
55-64	0.0	0.0	4.7	30.2	11.9
65-69	27.3	24.1	37.2	30.2	30.9
70-74	27.3	17.2	27.9	25.6	24.6
75-79	18.2	34.5	20.9	11.6	20.7
80-84	27.3	10.3	9.3	2.3	8.8
85 or older	0.0	13.8	0.0	0.0	3.1

<sup>a</sup>S.M. : single men, S.W.: single women, M.M.: married men, M.W.: married women.

The data in Table 3.1 point out the general trend that the higher the age category, the fewer the numbers of the respondents in each category. It also became clear that single aged persons are older than the married ones, even taking into account the inclusion among the married of 15 persons under 65 years of age. Since life expectancy is 68.4 years for males and 74.2 years for females,<sup>4</sup> it is reasonable to expect the loss of a spouse for older persons around 70 to 75 years of age. The fact that there

<sup>3</sup>Norman Nie, Dale H. Bent and C. Hadlai Hull, Statistical Package For The Social Sciences (New York: McGraw-Hill Book Company, 1970).

<sup>4</sup>Canada Year Book 1970-71, p. 235.

are 13.8 per cent of single women 85 years or older further points out the longer life expectancy for females.

TABLE 3.2

A COMPARISON OF AGE DISTRIBUTION OF  
THE ELDERLY POPULATION

Age	Denmark	Britain	U.S. <sup>a</sup>	Canada <sup>b</sup>	Sample <sup>c</sup>
65-69	37.3	36.4	36.2	34.5	35.1
70-74	27.9	27.8	28.9	27.7	27.9
75-79	19.4	19.6	19.1	19.5	23.5
80-84	10.4	10.8	10.1	11.5	10.0
85 or older	5.0	5.4	5.7	6.7	3.5

<sup>a</sup>Shanas et al., Old People in Three Industrial Societies, Table 1.1, p. 11.

<sup>b</sup>Calculated from: Table 4.12, p. 235.

<sup>c</sup>Adjusted from Table 3.1.

The data in Table 3.2 suggest that the age distribution of the elderly population in Kingsville is comparable to those of Denmark, Britain and U.S.. There are approximately one third of the older people between the age of 65 and 69, a quarter in the 70-74 age group and one tenth in the 80-84 age group. The studied sample has fewer older persons over 80 years of age, while there are 4 per cent more in the 75-79 age group in comparison with others.

In summary, the sample in Kingsville is a young group: not only are there 11.9 per cent of respondents younger than 65 years of age, but fewer persons are older than 85 years of age. It is important to bear this factor in mind in looking at the findings in the present study and also in making comparison with other studies.



Marital Status

TABLE 3.3

MARITAL STATUS

	Kingsville 1971 Percentage	Canada 1966 Percentage
Single	2.4	10.7
Widowed	28.5	36.0
Divorced	.8	.4
Married	68.3	53.0

Source: Canada Year Book, 1970-71, p. 327.

Kingsville has a higher percentage of married couples than the national average. It also has a lower percentage of widowed people and single people as compared with the national average. The divorce rate in Kingsville is slightly higher than that of Canada. However, since 0.8 per cent only represents 1 person, the difference does not seem to be significant. On the whole, the findings indicate a relatively stable, homogeneous population.

Education

The data presented in Table 3.4, indicate half of the respondents had 5-8 years of schooling while only 5.5 per cent had some college education. These findings are comparable to the American aged population in which 58 per cent had less than 8 years of schooling and 10 per cent had more than 13 years of education.<sup>5</sup>

<sup>5</sup>U.S. Department of Health, Education and Welfare, The Aged Population of the United States, by Lenore A. Epstein and Janet H. Murray, (Washington, D.C.: Government Printing Office, 1967), p. 274.

TABLE 3.4<sup>a</sup>

## EDUCATION

Category	S.M. (N=11)	S.W. (N=29)	M.M. (N=43)	M.W. (N=43)	Total (N=126)
Less than 5 years	0.0	0.0	4.7	4.7	3.2
5-8 years	9.1	41.4	51.2	67.4	50.8
9-11 years	27.3	41.4	39.5	14.0	30.2
12-13 years (high school graduate)	27.3	10.3	4.7	7.0	8.7
1-3 years of college	27.3	6.9	0.0	2.3	4.7
4 or more years of college	9.1	0.0	0.0	0.0	0.8
N.A.	0.0	0.0	0.0	4.7	1.6

<sup>a</sup>S.M.: single men, S.W.: single women, M.M.: married men, M.W.: married women.

TABLE 3.5

A SELECTED PERCENTAGE DISTRIBUTION OF  
CANADIAN POPULATION BY AGE, SEX AND EDUCATION<sup>a</sup>

Education	Male 35-44	Male 65 and over	Female 35 - 44	Female 65 & over
<u>Primary school</u>				
some	19.6	44.3	18.1	35.5
finished	23.2	28.6	20.4	31.8
<u>High school</u>				
some	33.0	13.9	34.1	16.5
finished	13.0	7.6	20.3	12.0
<u>University</u>				
some	4.5	2.6	4.0	2.8
degree	6.7	2.9	3.1	1.4

<sup>a</sup>Sylvia Ostry and Jenny Podoluk, *The Economic Status of the Aging* (Ottawa: Dominion Bureau of Statistics, 1965), p. 47.

These results are also consistent with the Canadian aged population

(see Table 3.5). The only discrepancy exists in the single men category that more than 80 per cent of the single men had at least some high school education. One explanation is that because of the small sized sample, results in the S.M. category are not as representative as could be.

A comparison with Canadian population in the age 35-44 group shows that the studied sample, as well as the national aged population was less educated than average middle aged Canadians. These findings have several implications for the education and planning the services for the aged. For example, it was unrealistic to expect that present older population would seek the opportunity for adult education as much as the younger persons.

An interesting finding is that single men and single women had more education than their married counterparts. Whether the level of education correlates with life expectancy, in the sense that the dietary habit and health maintenance relate to one's educational level is a point for consideration.

#### Ethnic Origin

There are two methods of determining the respondent's ethnic origin, (1) by determining the respondent's place of birth (2) by determining the respondent's ethnic or cultural group (on the male side). Since Canada does not subscribe to the melting pot philosophy but rather to that of the "Canadian Mosaic",<sup>6</sup> the approach used by the designers of the questionnaire fitted the Canadian scene adequately. The question asked regarding the respondent's ethnic origin was that of the respondent's cultural group.

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<sup>6</sup> John M. Gibbon: Canadian Mosaic, (London: J.M. Dent and Sons Ltd., 1939).

TABLE 3.6<sup>a</sup>

ETHNIC ORIGINS OF OLDER PERSONS  
IN KINGSVILLE COMPARED WITH  
CANADIAN POPULATION

	S.M. Per- centage (N=11)	S.W. Per- centage (N=29)	M.M. Per- centage (N= 43)	M.W. Per- centage (N=43)	Total Per- centage (N=126)	Canada Per- centage
British Isles	72.7	69.0	60.5	55.8	61.9	43.8
German	18.2	3.4	20.9	27.8	19.0	5.8
Dutch/Belgian	0.0	6.9	2.3	0.0	2.4	.3
French	9.1	6.9	4.9	4.7	5.5	30.4
Polish	0.0	0.0	2.3	0.0	.8	1.8
Other	0.0	13.8	7.0	7.0	8.0	.5
N.A.	0.0	0.0	2.3	4.7	2.4	0.0

<sup>a</sup>S.M.: single men, S.W.: single women, M.M.: married men, M.W.: married women.

This sample population, like that of Canada, is predominantly Anglo-Saxon. Where it differs markedly from the national picture, is in the large numbers of German origin, 19.0 per cent as opposed to the Canadian average of 5.8 per cent. It differs again in the small representation of the French population, 5.5 per cent compared with the national average of 30.4 per cent. The Anglo-Saxon and German population in Kingsville account for 80.0 per cent of the total sample population. The remaining 20.0 per cent of the sample population is made up of respondents of Dutch/Belgian, French, Polish and other nationalities. These findings would seem to indicate that Kingsville had a rather stable and homogeneous population. If not homogeneous by nationality, at least by language, life style, attitudes and aspirations. There seems to be a distinct inclination to assimilation and acculturation on the part of the ethnic minorities.

Income

Income maintenance is one of the most pressing social problems for all age groups. However, the situation seems to be more serious for the persons 65 years of age and over, and it becomes more severe the older a person is.

The data on Table 3.7, indicate that there is diversity in the amount of income received by the respondents. At one end of the income scale, 31.4 per cent of the older people had an income of less than \$2,000 a year while at the other end, 23.1 per cent received more than \$5,000 a year. Married persons obviously received more income than single men or women. It is important to note that 55.2 per cent of single women had less than \$2,000 annual income while none of them had more than \$5,000. This unfavorable income position of the single women is consistent with the statistics in both U.S.<sup>7</sup> and Canada.<sup>8</sup>

A comparison with the national figures<sup>9</sup> indicates that the older people in Kingsville are in a more favorable financial position than the average aged population. In Canada, 64.2 per cent of persons, 65 and over, have income less than \$2,000 while only 10.5 per cent receive \$5,000 or more.

One must bear in mind that 11.9 per cent of respondents (see Table 3.1) were younger than 65 years of age. If one considers 65 as an age of retirement, this would mean that the rate of employment could be higher and thus, better income among the studied sample than the national average.

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<sup>7</sup>The Aged Population of the United States, p. 39.

<sup>8</sup>Income Distribution by Size in Canada; Preliminary Estimates  
(Ottawa: Dominion Bureau of Statistics, 1971), p. 17.

<sup>9</sup>Ibid., p. 15.

TABLE 3.7<sup>a</sup>PERCENTAGE DISTRIBUTION  
ON INCOME

Income	S.M. (N=11)	S.W. (N=29)	M.M. (N=43)	M.W. (N=43)	Total (N=126)
Less than \$500	0.0	0.0	0.0	7.0	2.4
\$500 - \$999	0.0	0.0	4.7	14.0	6.4
\$1,000 - \$1,999	45.5	55.2	9.3	7.0	22.2
\$2,000 - \$2,999	0.0	24.1	18.6	4.7	13.5
\$3,000 - \$3,999	9.1	13.8	11.6	20.9	15.1
\$4,000 - \$4,999	9.1	3.4	9.3	7.0	7.1
\$5,000 - \$5,999	0.0	0.0	7.0	7.0	4.8
\$6,000 - \$9,999	27.3	0.0	18.6	11.6	12.7
\$10,000 or more	9.1	0.0	11.6	2.3	5.6
N.A.	0.0	3.4	9.3	18.6	10.3

<sup>a</sup>S.M.: single men, S.W.: single women, M.M.: married men, M.W.: married women.

However, even disregarding the high income groups, there is still a smaller percentage of older people who received less than \$2,000 a year than the national average.

The sources of income are as diversified as the amount of income among the older people in Kingsville. The findings indicate that 30.9 per cent received income from employment while 53.2 per cent from the investments or savings. The national figures indicate that 63.5 per cent of males aged 65-69, 30 per cent of males 70 and over, 30.9 per cent of females 65-69 and 7.7 per cent of females over 70 received income from employment. And at the same time, 13.2 per cent of males 65-69, 18.8 per cent of males 70 and over, 33.6 per cent of females 65-69 and 24.5 per cent of females 70 and over had income from investment.<sup>10</sup> Though it is difficult

<sup>10</sup>Sylvia Ostry and Jenny Podoluk, The Economic Status of the Aging, for Canadian Welfare Conference on Aging, Toronto, January, 1966. (Ottawa: Dominion Bureau of Statistics, 1965), p. 74.

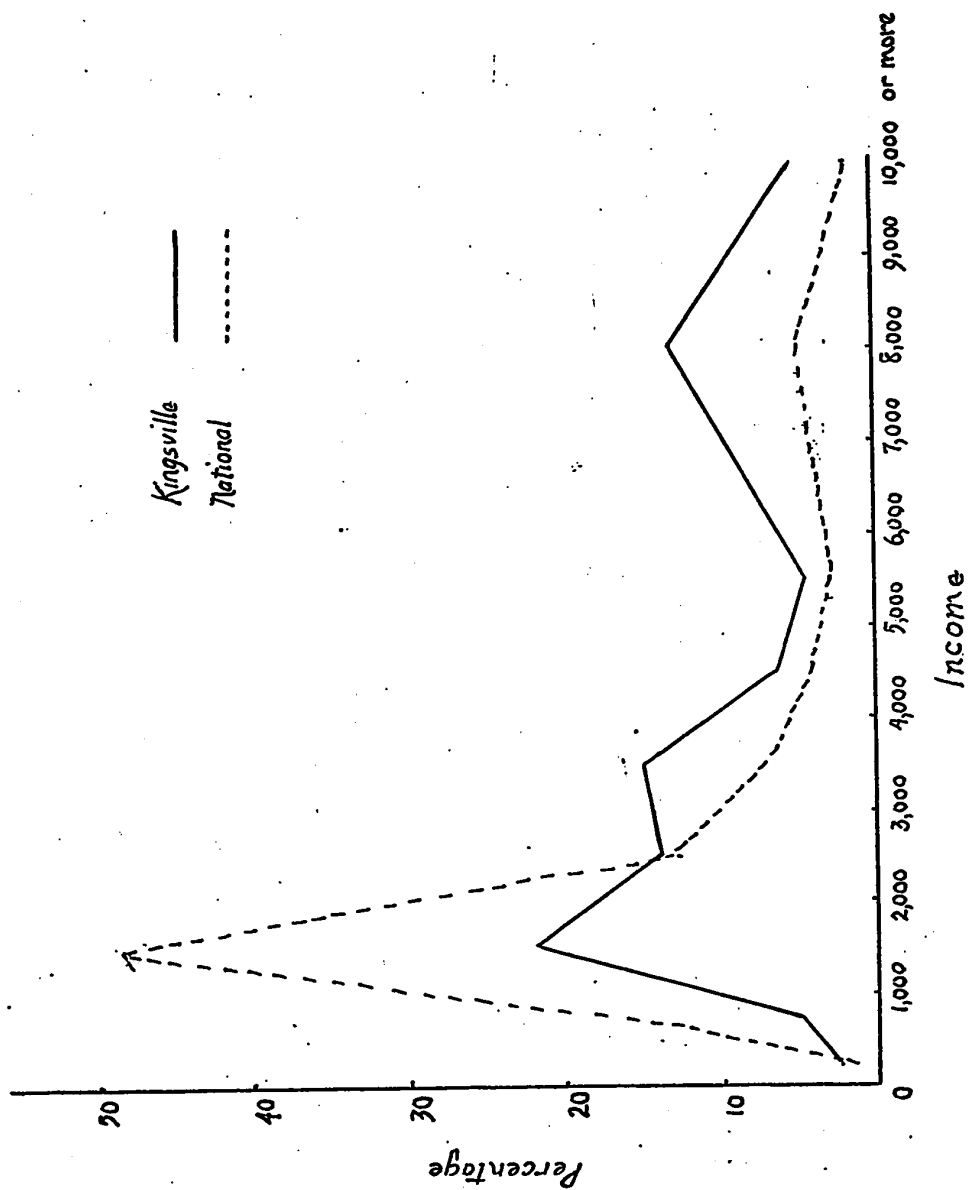


Fig.1 - Income Kingsville sample compared with national average

TABLE 3.8<sup>a</sup>SOURCES OF INCOME<sup>b</sup>

Source	S.M. (N=11)	S.W. (N=29)	M.M. (N=43)	M.W. (N=43)	Total (N=126)
Salaries or wages	9.1	6.9	39.5	25.6	24.6
Self employment	9.1	0.0	7.0	9.3	6.3
Canada Pension	36.4	17.2	46.5	18.6	29.4
Employee pension	9.1	6.9	23.3	9.3	13.5
Annuities	9.1	6.9	2.3	2.3	3.9
Investment or Interests	45.5	51.7	62.8	46.5	53.7
Old Age Security	72.7	96.6	90.7	69.8	83.3
Guaranteed income supplement	18.2	27.6	30.2	25.6	26.9
Old Age Assistance	27.3	3.4	4.7	4.7	6.3
Other sources	9.1	20.7	14.0	23.3	18.7

<sup>a</sup>S.M.: single men, S.W.: single women, M.M.: married men, M.W.: married women.

<sup>b</sup>The percentages do not add up to 100 per cent since some have more than one source of income.

to make a direct comparison with the national average, it is evident that higher percentage of respondents received money from investment and from other sources than the average of the aged population in Canada. This result again confirmed the findings on the level of income that the older persons in Kingsville were in a better financial situation than an average older person in Canada.

TABLE 3.9<sup>a</sup>

## INCOME FROM OLD AGE SECURITY

	S.M.		S.W.		M.M.		M.W.	
	No.	Per-centage	No.	Per-centage	No.	Per-centage	No.	Per-centage
Received	8	72.7	28	96.6	39	90.7	30	69.8
Did not	1	9.1	0	0.0	3	7.0	9	20.9
N.A.	2	18.2	1	3.4	1	2.3	4	9.3

<sup>a</sup>S.M.: single men, S.W.: single women, M.M.: married men, M.W.: married women.



Since Old Age Security is a universal program for persons 65 and over, one may wonder why approximately 30 per cent of married women and single men were not in receipt of this payment. A close look at the data (see Table 3.9) indicates that only one single man reported not receiving Old Age Security while two, for some reason, were included in "not ascertained" category. Furthermore, looking at the age distribution (see Table 3.1), the percentage of married women not receiving Old Age Security matches that of married women younger than 65 years of age.

#### Occupation

Occupation is the activity an individual engages in, which is the source of his income, dictating his social status, controlling his chances for advancement thereby affecting his lifestyle.

TABLE 3.10<sup>a</sup>  
OCCUPATIONS

	S.M. * Per- centage (N= 11)	S.W. Per- centage (N= 29)	M.M. Per- centage (N= 43)	M.W. Per- centage (N= 43)	Total Per- centage (N=126)
Housewife	0.0	24.1	0.0	32.6	16.6
Domestic	0.0	6.9	0.0	14.0	6.3
Farming	9.1	0.0	30.2	2.3	11.9
Labour	54.5	10.3	25.6	20.9	23.0
Professional	9.1	31.0	11.6	7.0	14.3
Management	9.1	3.4	9.3	0.0	4.8
Retail	9.1	10.3	0.0	9.3	6.3
Salesman	0.0	0.0	2.3	2.3	1.6
Other	9.1	13.8	20.9	11.6	15.0

<sup>a</sup> S.M.: single men, S.W.: single women, M.M.: married men, M.W.: married women.

Four main occupations stand out in the total picture, (1) labour, (2) housewife, (3) professional and (4) farming. These account for 64.8 per cent of all the occupations of the sample population. Unfortunately, over 15 per cent of the sample population fall under the "not ascertained" category. The above statistics seem to correlate with the findings on income which indicate that the income of the sample population is relatively high.

The outstanding characteristic of the single old men is the large number in the labour category. As indicated in Chapter 1, a high percentage of Kingsville residents work in a large canning factory in Leamington and some in the automotive plants in Windsor. Several new industries in Kingsville, a large tobacco factory, and the fishing industry also provide jobs for the residents, and nearby farms employ a number of local people in the summer. These facts might account for the 54.5 per cent of single men in the labour category.

There were four main categories of occupation among the single women. They were (1) professional, such as teachers, accounting for 31.0 per cent of population, (2) housewife, accounting for 24.1 per cent and (3) clerking and (4) labour each accounting for 10.3 per cent. The aforementioned occupations account for 75.7 per cent of all occupations of this category. Some 13.8 per cent of the sample falls under the not ascertained category. This may be due to the reluctance of the respondent to reply to questions about income.

The predominant occupation of married men was Farming, (30.3 per cent). This occupation was followed by that of Labour (25.6 per cent). These two categories account for 55.8 per cent of all occupations for married men. The professional category is next with 11.6 per cent, followed

by those in the management category with 9.3 per cent. These relatively highly paid categories support the findings in Table 3.7, namely that the married population, indeed the majority of the respondents is relatively well off.

Thirty-two point six per cent of the married women defined their occupation as "housewife", while 20.9 per cent gave "labour" as their occupation. These two categories account for more than half of the sample population. Domestic came next with 14.0 per cent, followed by clerking, 9.3 per cent, the professional category accounted for 7.0 per cent. The main occupation of 11.6 per cent of the sample population fell into the "other" category or under the unascertained heading. Farming and "salesman" each counted for 2.3 per cent of the married women.

TABLE 3.11<sup>a</sup>

## RESPONDENTS WHO ARE WORKING

	S.M. Per- centage (N=11)	S.W. Per- centage (N=29)	M.M. Per- centage (N=43)	M.W. Per- centage (N=43)	Total Per- centage (N=126)
Yes	9.1	6.9	25.6	11.6	15.1
No	90.9	93.1	72.1	86.0	83.4
Not applicable	0.0	0.0	2.3	2.3	1.6

<sup>a</sup>S.M.: single men, S.W.: single women, M.M.: married men, M.W.: married women.

In Table 3.11 it is shown that the majority of the respondents do not work. Of the total sample, 83.4 per cent do not work as against 15.1

per cent who hold a job. The same pattern runs through all the sub-categories though in different proportions.

TABLE 3.12<sup>a</sup>

RESPONDENTS WHO WOULD LIKE TO WORK

	S.M. Per- centage (N= 11)	S.W. Per- centage (N= 29)	M.M. Per- centage (N= 43)	M.W. Per- centage (N= 43)	Total Per- centage (N=126)
Inapplicable	18.2	6.9	27.9	18.6	19.0
Yes	18.2	17.2	27.9	14.0	19.8
No	63.5	69.0	37.2	60.5	54.8
Not Ascertained	0.0	6.9	7.0	7.0	6.3

<sup>a</sup>S.M.: single men, S.W.: single women, M.M.: married men, M.W.: married women.

The data in Table 3.12 show that 54.8 per cent of the respondents did not want to work while 19.8 per cent would like to work. A higher percentage of married men expressed a desire to work in comparison with other categories. While on the contrary, only 1.4 per cent of married women expressed such a desire.

Length of Residency of  
Respondents in Kingsville

It is helpful when attempting to construct a rounded picture of the life style of the individual to have information about such things as the amount of mobility in the life of the person, the age of the person, and the year when he took up residency in his present community and the location of his former home just prior to the move to his present situation. Related information also about major residence since age 21, and whether the individual was from a rural or urban background can be useful in studying patterns of living of older people. Most of this in-

formation was gathered and is described in some detail in the Edmonton Senior Residents' Survey Report.<sup>11</sup>

The researchers in the Kingsville survey, limited their investigations to the amount of recent influx of older persons into the town, and the number of older people who were life long residents. Perhaps a follow-up survey at some later date might include more extensive information about length of residency.

Table 3.13 summarized the result from the data relating to the length of stay in Kingsville. Four periods of length of residency in the town are covered in Table 3.13; less than 1 year, 1-5 years, 5 years and over, and the entire life of the respondent.

TABLE 3.13<sup>a</sup>

LENGTH OF RESIDENCY OF  
RESPONDENTS IN KINGSVILLE

	S.M. Per - centage (N=11)	S.W. Per- centage (N= 29)	M.M. Per- centage (N= 43)	M.W. Per- centage (N= 43)	No. (N=126)	Totals Per- centage
Less than 1 year	0.0	3.4	2.3	0.0	2	1.6
1-5 years	9.1	10.3	7.0	11.6	12	9.5
5 years and over	81.8	65.5	69.8	86.0	95	75.4
Life long residence	9.1	17.2	20.9	2.3	16	12.7
N.A.	0.0	3.4	0.0	0.0	1	.8

<sup>a</sup>S.M.: single men, S.W.: single women, M.M.: married men, M.W.: married women.

From the findings in Table 3.13, it is clear that the majority of respondents 111 (88.1 per cent), have lived in Kingsville for 5 or more

<sup>11</sup>James, Edmonton Senior Residents' Survey Report, pp. 15-19.

years. Since all of the people are over 65, except in a few instances when a spouse is under 65, it could be assumed that most of the people lived in Kingsville prior to retirement and continued living there after. It might also be assumed that these people remain in Kingsville because of pleasant conditions, although it is also possible that they remain because of difficulty in finding other housing.

Twelve persons, (9 per cent), have been there from 1-5 years, and only 2 (1.6 per cent) persons have been in Kingsville less than 1 year. These figures may suggest that some of these people have moved to the area recently because they felt that it was a good place to live in retirement.

Sixteen respondents (12.7 per cent) have resided in Kingsville all of their lives. This is a much higher average than the 1.8 per cent (12 out of 672 respondents), of the respondents in the Edmonton survey, who had lived in that city all of their lives.<sup>12</sup>

Of the 16 Kingsville respondents who have lived in the town all of their lives, there are 5 single women, 9 married men, 1 married woman, and 1 single man. It seems that at least 8 of the 9 married men, chose women to marry who were not life long residents of the town.

In summary, 111 (88.1 per cent) of the respondents have lived in the town 5 or more years. Sixteen of the 111 respondents are life long residents, and from the total sample 14 persons, have lived in Kingsville less than 5 years.

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<sup>12</sup>James, Edmonton Senior Residents' Survey Report, p. 16.

### Response to the Survey

The response to the survey was favourable, and the preparations prior to contacting the study population probably helped reduce the refusal rate.

The interviewers on the whole were warmly welcomed, although a few respondents asked to see their letters of identification. Rapport was established quickly, and interviewing usually began after only a few preliminaries. Interviews averaged between one and one and a half hours. It was evident that for some of the respondents, the visit of the interviewer was a social occasion. A number of the interviewers were served a snack, and several were invited back at a later date.

Only 5 of the 131 pre-arranged interviews were incomplete. One man, close to 90, became too tired and could not continue, difficulty in understanding English prevented the completion of another interview, and 3 others were incomplete because of some hostility on the part of the respondents.

Opinions of the respondents regarding the interviews were generally favourable. One hundred and eighteen (93.7 per cent) rate the interview as allright, while 3 (2.4 per cent) persons said it was too long, 3 (2.4 per cent) said it could be longer, with 2 (1.6 per cent) persons not ascertained.

In response to opinions regarding amount of interest of the interviews, 105 (83.3 per cent) thought it was interesting; 17 (13.5 per cent) rated it of little interest; 3 (2.4 per cent) said it was of no interest whatsoever; and, 1 (.8 per cent) person was not ascertained.

## CHAPTER IV

### FINDINGS: CHARACTERISTICS OF LIVING ARRANGEMENTS

The term, living arrangements, can have various connotations. In the present chapter, its use is limited to certain aspects of the environment of the older persons interviewed; household status, housing, neighbourhood quality, and community services. Both the objective and subjective findings of these items will be described, and in addition, general housing characteristics of the sample, and the need for alternate housing will be examined.

#### Household Status

The definition of household, in the guidebook to the questionnaire used for the survey is as follows:

...A household consists of all the persons who occupy a housing unit. A house, an apartment or other group of rooms or a single room is regarded as a housing unit when it is occupied or intended for occupancy as separate quarters; that is, when the occupants do not live and eat with other persons in the structure and there is either (1) direct access from the outside or through a common hall, or (2) a kitchen or cooking equipment for the exclusive use of the occupants.

...A household includes the related family members and all the unrelated persons, if any, such as lodgers, foster children, wards, or employees who share the housing unit. A person living alone in a housing unit or a group of unrelated persons sharing a housing unit as partners, is also counted as a household. The count of household excludes group quarters.<sup>1</sup>

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<sup>1</sup>Social Indicators for the Aged, p. 92.



In the present section, household composition, and head of the household, will be considered.

It is helpful to have information about the housing status of an individual in relation to his housing condition. The feelings of satisfaction or dissatisfaction about the individual's general housing situation will be influenced by the nature of the relationships in the home.

The researchers were interested in discovering the nature of the household status of the older people who were interviewed in this study, as the findings from the items would be helpful in forming a more complete picture of the living arrangements of older people in Kingsville.

TABLE 4.1<sup>a</sup>

## HOUSEHOLD STATUS

	S.M. Per- centage (N=11)	S.W. Per- centage (N=29)	M.M. Per- centage (N=43)	M.W. Per- centage (N=43)	Totals Per- centage sons (N=126)	Per- centage (N=126)
1. <u>Household Composition</u>						
Respondent only	54.5	89.7			32	25.4
Respondent and spouse			81.4	81.4	70	55.6
Respondent (with or with- out spouse living with children	9.1	3.4	9.3	9.3	10	7.9
Respondent (with or with- out spouse) living with related individuals	9.1	3.4	7.0	7.0	8	6.3
Respondent (with or with- out spouse) living with unrelated individuals			2.3	2.3	4	1.6
N.A.	27.3	3.4			4	3.2
2. <u>Head of Household</u>						
Respondent is head	81.8	89.7	97.7	7.0 <sup>b</sup>	80	63.5
Respondent's spouse is head				90.7	39	31.0
Other relative or respondent	9.1				1	.8
N.A.	9.1	10.3	2.3	2.3	6	4.8

<sup>a</sup>S.M.: single men, S.W.: single women, M.M.: married men, M.W.: married women.

<sup>b</sup>There was some disagreement in several families as to who was the head of the household, so that two persons in a family, the man and the woman, both claimed that status.

The findings regarding household composition show that 102 (81.0 per cent) of the Kingsville respondents either live by themselves or with a spouse. Only 1 single man, 1 single woman, 4 married men, and 4 married women live with children; while 1 single man, 1 single woman, 2 married men and 2 married women live with other relatives. One married man and 1 married woman live with unrelated individuals, and 3 single men's and 1 single woman's positions are not ascertained.

In Table 4.1, item 1, it is evident that 26 (89.7 per cent) of single women live alone. These findings differ significantly from national averages.

TABLE 4.2

HOUSEHOLD COMPOSITION OF  
UNATTACHED INDIVIDUALS 65  
AND OVER

	Canada-1971 <sup>a</sup> Percentage	Kingsville-1971 Percentage
1. <u>Unattached Women 65 or over</u>		(N=29)
Living with relative(s)	33.0	6.8
Living alone	67.0	89.7
N.A.		3.4
2. <u>Unattached men 65 or over</u>		(N=11)
Living with relative(2)	23.0	18.2
Living alone	77.0	54.5
N.A.		27.3

<sup>a</sup>Source: Final Report of the Special Committee of the Senate on Aging, p. 38.

These percentages for unattached men and women represent averages for unattached individuals 65 and over across Canada.

According to the above findings, Table 4.2, 67 per cent of single women and 77 per cent of single men across Canada lived alone. In the Kingsville Study, 89.7 per cent of single women live alone for a 22.7 per cent higher rate than national averages. The unattached or single men

cannot be compared because of the 3, (27.3) men not ascertained in the Kingsville Study. However, in Table 4.1, item 2, it is seen that over 80 per cent of single men consider themselves as heads of their household, and in all probability are as independent as the women.

The findings in Table 4.1, item 2, show 94 per cent of the respondents are living in their own households, and consider themselves or their spouses, heads of the household. In only one instance is a relative considered head of a respondent's household. Also, only 1 single man, 1 single woman, and 4 married couples are living with children, while 1 single man, 1 single woman and 3 married couples are living with relatives.

The Kingsville findings regarding item 2, are similar to the Dominion Bureau of Statistics' findings in 1961, where it is reported that 95 per cent of families in Canada with heads 65 years of age and over live in their own homes (see Table 4.3).

TABLE 4.3

HOUSEHOLD COMPOSITION OF  
FAMILIES WITH HEAD 65  
OR OVER

	Canada-1961 <sup>a</sup> Percentage	Kingsville Percentage <sup>b</sup>
Families where head is 65 or over	95.0	97.7

<sup>a</sup>Source: Dominion Bureau of Statistics, from Canada Year Book 1960-61, Footnote 1.23.

<sup>b</sup>From Table 4.1, item 2, married men and married women.

It seems from the data presented in Table 4.3, that the percentage of families in Kingsville where the heads are 65 or over, is virtually the same as the average for the county as a whole. Older people in Kingsville, also, apparently prefer to live as long as possible in their own homes.

Another interesting aspect of item 2, in Table 4.1, is the response of married couples, where in several instances, both husbands and wives considered themselves as head of their households. A possible explanation for this finding may be that the wife has been forced to take on added responsibilities for the home because of her husband's increasing infirmity. Both might consider themselves as heads of the house, the husband from habit, the wife because of the present situation.

In summary, the findings in the section on household status, indicate that most of the respondents, both married and single are able to lead independent lives as heads of their own households, in their own homes. The percentage of single women who are living independently as heads of their own households, 90 per cent, is 22.7 higher than national averages.

#### Housing

General housing characteristics of the Kingsville sample will be described in the following section. Findings regarding the respondents type of dwelling, amount of space available and degree of satisfaction with space and privacy, and satisfaction with present housing and difficulty in finding alternate arrangements, will be described in Tables, 4.4, 4.6, and 4.8 respectively.

##### Type of dwelling

A large number of the respondents live in houses, 104. (82.5 per cent), while 21. (16.7 per cent) respondents live in apartment. Of the total sample, 9 persons, (7.1 per cent) mostly single women are living in housing specially for older people. One hundred and three. (81.7 per cent) respondents own their living quarters while 22. (17.6 per cent) rent.

TABLE 4.4<sup>a</sup>

## TYPE OF DWELLING OF KINGSVILLE SAMPLE

	Totals					
	S.M. Per- centage (N=11)	S.W. Per- centage (N=29)	M.M. Per- centage (N=43)	M.W. Per- centage (N=43)	Per- sons (N=126)	Per- centage
1. Respondents living in house, apartment or other						
House	72.7	69.0	88.4	88.4	104	82.5
Apartment	27.3	27.6	11.6	11.6	21	16.7
Other	0.0	3.4	0.0	0.0	1	.8
2. Respondent's house or apartment owned or rented						
Owned	72.7	72.4	86.0	86.0	103	81.7
Rented	27.3	24.1	14.0	14.0	22	17.5
Rent free	0.0	3.4	0.0	0.0	1	.8
3. Housing that is specially for older people						
Yes	9.1	20.7	2.3	2.3	9	7.1
No	81.8	79.3	95.3	95.3	114	90.5
N.A.	9.1	0.0	2.3	2.3	3	2.4

<sup>a</sup>S.M.: single men, S.W.: single women, M.M.: married men, M.W.: married women.

Following general trends, a higher percentage of older married persons, 86.0 per cent, than single persons, 72.4 per cent, own their living quarters. The Kingsville findings differ notably from DBS averages for home ownership of older people across Canada.

TABLE 4.5

COMPARATIVE HOME OWNERSHIP FOR  
PEOPLE OVER 65

	Canada <sup>a</sup> Per- centage	Ontario <sup>b</sup> Per- centage	Rural <sup>c</sup> Per- centage	Rural <sup>d</sup> non farm Percentage	Towns <sup>e</sup> Per- centage	Kingsville <sup>f</sup> Percentage
Homes owned	77.0	76.0	96.7	89.9	69.6	81.7

<sup>a-c</sup> Source: From 1961 Census of Canada, Bulletin 2.2, no. 8, Table 8.4, Zay, Living Arrangements for the Aged, p. 12.

<sup>f</sup> Table 4.4, item 2.

While all of the single men, 11 (100 per cent) and 28 (96.5 per cent) of the single women either rent or own their own homes in Kingsville, only 57.4 per cent of single persons 65 years of age and over across Canada, own or rent their living quarters.<sup>2</sup>

Reasons for the higher rate of home ownership in Kingsville are only speculative. Health and economic status are important factors in the individuals ability to maintain and own his own home. The older people who took part in the survey enjoy better health, and are in a better economic position than older people in other areas. The lack of suitable alternate living arrangements in the town might also be a contributing factor to the high rate of home ownership.

#### Space and privacy

In Table 4.6, item 1, it may be observed that 92 (73 per cent) of the respondents have 5 or more rooms in a dwelling, while average range from 2 rooms a dwelling to over 8 rooms a dwelling; 110 (87.3 per cent) of the households have 0.50 or less persons per room (see item 2).

<sup>2</sup> Zay, Living Arrangements for the Aged, p. 12.

TABLE 4.6<sup>a</sup>

SPACE AVAILABLE IN DWELLINGS OF  
KINGSVILLE SAMPLE AND DEGREE OF  
SATISFACTION WITH AMOUNT OF  
SPACE AND PRIVACY

	S.M. Per- centage (N=11)	S.W. Per- centage (N=29)	M.M. Per- centage (N=43)	M.W. Per- centage (N=43)	Totals Per- Per- sons centage (N=126)	
<b>1. Space available</b>						
2 rooms	9.1	10.3	0.0	0.0	4	3.2
3 rooms	0.0	10.3	4.7	2.3	6	4.8
4 rooms	36.4	37.9	9.3	11.6	24	19.0
5 rooms	0.0	10.3	18.6	18.6	19	15.1
6 rooms	9.1	17.2	34.9	39.5	38	30.2
7 rooms	27.3	10.3	23.3	18.6	24	19.0
8 or more rooms	18.2	3.4	9.3	9.3	11	8.7
<b>2. Persons per room</b>						
0.50	54.5	100.0	86.0	88.4	110	87.3
0.51-0.75	0.0	0.0	14.0	9.3	10	7.9
0.76-1.00	0.0	0.0	0.0	2.3	1	.8
N.A.	45.5	0.0	0.0	0.0	5	4.0
<b>3. Degree of satis- faction with size of dwelling</b>						
Too small	0.0	0.0	0.0	0.0	0	0.0
Too large	27.3	13.8	20.9	16.3	23	18.3
Just about right	72.7	86.2	79.1	81.4	102	81.0
N.A.	0.0	0.0	0.0	2.3	1	.8
<b>4. Does respondent feel that he has adequate privacy</b>						
Yes	100.0	100.0	100.0	100.0	126	100.0

<sup>a</sup> SM: single men, SW: single women, MM: married men, MW: married women.

TABLE 4.7  
NUMBER OF PERSONS IN HOUSEHOLDS  
WITH HEAD 65 YEARS OF AGE AND  
OVER, CANADA 1961

Age of Household Head	Average no. of rooms per dwelling	Average no. of persons per household	Average no. of persons per room
65 - 69	5.4	2.6	0.48
70 years and over	5.4	2.3	0.42

Source: Census of Canada, 1961, Bulletin 2.1, no. 3, Table 25, and Bulletin 2.2, no. 5, Table 84, Zay, Living Arrangements for the Aged, p.14.

In Table 4.7, it can be seen that according to the 1961 Census of Canada, people 65 years of age and over had an average of 5.4 rooms per dwelling, and 0.48 (65 - 69 years), and 0.42 (70 years and over) persons per room respectively.

In Table 4.6, item 3, it can be ascertained that no one in the sample feels that his living quarters are too small, and the majority, 102 (81 per cent) feel that the size of their living quarters is just about right for their needs. Twenty-three (18.3 per cent) respondents feel that their living quarters are too large. In breaking this item into its 4 categories, the largest group expressing dissatisfaction with the size of its quarters is the single men, 3 (27 per cent). Upon further analysis of Table 4.3 it is evident that almost 6 (54.6 per cent) of single men have 6 or more rooms a dwelling.

There can be many reasons why older persons continue to occupy housing which they consider too large. Such a situation exists sometimes because of the reluctance to give up what is cherished and familiar. Again, if alternate living arrangements are not available in the older



person's community he may not wish to move to a strange and unfamiliar environment; or because of reduced economic status, he may not be able to afford a move.

The respondents definitely feel that they have adequate privacy. One hundred per cent of the respondents replied "yes" to item 4, regarding privacy.

TABLE 4.8<sup>a</sup>

DEGREE OF SATISFACTION OF KINGSVILLE  
SAMPLE WITH HOUSING SITUATION AND  
DIFFICULTY IN FINDING ALTERNATE  
ARRANGEMENTS

	S.M. Per- centage (N=11)	S.W. Per- centage (N=29)	M.M. Per- centage (N=43)	M.W. Per- centage (N=43)	Totals Per- Per- sons centage (N=126)	
1. Satisfaction with housing						
Very satisfied	81.8	62.1	65.1	67.4	84	66.7
Fairly satisfied	18.2	37.9	34.9	32.6	42	33.3
Not satisfied	0.0	0.0	0.0	0.0	0	0.0
2. Difficulty in finding alternate housing						
Very easy	9.1	13.8	4.7	0.0	7	5.6
Fairly easy	18.2	10.3	16.3	23.3	22	17.5
Fairly difficult	36.4	31.0	39.5	30.2	43	34.1
Very difficult	36.4	41.4	30.2	30.2	42	33.3
N.A.		3.4	9.3	16.3	12	9.5

<sup>a</sup>S.M.: single men, S.W.: single women, M.M.: married men, M.W.: married women.

Satisfaction with housing, difficulty  
in finding alternate accommodation

The respondent's satisfaction with their present housing situation, and the amount of difficulty they feel they would have, if they had to look for other accommodations, are described in Table 4.8, items 1 and 2.

It can be observed in item 1, that although no one in the sample expressed dissatisfaction with his housing situation, 33 per cent are only fairly satisfied. It is also clear that 67.4 per cent of the respondents believe that it would be fairly difficult or very difficult to find alternate housing in the town, (item 2).

TABLE 4.9<sup>a</sup>

PREFERRED TYPE OF LIVING  
ARRANGEMENTS OF  
KINGSVILLE SAMPLE

	S.M. Per- centage (N=11)	S.W. Per- centage (N=29)	M.M. Per- centage (N=43)	M.W. Per- centage (N=43)	Totals Per- Per- sons centage (N=126)	
1. Preferred type of housing						
Single family home	45.5	48.3	72.1	69.8	80	63.5
Apartment	27.3	27.6	16.3	9.3	22	17.5
Trailer or mobile home	9.1			2.3	2	1.6
Retirement Hotel or boarding home	9.1				1	.8
Home where older people receive some care	9.1	20.7	7.0	14.0	16	12.7
Don't know			2.3		1	.8
N.A.		3.4	2.3	4.7	4	3.2
2. Respondents preferring houses or apartments specially for older people						
Inapplicable	18.2	20.7	7.0	14.0	17	13.5
Yes	18.2	20.7	32.6	39.5	39	31.0
No	54.5	48.3	41.7	32.6	52	41.3
Don't know			4.7		2	1.6
N.A.	9.1	10.3	14.0	14.0	16	12.7

<sup>a</sup>S.M.: single men, S.W.: single women, M.M.: married men, M.W.: married women.

### Preferred type of living arrangements

Data regarding the type of accommodation that would be preferred if a choice were available, are presented in Table 4.9, items 1 and 2.

The findings illustrate the fact that while 102 (80 per cent), respondents indicate a preference for a single family house or an apartment, (item 1), 39 (31 per cent) would like a house or an apartment that is specially for older people, (item 2).

By examining the 4 categories of the 39 (31 per cent) who indicate an interest in housing for older people, item 2, it is noted that 2 (18 per cent) single men, 6 (20.7 per cent) single women, 14 (32.6 per cent) married men, and 17 (39.5 per cent) married women, for a total of 39 persons, indicate an interest in special housing for older persons.

The Ontario Housing Corporation attempted, in the spring of 1971, to alleviate the situation in the town, by erecting a 22 unit apartment block for older people. The apartments, whose rents are related to income, were immediately occupied, and there has been a waiting list ever since.

It may be observed in item 1, that there is also a small number of respondents, 16, who are interested in living arrangements where older people live to-gether and receive some care. One man preferred a boarding house or retirement hotel if a choice were available while another indicated interest in a trailer or mobile home.

Again, by looking at the 4 categories of this section of item 1, it is seen that 1, (9.1 per cent) single man, 6 (20.7 per cent) single women, 3 (7.0 per cent) married men, and 6 (14 per cent) married women, for a total of 16 persons, (12.7 per cent of the total sample), indicate a preference for living arrangements where older people live to-gether and receive some care.

This item indicates the need for some type of nursing or rest home care, care in a home for the aged, or possibly the provision of ancillary services, which would allow the concerned persons to remain in the community.

At the present time, there are no nursing homes, rest homes, or homes for the aged in the town, and only limited ancillary services, are available. An older person who becomes infirm might have to go elsewhere for care if he does not have someone at home to care for him. Several people whose names were selected in the sample, could not be interviewed because they had moved to nursing homes or a home for the aged in another community, (see Table 2.4).

#### Availability of housing facilities

The data presented in Table 4.10, indicate the presence or lack of availability of certain basic housing facilities. The items that are described are availability of a toilet, hot running water, tub or shower, private kitchen, heat in all rooms, an outside sitting area, and a telephone.

One hundred and twenty-four (98.4 per cent) of the respondents have private toilets, and 22 (17.5 per cent) have 2 toilets. One hundred per cent of the respondents have hot running water; 123 (97.6 per cent) have private kitchen with refrigerator and ovens; and 119 (94.4 per cent) have a private telephone and an outside sitting area. One hundred and six (84.1 per cent) of the respondents have heat in all rooms, while 19 (15.1 per cent) only have heat in some rooms. This condition, however, does not seem to create a hardship for most of the 15 per cent. Table 4.12, item 1, shows that 124 (98.4 per cent) respondents find the temperatures of their homes comfortable in the winter, while only 2 (1.6 per cent)

TABLE 4.10

AVAILABILITY OF CERTAIN HOUSING  
FACILITIES OF KINGSVILLE SAMPLE

	S.M. Per- centage (N=11)	S.W. Per- centage (N=29)	M.M. Per- centage (N=43)	M.W. Per- centage (N=43)	Totals Per- Per- sons centage (N=126)	
1. <u>Private or shared toilet</u>						
Private toilet	90.0	96.6	100.0	100.0	124	98.4
Shared toilet	9.1	3.4	0.0	0.0	2	1.6
2. <u>Number of toilets</u>						
Inapplicable	9.1	3.4	0.0	0.0	2	1.6
One toilet	81.8	89.7	76.7	76.7	101	80.2
Two toilets	9.1	3.4	23.3	23.3	22	17.5
N.A.	0.0	3.4	0.0	0.0	1	.8
3. <u>Hot running water available</u>						
Yes	100.0	100.0	100.0	100.0	126	100.0
4. <u>Tub or shower available</u>						
Yes	100.00	96.6	97.7	97.7	123	97.6
No	0.0	3.4	2.3	2.3	3	2.4
5. <u>Private or shared kitchen</u>						
Private kitchen with oven and refrigerator	100.00	96.6	97.7	97.7	123	97.6
Shared kitchen with oven and refrigerator	0.0	3.4	0.0	0.0	1	.8
N.A.	0.0	0.0	2.3	2.3	2	1.6
6. <u>Heat in all rooms</u>						
All rooms have heat	81.8	75.9	83.7	90.7	106	84.1
Some rooms have heat	18.2	20.7	16.3	9.3	19	15.1
N.A.	0.0	3.4	0.0	0.0	1	.8
7. <u>Outside sitting area available</u>						
Yes	81.8	89.7	97.7	97.7	119	94.4
No	18.2	10.3	2.3	2.3	7	5.6
8. <u>Availability of a telephone</u>						
Private telephone	100.0	96.6	93.0	93.0	119	94.4
No private telephone but one readily available	0.0	3.4	4.7	4.7	5	4.0
N.A.	0.0	0.0	2.3	2.3	2	1.6

than those for the older people, nationally, as indicated in Table 4.11.

TABLE 4.11

CONDITION OF HOUSING OCCUPIED  
BY THE AGED, CANADA  
KINGSVILLE

Percentage of Households without	Age of head of household, 65 plus			
	Kingsville Respondents Per- centage		Canada	
	No.	centage	Male	Female
Running water	0	0.0	17.2	11.9
Exclusive bath or shower	3	2.4	30.8	26.0
Exclusive flush toilet	2	1.6	27.8	26.6
Furnace	N.A.	N.A.	39.9	34.3
Refrigerator	2.	1.6	13.8	11.3

Source: Final Report of the Special Committee of the Senate on Aging, p. 126.

When comparing the findings of the study on basic facilities, with national averages, it should be kept in mind that figures for the whole country include rural areas which have a higher rate of unavailable housing needs.

Feelings about living arrangements

The data presented in Table 4.10 describe the respondents feelings about such matters as comfort of temperature in winter and summer, adequacy of daylight, electrical lighting, and electric outlets in the homes.

Responses reveal very positive attitudes to the majority of these items. Between 89 and 100 per cent of the respondents express satisfaction with the temperature of their homes in the summer and winter, the amount of

TABLE 4.12<sup>a</sup>

FEELINGS OF OLDER PERSONS IN KINGSVILLE  
ABOUT CERTAIN ASPECTS OF THEIR  
LIVING ARRANGEMENTS

	S.M. Per- centage (N=11)	S.W. Per- centage (N=29)	M.M. Per- centage (N=43)	M.W. Per- centage (N=43)	Totals Persons Percentage (N=126)
1. Is temperature comfortable in winter					
Yes	100.0	93.1	100.0	100.0	124
No	0.0	6.9	0.0	0.0	2
2. Is temperature comfortable in summer					
Yes	81.8	89.7	90.7	88.4	112
No	9.1	6.9	9.3	9.3	11
Haven't lived in present housing in summer	0.0	3.4	0.0	0.0	1
N.A.	9.1	0.0	0.0	2.3	2
3. Adequate daylight in home					
Yes	90.9	93.1	97.7	100.0	122
No	9.1	0.0	0.0	0.0	1
N.A.	0.0	6.9	2.3	0.0	3
4. Adequate electric lighting					
Yes	100.0	100.0	97.7	97.7	124
No	0.0	0.0	2.3	2.3	2
5. Adequate electric outlets					
Yes	90.9	100.0	97.7	97.7	123
No	9.1	0.0	0.0	0.0	1
N.A.	0.0	0.0	2.3	2.3	2

<sup>a</sup>S.M.: single men, S.W.: single women, M.M.: married men, M.W.: married women.

day light and electrical lighting available, and the number of electric outlets in all rooms.

### Community Services

The data presented in Table 4.13 illustrates the respondent's opinions about the convenience of 8 community services, library, stores, banks, medical facilities, public park, restaurants, post office, and churches.

As indicated previously, the neighbourhood one lives in is considered part of his living arrangements. Such factors as the availability and accessibility of community services, a ready means of transportation, the proximity of friends, and safety from physical hazards are all part of the person's environment and determine partly his style of life.

Between 111 (88.1 per cent) and 119 (94.4 per cent) of the respondents report that the 8 services listed in Table 4.13, with the exception of a public park, are convenient. The services, except for the park, as mentioned in the introduction, are within a 2 block radius of the centre of town.

Upon closer analysis of the data, by examining separately the category of single women, it is seen that a small but significant portion of single women 3 - 10 (10 - 34 per cent) find, items 1 - 8, not convenient. Six (20.7 per cent) of single women find the location of the library inconvenient, and 10 (34.5 per cent) find it inconvenient, to go to a public park. Between 3 and 4 (10.3 and 13.8 per cent) of single women find the town's stores, banks, medical facilities, restaurants, the post office, and churches inconvenient.

More detailed analysis of the available data in the future might



TABLE 4.13<sup>a</sup>CONVENIENCE OF VARIOUS  
COMMUNITY FACILITIES

	S.M. Per- centage (N= 11)	S.W. Per- centage (N=29)	M.M. Per- centage (N=43)	M.W. Per- centage (N=43)	Totals per- per- sons centage (N=126)	
<b>1. <u>Library</u></b>						
Convenient	100.0	79.3	93.0	86.0	111	88.1
Not convenient	0.0	20.7	7.0	9.3	13	10.3
N.A.	0.0	0.0	0.0	4.7	2	1.6
<b>2. <u>Stores</u></b>						
Convenient	100.0	89.7	97.7	93.0	119	94.4
Not convenient	0.0	10.3	2.3	4.7	6	4.8
N.A.	0.0	0.0	0.0	2.3	1	.8
<b>3. <u>Bank</u></b>						
Convenient	100.0	82.8	97.7	93.0	117	92.9
Not convenient	0.0	13.8	2.3	4.7	7	5.6
N.A.	0.0	3.4	0.0	2.3	2	1.6
<b>4. <u>Medical Facilities</u></b>						
Convenient	100.0	89.7	95.3	90.7	117	92.9
Not convenient	0.0	10.3	4.7	7.0	8	6.3
N.A.	0.0	0.0	0.0	2.3	1	.8
<b>5. <u>Public Park</u></b>						
Convenient	90.9	65.5	86.0	74.4	98	77.8
Not convenient	9.1	34.5	11.6	18.6	24	19.0
Don't know	0.0	0.0	2.3	0.0	1	.8
N.A.	0.0	0.0	0.0	7.0	3	2.4
<b>6. <u>Restaurants</u></b>						
Convenient	90.9	86.2	95.3	93.0	116	92.1
Not convenient	9.1	13.8	2.3	4.7	8	6.3
N.A.	0.0	0.0	2.3	2.3	2	1.6
<b>7. <u>Post Office</u></b>						
Convenience	100.0	89.7	97.7	93.0	119	94.4
Not convenient	0.0	10.3	2.3	4.7	6	4.8
N.A.	0.0	0.0	0.0	2.3	1	.8
<b>8. <u>Church</u></b>						
Convenient	100.0	86.2	97.7	93.0	118	93.7
Not convenient	0.0	13.8	2.3	4.7	7	5.6
N.A.	0.0	0.0	0.0	2.3	1	.8

<sup>a</sup>S.M.: single men, S.W.: single women, M.M.: married men, M.W.: married women.

reveal reasons for the situation. One possible explanation of why some older women have difficulty in getting to the centre of town would be the inability to drive a car, or the lack of ownership of a car. Item 2, Table 4.14 shows that 24 (82.8 per cent) of single women in Kingsville do not own a car as compared to 6 (54.5) per cent) for single men, 11 (25.6 per cent) for married men, and 10 (23.3 per cent) for married women. Some older single women have difficulty getting about town is indicated in Table 4.15 where 7 (24.1 per cent) reply, "yes", to the question regarding whether they would like help getting about town.

TABLE 4.14

LACK OF OWNERSHIP OF  
A CAR BY OLDER PERSONS  
IN KINGSVILLE AND  
IN CANADA

Kingsville Respondents				Canada <sup>a</sup>	
S.M. Per- centage (N=11)	S.W. Per- centage (N=29)	M.M. Per- centage (N=43)	M.W. Per- centage (N=43)	Male Percentage	Female Percentage
54.5	82.8	25.6	23.3	48.8	71.4

<sup>a</sup>Source: Final Report of the Special Committee of the Senate on Aging, p. 126.

TABLE 4.15<sup>a</sup>

OLDER PEOPLE IN KINGSVILLE  
WHO WOULD LIKE HELP  
GETTING ABOUT TOWN

	S.M. Percentage (N=11)	S.W. Percentage (N=29)	M.M. Percentage (N=43)	M.W. Percentage (N=43)	Totals Persons Percentage (N=126)	
Yes	9.1	24.1	9.3	2.3	13	10.3
No	90.9	75.9	90.7	97.7	113	89.7

<sup>a</sup>S.M.: single men, S.W.: single women, M.M.: married men, M.W.: married women.

NeighbourhoodSatisfaction with neighbourhood

Other aspects of neighbourhood quality which are investigated are satisfaction with the amount of clean air, the number of trees and open space, the noise from traffic, the cleanliness of the neighbourhood, and the safety of the area from law breakers.

Responses (see Table 4.16) indicated satisfaction with most items. Ninety-two per cent are satisfied with the clean air, while 96.8 per cent are satisfied with the number of trees, open space, and cleanliness, and 90.5 per cent report satisfaction with the safety of the area from law breakers.

The findings from items 3 and 4, reveal that between 24 and 27 respondents complained about outside noise, and noise from traffic. It may be that most of the respondents who are bothered by outside noise are the same respondents who report dissatisfaction with traffic noise.

By examining the different categories of items 3 and 4, it is seen that 27 persons (21.4 per cent) are bothered by outside noise, 5 (45.5 per cent) of single men, 3 (10.3 per cent) single women, 8 (18.6 per cent) married men, and 11 (25.6 per cent) married women. Twenty-four respondents (19.0 per cent) are not satisfied with noise from traffic, 1 (9.1 per cent) single man, 4 (13.8 per cent) single women, 10 (23.3 per cent) married men, and 9 (20.9 per cent) married women.

Some of the respondents reside on busy thoroughfares and are probably bothered by the excessive noise from cars and heavy vehicles. However, while 45.5 per cent of single men are bothered by outside noise, only 1 (9.1 per cent) complain about noise from traffic. The town is a busy tourist centre in the summer, and some of the reported bothersome

TABLE 4.16<sup>a</sup>DEGREE OF SATISFACTION WITH  
NEIGHBOURHOOD IN GENERAL

	S.M. Percentage (N=11)	S.W. Percentage (N=29)	M.M. Percentage (N=43)	M.W. Percentage (N=43)	Totals Persons Percentage (N=126)
1. <u>Clean air</u>					
Satisfied	100.0	93.1	90.7	90.7	116
Not satisfied	0.0	6.9	4.7	9.3	8
N.A.	0.0	0.0	4.7	0.0	2
2. <u>Number of trees and open space</u>					
Satisfied	100.0	96.6	93.0	100.0	122
Not satisfied	0.0	3.4	7.0	0.0	4
3. <u>Noise from traffic</u>					
Satisfied	90.9	86.2	76.7	79.1	102
Not satisfied	9.1	13.8	23.3	20.9	24
4. <u>Bothered by outside noise</u>					
Yes	45.5	10.3	18.6	25.6	27
No	54.5	89.7	81.4	74.4	99
5. <u>Cleanliness of neighbourhood</u>					
Satisfied	100.0	100.0	95.3	93.0	121
Not satisfied	0.0	0.0	4.7	7.0	5
6. <u>Safety of area from law breakers</u>					
Satisfied	90.9	96.6	86.0	90.7	114
Not satisfied	9.1	3.4	2.3	4.7	5
N.A.	0.0	0.0	11.6	4.7	7

<sup>a</sup>S.M.: single men, S.W.: single women, M.M.: married men, M.W.: married women.

noise could be caused by vacationers partaking in outdoor activities.

#### Aspects of neighbourhood

Some dimensions of aging are the inevitable changes and losses the older person experiences. Loss of friends and relatives often occurs through death, and sometimes neighbourhoods change when new families move in and others leave. Sometimes neighbourhoods deteriorate and become unsafe, especially for the older residents.

There is described in Table 4.17 the respondents' feelings about the changes in their neighbourhoods, the suitability of the neighbourhood for older persons, and the presence or lack of crime and feelings of safety.

One hundred and twelve (88.9 per cent) respondents report that their neighbourhoods have remained the same or changed for the better since their residency.

Item 3, shows that 117 (92.9 per cent) of the respondents had not heard of any serious crime in the past 12 months, and 89.7 per cent report that they feel safe. These findings correspond with those found in Table 4.16, item 6, which show that 90.5 per cent of the respondents are satisfied with the safety of the area from law breakers.

Kingsville appears to be a suitable community for older people. The findings in item 2 indicate that 88 (69.9 per cent) of the respondents consider it to be a good place for older people to live, while 32 (25.4 per cent) consider it average, and only 2 (10.3 per cent) single women and 1 (3.2 per cent) married woman, consider it to be a poor place.

#### Summary

Most of the older people, in the Kingsville survey, report satisfaction with their homes and neighbourhoods. No one reports dissatisfaction

TABLE 4.17<sup>a</sup>

OTHER ASPECTS OF THE RESPONDENTS'  
IMMEDIATE NEIGHBOURHOOD

	S.M. Per- centage (N=11)	S.W. Per- centage (N=29)	M.M. Per- centage (N=43)	M.W. Per- centage (N=43)	Totals Per- sons Per- centage (N=126)	
1. <u>Neighbour changes</u>						
Changed for the better	36.4	24.1	34.9	16.3	33	26.2
Changed for the worse	9.1	0.0	9.3	14.0	11	8.7
Remained about the same	54.5	75.9	55.8	62.8	79	62.7
N.A.	0.0	0.0	0.0	7.0	3	2.4
2. <u>Suitability of neighbourhood for older persons</u>						
Good place	81.8	75.9	69.8	62.8	88	69.8
Average place	18.2	13.8	27.9	32.6	32	25.4
Poor place	0.0	10.3	0.0	2.3	4	3.2
N.A.	0.0	0.0	2.3	2.3	2	1.6
3. <u>Any serious crime in past year</u>						
Yes	0.0	6.9	9.3	0.0	6	4.8
No	100.0	93.1	86.0	97.7	117	92.9
N.A.			4.7	2.3	3	2.4
4. <u>Feeling of safety</u>						
Yes, feel safe	100.0	96.6	81.4	90.7	113	89.7
No, don't feel safe	0.0	0.0	2.3	0.0	1	.8
N.A.	0.0	3.4	16.3	9.3	12	9.5

<sup>a</sup>S.M.: single men, S.W.: single women, M.M.: married men, M.W.: married women.

with present accommodation, although nearly a fifth of the respondents feel that their living quarters are too large. Attitudes, in general, about living arrangements are positive.

Most of the respondents, the same as older people across Canada, are heads of their own households. Single women; however, appear to be more independent than single women in other areas. Ninety per cent live independently as compared to 67 per cent nationally, (see Table 4.2).

More older Kingsville residents, own their own homes than older people in towns of comparable size in Canada, 81 per cent as compared with 69 per cent, respectively (as shown in Table 4.5).

Almost 100 per cent of the respondents have, what is considered by present standards, basic housing facilities, and almost all, with the exception of around one fifth of the sample, who are bothered by outside noise, are satisfied with the various aspects of their housing and neighbourhood situation.

The older people of Kingsville, are in the fortunate position of being able to move about the community in relative safety. They also have sufficient space with no over-crowding for adequate privacy, and their unanimous expression of satisfaction with the amount of privacy they have confirms this observation.

Most of the respondents find the community services convenient, with the exception of few single women. There are indications that some would appreciate help with transportation.

Although all respondents are at least fairly satisfied with their housing situation, there are a number who would probably make a change if suitable living arrangements were available. There is a definite need for more related to income "Senior Citizen" housing units. Some small

number of respondents indicate that they are interested in some type of group living with older people where they would receive some care.

There seems no doubt that the older residents are happy with their situation in Kingsville. Almost all indicate that they feel the community is a good place for older people to live, and the objective aspects of their living arrangements are adequate which is reflective in the positive subjective feelings reported in the findings.



## CHAPTER V

### FINDINGS: CHARACTERISTICS OF HEALTH

The purpose of this chapter is to describe the physical health of older persons in a rural town of Southwestern Ontario.

The health status has been viewed here as a state of physical, social, and psychological well being and not merely the absence of disease or illness.<sup>1</sup> In view of this conception, health can be evaluated, at one level, by the actual physical conditions and one's feelings toward the conditions. And, at another level, it can be evaluated by the elements in health promotion such as nutrition, exercise, sanitation, mental stimulation and availability of health services. Furthermore, since one's physical well being can not be isolated from his social and psychological functionings, it seems essential to examine socioeconomic factors that are interrelated with health, at least in some functions.

Therefore, the health of older people is examined, in this chapter, in the following four areas:

1. Objective health status
2. Subjective health status
3. Nutrition
4. Health Services

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<sup>1</sup>Kohn, The Health of the Canadian People, p. 2.

### Objective Health Status

As pointed out in Chapter 1, although old age is not a disease, there are an absolute decline in strength, a loss of motor and mental skills, and an impairment of sight, hearing and other abilities. These changes, at times, lead to extensive physical discomfort and pain, and interfere with the older person's daily activities.

Because of the apparent impairment of function in old age, the objective physical health of the older person was assessed by the limitation on 10 different types of activity. In addition, the number of sick days and the extent to which the older people were affected by the chronic health problems was also used as indices for health conditions.

Table 1 shows that the older people in Kingsville, in general, maintain good physical health. Except the item on "going up and down stairs", depending on tasks, 81 to 99 per cent of respondents reported no difficulty in performing tasks such as eating solid foods, getting about the house, dressing and putting on shoes. Nearly half of the single men and single women encountered difficulty in going up and down stairs, while approximately one-fifth of the sample reported some degrees of difficulty in cutting toenails. Males, either single or married, encountered considerable difficulty in hearing over the telephone in comparison to females. This finding is consistent with the Edmonton finding that males reported higher frequency of hearing loss than females.<sup>2</sup> And, as pointed out earlier, the deafness in males is part of the physical changes

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<sup>2</sup> Edmonton Senior Residents' Survey Report, p. 62.

TABLE 5.1<sup>a</sup>

## LIMITATION ON ACTIVITIES

	S.M. (N=11)	S.W. (N=29)	M.M. (N=43)	M.W. (N=43)	Total (N=126)
<u>Getting about the house</u>					
No difficulty	90.9	93.1	97.7	93.0	94.4
Some difficulty	9.1	6.9	2.3	7.0	5.6
<u>Going up and down stairs</u>					
No difficulty	36.4	51.7	88.4	69.8	69.0
Some difficulty	45.4	41.4	7.0	23.3	23.8
Cannot do it	0.0	6.9	4.6	4.6	4.8
N.A.	18.2	0.0	0.0	2.3	2.4
<u>Washing and bathing</u>					
No difficulty	90.9	75.9	97.7	95.3	91.3
Some difficulty	9.1	24.1	2.3	4.7	8.7
<u>Dressing and putting on shoes</u>					
No difficulty	81.8	96.6	88.4	100.0	93.7
Some difficulty	18.2	3.4	11.6	0.0	6.3
<u>Cutting toenails</u>					
No difficulty	81.8	69.0	81.4	88.4	81.0
Some difficulty	18.2	13.8	16.3	9.3	13.5
Cannot do it	0.0	17.2	2.3	2.3	5.5
<u>Getting out of the house</u>					
No difficulty	90.9	79.3	95.4	90.7	89.7
Some difficulty	9.1	17.2	2.3	9.3	8.7
Cannot do it	0.0	3.5	2.3	0.0	1.6
<u>Feeding oneself</u>					
No difficulty	90.9	100.0	100.0	100.0	99.2
Some difficulty	9.1	0.0	0.0	0.0	.8
<u>Watching T.V.</u>					
No difficulty	90.9	96.6	95.3	97.7	96.0
Some difficulty	9.1	0.0	4.7	2.3	3.2
Cannot do it	0.0	3.4	0.0	0.0	.8
<u>Eating solid foods</u>					
No difficulty	90.9	82.8	90.7	90.7	88.9
Some difficulty	9.1	17.2	9.3	9.3	11.1
<u>Hearing over the phone</u>					
No difficulty	63.6	96.6	79.1	97.7	88.1
Some difficulty	36.4	0.0	16.3	2.3	9.5
Cannot do it	0.0	0.0	2.3	0.0	.8
N.A.	0.0	3.4	2.3	0.0	1.6

<sup>a</sup>S.M.: single men, S.W.: single women, M.M.: married men, M.W.: married women

of the aging process.<sup>3</sup> Overall, single women reported more difficulty than others in the task of "walking the stairs", "washing and bathing", "cutting toenails", "getting out of the house" and "eating solid foods". One must keep in mind, though, that single women are somewhat older and have less income than the rest of the population.

TABLE 5.2  
PERCENTAGE OF PERSONS REPORTING DIFFICULTY<sup>a</sup>  
IN COMPARISON WITH SHANAS' STUDY

Task	Denmark	Britain	U.S.	Kingsville
Walking stairs	37	27	30	28.6
Getting about the house	7	7	6	5.6
Washing and bathing	9	15	10	8.7
Dressing and putting on shoes	12	10	8	6.3
Cutting toenails	27	33	9	19.0

<sup>a</sup>The percentage excludes the categories of "no difficulty" and "N.A.".

The result of the present study is in accord with Shanas' findings,<sup>4</sup> although the health of Kingsville sample is slightly better than others. The most difficult task is walking up and down the stairs. Disability, shortness of breath and dizziness have been pointed out as the main reasons to account for this difficulty.<sup>5</sup> This condition has implications for the older person who has to climb stairs. Thus, there would seem to be a need for ground level housing or housing with ramps or elevators.

<sup>3</sup>Grad, "Aging and Changes in Health," p.7.

<sup>4</sup>Shanas et. al., Old People in Three Industrial Societies, pp. 26-46.

<sup>5</sup>Ibid., p. 29.

Among the three items concerning personal care: washing and bathing, dressing and putting on shoes and cutting toenails, the most difficult task, was found to be that of cutting toenails in the present study, as is the case in Denmark, Britain and U.S.. This could be, as pointed out by Shanas, a result of the hard nails which develop with age, poor eyesight or disability due to rheumatism,<sup>6</sup> especially these were among the types of ailments older people were most concerned.<sup>7</sup>

With the tasks of getting about the house, washing and bathing, and dressing and putting on shoes, the percentages of older people encountered difficulty in Kingsville were much lower than those of other countries. There is a lack of community supportive services for the aged, so that older people with considerable difficulty in caring for themselves in this town seem to have to move to other communities with available services, or to enter institutions. This movement would leave the town with the healthier older people. Shanas' explanation that "the availability of social services may create an awareness of needs"<sup>8</sup> might also be one of the factors in the good health of the Kingsville people, in that the lack of services may support a suppression of need. Furthermore, since 11.9 per cent of the respondents were younger than 65 years of age, it is also reasonable to expect that lower percentage of sample encountered impairment of functions than that of Shanas' study.

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<sup>6</sup>Shanas et al. Old People in Three Industrial Societies. p. 29.

<sup>7</sup>Hunter and Maurice, Older People Tell Their Story. p. 12

<sup>8</sup>Ibid., p. 29.

The present finding is also consistent with Shanas' that single and widowed women reported more difficulty than married women or men.<sup>9</sup> Since many of these women were over 80 years old, the relationship between age and incapacity became clear. However, the problems with single women seems to be compounded by their income, feeling of loneliness and lack of means of transportation. For example, 82.8 per cent of single women in comparison to half of single men and a quarter of married persons do not own a car in Kingsville, (see Table 4.14). Also, 13.8 per cent of single women in comparison to 7 per cent of married women and none of men felt lonely quite often.

Further analysis (Table 5.3) points out that with 3 kinds of activities; washing and bathing, getting out of the house, and watching TV, there is a relationship between the age and limitation on the activities. That is the older age group in comparison to younger age group encountered more difficulty in performing the above mentioned tasks. The established relationship between the age and incapacity is a further confirmation of Shanas' findings.<sup>10</sup> In Shanas' study, beginning with the cohort aged 70 to 74 in Denmark and in Britain, and that aged 75 to 79 in the United States, there is a marked decline in physical capacity among the older people; while in the present study, the increase of the ratio of incapacity is more gradual, with a marked change beginning in the 80 - 85 age group. Shanas contributed the differences in three countries more to the psychological and cultural expectations than the physiological reasons, in the sense that more older Americans feel the

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<sup>9</sup>Shanas et al., Old People in Three Industrial Societies, p. 28.

<sup>10</sup>Ibid., p. 37.

TABLE 5.3  
AGE AND ACTIVITIES

Age	Washing and bathing No difficulty (N 115)	Some difficulty (N 11)	Getting out of the house No difficulty (N 113)	Some difficulty (N 11)	Cannot do it (N 2)	Watching TV No difficulty (N 121)	Some difficulty (N 4)	Cannot do it (N 1)
55 - 64	13	0	13.3	0	0	12.4	0	0
65 - 69	32.2	18.2	21.0	36.4	0	31.4	26.0	0
70 - 74	25.2	18.2	26.5	9.1	0	24.8	25.0	0
75 - 79	20.9	18.2	21.2	18.2	0	20.7	25.0	0
80 - 84	7.0	27.3	7.1	18.2	50.0	8.3	25.0	0
85 and older	1.7	18.2	0.9	18.2	50.0	2.5	0	100.0

c = 0.33

$\chi^2 = 15.6, 5 \text{ d.f.}$

p < .01

c = 0.46

$\chi^2 = 33.5, 10 \text{ d.f.}$

p < .01

c = 0.45

$\chi^2 = 32.6, 10 \text{ d.f.}$

p < .01

need to be active and self sufficient.<sup>11</sup> Though this could be the case in the present study, one must bear in mind the inadequate supportive community services and thus, the inconvenience for the aged with incapacity to remain in Kingsville. Regardless of the differences, this analysis definitely points out the special needs of older people who live at home, in terms of personal care, transportation and recreational activities.

TABLE 5.4<sup>a</sup>

NUMBER OF SICK DAYS DURING  
THE PREVIOUS MONTH

	S.M. (N=11)	S.W. (N=29)	M.M. (N=43)	M.W. (N=43)	Total (N=126)
No days	81.8	37.9	86.0	83.7	73.8
1-7 days	9.1	34.5	14.0	4.7	15.1
8-14 days	0.0	13.8	0.0	2.3	3.9
15-22 days	0.0	10.3	0.0	2.3	3.2
22 days or more	9.1	0.0	0.0	7.0	3.2
N.A.	0.0	3.4	0.0	0.0	.8

<sup>a</sup>S.M.: single men, S.W.: single women, M.M.: married men, M.W.: married women.

The results on this index of objective health status confirmed the findings on performing tasks: the majority (73.8 per cent) are maintaining good physical health. The only group which deviates from the norm is single women, nearly 60 per cent of whom reported at least one sick day during the previous month.

The interrelationship among the problems in health, finance,

<sup>11</sup> Shanas et al., Old People in Three Industrial Societies, p. 46.



mobility and social relationships have been mentioned.<sup>12</sup> Ill health is considered to be associated with financial hardships; ill health and financial hardships are further associated with limited mobility and all three factors affect participation in social activities, visit with friends and family. In view of the above premise, this variable, the number of sick days, was compared with the variables on income and frequency of visits. However, both the comparison with income ( $C=0.44$ ,  $\chi^2=26.2$ , 28 d.f.,  $p>.05$ ) and with frequency of visits ( $C=0.28$ ,  $\chi^2=10.5$ , 10 d.f.,  $p>.05$ ) were not statistically significant. One explanation is that since the majority of respondents receive higher income than the average aged population, and they enjoy good health, they, thus, have few limitations on their mobility or social participation.

TABLE 5.5<sup>a</sup>  
PERCENTAGE TROUBLED BY CHRONIC  
HEALTH PROBLEM

	S.M. (N=11)	S.W. (N=29)	M.M. (N=43)	M.W. (N=43)	Total (N=126)
Most of the time	18.2	27.6	18.6	23.3	22.2
Half of the time	0.0	3.5	2.3	2.3	2.3
Once in a while	9.1	10.3	11.6	16.3	12.7
No	72.7	58.6	62.8	58.1	61.1
N.A.	0.0	0.0	4.7	0.0	1.6

<sup>a</sup>S.M.: single men, S.W.: single women, M.M.: married men, M.W.: married women.

The proportion of older people who reported no chronic health problem was, on the average, 61.1 per cent, which is much higher than the

<sup>12</sup> Characteristics and Needs of Senior Citizens in Kent County, Michigan, p. 55.

24 per cent reported in U.S. National Survey.<sup>13</sup> Again, women were more troubled by chronic illness in this index. This finding is consistent with that in Edmonton.<sup>14</sup> (Except for the conditions of "hearing loss" and "low blood pressure", a higher percentage of women than men in Edmonton described their problems as those of poor sight, rheumatism, back trouble, dizziness, impaired limbs, hardening of arteries and kidney trouble.) Perhaps, these physiological conditions are reported by women more frequently than men because it is more socially acceptable for women to express pains and weaknesses.

#### Subjective Health Status

Health has its subjective as well as objective elements. An individual's assessment of his health is based upon many factors, some may be quite separate from the actual medical conditions. With the same degree of physical impairments, some may report that they are well while the others may think they are sick.

In the present study, the subjective health status of the older people was evaluated according to three criteria: Self-evaluation of health condition, health condition in comparison with others and its effect on activities. Furthermore, the factors related to self-evaluation of health will be discussed.

TABLE 5.6<sup>a</sup>

#### SELF-EVALUATION OF HEALTH CONDITION

	S.M. (N=11)	S.W. (N=29)	M.M. (N=43)	M.W. (N=43)	Total (N=126)
Very good	45.5	17.2	20.9	18.6	21.4
Good	18.2	27.6	41.9	46.5	38.1
Average	18.2	41.4	37.2	27.9	33.3
Poor	9.1	10.3	0.0	7.0	5.6
N.A.	9.1	3.4	0.0	0.0	1.6

<sup>a</sup>S.M.: single men, S.W.: single women, M.M.: married men, M.W.: married women:

TABLE 5.7<sup>a</sup>A COMPARISON OF OBJECTIVE AND SUBJECTIVE<sup>b</sup>  
HEALTH STATUS

	S.M.	S.W.	M.M.	M.W.	Total
Objective: no chronic health problem	72.7	58.6	62.8	58.1	61.1
Subjective: positive evaluation	63.7	44.8	62.8	64.1	59.5

<sup>a</sup>S.M.: single men, S.W.: single women, M.M.: married men, M.W.: married women.

<sup>b</sup>The percentage on subjective health status is based on the category of "very good" and "good" in Table 5.5.

Of those responding in the sample, approximately 60 per cent of older people felt that their health was above average while only 5.6 per cent evaluate their health as being poor. This result is fairly consistent with the objective index (Table 5.7). One noticeable pattern is that lower percentage of single men and women gave positive subjective evaluation in comparison to the objective indication. Shanas pointed out the correlation between subjective health status and loneliness that those persons who say their health is poor are more likely than persons who say their health is good to report that they are often lonely.<sup>15</sup>

TABLE 5.8<sup>a</sup>LONELINESS, CONTACT WITH A CLOSE PERSON  
AND HEALTH EVALUATION

	S.M. (N=11)	S.W. (N=29)	M.M. (N=43)	M.W. (N=43)
Feeling lonely quite often or sometimes	45.5	58.6	25.6	44.2
Contact with a close person	72.7	79.3	90.7	86.1
Differential health evaluation	9.0	13.8	0.0	6.0 <sup>b</sup>

<sup>a</sup>S.M.: single men, S.W.: single women, M.M.: married men, M.W.: married women.

<sup>b</sup>These figures are the differences between the objective and subjective health evaluation as shown in Table 5.7.

<sup>15</sup>Shanas et al., Old People in Three Industrial Societies, p. 59.

In the present study, it is evident that a lower proportion of married men felt lonely than single men and also lower percentage of married women felt lonely than single ones. The tendency also exist in their contact with a close person, if one considers close contact as an index of loneliness.

TABLE 5.9  
SUBJECTIVE EVALUATION AND LONELINESS

	Very good Health (N=26)	Good Health (N=48)	Average Health (N=42)	Poor Health (N=7)
Feeling lonely quite often	0.0	2.1	14.3	14.3
Sometimes	15.4	37.5	40.5	57.1
Almost never	84.6	60.4	45.2	28.6

$$C=0.35, \chi^2=17.3, 6 \text{ d.f.}, p < .01$$

Further comparison between health evaluation and feeling of loneliness also points out the relationship as suggested by Shanas.<sup>16</sup>

TABLE 5.10  
A RELATIVE HEALTH EVALUATION

	S.M. (N=11)	S.W. (N=29)	M.M. (N=43)	M.W. (N=43)	Total (N=126)
Better than others	72.7	72.4	69.8	79.1	73.8
Worse than others	9.1	13.8	4.6	4.6	7.1
N.A.	18.2	13.8	25.6	16.3	19.1

<sup>a</sup>S.M.: single men, S.W.: single women, M.M.: married men, M.W.: married women.

TABLE 5.11  
RELATIVE HEALTH STATUS IN THREE COUNTRIES<sup>a</sup>

	Denmark	Britain	U.S.
Better	26.0	36.7	45.2
Same	45.3	35.0	35.6
Worse	28.7	28.3	19.2

<sup>a</sup>Calculated from: Shanas et al., Old People in Three Industrial Societies., p. 64, Table III-9.

Table 5.10 indicates that nearly three quarters of the sample felt their health better than the others. Again, higher percentage of single persons evaluated their health worse than others in comparison to the married persons. Significantly, 79.1 per cent of married women evaluated their health better than the others. In addition to the apparent marital status, one must also bear in mind that on the average, married women are younger than the respondents in other categories.

A comparison with Shanas study (Table 5.11) shows a surprisingly more positive picture in the relative evaluation of Kingsville sample than that of Denmark, Britain and the U.S., although only slight differences were shown in the objective health evaluation (see Table 5.2). Depending upon the countries, 27.4 to 27.8 per cent more older people in Kingsville felt their health better than those of three countries. In addition to the socio-economic factors mentioned earlier, the differences could be due to the observation that rural elderly worry less about their health and thus, tend to have more positive evaluation.<sup>17</sup>

<sup>16</sup>Shanas et al., Old People in Three Industrial Societies, p. 59.

<sup>17</sup>Schwenger, "Old Folks," p. 8.

### Nutrition

Exercise, adequate housing, proper diet, and meaningful social participations, as pointed out earlier, are all important elements in enhancing one's health. In this section, the diet of older people was being assessed by the food they ate the previous day and also by their own evaluation of their diet.

TABLE 5.12<sup>a</sup>

DIET: PERCENTAGE OF PERSONS ATE FOLLOWING  
ITEMS THE PREVIOUS DAY

	S.M. (N=11)	S.W. (N=29)	M.M. (N=43)	M.W. (N=43)	Total (N=126)
Milk, Cheese or other dairy product	100.0	100.0	100.0	100.0	100.0
Meat	100.0	96.6	93.0	95.3	95.2
Eggs	54.5	41.4	55.8	46.5	49.2
Green vegetable	54.5	58.6	60.5	65.1	61.1
Other vegetable	63.6	65.5	55.8	65.1	61.9
Fruit or juice	81.8	93.1	86.0	86.0	87.3
Bread or cereal	100.0	100.0	100.0	97.7	99.2

<sup>a</sup> S.M.: single men, S.W.: single women, M.M.: married men, M.W.: married women.

The objective evaluation of the diet among the studied sample was very positive (Table 5.12): more than 80 per cent of older people had the intake of dairy products, meat, fruit or juice and bread or cereal. These data mean that the respondents had a healthy intake of four of the six essentials; proteins, fats, carbohydrates and water. However, it is

rather difficult to evaluate the intake of two remaining essentials, minerals and vitamins. The low percentage of the intake of eggs could be due to the low cholesterol diet, since hardening of the arteries is one of the physical changes apparent in old age.

The findings are consistent among the four categories despite the fact that more single women reported difficulties in performing tasks and encountered more sick days than other groups. Two women interviewed indicated that their daughters, who lived in the same town, would send meals in case of illness. Although their dietary needs were met through the support of family members, whether this support has constituted an undue burden on the children and their family is a question. A further question is raised regarding the need of a meals-on-wheels program in this town.

TABLE 5.13<sup>a</sup>

## DIET: A SUBJECTIVE EVALUATION

	S.M. (N=11)	S.W. (N=29)	M.M. (N=43)	M.W. (N=43)	Total (N=126)
Eat a good diet	100.0	100.0	97.7	97.7	98.4
No	0.0	0.0	2.3	2.3	1.6

<sup>a</sup>S.M.; single men, S.W.: single women, M.M.: married men, M.W. married women.

The subjective evaluation further confirmed the above findings that only two out of 126 persons felt their intake of food were poor. The positive evaluation no doubt relates to the ease of getting out of the house and eating solid foods (see Table 5.1), and the higher than average income of the respondents, (see Table 3.7 ).

The convenience to stores indicated in Table 4-13, seems further

facilitated the preparation of well balanced meals. The relationship between loneliness and the subjective evaluation of the dietary intake does not exist in the present study, since the two persons with poor rating belong to the category of "almost never" feeling lonely and they do not live alone. Furthermore, although they belonged to different age groups: one in 55 - 65 and the other in 80 - 84 group, they were both in high income group: \$6,000 - \$9,999. This is indeed a puzzling point.

#### Health Services

In view of the lack of community supportive services and the shortage of health personnel, the respondent's evaluation of health services and reasons for difficulties will be discussed in this section. In addition, the visits to the physicians as an objective criteria for the evaluation of health services will be examined.

Table 5.14 points out nearly 90 per cent of respondents are satisfied in the availability of medical services, despite the obvious shortage of physicians in the town. This positive picture is further confirmed (Table 5.15) by looking into the reasons to account for the difficulties. On the average, less than 4 per cent of respondents expressed having difficulties in obtaining medical services due to financial or transportation problems, or lack of medical facilities. This finding could be a confirmation of Schwenger's finding that rural elderly complain less about the absence of a resident physician and counted more on their friends, neighbors, and family in case of emergency.<sup>18</sup> The latter point is also evident in the present study that 96 per cent of respondents had a neighbor to call on in an emergency (Table 6.1).

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<sup>18</sup> Schwenger, "Old Folks," p. 8.



TABLE 5.14<sup>a</sup>DEGREE OF DIFFICULTY IN  
OBTAINING MEDICAL SERVICES

Category	S.M. (N=11)	S.W. (N=29)	M.M. (N=43)	M.W. (N=43)	Total (N=126)
Very difficult	9.1	6.9	0.0	0.0	2.4
Somewhat difficult	9.1	6.9	7.0	9.3	7.9
Not difficult	81.8	86.2	93.0	90.7	89.7

<sup>a</sup>S.M.: single men, S.W.: single women, M.M.: married mwn, M.W.: married women.

TABLE 5.15<sup>a</sup>REASONS FOR DIFFICULTY IN  
OBTAINING MEDICAL SERVICES

	S.M. (N=11)	S.W. (N=29)	M.M. (N=43)	M.W. (N=43)	Total (N=126)
Financial Difficulty	0.0	0.0	0.0	2.3	.8
Transportation problem	9.1	6.9	0.0	4.7	4.0
Medical facilities not available	0.0	3.4	2.3	2.3	2.3

<sup>a</sup>S.M.: single men, S.W.: single women, M.M.: married men, M.W.: married women.

The Ontario Government has started to provide free medical and hospital coverage, for persons 65 and over, on January 1, 1972. But, since only one third of respondents had supplementary medical insurance, one wonders how the older persons pay for the prescriptions or dental care.

TABLE 5.16<sup>a</sup>

## SUPPLEMENTARY MEDICAL INSURANCE

	S.M. (N=11)	S.W. (N=29)	M.M. (N=43)	M.W. (N=43)	Total (N=126)
Yes	54.5	24.1	34.9	32.6	33.3
No	36.4	69.0	62.8	62.8	61.9
N.A.	9.1	6.9	2.3	4.7	4.8

<sup>a</sup>S.M.: single men, S.W.: single women, M.M.: married men, M.W.: married women.

TABLE 5.17<sup>a</sup>

## SOURCES OF MONEY FOR DRUGS

Category	S.M. (N=11)	S.W. (N=29)	M.M. (N=43)	M.W. (N=43)	Total (N=126)
Income	45.4	58.6	27.9	32.6	38.1
Relatives	0.0	0.0	0.0	0.0	0.0
Other Sources	9.2	6.9	7.0	7.0	7.1
N.A.	45.4	34.5	65.2	60.5	54.8

<sup>a</sup>S.M.: single men, S.W.: single women, M.M.: married men, M.W.: married women.

Overall, 38.1 per cent of respondents reported paying for the prescriptions from their income while 7.1 per cent from other sources. It is interesting to note that none of them received any help from their relatives. This point is contrary to the findings that 40 per cent of older people received financial help from their relatives.<sup>19</sup>

TABLE 5.18<sup>a</sup>

## FREQUENCY OF USE OF PRESCRIPTION

Category	S.M. (N=11)	S.W. (N=29)	M.M. (N=43)	M.W. (N=43)	Total (N=126)
Every day	45.4	55.2	25.6	39.5	38.9
Once a week	18.2	0.0	4.7	4.7	4.8
Occasionally	0.0	20.7	27.9	20.9	23.8
No	36.4	24.1	39.5	27.9	29.4
N.A.	0.0	0.0	2.3	7.0	3.1

<sup>a</sup>S.M.: single men, S.W.: single women, M.M.: married men, M.W.: married women.

<sup>19</sup>Peter Townsend, The Family Life of Old People, (London: Pelican, 1953), p. 79.

It is true that, in general, the respondents are a healthy group. But, since 45.4 per cent of single men and 55.2 per cent of single women used a doctor's prescription every day (see Table 5.18) and since half of the single persons had less than \$2,000 annual income (see Table 3.7), it seems that the needs are obvious. Could it be that the older people, because of their pride are unwilling to ask for help?

TABLE 5.19<sup>a</sup>

NEED HELP IN GETTING DENTAL CARE  
AND MEDICAL CARE<sup>b</sup>

	S.M. (N=11)	S.W. (N=29)	M.M. (N=43)	M.W. (N=43)	Total (N=126)
Medical care	27.3	3.4	11.6	4.7	8.7
Dental care	9.1	6.4	16.3	4.7	9.5

<sup>a</sup>S.M.: single men, S.W.: single women, M.M.: married men, M.W.: married women.

<sup>b</sup>The percentage on "not needing help" and "N.A.", are not included here.

The number of visits to physician has often been used as an index of the degree of utilization of medical services. In the present study, 70.6 per cent of respondents had at least a medical check-up during the past year.

TABLE 5.20<sup>a</sup>

HAD MEDICAL CHECKUP IN LAST YEAR

	S.M. (N=11)	S.W. (N=29)	M.M. (N=43)	M.W. (N=43)	Total (N=126)
Yes	72.7	72.4	67.4	72.1	70.6
No	18.2	27.6	32.6	27.9	28.6
N.A.	9.1	0.0	0.0	0.0	.8

<sup>a</sup>S.M.: single men, S.W.: single women, M.M.: married men, M.W.: married women.

In Shanas' study, 68 per cent in Denmark, 70 per cent in Britain and 71 per cent in U.S. had at least one contact with the physician during a year's period.<sup>20</sup> Despite different systems in the four countries, the findings are surprisingly similar. However, contrary to Shanas' finding that women tended to have more contact with their doctors, there does not appear to be much difference in terms of marital status or sex. Although more single and married women than married men visited the doctor, the difference between single and married men is very small.

#### Summary

In summary, the data in the present study consistently point out that the health status of most older persons in Kingsville is reasonably good. Single women had more difficulty in walking the stairs, washing and bathing, cutting toenails, getting out of the house and eating solid foods, while males have more difficulty in hearing over the phone in comparison with other groups. Differential aging is indicated in the different degree of difficulty in performing tasks according to the age.

A large proportion of single women had less positive evaluation, either objective or subjective, while married women, on the contrary, were more positive when compared with other categories. The relationship between health and other variables such as income, age and loneliness was discussed. One's subjective health evaluation is significantly related to the feeling of loneliness.

The older people apparently had a good intake of protein, carbohydrate, fats and water. The intake of eggs was lower than other kinds of foods. Perhaps, this phenomenon is due to the low cholesterol diet of

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<sup>20</sup> Shanas et al., Old People in Three Industrial Societies, pp.86-95.

older persons.

The evaluation of the availability of medical services is also very positive, despite the actual shortage of physicians and other health services. The positive feeling toward the services could be one characteristic of the rural aged.

It becomes evident that the health of older person is not a simple property but a composite state comprising physical, mental, emotional and social aspects. The positive health picture in Kingsville may well relate to the higher than national average income, the convenience and the slower pace of a small town, a feeling of independence, and the feeling of being respected in the community, just to mention a few factors. It is true, that the positive evaluation could be partly due to the lack of available health services and only the healthier older people remain in the community. Nevertheless, one can not negate the fact the the setting in Kingsville appears to contribute, to the enhancement of the physical, social and mental well being of the older persons.

## CHAPTER VI

### FINDINGS: CHARACTERISTICS OF SOCIAL RELATIONS

Successful aging, as has been mentioned in former chapters, is dependent on many factors, among which are social relations. The social relations of a person may be studied and projected, this projection is called the social life space of a person. There are three important elements in considering the life space of a person, (1) the number of interactions, (2) the intensity of the interactions and (3) the complexity of the interactions.<sup>1</sup> In this study, there is no measure regarding the intensity of the relationships, though it is possible to infer intensity from the statistics regarding household composition. Both the number and complexity can be measured from the items relating to Social Relations of an objective and subjective nature.

It is possible to ascertain how the older person spends some of his free time by examining his activities. Activities and social relations are both important factors which contribute either positively or negatively to the older person's general satisfaction with life.

Inter-related areas examined in this chapter are social relations, activities, and life satisfaction. Both subjective and objective aspects of these areas are considered.

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<sup>1</sup>Williams et al., "Some suggestions for a Conceptual Framework", in Middle Age and Aging, pp. 379-381.

Objective Social Relations

There were five measures of objective relations in the survey. These measures were directed toward ascertaining whether older people knew others well enough to visit, had someone on whom they could call in an emergency, the number of times the older person talked with someone on the telephone in the last week, the number of persons actually visited in person in the same time, and the meetings of clubs or informal groups attended in the past month.

Persons known well enough to visit, and  
availability of emergency help

Objective social relations may be measured in part by the number of neighbours and friends which the respondent is able to call upon, especially in time of need.

In Table 6.1, the findings of the responses to the questions on "persons known well enough to visit", and "who may be called upon in an emergency", are presented. It may seem that with a very few exceptions, the older people in Kingsville knew one or more persons whom they could visit, only 4 of the 126 stated definitely that they knew of no one whom they could call in an emergency.

In order to present a more detailed picture of the responses to these questions on knowing someone well enough to visit, and someone to call on in an emergency, the findings are presented here according to marital status. The is, single men, single women, married men and married women.

TABLE 6.<sup>f</sup>

PERSONS KNOWN WELL ENOUGH TO VISIT AND  
PERSONS WHO MAY BE CALLED IN AN EMERGENCY  
ACCORDING TO MARITAL STATUS

Marital Status	S.M. (N=11)	S.W. (N=29)	M.M. (N=43)	M.W. (N=43)	TOTAL (N=126)
<u>Number of persons known well enough to visit</u>					
5 or more	45.5	55.2	58.1	65.1	58.7
3 - 4	27.3	24.1	23.3	18.6	22.2
1 - 2	9.1	10.3	16.3	11.6	12.7
None	18.2	6.9	2.3	2.3	4.8
N.A.	0.0	3.4	0.0	2.3	1.6
<u>Persons who may be called in an emergency</u>					
Yes	100.0	93.1	97.7	95.3	96.0
No	0.0	3.4	2.3	4.7	3.2
N.A.	0.0	3.4	0.0	0.0	0.8

<sup>a</sup>S.M.: single men, S.W.: single women, M.M.: married men, M.W.: married women.

Single men

More than half the single men live alone, as compared with the two who live with a relative or friend. Three are placed in the unascertained category. The size of this sample does not permit any definite conclusions, but it indicates the probable status of the majority of the single men. In spite of these facts, all 11, 100 per cent, stated that they could call on someone in an emergency. Some, 45.5 per cent of the single men (5 of 11) mentioned they knew at least five people they could visit, 27.3 per cent (or 3 of 11) knew three to four people and 9.1 per cent, (1 man) knew at least one person. There were 18.2 per cent (2 of 11) who knew no one they could visit.



### Single women

Of the 29 single women, 89.7 per cent live alone, 3.4 per cent live with relative or friend respectively, one respondent's household composition was not ascertained. More than half, 55.2 per cent (15 of 29) knew more than five people they could visit, 24.1 per cent (18 of 29) knew three to four people, 10.3 per cent (3) knew 1 or 2 persons, and 6.9 per cent (2) knew no one at all.

There is a striking difference in the single sub-category, and that is in the item of "not knowing anyone to visit". Two single men (18.2 per cent) and 2 single women (6.9 per cent) have no one at all they can visit. Perhaps, in regard to the single men, this isolation can be partially explained by the fact, that 81.9 per cent (9 of 11) are widowed and therefore, have to make new relationships to compensate for their loss. They may not be able to do so. Age does not seem to be a factor since the majority (54.6 per cent) are less than 75 years old.

In the case of single women only 6.9 per cent (or 2 of 29) do not know anyone whom they may visit. Yet, if one looked at the marital status of the single women, one would find the most (93.1 per cent) are widowed, which might increase the likelihood of isolation. According to Shanas,<sup>2</sup> though, women may be the more isolated, yet they are the persons who maintain relationships with other members of the family, for home-centred activities.

### Married men and women

The older people who are married tended to be younger. There were 41.9 per cent of married men under 70 years of age, and 60.4 per cent of

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<sup>2</sup>Shanas et al., Old People in Three Industrial Societies, p. 264.

married women under 70. Some 81.4 per cent of married men and women live alone without other relatives. The married older people, as might be expected from the fact that they were younger, seemed to have maintained their connections with other people; for 58.1 per cent of the men and 65.1 per cent of the women knew 5 or more people they could visit. Another 23.3 per cent of married men, and 18.6 per cent of married women, knew from 3 to 4 people, while 16.3 per cent of the men and 11.6 per cent of the women knew from 1 to 2 people whom they could visit. Only 1 married man, and 1 married woman, knew no one whom they could visit.

Almost all of the married men, 97.7 per cent, had someone who could be called in an emergency, and 95.3 per cent of the women also knew of someone. Only 1 man and 2 women knew of no one whom they could call in an emergency.

It would seem, on the basis of these data, that the older married people were generally far from isolated. Only a very few knew of no one to visit, or no one to call on in the case of an emergency. This latter group may have been isolates whose general life pattern was that of non-engagement with other people.

It is of interest to note the difference between married and single persons "who know 5 or more persons" whom they can visit. There was a difference of 12.6 per cent between married and single men, with 58.1 per cent of the former, and 45.5 per cent of the latter knowing 5 or more persons whom they could visit. Among the women, there was a 9.9 per cent difference, with 65.1 per cent of the married women, and 55.2 per cent of the single women knowing 5 or more persons whom they could visit. However, more women in both categories (single) and (married) than men reported knowing 5 or more

persons with whom they could visit.

Frequency of social contact

The data on the frequency of telephone calls in a week, the frequency with which older people visited others in a week, and the number of meetings the older person attended in a month are presented in Table 6.2.

The response to the questions posed on frequency of telephone calls, visiting others, and attendance at meetings indicate that the older persons in Kingsville, generally, are not isolated from others. Only 12 (9.5 per cent) state definitely that they do not telephone anyone in a week, than one quarter (26.2 per cent), however, do not visit anyone during a week. Attendance at meetings, (in a month) is even less frequent an activity, with some 39.7 per cent of the respondents who stated that they did not attend meetings. One could interpret these findings as indicating that the greater the exertion required to be socially active, the less likely are the older people to engage in it. But, one could ask whether the older people differed substantially from younger people in this respect. What appears to be more significant is that so many did participate in these forms of direct communication with other people.

There appeared to be important differences in participation in these activities according to marital status. For this reason the findings for the various categories of marital status are discussed below.

TABLE 6.2 <sup>a</sup>

**FREQUENCY OF TELEPHONE CALLS AND VISITING DURING  
PAST WEEK, ATTENDANCE AT MEETINGS IN A MONTH**

	S.M. (N=11)	S.W. (N=29)	M.M. (N=43)	M.W. (N=43)	TOTAL (N=126)
<u>Frequency of Telephone Calls during past week</u>					
7 or more	27.3	44.8	41.9	53.5	45.2
2 - 6	45.4	41.4	30.2	41.9	38.1
Once	9.1	6.9	2.3	0.0	3.2
Not at all	9.1	0.0	20.9	4.6	9.5
N.A.	9.1	6.9	4.7	0.0	4.0
<u>Frequency of Visiting Others during past week</u>					
7 or more	18.1	17.3	9.3	11.6	12.7
2 - 6	36.4	31.0	39.6	37.2	36.5
Once	36.4	20.7	20.9	23.3	23.0
Not at all	0.0	31.0	27.9	27.9	26.2
N.A.	9.1	0.0	2.3	0.0	1.6
<u>Attendance at Meetings a Month</u>					
4 or more	36.4	31.0	23.3	41.8	32.5
2 - 3	27.2	17.3	11.6	16.3	15.9
Once	0.0	17.3	11.6	7.0	10.3
Never	36.4	31.0	51.2	34.9	39.7
N.A.	0.0	3.4	2.3	0.0	1.6

<sup>a</sup>S.M.: single men, S.W.: single women, M.M.: married men, M.W.: married women.  
Single men

Use of the telephone among the single men appeared to be high, with 81.8 per cent (9 of 11 men) using the telephone at least once a week, and 72.7 per cent (8 of 11) using it from 2 to 7 or more times. Since men tend to suffer from a hearing deficiency to a greater extent than women, this usage appears to be high. Nine of the 11 single men visit at least once a week, and six visit anywhere from 2 to 7 or more times. Four of the single men never attend meetings, but 7 attend 2 to 4 or more meetings a

month.

It may be remembered that the health of the single men, according to their self-rating, seems to be above average, with 45.4 per cent (5 of 11 men) who rated themselves as having very good health, and another 36.4 per cent (4) who rated themselves from average to good. The factor of rating one's capacities as good, thereby decreasing the fear of incapacity and pushing back eventual physical decrescens, seems to be at play here.<sup>3</sup> For this sub-group, age does not seem to be the factor influencing this self-rating. These social activities may be part of an attempt to ward off isolation.

#### Single women

As may be expected, single women tend to use the phone more often than single men. This statement must be understood in context; 27 (93.0 per cent) are widowed, only 2 (6.4 per cent) live with relatives. The fact that some 31.0 per cent of single women did not visit others in the week prior to their interview, and 20.7 per cent visited only once, may be explained in part by their greater age, and in part because their activities are likely to be home centred.<sup>4</sup> Yet surprisingly, about one third, (31.0 per cent) attend 4 or more meetings, with about another one third, (34.6 per cent) attending one to three times a month and 31.0 per cent who attended no meetings whatsoever. Again, these facts may be partially explained by the relative age of the sub-group, with 75.8 per cent over 70 years of age.

<sup>3</sup>Shanas et al., Old People in Three Industrial Societies, p. 264.

<sup>4</sup>Bernice L. Neugarten, "Personality and Patterns of Aging" in Middle Age and Aging, p. 176.

### Married men and women

Some 74.4 per cent of the married men and 95.4 per cent of the married women use the phone as a means of communication from 1 to 7 or more times a week. The married people tend to be a relatively young sub-group since 41.9 per cent of the married men and over 60.0 per cent of the married women are under 70 years of age. Hearing loss which usually accompanies increasing age probably has not yet taken its toll among this sub-grouping. The fact that most of them live alone, with a very few living with children or relatives, would seem to call for some form of communication with children, or siblings or friends.

About 70.0 per cent of married couples seem to visit others, since 69.8 per cent of men, and 72.1 per cent of women visit at least once a week. Surprisingly, only 46.5 per cent of the married men attend monthly meetings as compared with 65.0 per cent of the married women. Almost twice as many married women as married men (41.8 per cent and 23.3 per cent) attend 4 or more meetings a month. The married older people rate themselves highly in reference to self evaluation of health, with 100 per cent of the married men rating themselves from average to very good, and 93.0 per cent of the married women rating their health from average to very good. The difference between married women and married men attending meetings cannot be accounted for by health reasons. The reason is probably social in nature.

Two points should be considered at this juncture of the study: (1) the fact that 27.9 per cent of married men and women do not visit anyone during the course of one week, and (2) that 51.2 per cent of married men and 34.9 per cent of married women do not attend meetings at all. Obviously this

study does not discriminate sufficiently to explain the facts, but it does serve as an indicator. The greater isolation from direct social contact on the part of married older people accounted for partially by the possibility that the relationship of the married men and women is sufficient for their own needs, or they tend to be isolates. As Neugarten states in her book, a study of the life-cycle of the aging person would be needed to explain the different variations that exist in the family life of the aged.<sup>5</sup> It would seem that the patterns of social interaction in the present study cannot be explained adequately on the basis of the data, especially in relation to married people.

#### Subjective Social Relations

There are two elements involved in a person's self-concept, a set of identities in relation to others arranged into a certain scale based on values, and a set of self-evaluations. Both these elements have, as a basis the attitudes of others, which are learned by the individual through instruction, general observation and role-taking.<sup>6</sup>

#### Loneliness, respect for older people and patterns of social contacts

There are four items in this section that provide information about the respondent's satisfaction with their social relations. These items include his feelings as to the frequency of visiting in his neighbourhood, whether the respondent has someone to confide in, how often he feels lonely, and the respect he feels older people receive in his community.

<sup>5</sup>Neugarten, "Personality and Patterns of Aging", p. 176.

<sup>6</sup>Ernest W. Burgess and Paul Wallin, "Idealization, Love and Self-Esteem", in Family Roles and Interaction: An Anthology, ed. Jerold Heiss, (Chicago: Rand McNally and Company, 1968), p. 123.

TABLE 6.3<sup>a</sup>

FEELINGS OF LONELINESS, CLOSENESS OF CONTACTS,  
VISITING PATTERNS AND RESPECT FOR OLDER  
PEOPLE IN NEIGHBOURHOOD

	S.M. (N=11)	S.W. (N=29)	M.M. (N=43)	M.W. (N=43)	Total (N=126)
<u>Visiting Patterns of Others in the Neighbourhood</u>					
Often Visit	27.3	62.1	46.5	39.5	46.0
Keep to themselves	63.1	34.5	51.2	51.2	48.4
N.A.	9.1	3.4	2.3	9.3	5.6
<u>Contact with a close person</u>					
Yes	72.7	79.3	90.7	86.1	84.7
No	18.2	17.2	7.0	11.6	11.9
N.A.	9.1	3.5	2.3	2.3	3.1
<u>Feeling of Loneliness</u>					
Quite often	0.0	13.8	0.0	7.0	5.6
Sometimes	45.5	44.8	25.6	37.2	35.7
Almost never	45.5	41.4	72.1	55.8	57.1
N.A.	9.1	0.0	2.3	0.0	1.6
<u>Respect Older People Receive in the Neighbourhood</u>					
A lot of respect	72.7	48.3	51.2	67.4	57.9
Some respect	27.3	24.1	30.2	23.3	26.2
Not very much	0.0	24.1	14.0	7.0	12.7
N.A.	0.0	3.5	4.6	2.3	3.2

<sup>a</sup>S.M.: single men, S.W.: single women, M.M.: married men, M.W.: married women.

It is interesting to note (see Table 6.3) that in answer to the first question on subjective social relations, that of the visiting pattern of others in the neighbourhood, there is an almost even division among the 126 respondents between the opinion that other people often visit (46.0 per cent), and that they keep to themselves (48.4 per cent), with 5.6 per cent not ascertained. Yet, the responses to the other questions show a fairly



firm positive response. There are 84.7 per cent who feel that they have a close contact with another person (with 11.9 per cent who responded negatively, and 3.1 per cent whose response was not ascertained): 92.8 per cent who sometimes or almost never feel lonely (with 5.6 per cent who quite often felt lonely, and 1.6 per cent whose answer was not ascertained): and, 84.1 per cent who thought that older people received some, or a lot of respect in the neighbourhood (with 12.7 per cent who thought there was not very much respect, and 3.2 per cent whose answer was not ascertained).

There was, as might be expected some difference between the older people in their responses, and that difference can best be illustrated according to marital status. Therefore, the findings are presented according to marital status, below.

#### Single men

In fact 10 single men visit someone from 1 to 7 times a week, but in their estimation of the frequency with which people in the neighbourhood visit, 7 (63.1 per cent) believe that their neighbours keep to themselves. However, 3 (27.3 per cent) men feel that there is frequent visiting between their neighbours, and a response was not ascertained from one person. It was clear, however, that most of the single men 8 (72.7 per cent) had a close contact with another person. There were 2 (18.2 per cent) who had no contact with a close person, and an answer was not ascertained from 1 other single man.

With regard to feelings of loneliness 5, (45.5 per cent) single men sometimes felt lonely, while an equal number almost never felt lonely, while and equal number almost never felt lonely. One (9.1 per cent) person's response was not ascertained. No single men stated that they felt lonely quite often.

Most of the single men, 8 (72.7 per cent) felt that they received a lot of respect in the neighbourhood, while 3 (27.3 per cent) thought they received some respect. No one felt that he received "not very much respect".

According to their subjective evaluations of their social relations, single men appeared to believe that they were well off in terms of respect, that they did not feel lonely, that they had a close contact with another person. However, the fact that they see their neighbours as not visiting often raised the question of whether they can project onto others what they cannot admit to themselves.

#### Single women

For single women, there seems to be more consistency, since 62.1 per cent believe that the members of the neighbourhood tend to visit often. Over two thirds, (69.0 per cent), tend to visit from one to seven times a week, and 79.3 per cent feel they have close contact with someone else. Yet, in spite of this inter-action, 13.8 per cent claim they feel "lonely quite often", whereas the single men did not claim this. The widowed rate is about equal for both sub-groups. Perhaps this difference could be explained by the sense of desolation Shanas speaks of in her book, Old Age in Three Industrial Societies.<sup>7</sup> This sense of desolation may also be reflected in the fact that 24.1 per cent feel that they do not receive very much respect from the community. Another factor that may influence women, and that may account for these differences between single men and single women is the degree to which women generally centre their life around the home and family. With the death of a husband the role of housekeeper is

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<sup>7</sup>Shanas, Old People in Three Industrial Societies, p. 271

diminished, whereas the men have already sustained their role loss through retirement from employment.

#### Married couples

An interesting fact comes to light when looking at the data on married people, more than half, 51.2 per cent of each (men and women), feel that the neighbours tend to keep to themselves, yet 7.4 per cent of married men make phone contacts and 95.0 per cent of married women make phone calls in each of their respective categories, 80.0 per cent of the married men and 72.0 per cent of the married women visit others, and 46.5 per cent of the married men and 65 per cent of the married women attend meetings. This may be reflective of the fact that the majority of the men, 69.7 per cent do not work, even though the majority profess that they do not want to work. Since this is a relatively young population, they may be suffering from role stress, since work roles tend to integrate them and supply the men with a specific role in society and within the family.<sup>8</sup>

Yet 69.8 per cent of the married men and 72.1 per cent of the married women visit at least once a week, and a few visit 7 or more times a week. There were 46.5 per cent of the married men and 39.5 per cent of the married women who thought that there was frequent visiting in the neighbourhood, however. The difference between the objective reality of the older married people's visiting, and their subjective feeling that the neighbours keep to themselves, may reflect an uncertain status, as these tend to be younger old people who may be in the midst of a transition between the husband's work role and the newly acquired leisure of retirement.

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<sup>8</sup> Robert Blood Jr. et al., Husbands and Wives: The Dynamics of Married Living, (New York: Free Press, 1967), p. 29.

The feelings of having a close contact with another person, 90.7 per cent for men and 86.1 per cent for women, may simply refer to their married state. The impressions of the researchers are that these are very traditional marriages.

Three married women felt lonely quite often, whereas none of the married men did. In general the men, 72.1 per cent, seemed almost never to feel lonely, as compared with the women, only about half of whom (55.8 per cent) never felt lonely. More women than men (37.2 per cent of women and 25.6 per cent of men) sometimes felt lonely. Whatever the cause, women admitted to feelings of loneliness somewhat more than men. It may be that women find it more permissible to state their feelings than men.

Nine of the older married people, 6 men and 3 women, felt that older people were not respected very much in the neighbourhood. The men seemed more cautious than the women in claiming respect. Some 30.2 per cent of men thought they had some respect, and 23.3 per cent of women felt the same way: whereas 67.4 per cent of women felt they had a lot of respect, and 51.2 per cent of men claimed they felt the same way. The discrepancy between men and women in this respect may reflect lower self-esteem on the part of the men who have lost their major role in life.

#### Objective Activities

According to the Activity Theory, optimum aging consists in remaining as active as long as possible, finding substitutes for the activities the individual is forced to give up.<sup>9</sup> Thus, the round of activities, and the feeling of being active are important in older people. This section is divided into the objective and subjective activities. There are eight items

<sup>9</sup>Robert J. Havighurst et al., "Disengagement and Patterns of Aging", in Middle Age and Aging.

regarding the respondent's activities during the previous week. These include whether he works or not, whether he works full time or part time.

Patterns of activities

TABLE 6.4<sup>a</sup>

OBJECTIVE ACTIVITIES DURING PREVIOUS  
WEEK ACCORDING TO MARITAL STATUS

	S.M. (N=11)	S.W. (N=29)	M.M. (N=43)	M.W. (N=43)	Total (N=126)
<u>Watch TV prior week</u>					
Yes	100.0	82.8	93.0	100.0	93.7
No	0.0	13.8	2.3	0.0	4.0
N.A.	0.0	3.4	4.7	0.0	2.3
<u>Attended meetings prior week</u>					
Yes	45.5	27.6	39.5	32.6	34.9
No	54.5	69.0	55.8	67.4	62.7
N.A.	0.0	3.4	4.7	0.0	2.4
<u>Went for a walk prior week</u>					
Yes	72.7	58.6	76.7	67.4	69.0
No	27.3	37.9	18.6	32.6	28.6
N.A.	0.0	3.4	4.7	0.0	2.4
<u>Read Newspaper and Magazine prior week</u>					
Yes	100.0	82.8	88.4	90.7	88.9
No	0.0	13.8	7.0	7.0	7.9
N.A.	0.0	3.4	4.6	2.3	3.2
<u>Read Book prior week</u>					
Yes	45.5	55.2	41.9	48.8	47.6
No	54.5	41.4	53.5	51.2	50.0
N.A.	0.0	3.4	4.6	0.0	2.4
<u>Worked on hobby prior week</u>					
Yes	27.3	44.8	32.6	55.8	42.8
No	72.7	51.7	60.4	44.2	54.0
N.A.	0.0	3.5	7.0	0.0	3.2
<u>Went to a movie prior week</u>					
Yes	0.0	3.45	2.3	4.7	12.0
No	100.0	93.1	93.0	95.3	85.7
N.A.	0.0	3.45	4.7	0.0	2.3
<u>Attended a play or concert prior week</u>					
Yes	9.1	6.9	7.0	4.7	12.0
No	91.9	89.7	88.4	95.3	85.7
N.A.	0.0	3.4	4.6	0.0	2.3

<sup>a</sup>S.M.: single men, S.W.: single women, M.M.: married men, M.W.: married women.

<sup>a</sup>  
TABLE 6.4 - - Continued

	S.M. (N=11)	S.W. (N=29)	M.M. (N=43)	M.W. (N=43)	Total (N=126)
<u>Worked on house or garden prior week</u>					
Yes	72.7	69.0	53.5	65.1	62.7
No	27.3	27.6	41.9	32.6	34.1
N.A.	0.0	3.4	4.6	2.3	3.2
<u>Employment Status</u>					
Work full time	9.1	3.4	23.3	7.0	12.0
Work part time	9.1	6.9	0.0	4.7	4.0
Do not work but would like a job	18.2	6.9	11.6	4.7	8.7
Do not work and do not want a job	63.6	75.9	58.1	72.1	67.4
N.A.	0.0	6.9	7.0	11.6	7.9

<sup>a</sup>S.M.: single men, S.W.: single women, M.M.: married men, M.W.: married women.

#### Single men

The single men have stated that they are of average to very good health 81.9 per cent (9 of 11) though these men are fairly old (72.8 per cent are over seventy years of age). They tend to be a home centered group, for 100 per cent watch television, and read newspapers. None go to the movies or to concerts or plays, nearly two thirds, 63.6 per cent, do not work, nor do they want to work; 72.7 per cent have no hobbies yet the same percentage work on their home or garden and go for walks as a form of activity. However, 45.5 per cent attend meetings of some kind, while 54.5 do not read books. It should be noted, though, that the movie house in Kingsville is open only Friday and Saturday for showing movies primarily of interest to children. There are no concert halls or theatres nearer than Leamington, (7 miles away), Windsor or Detroit. What seems evident among the older people in general is that they do not go far from Kingsville for entertainment.

### Single women

Single women tend to be an older population, though 75.8 are over seventy years of age, 13.8 are over eighty years of age, 86.0 per cent claim to be of average to very good health. It is not surprising, in view of their age, the 75.9 per cent do not work nor do they want to work. Their interests, in general, seem mixed since 82.8 per cent watch television and read newspapers and magazines, 55.2 per cent read books, nearly 60 per cent take walks as a form of activity, and 69.0 per cent work on their houses or in their garden. As a group, they tend to be home centered, for most do not attend meetings of any sort (69.0 per cent) while 93.1 per cent do not attend movies, and 89.7 per cent do not go to plays or concerts, probably for the same reason as the single men. Yet in spite of this, 51.7 per cent claim to have no hobby. This may reflect the fact, that their tasks are home centred and but a continuation of their previous roles.

### Married men and women

The married people are relatively young, 42.0 per cent of the men are under seventy years of age and 60.4 per cent of the women are under seventy years of age. Their health also, is relatively good, for 100.0 per cent of the married men have evaluated their health from average to very good, and 93.0 per cent of the women have done likewise. The majority, 58.1 per cent of the men and 72.1 per cent of the women do not have a full time job, nor do they want one. Almost one quarter, 23.3 per cent of the men still work full time, as do 7.0 per cent of the women. The married men and women tend to be home oriented; 93.0 per cent of the married men and 100 per cent of the women watch television; 88.4 per cent of the men and 90.7 per cent of the women read newspapers and magazines; and 53.5 per

cent of the men and 65.2 per cent of the women worked on the house or in the garden. More women, 55.8 per cent, claim to have a hobby, as compared with 32.6 per cent of men. Like the single people, they walk as an activity, 76.7 per cent for the men and 67.4 for the women. The great majority of men (88.4 per cent) and (95.3 per cent) of the women do not attend plays or concerts, nor go to movies (93.0 per cent) for the men and (95.3 per cent) for the women, probably for the reasons already noted. Reading books is not their forte for 53.5 per cent of the married men and 51.2 per cent of the married women do not read.

The older people in Kingsville, both single and married have little in the way of outside activities such as movies or theatres, and the town itself has little to offer. However, they do seem to take part in various forms of activities in and around the house. In all likelihood, they are carrying on a somewhat more restricted but very similar set of activities to those of their middle years.

#### Subjective Activities

In general, the responses to questions eliciting feelings about activities indicated that there was a high degree of similarity among the older people of Kingsville. Some 115 persons (91.3 per cent) thought they "had enough" to keep them busy, 105 (83.3 per cent) thought they got enough time to do what they wanted to do, and 118 (93.6 per cent) of the older people thought that they got out of the house as often as they would like (see Table 6.5). The women were slightly less likely to feel they had enough time to do the things they wanted to do; 31.0 per cent for the single women and 16.3 per cent for the married. Perhaps these women felt the burden of the management of the household, and if this conjecture



were so, it perhaps reflected the difference between the social roles of the men and women, where the men had more freedom from responsibilities.

TABLE 6.5<sup>a</sup>

FEELINGS OF RESPONDENTS  
ABOUT THEIR FREE TIME

	S.M. (N=11)	S.W. (N=29)	M.M. (N=43)	M.W. (N=43)	Total (N=126)
<u>Do you have enough to keep busy</u>					
Yes	100.0	89.7	81.4	100.0	91.3
No	0.0	6.9	14.0	0.0	6.3
N.A.	0.0	3.4	4.6	0.0	2.4
<u>Do you get enough time to do the things you want to do?</u>					
Yes	90.9	69.0	90.7	83.7	83.3
No	9.1	31.0	9.3	16.3	16.7
N.A.	0.0	0.0	0.0	0.0	0.0
<u>Do you get out of the house as often as you would like?</u>					
Yes	100.0	96.6	97.7	86.1	93.6
No	0.0	3.4	2.3	1.6	5.6
N.A.	0.0	0.0	0.0	2.3	.8

<sup>a</sup>S.M.: single men, S.W.: single women, M.M.: married men, M.W.: married women.

Life Satisfaction

In the last analysis, satisfaction is the end product of all social interaction. Satisfaction is allied very closely with self-esteem. Self-esteem is based not only on the individual's but also on the esteem of others.<sup>10</sup> Eight items are used to measure the respondent's satisfaction with life: Optimum, extent of worry, comparison of his well being with that of others, sense of excitement, happiness and a personal rating of his own life satisfaction.

Expectation and satisfaction toward life

Single men

As a sub-group, the single men tend to be a fairly satisfied group,

<sup>10</sup>Burgess and Wallin, "Idealization, Love and Self-esteem," p. 123.

TABLE 6.6<sup>a</sup>  
 FEELINGS OF SATISFACTION  
 OF LIFE IN GENERAL

	S.M. (N=11)	S.W. (N=29)	M.M. (N=43)	M.W. (N=43)	Total (N=126)
<u>Next year will life be?</u>					
Better	18.2	10.3	7.0	13.9	11.2
About the same	54.5	75.9	86.0	79.1	78.6
Worse	27.3	6.9	2.3	2.3	5.5
N.A.	0.0	6.9	4.7	4.7	4.7
<u>Do you usually expect things to turn out well for you?</u>					
Yes	90.9	82.8	93.0	90.7	89.7
No	9.1	13.8	2.3	4.7	6.3
N.A.	0.0	3.4	4.7	4.7	4.0
<u>How often would you say you worry?</u>					
Very often	9.1	24.14	11.6	18.6	16.7
Fairly often	36.4	24.14	21.0	51.2	33.3
Hardly ever	54.5	51.72	65.1	30.2	49.2
N.A.	0.0	0.0	1.2	0.0	.8
<u>Life Satisfaction:</u>					
Others better off	27.3	10.3	14.0	7.0	11.9
Others about the same	27.3	62.1	55.8	53.5	54.0
Others worse off	36.3	20.7	20.9	25.6	23.8
N.A.	9.1	6.9	9.3	13.9	10.3
<u>Do you sometimes feel unhappy because you feel useless?</u>					
Yes	45.5	24.1	27.9	18.6	25.4
No	54.5	75.9	69.8	79.1	73.0
N.A.	0.0	0.0	2.3	2.3	1.6
<u>How do you find life?</u>					
Exciting	18.2	34.5	30.2	30.2	30.1
Pretty Routine	81.8	55.2	60.5	62.8	61.9
Dull	0.0	6.9	4.7	4.7	4.8
N.A.	0.0	3.4	4.7	2.3	3.2
<u>How happy are you?</u>					
Very happy	36.4	37.9	39.5	44.2	40.5
Fairly happy	63.6	55.2	60.5	55.8	57.9
Not happy	0.0	6.9	0.0	0.0	1.6
N.A.	0.0	0.0	0.0	0.0	0.0
<u>Description of personal life satisfaction.</u>					
Good	54.5	69.0	67.4	58.1	63.3
Fair	36.4	31.0	32.6	34.9	33.3
Poor	9.1	0.0	0.0	4.7	3.4
N.A.	0.0	0.0	0.0	2.3	.8

<sup>a</sup>S.M.: single men, S.W.: single women, M.M.: married men, M.W.: married women.

for 72.7 per cent feel that life will be at least the same if not better next year. There were 90.9 per cent who expected things to turn out well, 54.5 per cent feel that they hardly ever worry, while another 36.4 per cent worry fairly often. Only 27.3 per cent feel that others are better off, 36.3 per cent thought others were worse off, and 27.3 per cent thought they were the same as others. Some 54.5 per cent felt happy and useful. In spite of this optimism 81.8 per cent feel that life is pretty routine with only 18.2 per cent feeling that life is exciting. None of the respondents felt that they were unhappy, 63.6 per cent felt fairly happy and 36.4 per cent felt very happy. When asked to describe their life satisfaction, 54.5 per cent stated that it was good, and 36.4 per cent stated that it was fair. There appears to be a stability and homey ease about life for the single older men in Kingsville.

#### Single women

The single women sub-group for all of its increasing isolation and growing age, tends also to be satisfied. There were 75.9 per cent of the respondents who felt life would be about the same next year, with an additional 10.3 per cent who felt that it might be better. These data seem to support the finding that 82.8 per cent expect that things usually turn out well for them. More than half, 51.7 per cent state they hardly ever worry, with an additional 24.1 per cent stating they worry fairly often. Among the single women, 62.1 per cent felt that others were as well off as they were, with 20.7 per cent feeling that others were worse off than they were. Seventy-six per cent felt that they were useful as compared with the twenty-four per cent who felt useless. An interesting point is the finding that 34.5 per cent felt life exciting and an additional 55.2 per cent felt life

to be pretty routine. Of the twenty-nine respondents, 55.2 per cent felt fairly happy while an additional 37.9 per cent felt very happy. In regards to life satisfaction, 69.0 per cent felt that their lives were good and 31.0 per cent felt their lives to be fair.

#### Married men and women

For the married people, the story tends to be the same, 86.0 per cent of the married men felt that life will be the same next year, while 79.1 per cent of the married women felt the same. Seven per cent of the men and 13.9 per cent of the women feel that it will be better. They also tend to be optimistic, 93.0 per cent of the men and 90.7 per cent of the women expect that things will turn out well for them. Yet 51.2 per cent of the married women worry fairly often with an additional 18.6 per cent worrying very often, as compared with 21.0 per cent of the married men who worry fairly often and the 11.6 per cent who worry very often. For the men, 65.1 per cent hardly every worry as compared to 30.2 per cent of the women. This difference may be due to the rural attitude regarding the division of work roles and values attached to the women's financial participation in the family structure.

Some 55.8 per cent of the married men, and 53.5 per cent of the married women, felt that they were as well off as other people, with an additional 20.9 per cent of men and 25.6 per cent of the women who felt that others were worse off than themselves. As for the feelings of usefulness, 69.8 per cent of the married men felt useful and 79.1 per cent of the married women also felt useful. Of the 86 married people interviewed, 60.5 per cent of the married men felt life to be routine, and 62.9 per cent of the women shared this view, yet exactly the same proportion of married men and married women, 30.2 per cent, felt life to be exciting.

Of the married men, 60.5 per cent felt themselves to be fairly happy and 55.8 per cent of the women felt the same way. A large proportion of the married men, 39.5 per cent, and 44.2 per cent of the married women, felt very happy. In all, 67.4 per cent of the married men felt that their lives could be classified as "good", and 58.1 per cent of the married women felt the same way. Thirty-three per cent of the men felt their lives could be classified as "fair", and 34.9 per cent of the women felt their lives to be "fair". Two women, or 4.7 per cent of the married women felt that their lives could be classified as "poor".

Satisfaction rather than excitement would seem to describe the feelings of most older people in Kingsville about life. However, there were a few whose outlook on life seemed to be optimistic and even exciting. There was very little indication that life was dull (only 6 persons said so), but 32 of the 126 older people sometimes were unhappy because they felt useless. There was no evidence of intense despair among any of the older people who were interviewed.

#### Summary

Having examined the elderly population of Kingsville, in relation to social activities, social relations and life satisfaction, one must conclude that the older people of Kingsville failed to live up to the popular myths described by Shanas.

It would appear that most of the people have accepted the fact of their retirement and do not desire to obtain work. In relative terms, though, the older population are not poor, at least their incomes compare favourably with the national average. Not only do the findings in health suggest that this population is better off physically but the degree of social activity would seem to bear out these findings.

Although it is not known with whom they interact, it is evident that there is substantial data supporting the fact of interaction.

In general, there is an air of positive and satisfactory activities and relations with others that showed through in the interview and appeared in palpable form in the data. It would seem that the conditions, in Kingsville for the elderly, for many, approaches the optimum level and is pleasant for most. This state of pleasant satisfaction was evident in the fact that 93.6 per cent of the total population know at least one person they can visit, 96.0 per cent have someone to contact in case of an emergency, while 76.0 per cent visit someone and another 58.7 per cent attend monthly meetings.

Of the total population, 84.7 per cent feel they have someone to confide in, while 57.1 per cent almost never feel lonely with an additional 35.7 per cent feeling lonely sometimes.

From the point of view of community respect, 57.9 per cent feel the community gives them a lot of respect with another 26.2 per cent stating, that as a group, they receive some respect.

As a group, the senior citizens maintain a relatively active life style with the majority, 93.7 per cent, watching television, 88.9 per cent reading newspapers and magazines. A few older residents, 62.7 per cent work in the garden or around the house, while 69.0 per cent manage to take walks.

Though one may wish that the life of the older citizens be a little richer culturally, the older resident of Kingsville maintains a relatively active and satisfying way of life. Of the 126 of older people interviewed, 91.3 per cent stated they had enough to keep them busy, and enough time to do the things they wanted to do, (83.3 per cent).

Though the majority, 76.8 per cent, feel that the quality of life will be the same next year, and that 54.0 per cent of the study population felt that most of the elderly were in the same situation, 30.1 per cent felt life to be exciting and another 61.9 per cent felt life to be ordinary, that is, routine. Yet 63.3 per cent felt their life to be good and another 33.3 per cent felt their life to be fair.

These findings support those from health and living arrangements, and from all combined, one receives the very strong impression that Kingsville provides a very satisfactory environment for older people.

## CHAPTER VII

### SUMMARY AND CONCLUSIONS

#### Limitations and Problems

Since the researchers were taking courses and field practice while conducting this research project, the time available for this study by the researchers appears to be a significant limitation. This limitation is reflected in the area of data analysis. While further analysis such as the correlation between health conditions and subjective health evaluation may seem meaningful, the researchers had to be contented with the present level of analysis.

No questionnaire ever provides the amount of data that could satisfy a researcher. This questionnaire proves to be no exception. Although older persons' patterns of social interaction were studied extensively, there were no questions regarding the persons with whom the respondents interact.

Again, because the limited time available did not allow the researchers to conduct a cross Canada survey, the cumulative index in the Social Indicator could not be applied in the present study. This factor has prevented a comparison between this study and the index acquired in the studies in the U.S.

Despite the efforts in making the corrections as mentioned in Chapter II, a small sample in "single men" category presented difficulty in the interpretation of the data. For example, 9.1 per cent of single



men were found to have an income over \$10,000.00, while in actuality, it means one single man was in that income group. This limitation perhaps could only be overcome by surveying the total population of older persons in Kingsville.

#### Recommendations for Further Research

There has been relatively limited research in Canada, in regard to the scientific nature on older people and their problems, in comparison with the United States, England and other European Countries. There is a serious shortage of research on aging in the social sciences regarding the understanding of older people and their problems.<sup>1</sup>

...in areas like housing, income maintenance and health care, major decisions are made on the basis of much less complete information about the needs and wishes of the elderly and the merits of particular proposals than planners and administrators recognize as desirable.<sup>2</sup>

Research to determine the social conditions of elderly Canadians is extremely limited. "There have been relatively few studies of random samples of elderly Canadians living at home."<sup>3</sup> The majority of studies of older people at home have been conducted in large urban centres.

1. It is recommended that a similar study using the prepared questionnaire be conducted in a town of approximate population of Kingsville. Findings would perhaps indicate whether the situation in Kingsville is unique, or whether a similar pattern for older people exists in other small towns.

2. It is suggested that Belle River, Ontario, population 2,280<sup>4</sup> be

<sup>1</sup>Final Report of the Special Committee of the Senate on Aging, p. 54.

<sup>2</sup>Ibid, pp. 54-55.

<sup>3</sup>Schwenger, "Old Folks at Home," p.8.

<sup>4</sup>Dominion Bureau of Statistics, Canada Year Book, population figure, 1966 Census, p. 228.

considered as a possible town to be surveyed. It would then be possible to compare the lives of older people in two Southern Ontario towns, one predominantly Anglo Saxon, and one predominantly French.

3. It is recommended that a more in depth study, with a smaller population, be conducted in Kingsville or in another small town. Such a study could provide information of conditions of older people which is not possible in a less discriminating study.

4. It is recommended that, at some future time, a survey be conducted in a large urban centre, or a part of it, with the prepared questionnaire administered in the Kingsville study. The findings could be compared with the Kingsville results.

5. It is recommended that a local survey be conducted to determine the needs for ancillary services in the town for older people.

6. Finally it is recommended that further statistical analysis of the wealth of material available, be undertaken in the future. Sections on life satisfaction, economic well being, and independence were not fully covered in the study.

#### Recommendations for the Town

The town of Kingsville, from the results of the survey's findings, appears to be approaching the "ideal" as a suitable community for older people. There are, however, some recommendations which the committee would like to make, and which if implemented, would perhaps make life more meaningful for a small but significant number of older people in the town.

1. It is recommended that housing specially for older people be

constructed as soon as possible. The survey's findings indicate a possible need for "senior citizen" housing for 156 older citizens of the town (projected figures).

2. It is recommended that a survey be conducted to determine the possible need for services such as a small rest home, meals-on-wheels, expanded homemaker services, help with transportation, a telephone service, friendly visitors, and home care services.

3. It is recommended that needed services be provided. Some of the items mentioned, if needed, could be provided by volunteers or existing groups in the town.

4. It is recommended the town consider some form of tax relief to those home owners 65 years of age and over. Often a set income, the rising cost of living, and reduced physical abilities create financial difficulties for the older home owner.

5. Since it was found that very few older people interviewed attended movies, concerts or other cultural activities, it is recommended that consideration be given to look into the need for such activities in this area.

Most of the above recommendations, if implemented, would help to maintain the older resident in his familiar community and allow him to retain his independence for a longer period of time.

### Conclusions

The Senate Committee on Aging in its Final Report presents, for the older people, an "ideal" community which is described as follows:

...It is now commonly accepted that the aged should not be segregated into "gerontological preserves." The ideal rather is to locate them in normal residential neighbourhoods. We must keep in mind that the overall objective is to create for the aged as natural as possible a "social milieu" in which they can continue to function as individuals and as members of various social groups; the disappearance of the natural "social milieu" provided by the family renders this task at once more difficult and urgent.

Public transportation (recall that few aged have cars and fewer still may care to drive them) should be within walking distance. Community services and facilities should be easily reached, and include laundry, dry cleaning, shoe repair, barber shop, beauty parlor, restaurant, library, churches, movie theatres, clothing and drug stores, physicians and dentist. The site of the immediate area should offer space for outdoor activities; the nearby shops and services mentioned would at the same time provide areas of activity for the aged to enjoy. These various needs clearly bar cheap sites in remote or isolated areas, and in recently developed fringe areas where services are not already available.<sup>5</sup>

It is evident from the findings on living arrangements, health and social relations, the conditions of life for the older people approach those in the "ideal" community. Kingsville, with the population of 4087, is a small, homogeneous community with easy access to the needed facilities. Most of the older people in the Kingsville Study expressed satisfaction with the neighbourhood: the clean air, number of trees, open spaces, quietness and the cleanliness of the neighbourhood. It is a town relatively safe from the law-breakers and the older persons are able to move about the community in relative safety. This point is significant since the older persons, compared to the young, have lesser resistance

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<sup>5</sup>Final Report of the Special Committee of the Senate on Aging, pp. 127-8.

to stresses of all kinds). The access to the community services is easily reached; most of the older people find it convenient to go to the library, stores, bank, medical facilities, public park, restaurants, post office and church.

Kingsville has an environment of slowing moving pace, maintaining the personal interest in others. The personal care and interest shown by the Public Health Nurse to the older people is only one example. (Perhaps, this factor has compensated the actual shortage of physicians in the town.) The older people feel that they are respected in the community and significantly, most of the respondents regard Kingsville a good place for the older persons to live.

The positive feelings toward the community are paralleled by the positive conditions of the individuals. Most of the older persons have satisfactory living quarters, better than national average income, and are in good physical health. They maintain a good diet, live independently, and encounter few difficulties in daily activities. Furthermore, the older persons expressed satisfaction in interpersonal relationship: most of them know someone to visit and visit frequently, attend meetings and telephone people. Though not many of them have hobbies, most of the older persons are occupied with life tasks and interests and do not want to work. Most importantly, the majority have someone to call on in case of emergency.

The positive picture of the older people in Kingsville is consistent in the areas of health, living arrangements and social relations, in both subjective and objective evaluations. The findings are contrary to the general picture of the older persons as a desperate group, beset

by the problems. Perhaps, because of the problem orientation in social science research and social work practice, the researchers felt a sense of desperation until they came to appreciate Jane Jacobs' message on the importance of success:

...Cities are an immense laboratory of trial and error, failure and success, in city building and city design. This is the laboratory in which planning should have been learning and forming and testing its theories. Instead the practitioners and teachers of this discipline (if such it can be called) have ignored the study of success and failure in real life, and have been incurious about the reasons for unexpected success, and are guided instead by principles derived from the behaviour and appearance of towns, suburbs, tuberculosis sanatoria, fairs, and imaginary dream cities --from anything but cities themselves.<sup>6</sup>

Too frequently social policies and the social services are based on the notion that positive conditions of life can be attained by simply reversing the undesirable conditions. Would it not be easier and less costly in the long run if relatively successful communities, such as Kingsville became the focus of study to determine more fully than has been possible in this Study, the actual conditions and inter-relationship of conditions that would go into the constructions of an optimum environment for older people?

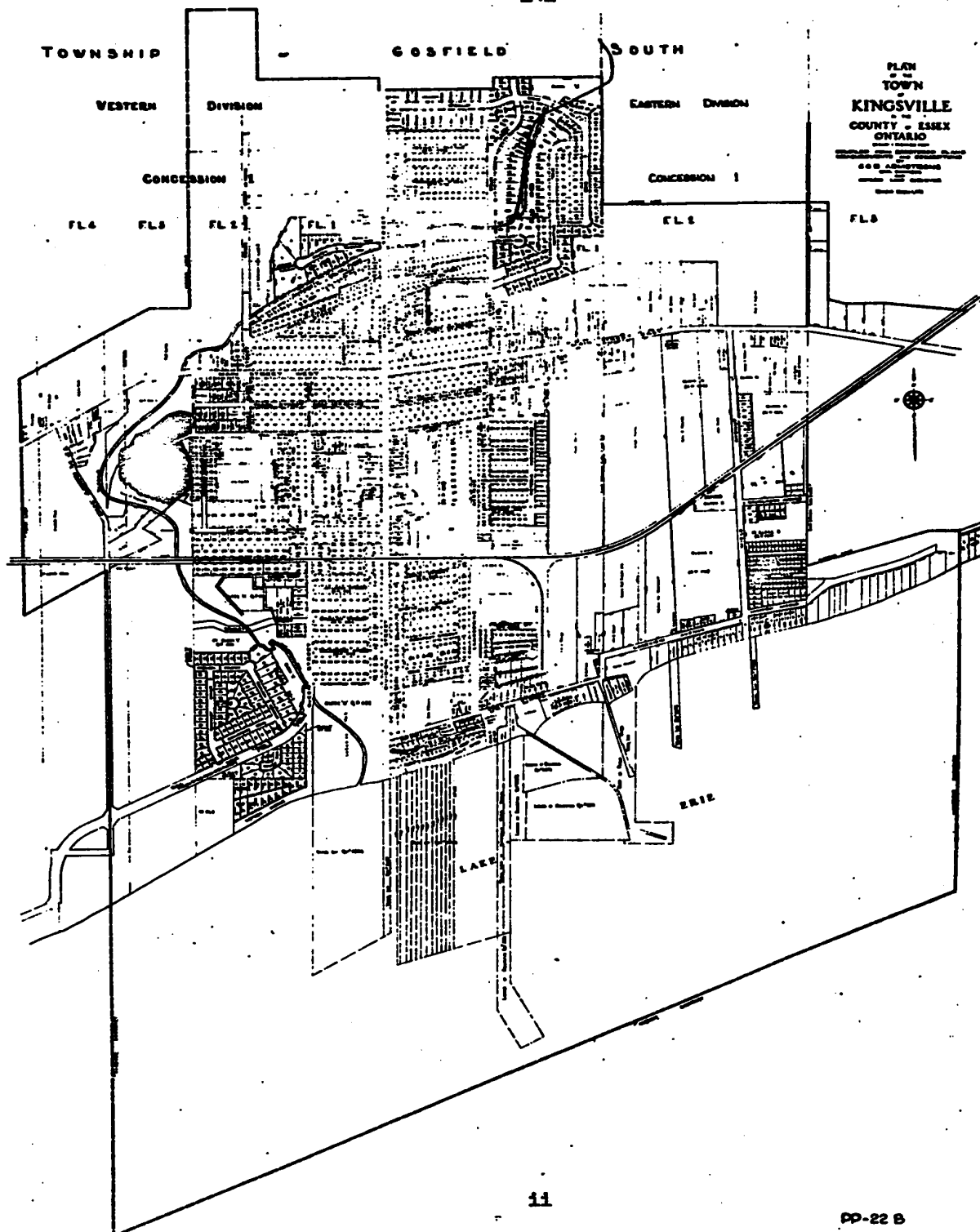
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<sup>6</sup> Jane Jacobs, *The Death and Life of Great American Cities*, (New York: Vintage Books, 1961), p. 6. Italics are those of the researchers.

## APPENDICES

**APPENDIX A**





**APPENDIX B**



SCHOOL OF SOCIAL WORK

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**UNIVERSITY OF WINDSOR**

WINDSOR 11, ONTARIO  
TELEPHONE: AREA CODE 519  
253-4232

Three graduate students, Mrs. Jean Lin, Mrs. Phyllis Neilson and Mr. Clayton Purcell, of the School of Social Work at the University of Windsor, are undertaking a research project as a requirement of their Master of Social Work programme.

They are interested in older people and would like to carry out their project in Kingsville. They anticipate that some results of this project will be useful and an effort will be made to share the results with the community.

They plan to interview about 60 persons aged 65 and over, during the months of December and January. Letters will be sent to each person before each interview.

Your help and cooperation would be greatly appreciated.

Yours sincerely,

HMM/w

Harry M. Morrow,  
Director, School of Social Work

**APPENDIX C**



SCHOOL OF SOCIAL WORK

## UNIVERSITY OF WINDSOR

WINDSOR 11, ONTARIO

TELEPHONE: AREA CODE 519  
253-4232

Dear

As you have probably heard at the Friendly Club, or have read in the church bulletin or in the Kingsville Reporter, three graduate students from the School of Social Work, University of Windsor, Mrs. Jack Neilson, Mrs. Jean Lin and Mr. Clayton Purcell, are interested in the life of older people and have chosen Kingsville, Ontario for their study.

You have been selected as one of the persons to be interviewed by a member of the interviewing team. Each member will carry identification and any information obtained will be strictly confidential.

The interviewing team will be in Kingsville from December 28th to 31st, 1971 and again in January, 1972. You will be contacted to arrange an interview at your convenience.

If you have any questions regarding the study, please do not hesitate to contact one of the following for further information.

Mrs. Thomas Johnson Sr., President of the Friendly Club	733-2681
Reverend James Forsythe, Epworth United Church	733-3023
Reverend L.C. Langan, St. John de Brebeuf Church	733-4395
Miss Elva Scratch, Kingsville resident	733-2285

Yours sincerely,

H. M. Morrow, Director,  
School of Social Work.

HMM/mp

Members of the interviewing team:

Jean Lin, Phyllis Neilson, Annette Carron, Alma Blais, ~~Barbara~~  
~~Barbara~~, Mary O'Reilly, Rosina Ouellette, ~~Barbara~~, ~~Beatrice~~  
~~Beatrice~~, Madeline Meloche, Marguerite Betrimoult, Clayton Purcell.

Lucille Mailloux.

**APPENDIX D**

## **Social Workers To Interview Older Residents**

A team of social workers and educators will be interviewing a number of older residents in Kingsville this month and again in January.

Three graduate students from the School of Social Work, University of Windsor, Mrs. Jack Neilson, Mrs. Jean Lin and Clayton Purcell, who are interested in the life style of older people in a rural town, are undertaking this study.

The study will centre on the areas of housing, health and social relationships of older people.

The co-operation of all the residents of Kingsville would be helpful and appreciated.

Members of the interviewing team are: Jean Lin, Phyllis Neilson, Annette Carron, Alma Blais, Mary Rose Bernier, Mary O'Reilly, Rosina Ouellette, Jean Zadorian, Beatrice Pope, Madeline Meloche, Marguerite Petrimoult and Clayton Purcell.

APPENDIX E





SCHOOL OF SOCIAL WORK

## UNIVERSITY OF WINDSOR

WINDSOR 11, ONTARIO

TELEPHONE: AREA CODE 519  
253-4232

December 21, 1971

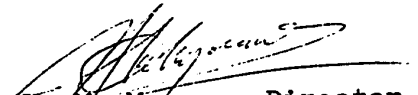
To Whom It May Concern

This introduces Mr. Clayton Purcell who is one of the interviewing team conducting interviews for a study of the lives of older people in a rural town.

These interviewers, composed of social workers and educators, are interviewing people over the age of 65 in the town of Kingsville to determine the needs of the elderly people.

Thank you for your anticipated cooperation and participation in this study.

Yours sincerely,

  
H. M. Morrow, Director,  
School of Social Work.

HMM/mp

APPENDIX F

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QUESTIONNAIRE

1. First, we need to have a list of all the people who are members of this household. (IF NECESSARY, EXPLAIN: all the people who live here regularly, not those who are visiting.) I do not need to know their names, just a list of everyone who lives here, and the relationship of the others who live here to you.

Check if 65 or Over

Respondent

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

( )  
( )  
( )  
( )  
( )  
( )

Enter the total  
number of house-  
hold members

\_\_\_\_\_

(Use additional space on this page if necessary.)

INTERVIEWER: The entries on the lines above should completely identify each person's sex and relationship to the head of the household. Typical entries would be wife, son, daughter, sister-in-law, unrelated male, etc.

It is important that we have precise information about household composition, especially the total number of members, and the total number of people over 65. Keep probing until you are satisfied that you have accurately enumerated every member of the household.

2. How old were you on your last birthday?

- ☐ 55-64
- ☐ 65-69
- ☐ 70-74
- ☐ 75-79
- ☐ 80-84
- ☐ 85+

3. Are you now: married, widowed, divorced, separated or single?

- ☐ Married
- ☐ Widowed
- ☐ Divorced
- ☐ Separated
- ☐ Never married (single)

4. How many years of schooling have you completed? (INTERVIEWER: mark appropriate category.)

- ☐ Less than 5 years
- ☐ 5 - 8 years
- ☐ 9 - 11 years
- ☐ 12 - 13 Highschool graduate
- ☐ 1 - 3 years of college (some college)
- ☐ 4 or more years of college (college graduate or more.)

5. What is your ethnic origin?

- ☐ English
- ☐ Irish
- ☐ Scottish

Other European:

- ☐ German
- ☐ Dutch / Belgian
- ☐ Ukranian / Russian
- ☐ Polish
- ☐ French
- ☐ Italian
- ☐ Other

6. (If not clear ask) Was your Father or Mother Indian?

- ☐ Indian      ☐ Metis

7. (INTERVIEWER: Indicate sex of respondent.)

- ☐ Male                      ☐ Female

Now we would like to ask you some questions about your living quarters.

8a. (INTERVIEWER: Indicate the type of dwelling unit in which respondent lives, through observation.)

- ☐ House
- ☐ Apartment
- ☐ Mobile home (trailer)
- ☐ A room in a residential hotel or rooming house
- ☐ A room in the home of a relative, friend, or other nonrelative
- ☐ A home where at least partial physical care is routinely provided, or a nursing home or hospital
- ☐ Other: Specify \_\_\_\_\_

8b. Do you own or rent this house (apartment) or is your rent provided free?

- ☐ Owned
- ☐ Rented
- ☐ Rent free

8c. Is this housing specially for older people?

- ☐ Yes
- ☐ No

9. How many rooms do you have in your house (apartment), not counting bathrooms, halls, porches, or half rooms? (IF NECESSARY, EXPLAIN: Unless there is a wall dividing them, combined rooms should be counted as one room.)

Enter no. \_\_\_\_\_

10. Is there a toilet in this house (apartment) for the private use of only the people who live in this household, or do you share a toilet with others?

- ☐ Private toilet in unit
- ☐ Shared

IF PRIVATE, ASK:

10a. How many toilets do you have in your house? (apartment)?

Enter no. \_\_\_\_\_

IF SHARED, ASK:

10b. Altogether, how many people use that toilet?

Enter no. \_\_\_\_\_

11. Do you have hot running water available in this house (apartment) at all times?

- ☐ Yes
- ☐ No

12. Do you have a bathtub or shower in your house (apartment)?

☐ Tub or shower

☐ No tub or shower

13. Is there a kitchen in this house (apartment) for the private use of only the people in this household, or do you share a kitchen with others?

☐ Private kitchen

☐ Shared kitchen

☐ No kitchen

IF PRIVATE OR SHARED KITCHEN, ASK:

Yes

NO

13a. Do you have an oven?

☐

☐

13b. Do you have a refrigerator?

☐

☐

14. Do you have heat in every room in this house (apartment)?

☐ All rooms have heat

☐ Some rooms lack heat

15. Is there an outside area next to your house (apartment house) where you can sit comfortably?

☐ Yes

☐ No

16. (ASK IF YOU DO NOT SEE A TELEPHONE IN THE UNIT.) Do you have a telephone here for the private use of the people in this household?

☐ Private telephone

☐ No private telephone

IF IN MULTIPLE DWELLING, ASK:

16a. Is there a telephone in this building which is readily available to you?

17. Is the temperature usually comfortable in your home during the winter?

☐ Yes

☐ No

☐ Don't know, haven't lived here during the winter

18. How about in the summers:

☐ Yes

☐ No

☐ Don't know, haven't lived here during the summer

19. Do you usually get as much daylight as you would like in your house (apartment)?

☐ Yes

☐ No

20. Do you have enough electrical lighting in all the rooms of your house (apartment) to do the things you like to do?

☐ Yes

☐ No

21. Does sound or noise from outside your house (apartment) bother you?  
☐ Yes ☐ No
22. Would you say that the size of your house (apartment) is too large, too small, or just about right for your needs?  
☐ Too large ☐ Too small ☐ Just about right
23. Do you feel that you have the amount of privacy you need?  
☐ Yes ☐ No
24. Do you feel that your house (apartment) is safe from burglars or other intruders?  
☐ Yes ☐ No
25. Do you feel that you have enough electrical outlets in your house (apartment)?  
☐ Yes ☐ No
26. Taking everything into consideration, would you say you are very satisfied with your housing situation, fairly satisfied, or not satisfied?  
☐ Very satisfied ☐ Fairly satisfied ☐ Not satisfied
27. Suppose that you had to move from the place you are living now. Do you think it would be very easy to find a new place to live, fairly easy, fairly difficult, or very difficult?  
☐ Very easy ☐ Fairly easy ☐ Fairly difficult  
☐ Very difficult
28. Imagine for a moment that you could live in any kind of place you wanted. I will read a list of places, and would you please tell me which you would like best? (INTERVIEWER, READ EACH ITEM.)  
☐ A single family house  
☐ An apartment  
☐ A trailer or mobile home  
☐ A retirement hotel or boarding home  
☐ A home where older people live together and receive some care
- 28a. (INTERVIEWER: ASK IF A SINGLE FAMILY HOUSE, APARTMENT, OR TRAILER WAS CHOSEN ABOVE)  
 Would you prefer to live in a (house), (apartment), (mobile home) specially intended for older people?  
☐ Yes ☐ No

Now, I would like to ask you some questions about your neighborhood.

29. During the time you have lived here, would you say that this neighborhood has changed for the better, for the worse, or stayed about the same?

( ) Changed for the better ( ) For the worse  
( ) About the same

30. Thinking about the neighborhood in which you live, is it a good place for older people to live, about average, or a poor place?

( ) Good place ( ) Average place ( ) Poor place

31. Have you heard of anyone in this neighborhood being a victim of a serious crime, such as being the victim of a robbery, attack or major theft within the past year?

( ) Yes ( ) No

32. I will next read a list of things that have to do with the neighborhood or area in which you live. Will you please tell me if you are satisfied or not satisfied with each.

	<u>Satisfied</u>	<u>Not Satisfied</u>
a. How clean the air is	( )	( )
b. How many trees and how much open space there is	( )	( )
c. How much noise there is from traffic and other things	( )	( )
d. How clean the neighborhood is	( )	( )
e. How safe the area is from law-breakers	( )	( )



33. I'm going to read a list of places which people frequently visit. After I read each one, would you tell me if it is convenient for you to travel there, or not convenient for any reason.

- |                          | <u>Convenient</u> | <u>Not Convenient</u> |
|--------------------------|-------------------|-----------------------|
| a. A public library      | ( )               | ( )                   |
| b. Places to shop        | ( )               | ( )                   |
| c. Your bank             | ( )               | ( )                   |
| d. Your doctor or clinic | ( )               | ( )                   |
| e. A public park         | ( )               | ( )                   |
| f. Restaurants           | ( )               | ( )                   |
| g. Post office           | ( )               | ( )                   |
| h. Church or synagogue   | ( )               | ( )                   |
34. Do the people who live around here often visit with one another, or do they keep mostly to themselves?  
 ( ) Often visit                      ( ) Keep to themselves
35. About how many of your neighbors do you know well enough to visit with?  
 ( ) 5 or more    ( ) 3 to 4    ( ) 1 to 2    ( ) None
36. Do you have a neighbor on whom you could call if you suddenly needed help?  
 ( ) Yes                                  ( ) No

Now, we would like to ask you some questions about how you spend your time.

37. I am going to read a list of activities. Would you tell me if you did any of them during the last week? (INTERVIEWER: check each activity respondent has engaged in.)
- ( ) a. Watched TV
  - ( ) b. Read newspapers or magazines
  - ( ) c. Read books
  - ( ) d. Worked on a hobby
  - ( ) e. Went to a movie
  - ( ) f. Went to a play or concert
  - ( ) g. Went to a meeting of any sort
  - ( ) h. Went for a walk (do not ask if unable to walk)
  - ( ) i. Worked on the house (apartment), garden, etc.

38. Are you working at a job for pay at the present time?  
☐ Yes ☐ No
- 38a. (IF YES, ASK:)                      38b. (IF NO, ASK:)
- |   |  |
|---|--|
| Is this full time<br>or part time?                                    | Would you like to have<br>a job of any kind?             |
| <input type="checkbox"/> Full time <input type="checkbox"/> Part time | <input type="checkbox"/> Yes <input type="checkbox"/> No |
39. Do you usually have enough to do to keep you busy?  
☐ Yes    ☐ No
40. About how many times did you talk to someone--friends, relatives,  
or others on the telephone last week?  
☐ Once a day or more    ☐ 2 to 6 times    ☐ Once  
       (7 times or more)                      ☐ Not at all
41. How many times during the last week did you visit in person with  
friends, neighbours, or a relative who does not live here?  
☐ Once a day or more    ☐ 2 to 6 times    ☐ Once  
       (y times or more)                      ☐ Not at all
42. In the period of a month, about how often do you go to meetings  
or activities of clubs or informal groups that you belong to?  
☐ 4 times or more    ☐ 2 to 3 times    ☐ Once    ☐ Never  
       (once a week or more)
43. Do you get to spend enough time doing the things which you like to  
do?  
☐ Yes    ☐ No
44. Do you have as much contact as you would like with a person that  
you feel close to -- somebody that you can trust and confide in?  
☐ Yes    ☐ No
45. Do you find yourself feeling lonely quite often, sometimes, or  
almost never?  
☐ quite often  
☐ sometimes  
☐ almost never

46. How much respect do elder people receive in your community? Would you say a lot of respect, some respect, or not very much?
- ☐ a lot of respect  
☐ some respect  
☐ not very much
47. When weather permits, do you get outside of your home as often as you would like?
- ☐ Yes      ☐ No
48. Compared to your life today, do you think that one year from now your life will be better, about the same as now, or worse than now? Just your best idea.
- ☐ Better      ☐ About the same      ☐ Worse
49. Do you usually expect that things will turn out well for you?
- ☐ Yes      ☐ No
50. How often would you say you worry about things: very often, fairly often, hardly ever?
- ☐ Very often      ☐ Fairly often      ☐ Hardly ever
51. Taking all things into consideration, do you think that other people are better off, about the same, or worse off than yourself? Just your opinion.
- ☐ Better off      ☐ About the same      ☐ Worse off
52. Do you sometimes feel unhappy because you think you are not useful?
- ☐ Yes      ☐ No
53. In general, do you find life exciting, pretty routine, or dull?
- ☐ Exciting      ☐ Pretty routine      ☐ Dull
54. In general, how happy would you say you are -- very happy, fairly happy, or not happy?
- ☐ Very happy      ☐ Fairly happy      ☐ Not happy
55. Taking everything into consideration, how would you describe your satisfaction with life in general at the present time -- good, fair, or poor?
- ☐ Good      ☐ Fair      ☐ Poor

56. During the last month, about how many days were you sick to the point of having to give up some of your regular activities like visiting, going shopping or cooking for yourself?

57. (INTERVIEWER: If respondent was sick "no days", check "Not sick" and proceed to Q. 58. Otherwise, ask:) When you were sick, for the most part, were you at home in bed, at home but up and around, at the home of a friend or relative, or in a hospital or nursing home?

58. Now I'm going to read a list of activities that many people have difficulty with as they grow older. After I read each one, please tell me if you have some difficulty with it, don't have any difficulty, or whether you cannot do it at all.

**x**

59. Taking everything into consideration, how difficult is it for you to get the medical services you need. Would you say it is very difficult, somewhat difficult, or not difficult?

☐ Very difficult    ☐ Somewhat difficult    ☐ Not difficult

IF VERY DIFFICULT OR SOMEWHAT DIFFICULT ASK:

- 59a. Why have you found it difficult? Is it because you can't afford to see the doctor or dentist as much as you need to?

☐ Yes                      ☐ No

- 59b. Is it because you find it hard to get to the doctor or dentist?

☐ Yes                      ☐ No

- 59c. Is it because medical facilities are not available to you?

☐ Yes                      ☐ No

60. Is there anything else about your health that you feel is not being taken care of properly for any reason?

☐ Yes                      ☐ No

61. Have you had a medical checkup in the last year?

☐ Yes                      ☐ No

62. In general, would you say that your health recently has been very good, good, about average, or poor?

☐ Very good

☐ Good

☐ Average

☐ Poor

63. Would you say that your health is better or worse than the health of other people your age? Just your opinion.

☐ Better

☐ Worse

64. How often would you say that bad health prevents you from doing things you would like to be doing: most of the time, about half the time, once in a while, or never?

☐ Most of the time

☐ About half of the time

☐ Once in a while

☐ Never

65. If money were no problem, would you visit the doctor or dentist more often?

( ) Yes ( ) No

66. Are you now troubled by any continuing or chronic health problems, physical problems or handicaps?

( ) Yes ( ) No

IF YES, ASK:

66a. Is this most of the time, about half of the time, or only once in a while?

( ) Most of the time ( ) About half the time

( ) Once in a while

In this section, we would like to ask you some questions about your diet?

67. Now, I will read a list of different kinds of foods. Would you please tell me whether or not you ate each kind yesterday?

	Yes	No
a. Milk, cheese, or other dairy products	( )	( )
b. Any kind of meat (including fish)	( )	( )
c. Eggs	( )	( )
d. Green vegetables, such as green beans, spinach, or lettuce	( )	( )
e. Any other vegetable, such as beets, carrots, or squash	( )	( )
f. Fruits, or fruit juice	( )	( )
g. Bread or any other kind of food made of cereal	( )	( )

68. In general, do you feel you eat a good diet of food?

( ) Yes ( ) No

Now, just a few more questions which we need to ask for statistical purposes.

(INTERVIEWER: The economic information requested in the following section pertains only to the respondent, his spouse, and his dependents (anyone receiving half or more of his support from them.) The questions do not pertain to any other relatives or friends with whom they may be sharing their home. If respondent is blind or unable to read, ask for his total income without using the card, and check appropriate category,)

70. (INTERVIEWER: Hand respondent Card 1 (unless unable to read) and ask:)

Please tell me, as well as you can recall, the total amount of income you (IF APPLICABLE) your wife (husband), and your dependents received last year. We don't need to know the exact amount, just give me the letter next to the approximate amount. (If they have difficulty in answering, ask) Could you tell me how much you, your wife and dependents received last month? (Multiply the answer by twelve and check in proper column.)

- |                            |     |
|----------------------------|-----|
| a. Less than \$500.00      | ( ) |
| b. \$500 - \$999.00        | ( ) |
| c. \$1,000.00 - \$1,999.00 | ( ) |
| d. \$2,000.00 - \$2,999.00 | ( ) |
| e. \$3,000.00 - \$3,999.00 | ( ) |
| f. \$4,000.00 - \$4,999.00 | ( ) |
| g. \$5,000.00 - \$5,999.00 | ( ) |
| h. \$6,000.00 - \$6,999.00 | ( ) |
| i. \$10,000 or more        | ( ) |

71. Please tell me if this money came from any of the following sources. (INTERVIEWER: Read each item and check appropriate box.)

	<u>Receives Money</u>	<u>Did not</u>
a. Wages or salaries	( )	( )
b. Self-employment	( )	( )
c. Canadian Pension Plan	( )	( )
d. Employee or Union Pension Plan	( )	( )
e. Annuities	( )	( )
f. Investments, Interest or Dividends	( )	( )
g. Old Age Security	( )	( )
h. Guaranteed Income Supplement	( )	( )
i. Old Age Assistance	( )	( )
j. Other	( )	( )

72. Can you tell me if you own any of the following things?

- |  |                              |                             |
|--|------------------------------|-----------------------------|
| a. House                                     | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| b. Car                                       | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| c. Any stocks, bonds<br>savings account etc. | <input type="checkbox"/> Yes | <input type="checkbox"/> No |

73. (INTERVIEWER: Hand respondent Card 11 and ask:)

Please try and tell me how much your major possessions, such as property, stocks and bonds, and savings, are worth altogether. We don't need to know the exact amount, just give me the letter next to the approximate amount on the card.

- |                        |                          |
|------------------------|--------------------------|
| a. Less than \$500     | <input type="checkbox"/> |
| b. \$500 - \$999       | <input type="checkbox"/> |
| c. \$1,000 - \$2,999   | <input type="checkbox"/> |
| d. \$3,000 - \$4,999   | <input type="checkbox"/> |
| e. \$5,000 - \$9,999   | <input type="checkbox"/> |
| f. \$10,000 - \$19,999 | <input type="checkbox"/> |
| g. \$20,000 or more    | <input type="checkbox"/> |

74. Now, looking at the card again, would you please tell me about how much money you owe to other people, such as what you owe on your house, car, or any other loans you may have. Again, I just need the letter next to the approximate amount.

- |                         |                          |
|-------------------------|--------------------------|
| a. Less than \$500      | <input type="checkbox"/> |
| b. \$500 - \$999        | <input type="checkbox"/> |
| c. \$1,000 - \$ 2,999   | <input type="checkbox"/> |
| d. \$3,000 - \$ 4,999   | <input type="checkbox"/> |
| e. \$5,000 - \$ 9,999   | <input type="checkbox"/> |
| f. \$10,000 - \$ 19,999 | <input type="checkbox"/> |
| g. \$20,000 or more     | <input type="checkbox"/> |

75. Please tell me, how well you think you and your family are now doing financially, as compared to other people your age, better, about the same, or worse?

- |                                 |   |                                |
|---------------------------------|---|--------------------------------|
| <input type="checkbox"/> Better | <input type="checkbox"/> About the same | <input type="checkbox"/> Worse |
|---------------------------------|---|--------------------------------|



76. How well do you think your income and assets satisfy your needs, very well, fairly well, or poorly?

☐ Very well                      ☐ Fairly well                      ☐ Poorly

77. Do you feel that you will have enough for your needs in the future?

☐ Yes                      ☐ No

78. Do you have the following types of Insurance?

	Yes	No
a. Ontario Health Services Insurance Plan	<input type="checkbox"/>	<input type="checkbox"/>
b. Ontario Hospital Services Commission	<input type="checkbox"/>	<input type="checkbox"/>
c. Supplementary Medical Insurance - Blue Cross                      Green Shield etc.	<input type="checkbox"/>	<input type="checkbox"/>
d. Life Insurance	<input type="checkbox"/>	<input type="checkbox"/>
e. Property Insurance	<input type="checkbox"/>	<input type="checkbox"/>
f. Burial Insurance or other arrangements	<input type="checkbox"/>	<input type="checkbox"/>

79. Do you usually have enough to buy those little "extras" that is those small luxuries?

☐ Yes                      ☐ No

80. Would you like to have help with any of the following things?  
(INTERVIEWER: Read the items and check those to which the respondent says yes.)

- ☐ a. Getting insurance of any kind
- ☐ b. Getting better housing
- ☐ c. Getting better medical care
- ☐ d. Getting better dental care
- ☐ e. Getting work
- ☐ f. Getting to and from places around town (transportation)
- ☐ g. Housework, including the fixing of meals
- ☐ h. Having enjoyable things to do (recreation)
- ☐ i. Meeting people
- ☐ j. Legal matters

81. How many persons are financially dependent on you (and your spouse)?  
(Do not count respondent or spouse.)

- ☐ No others
- ☐ 1 other
- ☐ 2 others
- ☐ 3 others
- ☐ 4 others
- ☐ 5 or more others

82. (INTERVIEWER: Indicate on Question 1 with an asterisk (\*) who is the head of the household. If the household is composed of a man and his wife designate the man as the head. Otherwise, ask:)

Who do you consider to be the head of this household?

If a group of unrelated persons living together are unable to tell you whom they consider to be the head, designate respondent as head.

SUPPLEMENT

Now that we have completed the questionnaire, I would like to ask you a few general questions before I leave.

1. Have you lived in Kingsville all your life?

( ) Yes

( ) No

If no-a. Less than 1 year ( )

b. One to five years ( )

c. Five years or more ( )

2. If you did not live in Kingsville all your life, where did you live before:

Location

Length of stay

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

3. During your life, what has been your profession or main type of work?

\_\_\_\_\_

4. Are you working outside the house at the present time?

( ) Yes ( ) No

- a. What kind of work are you doing?

\_\_\_\_\_

- a. If you are not working, when was the last time you worked?

\_\_\_\_\_

- b. Are you working full time? \_\_\_\_\_

part time? \_\_\_\_\_

- b. If you had the opportunity, would you like to work?

( ) Yes ( ) No

- c. About how many hours a week do you work? \_\_\_\_\_

5. Are you aware, that as of January 1, 1972, medical and hospital coverage will be free for anyone over the age of 65?

( ) Yes ( ) No

## 6. Do you use doctor's prescriptions regularly?

☐ Yes☐ Noa. every day ☐b. once a week ☐c. occasionally ☐

d. Is it hard for you to pay these drugs?

☐ Yes☐ No

e. Where do you get the money to pay for these drugs? \_\_\_\_\_

## 7. I would like your opinion of this interview.

a. Do you think this interview is:

i) too long ☐ii) all right ☐iii) could be longer ☐

b. Do you think the questions are:

i) Interesting ☐ii) of little interest ☐iii) of no interest  
whatever ☐

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

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

Interview Code No. \_\_\_\_\_

**APPENDIX G**

CODEBOOK

<u>Variable Number</u>	<u>Content</u>
1	Identification number for each category. 1. S.M. (Single Men) 3. S.W. (Single Women) 6. M.M. (Married Men) 8. M.W. (Married Women)
2	Case number. A code number assigned to
3	each completed interview.
4	
5	I.B.M. card number.
6	(Q. 1) Household composition 1. Respondent only (one person living alone) 2. Respondent and spouse only 3. Respondent (with or without spouse) living with children 4. Respondent (with or without spouse) living with other related individuals, e.g. cousins, siblings 5. Respondent (with or without spouse) living with other unrelated individuals 9. N.A. (Not ascertained)
7	(Q. 82) Head of household 1. Respondent is head 2. Respondent's spouse is head 3. Respondent's son, daughter, son-in-law, daughter-in-law 4. Other relative of respondent 5. Other unrelated person 9. N.A.
8	(Q. 1) Number of household members (including respondent) 1. Respondent only 2. Two household members 3. Three household members 4. Four household members 5. Five household members 6. Six household members 7. Seven household members 8. Eight or more household members 9. N.A.

<u>Variable Number</u>	<u>Content</u>
9	<p>(Q. 1) Number of people 65 or older in household. (Including respondent)</p> <hr/> <p>1. Respondent only  2. Two people 65 or older  3. Three people 65 or older  4. Four people 65 or older  5. Five people 65 or older  6. Six people 65 or older  7. Seven people 65 or older  8. Eight or more people 65 or older  9. N.A.</p>
10	<p>(Q. 2) How old were you on your last birthday?</p> <hr/> <p>1. 55-64  2. 65-69  3. 70-74  4. 75-79  5. 80-84  6. 85 or older  9. N.A.</p>
11	<p>(Q. 3) Are you now married, widowed, divorced, separated or single?</p> <hr/> <p>1. Married  2. Widowed  3. Divorced  4. Separated  5. Never married (single)  9. N.A.</p>
12	<p>(Q. 4) How many years of schooling have you completed?</p> <hr/> <p>1. Less than 5 years  2. 5-8 years  3. 9-11 (Some high school or vocational school)  4. 12-13 (High school graduate)  5. 1-3 years of college (Some college)  6. 4 or more years of college (College graduate or more)  9. N.A.</p>

**Variable  
Number**

13

**Content**

(Q. 5,6) Race and ethnic status

---

1. British Isles
2. German
3. Dutch / Belgian
4. Ukranian / Russian
5. Polish
6. French
7. Italian
8. Others
9. N.A.

14

(Q. 7) Sex of respondent

---

1. Male
2. Female
9. N.A.

15

(Q. 8a) Type of dwelling unit in which respondent lives

---

1. House
  2. Apartment
  3. Mobile home (Trailer)
  4. A room in a residential hotel or rooming house
  5. A room in the home of a relative, friend, or other non-relative
  6. A home where at least partial physical care is routinely provided, or a nursing home or hospital
  7. Other: Specify \_\_\_\_\_
  9. N.A.
- 

16

(Q. 8b) Do you own or rent this house (apartment) or is your rent provided free?

---

1. Owned
2. Rented
3. Rent free
9. N.A.

17

(Q. 8c) Is this housing specially for older people?

---

1. Yes
5. No
9. N.A.



<u>Variable Number</u>	<u>Content</u>
18	<p>(Q. 9) How many rooms do you have in your house (apartment) not counting bathrooms, halls, porches, or half rooms?</p> <hr/> <p>1. One room  2. Two rooms  3. Three rooms  4. Four rooms  5. Five rooms  6. Six rooms  7. Seven rooms  8. Eight or more rooms  9. N.A.</p>
19	<p>(Q. 10) Is there a toilet in this house (apartment) for the private use of only the people who live in this household, or do you share a toilet with others?</p> <hr/> <p>1. Private toilet  2. Shared toilet  9. N. A.</p>
20	<p>(Q. 10a) If Private: How many toilets do you have in your house (apartment)?</p> <hr/> <p>0. Inapplicable - No private toilet  1. One toilet  2. Two toilets  3. Three toilets  4. Four or more toilets  9. N.A.</p>
21	<p>(Q. 10b) If Shared: Altogether, how many people use that toilet?</p> <hr/> <p>0. Inapplicable - Has private toilet in house  1. One other person  2. Two other people  3. Three other people  4. Four or more other people  9. N.A.</p>
22	<p>(Q. 11) Do you have hot running water available in this house (apartment) at all times?</p> <hr/> <p>1. Yes  5. No  9. N.A.</p>

<u>Variable Number</u>	<u>Content</u>
23	(Q. 12) Do you have a bathtub or shower in your house apartment? <hr/> 1. Tub or shower 2. No tub or shower 9. N.A.
24	(Q. 13, 13a, 13b) Is there a kitchen in this house (apartment) for the private use of only the people in this household, or do you share a kitchen with others? IF PRIVATE OR SHARED KITCHEN: Do you have an oven? Do you have a refrigerator? <hr/> 1. Private kitchen with both oven and refrigerator 2. Private kitchen lacking either oven or refrigerator 3. Shared kitchen with both oven and refrigerator 4. Shared kitchen lacking either oven or refrigerator 5. No kitchen 9. N.A.
25	(Q. 14) Do you have heat in <u>every room</u> in this house (apartment?) <hr/> 1. All rooms have heat 2. Some rooms lack heat 9. N.A.
26	(Q. 15) Is there an outside area next to your house (apartment house) where you can sit comfortably? <hr/> 1. Yes 5. No 9. N.A.
27	(Q. 16, 16a) Do you have a telephone here for the private use of the people in this household? Is there a telephone in this building which is readily available to you? <hr/> 1. Private telephone 2. No private telephone, but telephone readily available 3. No telephone readily available 9. N.A.

<u>Variable Number</u>	<u>Content</u>
28	<p>(Q. 17) Is the temperature usually comfortable in your home during the winter?</p> <hr/> <p>1. Yes 5. No 8. Don't know, haven't lived here during the winter 9. N.A.</p>
29	<p>(Q. 18) How about in the summer?</p> <hr/> <p>1. Yes 5. No 8. Don't know, haven't lived here during the summer 9. N.A.</p>
30	<p>(Q. 19) Do you usually get as much daylight as you would like in your house (apartment)?</p> <hr/> <p>1. Yes 5. No 9. N.A.</p>
31	<p>(Q. 20) Do you have enough electrical lighting in all the rooms of your house (apartment) to do the things you like to do?</p> <hr/> <p>1. Yes 5. No 9. N.A.</p>
32	<p>(Q. 21) Does the sound of noise from outside your house (apartment) bother you?</p> <hr/> <p>1. Yes 5. No 9. N.A.</p>
33	<p>(Q. 22) Would you say that the size of your house (Apartment) is too large, too small, or just about right for your needs?</p> <hr/> <p>1. Too large 2. Too small 3. Just about right 9. N.A.</p>

<u>Variable Number</u>	<u>Content</u>
34	<p>(Q. 23) Do you feel that you have the amount of privacy you need?</p> <hr/> <p>1. Yes 5. No 9. N.A.</p>
35	<p>(Q. 24) Do you feel that your house (apartment) is safe from burglars or other intruders?</p> <hr/> <p>1. Yes 5. No 9. N.A.</p>
36	<p>(Q. 25) Do you feel that you have enough electrical outlets in your house (apartment)?</p> <hr/> <p>1. Yes 5. No 9. N.A.</p>
37	<p>(Q. 26) Taking everything into consideration, would you say you are very satisfied with your housing situation, fairly satisfied, or not satisfied?</p> <hr/> <p>1. Very satisfied 2. Fairly satisfied 3. Not satisfied 9. N.A.</p>
38	<p>(Q. 27) Suppose that you had to move from the place you are living now. Do you think it would be very easy to find a new place to live, fairly easy, fairly difficult, or very difficult?</p> <hr/> <p>1. Very easy 2. Fairly easy 3. Fairly difficult 4. Very difficult 9. N.A.</p>

**Variable  
Number**

**Content**

39

(Q. 28) Imagine for a moment that you could live in any kind of place you wanted. I will read a list of places, and would you please tell me which you would like best?

---

1. A single-family house
2. An apartment
3. A trailer or mobile home
4. A retirement hotel or boarding home
5. A home where older people live together and receive some care
8. Don't know
9. N.A.

40

(Q. 28a) Would you prefer to live in a (house), (apartment), (mobile home) specially intended for older people?

---

0. Inapplicable - Answered category 4 or 5 to Q. 28
1. Yes
5. No
8. Don't know
9. N.A.

41

(Q. 29) During the time you have lived here, would you say that this neighborhood has changed for the better, for the worse, or stayed about the same?

---

1. Changed for the better
2. For the worse
3. About the same
9. N.A.

42

(Q. 30) Thinking about the neighborhood in which you live, is it a good place for older people to live, about average, or a poor place?

---

1. Good place
2. Average place
3. Poor place
9. N.A.

43

(Q. 31) Have you heard of anyone in this neighborhood being a victim of a serious crime, such as being the victim of a robbery, attack or major theft within the past year?

---

1. Yes
5. No
9. N.A.

**Variable  
Number**

**Content**

- (Q. 32a-e) I will next read a list of things that have to do with the neighborhood or area in which you live. Will you please tell me if you are satisfied or not satisfied with each.
- 
- 44 (Q. 32a) How clean the air is
- 
1. Satisfied  
2. Not satisfied  
9. N.A.
- 45 (Q. 32b) How many trees and how much open space there is
- 
1. Satisfied  
2. Not satisfied  
9. N.A.
- 46 (Q. 32c) How much noise there is from traffic and other things
- 
1. Satisfied  
2. Not satisfied  
9. N.A.
- 47 (Q. 32d) How clean the neighborhood is
- 
1. Satisfied  
2. Not satisfied  
9. N.A.
- 48 (Q. 32e) How safe the area is from lawbreakers
- 
1. Satisfied  
2. Not satisfied  
9. N.A.
- (Q. 33a-h) I'm going to read a list of places which people frequently visit. After I read each one, would you tell me if it is convenient for you to travel to there, or not convenient for any reason.
- 
- 49 (Q. 33a) A public library
- 
1. Convenient  
2. Not convenient  
8. Don't know  
9. N.A.

**Variable  
Number****Content**

50

**(Q. 33b) Places to shop**

1. Convenient
2. Not Convenient
8. Don't know
9. N.A.

51

**(Q. 33c) Your bank**

1. Convenient
2. Not convenient
8. Don't know
9. N.A.

52

**(Q. 33d) Your doctor or clinic**

1. Convenient
2. Not convenient
8. Don't know
9. N.A.

53

**(Q. 33e) A public park**

1. Convenient
2. Not convenient
8. Don't know
9. N.A.

54

**(Q. 33f) Restaurants**

1. Convenient
2. Not convenient
8. Don't know
9. N.A.

55

**(Q. 33g) Post office**

1. Convenient
2. Not convenient
8. Don't know
9. N.A.

56

**(Q. 33h) Church or synagogue**

1. Convenient
2. Not convenient
8. Don't know
9. N.A.

Variable  
NumberContent

- 57 (Q. 34) Do the people who live around here often visit with one another or do they keep mostly to themselves?
- 
1. Often visit
  2. Keep to themselves
  8. Don't know
  9. N.A.
- 58 (Q. 35) About how many of your neighbors do you know well enough to visit with?
- 
1. 5 or more
  2. 3 to 4
  3. 1 to 2
  4. None
  9. N.A.
- 59 (Q. 36) Do you have a neighbor on whom you could call if you suddenly needed help?
- 
1. Yes
  5. No
  9. N.A.
- (Q. 37a-1) I am going to read a list of activities. Would you tell me if you did any of them during the last week?
- 
- 60 (Q. 37a) Watched television
- 
1. Watched TV during the week
  5. Didn't watch TV during the week
  9. N.A.
- 61 (Q. 37b) Read Newspapers or magazines
- 
1. Read newspapers or magazine
  5. Didn't read newspapers or magazines
  9. N.A.
- 62 (Q. 37c) Read books
- 
1. Read books
  5. Didn't read books
  9. N.A.



<u>Variable Number</u>	<u>Content</u>
63	<u>(Q. 37d) Worked on a hobby</u> 1. Worked on a hobby 5. Didn't work on a hobby 9. N.A.
64	<u>(Q. 37e) Went to a movie</u> 1. Went to a movie 5. Didn't go to a movie 9. N.A.
65	<u>(Q. 37f) Went to a play or concert</u> 1. Went to a play or concert 5. Didn't go to a play or concert 9. N.A.
66	<u>(Q. 37g) Went to a meeting of any sort</u> 1. Went to a meeting 5. Didn't go to a meeting 9. N.A.
67	<u>(Q. 37h) Went for a walk (do not ask if unable to walk)</u> 1. Went for a walk 5. Didn't go for a walk 9. N.A.
68	<u>(Q. 37i) Worked on the house (apartment), garden, etc.</u> 1. Worked on the house, garden, etc. 5. Didn't work on the house, garden, etc. 9. N.A.
69	<u>(Q. 38, 38a, 38b) Are you working at a job for pay at the present time? Is this a full time or part time job? Would you like to have a job of any kind?</u> 1. At work full time 2. At work part time 3. Not at work but would like a job 4. Not at work and would not like a job 9. N.A.

<u>Variable Number</u>	<u>Content</u>
70	<p>(Q. 39) Do you usually have enough to keep you busy?</p> <hr/> <p>1. Yes 5. No 9. N.A.</p>
71	<p>(Q. 40) About how many times did you talk to someone -- friends, relatives, or others on the telephone last week?</p> <hr/> <p>1. Once a day or more (7 times or more) 2. 2-6 times 3. Once 4. Not at all 9. N.A.</p>
72	<p>(Q. 41) How many times during the last week did you visit in person with friends, neighbors, or a relative who does not live here?</p> <hr/> <p>1. Once a day or more (7 times or more) 2. 2-6 times 3. Once 4. Not at all 9. N.A.</p>
73	<p>(Q. 42) In the period of a month, about how often do you go to meetings or activities of clubs or informal groups that you belong to?</p> <hr/> <p>1. 4 or more times (once a week or more) 2. 2 to 3 times 3. Once 4. Never 9. N.A.</p>
74	<p>(Q. 43) Do you get to spend enough time doing the things which you like to do?</p> <hr/> <p>1. Yes 5. No 9. N.A.</p>
75	<p>(Q. 44) Do you have as much contact as you would like with a person that you feel close to -- somebody that you can trust and confide in?</p> <hr/> <p>1. Yes 5. No 9. N.A.</p>

**Variable  
Number**

**Content**

- |    |  |
|----|--|
| 76 | <p>(Q. 45) Do you find yourself feeling lonely quite often, sometimes, or almost never?</p> <hr/> <p>1. Quite often<br/>2. Sometimes<br/>3. Almost never<br/>9. N.A.</p>   |
| 77 | <p>(Q. 46) How much respect do older people receive in your community? Would you say a lot of respect, some respect, or not very much?</p> <hr/> <p>1. A lot of respect<br/>2. Some<br/>3. Not very much<br/>9. N.A.</p>                       |
| 78 | <p>(Q. 47) When weather permits, do you get outside of your home as often as you would like?</p> <hr/> <p>1. Yes<br/>5. No<br/>9. N.A.</p>   |
| 79 | <p>(Q. 48) Compared to your life today, do you think that one year from now your life will be better, about the same as now, or worse than now? Just your best idea.</p> <hr/> <p>1. Better<br/>2. About the same<br/>3. Worse<br/>9. N.A.</p> |
| 80 | <p>(Q. 49) Do you usually expect that things will turn out well for you?</p> <hr/> <p>1. Yes<br/>5. No<br/>9. N.A.</p>   |
| 81 | <p>(Q. 50) How often would you say you worry about things: very often, fairly often, hardly ever?</p> <hr/> <p>1. Very often<br/>2. Fairly often<br/>3. Hardly ever<br/>9. N.A.</p>  |

**Variable  
Number**

**Content**

82

(Q. 51) Taking all things into consideration, do you think that other people are better off, about the same, or worse off than yourself? Just your opinion.

- 
- 1. Better off
  - 2. About the same
  - 3. Worse off
  - 9. N.A.

83

(Q. 52) Do you sometimes feel unhappy because you think you are not useful?

- 
- 1. Yes
  - 5. No
  - 9. N.A.

84

(Q. 53) In general, do you find life exciting, pretty routine, or dull?

- 
- 1. Exciting
  - 2. Pretty Routine
  - 3. Dull
  - 9. N.A.

85

(Q. 54) In general, how happy would you say you are -- very happy, fairly happy, or not happy?

- 
- 1. Very happy
  - 2. Fairly happy
  - 3. Not happy
  - 9. N.A.

86

(Q. 55) Taking everything into consideration, how would you describe your satisfaction with life in general at the present time -- good, fair, or poor?

- 
- 1. Good
  - 2. Fair
  - 3. Poor
  - 9. N.A.

87

(Q. 56) During the last month, about how many days were you sick to the point of having to give up some of your regular activities like visiting, going shopping or cooking for yourself?

- 
- 1. No days
  - 2. 1-7 days (1 week or less)
  - 3. 8-14 days (1-2 weeks)
  - 4. 15-21 days (2-3 weeks)
  - 5. 22 days or more (3-4 weeks)
  - 9. N.A.

**Variable  
Number**

**Content**

88

(Q. 57) When you were sick, for the most part, were you at home in bed, at home but up and around, at the home of a friend or relative, or in a hospital or nursing home?

- 
0. Inapplicable -- Respondent sick no days in Q. 56  
 1. At home in bed  
 2. At home, but up and around  
 3. At home of a friend or relative  
 4. At a hospital or nursing home  
 9. N.A.

(Q. 58 a-j) Now I'm going to read a list of activities that many people have difficulty with as they grow older. After I read each one, please tell me if you have some difficulty with it, don't have any difficulty, or whether you cannot do it at all.

---

89

(Q. 58a) Getting about the house

---

1. No difficulty  
 2. Some difficulty  
 3. Cannot do it  
 9. N.A.

90

(Q. 58b) Going up and down stairs

---

1. No difficulty  
 2. Some difficulty  
 3. Cannot do it  
 9. N.A.

91

(Q. 58c) Washing and bathing

---

1. No difficulty  
 2. Some difficulty  
 3. Cannot do it  
 9. N.A.

92

(Q. 58d) Dressing and putting on shoes

---

1. No difficulty  
 2. Some difficulty  
 3. Cannot do it  
 9. N.A.

93

(Q. 58e) Cutting your toenails

---

1. No difficulty  
 2. Some difficulty  
 3. Cannot do it  
 9. N.A.

<u>Variable Number</u>	<u>Content</u>
94	<p>(Q. 58f) <u>Getting out of the house</u></p> <ol style="list-style-type: none"> <li>1. No difficulty</li> <li>2. Some difficulty</li> <li>3. Cannot do it</li> <li>9. N.A.</li> </ol>
95	<p>(Q. 58g) <u>Feeding yourself</u></p> <ol style="list-style-type: none"> <li>1. No difficulty</li> <li>2. Some difficulty</li> <li>3. Cannot do it</li> <li>9. N.A.</li> </ol>
96	<p>(Q. 58h) <u>Watching television</u></p> <ol style="list-style-type: none"> <li>1. No difficulty</li> <li>2. Some difficulty</li> <li>3. Cannot do it</li> <li>9. N.A.</li> </ol>
97	<p>(Q. 58i) <u>Eating solid foods</u></p> <ol style="list-style-type: none"> <li>1. No difficulty</li> <li>2. Some difficulty</li> <li>3. Cannot do it</li> <li>9. N.A.</li> </ol>
98	<p>(Q. 58j) <u>Hearing over the telephone</u></p> <ol style="list-style-type: none"> <li>1. No difficulty</li> <li>2. Some difficulty</li> <li>3. Cannot do it</li> <li>9. N.A.</li> </ol>
99	<p>(Q. 59) <u>Taking everything into consideration, how difficult is it for you to get the medical services you need? Would you say it is very difficult, somewhat difficult, or not difficult?</u></p> <ol style="list-style-type: none"> <li>1. Very difficult</li> <li>2. Somewhat difficult</li> <li>3. Not difficult</li> <li>9. N.A.</li> </ol>
100	<p>(Q. 59a) <u>Why have you found it difficult? It is because you can't afford to see the doctor or dentist as much as you need to?</u></p> <ol style="list-style-type: none"> <li>0. Inapplicable -- "Not difficult" to Q. 59</li> <li>1. Yes</li> <li>5. No</li> </ol>

<u>Variable Number</u>	<u>Content</u>
101	<p>(Q. 59a) Is it because you find it hard <u>to get to</u> the doctor or dentist?</p> <hr/> <p>0. Inapplicable -- "Not difficult" to Q. 59 1. Yes 5. No</p>
102	<p>(Q. 59c) Is it because medical facilities are not available to you?</p> <hr/> <p>0. Inapplicable -- "Not difficult" to Q. 59 1. Yes 5. No</p>
103	<p>(Q. 60) Is there anything else about your health that you feel is not being taken care of properly for any reason?</p> <hr/> <p>1. Yes 5. No 9. N.A.</p>
104	<p>(Q. 61) Have you had a medical checkup in the last year?</p> <hr/> <p>1. Yes 5. No 9. N.A.</p>
105	<p>(Q. 62) In general, would you say that your health recently has been very good, good, about average, or poor?</p> <hr/> <p>1. Very good 2. Good 3. Average 4. Poor 9. N.A.</p>
106	<p>(Q. 63) Would you say that your health is better or worse than the health of other people your age? Just your opinion.</p> <hr/> <p>1. Better 2. Worse 9. N.A.</p>

**Variable  
Number**

**Content**

107

(Q. 64) How often would you say that bad health prevents you from doing things you would like to be doing: most of the time, about half the time, once in a while, or never?

- 
- 1. Most of the time
  - 2. About half of the time
  - 3. Once in a while
  - 4. Never
  - 9. N.A.

108

(Q. 65) If money were no problem, would you visit the doctor or dentist more often?

- 
- 1. Yes
  - 5. No
  - 9. N.A.

109

(Q. 66, 66a) Are you now troubled by any continuing or chronic health problems, physical problems or handicaps? (IF YES) Is this most of the time, about half of the time, or only once in a while?

- 
- 1. Yes, most of the time
  - 2. Yes, about half the time
  - 3. Yes, once in a while
  - 4. No
  - 9. N.A.

(Q. 67a-g) Now, I will read a list of different kinds of foods. Would you please tell me whether or not you ate each kind yesterday?

110

(Q. 67a) Milk, cheese, or other dairy products

- 
- 1. Yes
  - 5. No
  - 9. N.A.

111

(Q. 67b) Any kind of meat (including fish)

- 
- 1. Yes
  - 5. No
  - 9. N.A.

112

(Q. 67c) Eggs

- 
- 1. Yes
  - 5. No
  - 9. N.A.



<u>Variable Number</u>	<u>Content</u>
113	<p>(Q. 67d) Green vegetables, such as green beans, spinach, or lettuce</p> <hr/> <p>1. Yes 5. No 9. N.A.</p>
114	<p>(Q. 67e) Any other vegetable, such as beets, carrots, or squash</p> <hr/> <p>1. Yes 5. No 9. N.A.</p>
115	<p>(Q. 67f) Fruits, or fruit juice</p> <hr/> <p>1. Yes 5. No 9. N.A.</p>
116	<p>(Q. 67g) Bread or any other kind of food made of cereal</p> <hr/> <p>1. Yes 5. No 9. N.A.</p>
117	<p>(Q. 68) In general, do you feel you eat a good diet of food?</p> <hr/> <p>1. Yes 5. No 9. N.A.</p>
118	<p>(Q. 70) Please tell me, as well as you can recall, the total amount of income you (IF APPLICABLE), your wife, (husband), and your dependents received last year.</p> <hr/> <p>0. Less than \$500 1. \$500 - \$999 2. \$1,000 - \$1,999 3. \$2,000 - \$2,999 4. \$3,000 - \$3,999 5. \$4,000 - \$4,999 6. \$5,000 - \$5,999 7. \$6,000 - \$9,999 8. \$10,000 or more 9. N.A.</p>

<u>Variable Number</u>	<u>Content</u>
	(Q. 71a-j) Please tell me if this money came from any of the following sources?
119	(Q. 71a) Wages or salaries
	1. Received money 5. Did not 9. N.A.
120	(Q. 71b) Self-employment
	1. Received money 5. Did not 9. N.A.
121	(Q. 71c) Canadian Pension Plan
	1. Received money 5. Did not 9. N.A.
122	(Q. 71d) Employee or union pension
	1. Received money 5. Did not 9. N.A.
123	(Q. 71e) Annuities
	1. Received money 5. Did not 9. N.A.
124	(Q. 71f) Investments, interest or dividends
	1. Received money 5. Did not 9. N.A.
125	(Q. 71g) Old Age Security
	1. Received money 5. Did not 9. N.A.
126	(Q. 71h) Guaranteed Income Supplement
	1. Received money 5. Did not 9. N.A.

**Variable  
Number**

**Content**

127

(Q. 71-i) Old Age Assistance

---

- 1. Received money
- 5. Did not
- 9. N.A.

128

(Q. 71-j) Did you receive income from any other source?

---

- 1. Received money
- 5. Did not
- 9. N.A.

129

(Q. 72a-c) Can you please tell me if you own any of the following things?

---

129

(Q. 72a) House

---

- 1. Yes
- 5. No
- 9. N.A.

130

(Q. 72b) Car

---

- 1. Yes
- 5. No
- 9. N.A.

131

(Q. 72c) Any stocks, bonds, savings accounts, etc.

---

- 1. Yes
- 5. No
- 9. N.A.

132

(Q. 73) Please try and tell me how much your major possessions, such as property, stocks and bonds and savings, are worth altogether?

---

- 1. Less than \$500
- 2. \$500 - \$999
- 3. \$1,000 - \$2,999
- 4. \$3,000 - \$4,999
- 5. \$5,000 - \$9,999
- 6. \$10,000 - \$19,999
- 7. \$20,000 or more
- 9. N.A.

**Variable  
Number**

**Content**

133

(Q. 74) Would you please tell me about how much money you owe other people, such as what you owe on your house, car, or any other loans you may have?

- 
1. Less than \$500
  2. \$500 - \$999
  3. \$1,000 - \$2,999
  4. \$3,000 - \$4,999
  5. \$5,000 - \$9,999
  6. \$10,000 - \$19,999
  7. \$20,000 or more
  9. N.A.

134

(Q. 75) Please tell me how well you think you and your family are now doing financially, as compared to other people your age: better, about the same, or worse?

- 
1. Better
  2. About the same
  3. Worse
  9. N.A.

135

(Q. 76) How well do you think your income and assets satisfy your needs: very well, fairly well, or poorly?

- 
1. Very well
  2. Fairly well
  3. Poorly
  9. N.A.

136

(Q. 77) Do you feel that you will have enough for your needs in the future, yes or no?

- 
1. Yes
  5. No
  9. N.A.

(Q. 78a-f) Do you have any of the following kinds of insurance?

137

(Q. 78a) O.H.S.I.P.

- 
1. Has Medicare
  2. Does not have Medicare
  9. N.A.

<u>Variable Number</u>	<u>Content</u>
138	<u>(Q. 78b) Ontario Hospital Services Commission</u> 1. Has other hospital insurance 2. Does not have other hospital insurance 9. N.A.
139	<u>(Q. 78c) Supplementary Medical Insurance</u> 1. Has supplementary medical insurance 2. Does not have supplementary medical insurance 9. N.A.
140	<u>(Q. 78d) Life insurance</u> 1. Has life insurance 2. Does not have life insurance 9. N.A.
141	<u>(Q. 78e) Property insurance</u> 1. Has property insurance 2. Does not have property insurance 9. N.A.
142	<u>(Q. 78f) Burial insurance or other arrangements</u> 1. Has burial insurance or other arrangements 2. Does not have burial insurance or other arrangements 9. N.A.
143	<u>(Q. 79) Do you usually have enough to buy those little "extras" -- that is, those small luxuries?</u> 1. Yes 5. No 9. N.A.
	<u>(Q. 80a-j) Would you like to have help with any of the following things?</u>
144	<u>(Q. 80a) Getting insurance of any kind</u> 1. Would like help 2. Would not like help 9. N.A.
145	<u>(Q. 80b) Getting better housing</u> 1. Would like help 2. Would not like help 9. N.A.

<u>Variable Number</u>	<u>Content</u>
146	<u>(Q. 80c) Getting better medical care</u> 1. Would like help 2. Would not like help 9. N.A.
147	<u>(Q. 80d) Getting better dental care</u> 1. Would like help 2. Would not like help 9. N.A.
148	<u>(Q. 80e) Getting work</u> 1. Would like help 2. Would not like help 9. N.A.
149	<u>(Q. 80f) Getting to and from places around town (transportation)</u> 1. Would like help 2. Would not like help 9. N.A.
150	<u>(Q. 80g) Housework, including the fixing of meals</u> 1. Would like help 2. Would not like help 9. N.A.
151	<u>(Q. 80h) Having enjoyable things to do (recreation)</u> 1. Would like help 2. Would not like help 9. N.A.
152	<u>(Q. 80i) Meeting people</u> 1. Would like help 2. Would not like help 9. N.A.
153	<u>(Q. 80j) Legal matters</u> 1. Would like help 2. Would not like help 9. N.A.

**Variable  
Number**

154

**Content**

(Q. 81) How many persons are financially dependent on you (and your spouse)? (Do not count respondent or spouse).

---

- 0. No others
- 1. One other
- 2. 2 others
- 3. 3 others
- 4. 4 others
- 5. 5 or more others
- 9. N.A.

155

**Persons Per Room**

Variable 8 divided by variable 18. Code 9 if either component is coded 9.

- 1. 0.50 or less
- 2. 0.51 to 0.75
- 3. 0.76 to 1.00
- 4. 1.01 or more
- 9. N.A.

SUPPLEMENTVariable  
NumberKeys

156

(Q. 1) Have you lived in Kingsville all your life?

- 1. Yes (all your life)
- 5. Less than 1 year
- 6. One to five years
- 7. Five years or more
- 9. N.A.

157

(Q. 3) Profession or main type of work?

- 1. Housewife
- 2.
- 3. Farming
- 4. Laborer
- 5. Professional
- 6. Managerial
- 7. Retail, clerk
- 8. Salesman
- 9. Other

158

(Q. 4) Are you working now?

- 1. Yes
- 5. No
- 9. N.A.

159

(Q. 4a) Kind of work doing?

- 0. Inapplicable
- 1. Same profession as specified under Q. 3
- 5. Different type of work
- 9. N.A.

160

(Q. 4b) Work hours?

- 0. Inapplicable
- 1. More than 40 hrs. a week
- 2. 20 - 40 hrs.
- 3. 10 - 20 hrs.
- 4. Under 10 hrs.

161

(Q. 4c) Not working. The last time one worked?

- 0. Inapplicable
- 1. Less than 5 years ago
- 2. 5 - 10 years
- 3. 10 - 15 years
- 4. 15 - 20 years
- 5. Over 20 years
- 9. N.A.



**Variable  
Number****Keys**

162

(Q. 4d) If not working, would one like to work?

- 0. Inapplicable
- 1. Yes
- 5. No
- 9. N.A.

163

(Q. 5) Aware of medical and hospital coverage?

- 1. Yes
- 5. No

164

(Q. 6a) Use of doctor's prescription?

- 0. Inapplicable
- 1. Every day
- 2. Once a week
- 3. Occasionally
- 5. No
- 9. N.A.

165

(Q. 6b) Hard to pay for these drugs?

- 0. Inapplicable
- 1. Yes
- 5. No
- 9. N.A.

166

(Q. 6c) Where do you get money to pay for drugs?

- 0. Inapplicable
- 1. Income
- 5. Relatives
- 7. Other sources
- 9. N.A.

167

(Q. 7a) Opinion of the interview?

- 1. Too long
- 2. All right
- 7. Could be longer
- 9. N.A.

168

(Q. 7b) Opinion of the questionnaire?

- 1. Interesting
- 2. Of little interest
- 7. Of no interest whatsoever
- 9. N.A.

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VITAE



Jean J.Y. Lin (née Chang) was born on August 4, 1941, in Hsinchu, Formosa. She received her initial education in Formosa which included The Hsinchu First Elementary School and The Hsinchu Girl's High School from which she graduated in June, 1959.

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Mrs. Phyllis Neilson was born June 24, 1923 in Springfield, Massachusetts. She attended King Edward Elementary School in Windsor, Ontario, and graduated from Walkerville Collegiate in 1941, and Kennedy Collegiate in 1942. She received a Bachelor of Arts Degree in 1945 from the University of Western Ontario, at London Ontario.

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