



2004 Ponca City Survey: Needs of Citizens Over 50 Years of Age

Sponsored by the City of Ponca City's "Committee for Optimal Aging"

Did You Know?

According to the Administration on Aging, a Federal agency within the Department of Health and Human Services, the population of older adults has increased dramatically! It is expected to continue to increase in the next 20 years and beyond. The City of Ponca City is interested in learning more about the activities and services that are needed for our older adults.

Purpose

- *As a citizen of Ponca City, who is currently over the age of 50, we would like for you to complete the following Needs Survey.*
- *Your answers will be used to describe how Ponca City is responding to the challenges and opportunities presented by a growing, aging population.*
- *Your answers will help us become better acquainted with your needs and interests, and help identify ways that Ponca City can continue to improve the range of activities and services for our citizens over 50 years of age.*

Survey Directions

- *This survey should take about twenty minutes. Please answer the questions as best you can. Some questions are multiple choice and others are fill-in-the-blank. We appreciate your taking time to complete this survey.*
- ***Please note that the completion of this survey is voluntary, confidential, and does not track or identify which person answered which particular question. You do not need to sign your name anywhere on this survey. You may skip any survey questions that you do not wish to answer.***
- *The overall results of the survey will be released to the citizenry of Ponca City at a future date.*
- *If you have any questions, please do not hesitate to contact Chuck or Joan Clark, Co-Chairs of the Committee for Optimal Aging for the City of Ponca City, at 580-762-4254 or Tana McKinley, Assistant City Manager, at 580-767-0343.*
- *Please return your completed survey form by **November 1, 2004.***
- *Return the survey to: Tana McKinley, Assistant City Manager, 516 E. Grand, Ponca City, OK 74601 or place in the Utility Drop Box on 6th Street, just east of City Hall.*

Thank You!

- *Thank you for your contribution to this important project for our community.*
- *We want Ponca City to be A Community for a Life Time!*

Background Information

These questions ask you to provide basic information about you and will help us better describe the survey respondents.

1. What is your age?
 - A. 50 to 54
 - B. 55 to 59
 - C. 60 to 64
 - D. 65 to 69
 - E. 70 to 74
 - F. 75 to 79
 - G. 80 to 84
 - H. 85 to 89
 - I. 90 to 100+

2. What is your gender?
 - A. Male
 - B. Female

3. What is your primary race?
 - A. African American
 - B. American Indian
 - C. Caucasian
 - D. Hispanic
 - E. Other _____

4. What is your marital status?
 - A. Married
 - B. Widowed
 - C. Separated
 - D. Divorced
 - E. Never Married
 - F. Other _____

5. Are you responsible for caring for anyone else (grandchildren, handicapped adult, etc.)?
 - A. Yes, Full-time
 - B. Yes, Part-time
 - C. No

6. Are you employed?
 - A. Yes, Full-Time
 - B. Yes, Part-time
 - C. No

7. How long have you lived in Ponca City?
 - A. Less than one year
 - B. 1 to 4 years
 - C. 5 to 15 years
 - D. 15 years or more

8. In what part of Ponca City do you reside?
- A. Northeast (North of Highland Avenue & East of Fourteenth Street)
 - B. Northwest (North of Highland Avenue & West of Fourteenth Street)
 - C. Southeast (South of Highland Avenue & East of Fourteenth Street)
 - D. Southwest (South of Highland Avenue & West of Fourteenth Street)
9. Please determine if your household income is over or under the poverty level for Kay County.
- A. My household income is over the poverty level.
 - B. My household income is under the poverty level.

Please use the table below, which shows poverty income levels based on the number of people in the family. For the number of people in your family, if your income is above the level shown in the table, circle letter "A". For the number of people in your family, if your income is at or below the level shown in the table then circle letter "B". (Example: a family of 5 with an income of \$21,000 per year would be below the poverty level of \$22,030– circle letter "B")

<u>Number in Family</u>	<u>Gross Poverty Level Yearly Income</u>
1-----	\$ 9,310
2-----	\$12,490
3-----	\$15,670
4-----	\$18,850
5-----	\$22,030
6-----	\$25,210
7-----	\$28,390
8-----	\$31,570

10. Where do you live?
- A. In my own house
 - B. In a rent house or apartment
 - C. In a relative's house or apartment
 - D. In a retirement community
 - E. In an assisted living facility
 - F. In a nursing home
 - G. Other _____
11. How many people live with you?
- A. 0
 - B. 1
 - C. 2
 - D. 3 or more
12. What is the highest level of education you have completed?
- A. High School Graduate
 - B. Vocational/Technical or Trade School
 - C. Some College
 - D. Bachelor's Degree
 - E. Graduate Degree
 - F. Other _____

Interests and Activities Information

These questions ask you to provide basic information about how you enjoy spending your time.

13. What educational tools do you use to further your education or stimulate your mind on a regular basis? Circle all that apply.
- A. Books/Newspapers/Magazines
 - B. CD's/Tapes
 - C. Videos/DVDs
 - D. Computer Internet
 - E. Classes or Seminars
 - F. Study or Discussion Groups
 - G. Television or Radio Programs
 - H. Other _____
14. What activities do you currently enjoy? Circle all that apply.
- A. Arts/Crafts
 - B. Music Activities
 - C. Attending Religious Activities
 - D. Board Games/Cards
 - E. Hobbies
 - F. Visiting with Family/Friends
 - G. Reading
 - H. Recreational Activities (i.e. golf, tennis, hunting, etc.)
 - I. Theater/Musical Performances
 - J. Traveling
 - K. Using a Computer
 - L. Volunteering/Community Service
 - M. Watching Television
 - N. Other _____
15. How often do you exercise or engage in some sort of physical activity, such as gardening or walking?
- A. More than three times per week
 - B. Two to three times per week
 - C. Less than once per week
 - D. Infrequently
 - E. I do not exercise
16. Where do you participate in recreational/social activities? Circle all that apply.
- A. Church
 - B. ConocoPhillips Gym/Pool
 - C. Country Club
 - D. Outdoors
 - E. Ponca City Senior Center
 - F. Unity Gym
 - G. YMCA
 - H. Other _____

17. What type of exercise do you enjoy? *Circle all that apply.*
- A. Aerobics
 - B. Bicycling
 - C. Bowling
 - D. Dancing
 - E. Gardening/Yard Work
 - F. Golfing
 - G. Swimming/Water Exercise
 - H. Tennis/Racquetball
 - I. Walking/Running
 - J. Working Out with Exercise Equipment
 - K. T'ai Chi
 - L. Other _____
18. Do the exercise facilities presently available in Ponca City meet your needs?
- A. Yes
 - B. No
- If you answered No...., How do these facilities not meet your needs?

19. Would you attend exercise or physical activities designed specifically for older adults?
- A. Yes
 - B. No
 - C. Not Sure

Health Information

These questions ask you to provide basic information about your health.

20. Do you have any disabilities or illnesses that keep you confined to your home most of the time?
- A. Yes
 - B. No
21. Do you have any of the following conditions which may limit your activities?
- A. Arthritis
 - B. Breathing Problems/Lung Disease
 - C. Cancer
 - D. Depression/Anxiety
 - E. Diabetes
 - F. Disabilities from Injuries
 - G. Stroke
 - H. Heart Disease
 - I. Kidney Disease
 - J. Memory Problems/Dementia
 - K. Multiple Sclerosis
 - L. Paralysis
 - M. Parkinson's Disease
 - N. Other _____
 - O. I do not have any of these conditions.

22. Do you have any problems doing any of the following activities?
- A. Bathing
 - B. Dressing
 - C. Eating
 - D. Getting in or out of a chair or bed
 - E. Walking
 - F. Taking p rescribed medications
 - G. Other _____
 - H. I do not have problems with these activities.

Services Information

These questions ask you to provide basic information about the types of services you need.

23. During the past week, have you visited in-person or by phone with at least 5 people--other than caregivers and service providers?
- A. Yes
 - B. No
 - C. Don't know/Don't recall
24. What is your usual method of travel?
- A. I drive
 - B. I use public transportation (Taxi, Cimarron Transit)
 - C. Someone drives me
 - D. Obtaining transportation is a problem for me
25. Do you need assistance with any of the following activities? Circle all that apply.
- A. Managing Your Checkbook
 - B. Making a Telephone Call to Obtain Information
 - C. Preparing Meals
 - D. Shopping
 - E. Taking Medications
 - F. Using Transportation
 - G. Cleaning Your Home
 - H. Planning Activities/Making Decisions
 - I. Reading
 - J. Writing
 - K. Yard Work
 - L. Home Repairs
 - M. Other _____
 - N. I do not have any difficulty with these activities.
26. Have you made any provisions for your end of life care? Circle all that apply.
- A. Advanced Directive Care Plan
 - B. Designated a Healthcare Power of Attorney
 - C. Discussed Funeral Arrangements
 - D. I have not made any formal plans.

27. During the past year, have you had to go without any of the following, because you could not afford them?
- A. Food
 - B. Medications
 - C. Medical Care
 - D. Dental Care
 - E. Eyeglasses
 - F. Hearing Aids
 - G. Utilities, Water, or Propane
 - H. Telephone Service
 - I. Home Repairs
 - J. Other _____
 - K. I have not had to go without any of these things.
28. Do you attend the lunch program at the McCord Senior Center?
- A. Yes
 - B. No
 - C. Occasionally
29. Do you attend the Ponca City Senior Center?
- A. Yes
 - B. No

**If you answered YES to question 29 please answer questions 29a & 29b
If you answered NO to question 29, please go to Question 30 ...**

- 29a. What activities and services do you participate in at the Ponca City Senior Center?
Circle all that apply.
- A. Band/Dancing
 - B. Bingo
 - C. Blood Pressure Checks
 - D. Computer
 - E. Covered Dish Dinners
 - F. Exercise Classes
 - G. Heartland Food Share
 - H. Wheatheart Nutrition Lunch
 - I. Pitch
 - J. Pool
 - K. Senior Secretaries/Assistance Program
 - L. Triad Eye Clinic
 - M. Visiting with Friends
 - N. Other _____
- 29b. How often do you attend The Ponca City Senior Center?
- A. I attend every day.
 - B. I attend at least once a week.
 - C. I attend at least once a month.
 - D. I attend at least once every three months.
 - E. I only attend for special programs or events.

30. If you do not attend the Ponca City Senior Center, please check the statement below that best describes your feelings:
- A. I do not like the programs offered.
 - B. I can not get transportation to the Center.
 - C. The programs are not at convenient times.
 - D. I do not enjoy the senior center setting.
 - E. I am too involved with other activities/responsibilities.
 - F. I don't like to attend programs alone.
 - G. It's too far from my home.
 - H. Physical/health problems keep me from attending.
 - I. Other _____
31. Do you have any suggestions for improving the activities and services at the Ponca City Senior Center?
- A. _____
32. I would be interested in obtaining information on the following topics: Circle all that apply
- A. Alzheimer Services
 - B. Computers and Computer Classes
 - C. Counseling Services/Support Groups
 - D. Day Care for Adults
 - E. Elder Abuse
 - F. Employment Opportunities
 - G. Exercise/Recreational Activities
 - H. Financial Issues/Investments
 - I. Fraud against Seniors
 - J. Health Issues
 - K. Housekeeping Assistance
 - L. Legal Issues
 - M. Legislation Affecting Older Adults
 - N. Long-Term Health Care Planning
 - O. Low Cost Housing
 - P. Medical/Medicare/Social Security/Supplemental Health Insurance
 - Q. New Hobbies
 - R. Nutrition/Low Cost Meals
 - S. Public Transportation
 - T. Relief/Support for Family Caregivers
 - U. Senior Social Functions
 - V. Travel Opportunities
 - W. Volunteer Opportunities
 - X. Other _____
- _____

33. Which of the following do you think are needed to make life better for older adults in our community? Circle all that apply.
- A. Transportation for the homebound or to important appointments
 - B. Better education of older adults about the services available in the community
 - C. Better older adult continuing education opportunities
 - D. Greater access to in-home caregivers
 - E. Central information and referral office for the needs of older adults
 - F. More opportunities to participate in social and recreational activities
 - G. Greater availability of support groups for older adults to address needs
 - H. Other _____
34. What services might volunteer or community organizations provide to better serve older adults?
- A. Volunteer grocery shopping
 - B. Transportation to and from appointments
 - C. In-home visits
 - D. More older adult activities
 - E. Opportunities for intergenerational activities
 - F. Other _____
35. What services would help you feel safer and more secure in your community?
- A. More Police Presence
 - B. Better Lighting in the Community
 - C. Neighborhood Watch Programs
 - D. Electronic Personal Monitoring (i.e. Lifeline)
 - E. In-home Evaluations to Ensure Home is Senior Safe
 - F. Other _____
36. Would you be willing to volunteer in programs designed to improve the quality of life for older adults?
- A. Yes (If yes, please call RSVP at 762-9412 to learn more about volunteering)
 - B. No
37. What is the statement that best describes your awareness or knowledge about senior activities and services in Ponca City?
- A. I know a lot about them.
 - B. I have some knowledge about them.
 - C. I have very little knowledge about them.
38. What is the best place to publicize and inform you about activities and services for older adults?
- A. Cable Television/Community Bulletin Board
 - B. Newspaper
 - C. Telephone
 - D. Mail
 - E. Internet
 - F. Radio
 - G. Ponca City Senior Center
 - H. Other _____

39. Do you have any comments that might help us know more about the **interests of older adults** in Ponca City?
40. We would welcome any comments you have that might help us know more about the **needs of older adults** in Ponca City.