

EDMONTON
SENIOR RESIDENTS'
SURVEY REPORT

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For the
EDMONTON WELFARE COUNCIL

EDMONTON, ALBERTA

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PREFACE

The Edmonton Senior Residents' Survey was undertaken by the Edmonton Council of Community Services (now the Edmonton Welfare Council) at a time when there was a considerable demand from agency members for information concerning areas of need of older persons and little available about the local situation except stereotyped and speculative notions. At that time (1956-57) interest in the problems connected with aging was strong, but little existed in the way of factual data; few studies had been done, particularly in Canada and many untested assumptions prevailed. How valid was the available data for Edmonton, did we have real problems, could we pinpoint problem areas and prevent wasteful overlapping in time and effort - these and many other questions soon made it clear and imperative that we examine our situation for ourselves.

As discussion and tentative planning proceeded two points emerged: first, that although we thought we knew in a general way what we should investigate we had no assurance that the older people themselves would agree with our priorities; and second, that data which would stand the test of time would entail a study that was intensive as well as extensive. Such a study would strain the Councils' resources in personnel and finances. And indeed it did, but somehow the Council Board, the Community Chest and interested organizations usually found money when it was needed - perhaps because it was a challenge. To find out what older people themselves felt were the important concerns of their lives, members of the Canadian Association of Social Workers did non-directive depth interviews with fifty older persons and these interviews formed the basis for the study's 126-question interview. During this time the Committee on aging had had the advice, cooperation and assistance of faculty members of the Psychology and Sociology Departments of the University of Alberta and had engaged Dr. R.L. James as research associate. Now all groups were co-ordinated into a study committee; interviewers, chiefly university students, social workers, aided by some of the older people and other volunteers in the community, were trained

in the use of the questionnaire, and within a year the results of over seven hundred 90 to 120 minute interviews were on I.B.M. punch cards. All this accomplished by volunteer help, much of it unpaid.

Since then the data from the study has been in constant use: local groups interested in starting projects tap it; sub-committees of the Aging Committee consult the Study's Source Book¹ as they assess local facilities; an interim report on housing was made available for city and provincial planning; the same report provided solid facts for discussion at a large general meeting on the Housing for the Aged programme of the Provincial Department of Welfare; Dr. James has presented several papers from it to professional groups; two members of the Study Committee presented study findings to members of the Provincial Municipal Committee on Homes for the Aged; and now finally, we are able to present our Report.

There was discussion and doubt whether the study results were still relevant, for in the interim there have been many changes - increased pensions, provision of housing at prices older people can pay, medical assistance - these and other benefits have made a difference in the living conditions of the older citizen. Our original concern was with such problems, but we were even more interested in how older people felt about their general life situation for it has been clear for some time that our society tends to push them aside. Planning for physical well-being necessarily has priority, however, the fostering of psychic well-being underlies all good social planning and the Council gathered information about feelings as well as facilities. Such information continues to be relevant as long as there is a problem and it was felt that this plus the data pertaining to the general life situation were worthwhile additions to the existing literature.

For the Council, the committees and the many others involved, the survey has been an illuminating and instructive experience in several ways. In conducting a low cost survey which embodied good research principles and methods it was vital to make maximum use of local skills and facilities, and

¹See Appendix III

the locating, recruiting and organizing of these was an education in itself. It was found too that direct exposure to older people and their way of life led to a deeper understanding of the nature of their difficulties and to insights into underlying causes and effects. This increased awareness resulted in more constructive approaches to community projects and more enlightened attitudes which though perhaps less obvious are so necessary if real changes are to occur.

It is apparent that because of changing social conditions many older people require subsidization to a decent minimum standard of living. But it should not be forgotten that this does not mean that these people are always dependent in other respects and does not give us the right to decide how their lives should be lived. Indeed it is to their and our interest to encourage independence and responsibility for individual management and to discourage all measures which would create a group which is not a part of its society. It is possible that if we are not careful, we will separate older people from society by denying them active participation in it and may foster a minority group whose interests and goals are necessarily selfish and at odds with the rest of the world. In a society which tends to emphasize the immediate and the material, the less tangible contributions of the older person are likely to be undervalued; but if he is to avoid a parasitic existence our respect is necessary for his self-respect or we must be prepared to pay high social and human costs.

Mrs. Patricia Lobsinger, Chairman
Senior Residents' Survey Committee

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It is only natural that a great many persons were closely involved in this sizeable undertaking. In addition to the 720 senior residents who co-operated so splendidly, we wish to acknowledge certain special groups.

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A most important contribution was made by the University of Alberta, both in the valuable time and thought given by members of its staff and for facilities and research grants made available to Dr. James for his work with the survey.

We would like to thank the many persons and groups who participated in the survey; the members of C.A.S.W. for their participation in the preliminary interviews with older citizens; the 100 interviewers who undertook each their share of the two-hour-long questionnaire interview—these came from diverse walks of life: students, social workers, voluntary groups and individual citizens, young and old; Miss Hanna Fuchs, Miss Greta Fuchs, Miss Barbara Bevington, and others for coding each of the 700 interviews and getting them ready for I.B.M. processing; and Mr. W. Redpath of I.B.M. for his invaluable assistance in transferring the data to cards and for processing the various "runs" that had to be made.

The entire survey depended, of course, on the availability of funds. Our special acknowledgements, therefore, are directed to the many organizations and individuals who made contributions to the original budget of the survey: Community Chest of Edmonton, City of Edmonton, Royal Alexandra Hospital, Rotary Club of Edmonton, C.A.V.U. Club, National Council of Jewish Women, Soroptimist Club of Edmonton, Mrs. Whedden, Alberta Association Registered Nurses, Civic Employees Welfare Chest Fund, South Edmonton Lions Club, Junior Hospital League.

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The Edmonton Welfare Council
Mrs. F. W. Hewes, President

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The reader will note that in some cases the columns total more or less than 100%. For the most part this will represent either the rounding off of percentages, the inclusion of only major responses to some questions, or because some questions involved several responses on the part of a number of respondents. Any errors that are involved in the tabulations, or in the report in general, are the sole responsibility of the author.

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PART I

DESCRIPTION OF THE SURVEY SAMPLE

Introduction

Part I of the survey report presents some of the basic characteristics of the sample of Edmonton residents 65 and over who were interviewed during the course of the Edmonton Senior Residents' Survey conducted during 1956-57.¹

Chapter 2 provides a basic description of the sample itself, including the age, sex, marital and nationality characteristics. In addition, there are some comparisons made of the sample and the general population in order to provide a basis for judging the soundness of any generalizations which might be drawn from the data. In Chapter 3, the economic characteristics of the sample are described, including occupational background, income and expenditure patterns, and attitudes toward work. Chapter 4 provides a description of the health characteristics of the sample, including major health problems and time spent in hospital. Chapter 5 is based on the housing characteristics of the sample, including tenancy, facilities available, attitudes toward housing and so forth. Chapter 6 involves a description of the activities and recreation patterns of the sample. In Chapter 7, a summary of Part I and some conclusions concerning the sample are provided.

For the most part, the results in Part I are presented in summary form and expressed as percentages. Absolute number of respondents is used only where it seems to clarify a statement, or to point up a particular finding. Tables are placed at the end of each chapter. Figures and diagrams are used where a special emphasis concerning a point seems required.

¹ A description of the method used in selecting the sample is found in Part III, "Methodology".

Chapter One

INTRODUCTION

The rapid social changes which have taken place in recent years have had a two-fold effect on our society. On the one hand, there have been marked advances in the ability to deal with some of our age-old problems. In areas such as health, agricultural and industrial production, education, transportation and communication, great advances have been made. These advances reflect not only our increased ability to solve some of our problems, but also a growing interest in coming to grips with those aspects of our lives which seem to pose difficulties for us.

At the same time, however, social changes have created problems for society. In many instances, these new problems represent side effects, or unanticipated consequences, of actions taken to solve other difficulties.

An example of this two-fold effect of social changes may be found in the general field of public health. Social values which emerged many years ago caused decisions to be made that aimed at the improvement of medical and health standards. These decisions in turn resulted in activities which served to provide better medical treatment and care, to improve the nutrition and well-being of children, and to establish preventive programs of various types. The results have included a healthier population and lower mortality rates. But progress toward these laudable objectives has had unforeseen consequences which have posed problems in their own right. For example, the decline in mortality rates has been the main factor in the large population increases in the last century. Thus, the present "population explosion" may be attributed in large part to the decisions, activities, and programs designed to solve other basic social problems.

The feelings and values held by people in society, which served as a basis for remedial action in the first place, will also serve as a basis for judging whether unforeseen consequences themselves pose a new problem, and whether this new problem should be remedied. In some instances,

consequences of social action programs may be anticipated. In these cases, the values held by the society might serve to halt certain programs because of the feeling that the price to be paid was not worth the cure. Recent examples include the Thalidomide tragedy and discussion of the use of insecticides.

To the extent that the decisions and programs in society represent knowledge about a situation of concern, the chances are better for improving that situation, as well as for avoiding undesirable consequences. Knowledge, however, requires more than just thinking about things, more than just the exercise of collective intuitions. Knowledge requires a careful study of the problem which culminates in research, analysis and recommendations for action. Increasingly, and to this end, it has become the practice for communities to engage in self-examination as a means to better formulations of policy and more efficient implementations of action programs.

The designation of a situation as a "problem area" or, more specifically, as a "problem", reflects the value system of the general society and the resulting deep-seated feelings of particular individuals. The fact that a particular situation is chosen from a number of situations and designated a "problem" is evidence that a certain priority has been established. This choice may result from several factors. Such a choice may be due to the fact that demonstration of need has taken place according to the standard procedures involved in such demonstration. It may be due to an important (or vocal) segment of the community publicizing their strong feelings about the matter. Or the choice may be because the people involved are able to convince those in a position to do something that steps should be taken to remedy the situation. Sometimes all three of these forces are present in the designation of a problem and its selection for corrective action.

The Edmonton Senior Residents' Survey is a step taken in one problem area. As such, it reflects the conjunction of a variety of forces present in the community, resulting in the designation of the life situation of older persons as a problem area, and a demand for basic data in order to

gain a better insight into the nature of the problem. To acquire such data, a decision was reached to conduct a basic survey of the aged in Edmonton.

A. THE PROBLEM AREA

It will be worthwhile to refer briefly to some of the general aspects of the problem area which are felt to be pertinent in relation to the Edmonton Senior Residents' Survey. As indicated previously, major developments in the fields of medicine and public health had, and continue to have, profound effects on the size and composition of the general population. Two of these are important for the present discussion. One effect has been the lowering of the death rate among younger people, which has contributed to an increased average age for the total population. The other effect has been the prolongation of later life due to medical advances, thus more older people live longer. These effects are noted in the generally increasing proportion of the population comprised of persons sixty-five and over. As their numbers and relative importance increased, the chances that older persons would become objects of attention would also increase.¹

Table 1.1 provides a picture of this generally increasing proportion of older persons in the Canadian population and in Alberta, from 1901 to 1961. Although Edmonton does not show a similar change from 1951 to 1961, because the city has grown rapidly enough in the lower age brackets to offset increases in the older age brackets, the absolute increase in persons 65 years and older has been great.

At the same time these population changes were occurring, industrialization had resulted in the ability of society to provide the basic necessities of life for the majority of persons in society. Primary problems concerned with food, clothing, shelter, health, etc., were minimally solved, i.e., relatively few persons were dying because of inadequacy in these areas. Thus, attention could be turned to secondary, or derivative, problem areas, such as that of the aged.

¹This would be true even if there were no special problems (such as health) associated with age, per se.

While industrialization provided some solutions to basic problems, it created an urban society, ruling out, in many instances, family care of the aged. At the same time, however, time and resources became available to approach these derivative problems. In addition, value changes were also taking place, resulting in increasing attention being paid to questions concerning dependency. The advance of social security legislation and the enactment of policies relating to retirement lead to questions about the role of the aged: what should it be, what type of life should a retired person expect to lead, what was due the aged, and so on.

Because of the conditions referred to, the changes in values and the increasing publicity being given to the life situation of the aged, a desire to deal with what seemed to be an important problem emerged. The community had its ideas reinforced by journalistic articles, reports of welfare agencies, the pronouncements of those who would woo the vote of an increasingly important political minority and periodic census reports. To these were added the growing body of observations and reports made by the aged themselves as they acquired a means of expressing their situation.

But the desire to do something was limited by lack of knowledge in specific cases, as well as by conflicting reports about the actual condition of older persons. So studies were made, a few at first, then a gradually increasing number, and a pertinent body of knowledge began to accumulate.

An examination of these studies, most conveniently done through bibliographical materials included in recent major works on the aged¹ reveals that the majority of careful studies began to appear in the 1950's. This is an indication of the recency of serious study of the problem.

Another source of general information, including the presentation of the problem and the formulating of it in various theoretical frameworks, is to be found in various works on social problems.² In such works,

¹E.g., Elaine Cumming and William E. Henry, Growing Old: The Process of Disengagement, New York: Basic Books, Inc., 1961.

²Including works by sociologists, psychologists, medical specialists, etc.

references will be found concerning physical health, mental and psychological problems of aging, and discussions of changing social relationships and their effects on the individual personality.

One of the more fundamental, as well as conventional approaches is to be found in Clinard's Sociology of Deviant Behavior. In a chapter entitled "Role and Status Conflicts in Old Age", attention is focused on the changing social position of the older person occasioned by various other changes associated with general aging.¹ A similar approach is taken by Weinberg in his discussion of marginal age roles.²

At the beginning of the 1950's several good symposia on the problems of the aged appeared. One was "Social Contributions by the Aging", in which various sociological and psychological aspects of the problem of aging were presented.³ Another was Aged and Society which focused on the problem of the emerging role of the aged in contemporary society.⁴

One of the first sociological studies of the aged was done by Cavan and Associates.⁵ It focused on social roles and provided a good amount of case materials. An early theoretical approach emphasizing the changing role of the aged person and the resulting problems was that of Pollock.⁶ His monograph involved a critical survey of the scientific problems encountered in analyzing old age, with an emphasis on the sociological and psychological aspects.

¹Marshall B. Clinard, Sociology of Deviant Behavior, New York: Rinehart and Co., 1957.

²S. K. Weinberg, Social Problems in Our Times, Englewood Cliffs, N.J.: Prentice-Hall, 1960.

³Annals of the Academy of Political and Social Science, 279, January, 1952.

⁴Industrial Relations Research Association, Champaign, Ill., 1950.

⁵R. S. Cavan, E. W. Burgess, R. J. Havighurst and H. Goldhamer, Personal Adjustment in Old Age, Chicago: Science Research Associates, Inc., 1949.

⁶Otto Pollock, Social Adjustment in Old Age, New York: Social Science Research Council, Bulletin 59, 1948.

A wide variety of other general studies serve to complete the general approach made to the aged during the 1950's and to provide a general background of knowledge for the Edmonton Senior Residents' Survey.¹

In addition, several specific studies of the problem and the situation of the aged in various communities appeared about the time the Edmonton survey was being planned. One such study, made in Winnipeg, served as a valuable point of reference for the Edmonton survey.² A study made in Grand Rapids provided a number of ideas as to types of questions to use and suggested a possible sampling approach.³

Thus, the Edmonton survey was made within a context of a problem area acquiring increasing importance and against a background of a new, but growing, body of knowledge about the aged.

B. THE SURVEY OBJECTIVES

Despite the existence of a growing body of knowledge in the early 1950's and in spite of a number of studies made of communities of comparable size, it was felt by those involved in Edmonton that a special survey was needed. The reasons were many, but mainly related to the feeling that Edmonton had certain unique characteristics which might serve to create special problems for the aged. It did not have a warm climate like Long

¹ See also P. H. Landis, "The Aged in the Urban-Industrial Society", Ch. 35 in Social Problems in Nation and World, New York: J. B. Lippencott Co., 1959; J. F. Cuber, R. A. Harper and W. F. Kenkel, "Old Age", Ch. 13 in Problems of American Society: Values in Conflict, New York: Henry Holt and Co., 1956; and J. Bernard, "Social Problems Associated with Later Years of Life", Ch. 19 in Social Problems at Midcentury: Role, Status and Stress in a Context of Abundance, New York: Dryden Press, 1957.

² Welfare Council of Greater Winnipeg, Age and Opportunity, 1956.

³ W. W. Hunter and H. Maurice, Older People Tell Their Story, University of Michigan: Institute for Human Adjustment, 1953. See also C. W. McCann, Long Beach Senior Citizens Survey, Long Beach: Community Welfare Council, 1955.

Beach, it did not have a long-established industrial base as did Grand Rapids, and although the Winnipeg Study of the Aging proved helpful, it was felt an approach with a new perspective was required for Edmonton. In addition, there was support for the belief that adding to the fund of knowledge about the aged, even if it involved some degree of replication, would in itself be worthwhile.

Thus, with some ideas about the problem, mainly gathered through the experience of agency personnel in Edmonton and the literature that was available, but with very little idea of what might be encountered in the actual life situation of the aged, the survey was undertaken. From the initial discussions of the study committee, the objectives for the survey emerged, and were as follows:

1. To provide basic data on the life situation of persons 65 and over in Edmonton;
2. To ascertain some of the attitudes of older people toward various aspects of their life situation;
3. To provide a means by which older persons themselves could make recommendations regarding those aspects of their lives they felt were problems.

To facilitate understanding of the data presented in this report we have provided some information about the nature of a survey as well as the type of setting in which the survey was conducted. For those interested at this point, the survey method is briefly described in Chapter 12; the setting of the study is described in the following section.

C. THE SURVEY SETTING

The Edmonton Senior Residents' Survey took place in the capital of the Province of Alberta. Edmonton is located in approximately the center of the province and on the northern edge of the black and brown soil belts which cover most of the southern part of Alberta; to the north is mainly a grey soil area, usually referred to as "bush" country. The dominance Edmonton has over the surrounding area is easy to understand if one examines a map. To

the north, there is no settlement of over 10,000 population, and the nearest community of any size is found in the Peace River country, nearly 300 miles away. To the west of Edmonton, there are only small communities and the Pacific Ocean. To the east, about 130 miles away is the Saskatchewan border and Lloydminster, well under 10,000 in population. To the south, 90 miles away, is Red Deer, a city of somewhat over 20,000, but one must travel 200 miles south to reach Calgary, a community of comparable size to Edmonton. Edmonton city's population was 226,000¹ in 1956; a very large city by prairie standards. Furthermore, it exists in the center of a vast area containing fewer people than live in the city itself.

This relatively unique position enjoyed by Edmonton will, of course, profoundly affect the orientation of the inhabitants of the area. Edmonton is not only the political capital, but functions as a marketing center for a broad area, a cultural center, and represents as well the "big city" with its fascination and glamour. Edmonton thus represents a desirable place to be for many people, not excepting those in their later years.

This latter point is especially important in relation to the migration of persons to the city in recent years. Edmonton's early history (and even this of recent vintage) is one of slow growth until the time of discovery of significant deposits of oil in the area. Following these major discoveries in the mid-1940's, Edmonton began to grow rapidly, and became one of Canada's fastest growing cities. This growth is continuing at the present time. It is a growth represented mainly by an influx of persons from other areas, proving the attraction of Edmonton as an urban center to those in the immediate surroundings and also its attraction as an economically booming city to Canada as a whole. So rapid has this growth been, and so great the proportion of outsiders coming in, that a few years ago it was felt easier to find a newcomer to Edmonton than a native-born Edmontonian.

¹According to the 1964 Census, Edmonton city's population reached 338,000

At the time of the survey, the City of Edmonton was known to exert influence over a wide area and to be thought of as a destination for many people of diverse background and age. Not the least of these were the many people who left rural areas to try their luck in the city, or who were retiring from rural occupations because of age. The period surveyed will probably capture the high-mark of this type of migration; future populations of aged surveyed may contain a smaller proportion who have made this type of move. This mobility is one of the unique features of Edmonton which makes for an interesting setting in which to conduct such a survey as the present one.

Table 1.1

Population 65 and Over, as Percent of General Population,
Canada, Alberta, and Edmonton, Selected Years^(a)

Year	CANADA			ALBERTA			EDMONTON ^(b)		
	Tot. Pop.	Pop. 65 and over	Per- cent %	Tot. Pop.	Pop. 65 and over	Per- cent %	Tot. Pop.	Pop. 65 and over	Per- cent %
1901	5,371,315	271,201	5.0	73,022	1,326	1.8			
1911	7,206,643	335,317	4.7	374,295	6,101	1.6			
1921	8,787,949	420,244	4.8	588,454	13,805	2.3			
1931	10,376,786	576,076	5.6	731,605	25,660	3.5			
1941	11,506,655	767,815	6.7	796,169	41,241	5.2			
1951	14,009,429	1,086,273	7.8	939,501	66,943	7.1	170,729	11,496	6.7
1956	16,080,791	1,243,968	7.7	1,123,116	81,327	7.2	246,561	15,268	6.2
1961	18,238,247	1,391,154	7.6	1,331,944	91,897	6.9	320,598	19,002	5.9

(a) Data from Dominion Bureau of Statistics reports, selected years.

(b) Includes Jasper Place and Beverly as survey included these two areas. Beverly has since become a part of Edmonton city.

Chapter Two

GENERAL CHARACTERISTICS OF THE SAMPLE

In the present chapter, some of the basic characteristics of the sample are described. While some interviews were conducted in institutions for aged persons, the results presented here will include only the non-institutional respondents unless otherwise indicated. These data represent 672 out of the total of 712 persons actually interviewed. However, where it seems important, a reference will be made to the institutional portion of the sample for purpose of comparison.

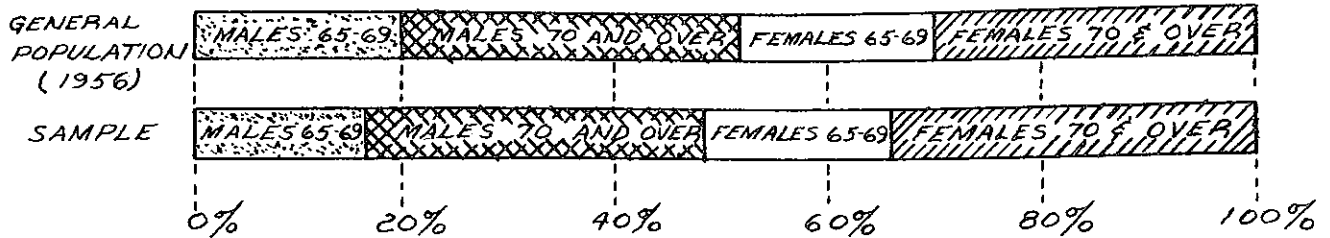
The first question of significance in relation to the sample concerns the degree to which the sample would represent the total population, 65 and over, in Edmonton. The answer to this question will provide the basis for the amount of confidence one can have in applying the generalizations about the sample to all older persons residing in Edmonton.

A. AGE AND SEX CHARACTERISTICS

Table 2.1 provides a comparison of the sex and age composition of the sample and of the general population, 65 and over, in 1956 and in 1961. Figure 1 below is based on this table. It is noted that two points of difference appear as a result of comparing the sample's age and sex composition with that of the general population, 65 and over, for 1956, the year the survey was started. The sample has about a 4% over-representation of females 70 and over, and about a 4% under-representation of males, 65-69. This discrepancy between the sample and the general population should be kept in mind when interpreting the data in the chapters that follow.

Such a discrepancy will have the effect of giving a somewhat greater importance to the response of the older females in the sample as compared to the general population, while reducing somewhat the importance of the responses of the younger males in the sample. Of course, this would be of consequence mainly where there might be an important age effect within the male or female group, or where the whole sample was being described

FIG. No. 1
COMPARISON BY AGE AND SEX OF
GENERAL POPULATION 65 AND OVER,
WITH ESRS SAMPLE, BY PERCENTAGE



* FROM TABLE 2.1

without regard to age or sex differences.

Neither of the two discrepancies are serious enough to warrant rejection of the sample as "non-representative" or to reject the various generalizations that may be made about the sample. Actually, because of the population changes taking place in the 1940's and 1950's, the composition of the sample taken in 1956 anticipates what the composition of the population 65 and over would be like in the 1960's. According to population trends in effect in 1956, the proportion of females 65 and over in the population, while smaller than the proportion of males 65 and over, was increasing.¹ Thus, whatever bias is present in the sample is in the direction of the trend.² In addition, because a survey is involved, differences of

¹Edmonton is somewhat unusual among large, urban cities, in that the proportion of older men has remained greater than the proportion of older women. This has been due in large part to the recency of its development, and the important role of immigration in the last half century.

²The 1961 census figures indicate that of the population 65 and over, in Edmonton, and including Jasper Place and Beverly, 50.4% were males and 49.6% females.

the magnitude indicated would not be too serious insofar as acquiring a general picture of the life situation of persons 65 and over was concerned. However, if a more precise analysis were called for, it would be possible to use the existing sample and to draw from it as exact a representation of the general population of older persons as desired in terms of several different characteristics.

The data in Table 2.1 indicate just how closely the 1956 sample anticipated the 1961 age and sex composition of persons 65 and over in Edmonton. Because it is felt that over a seven-year period, basic problems, attitudes, and life characteristics would not change too greatly, the results from the 1956 sample should reflect rather closely the general population of older persons today. In this sense, whatever bias existed in the sample relative to the 1956 population would be for the most part eliminated relative to the 1961 population, on the basis of age and sex characteristics.¹

B. MARITAL STATUS

Another important factor in assessing the nature of the sample is that of marital status. This has an important bearing on understanding the nature of the sample's life situation as well, for certain problems will reflect the presence or absence of spouse, whether or not children are present, and so on. Table 2.2, based on the marital status of the sample, shows the relatively large proportion of older persons who were widowed (41% of the sample), but even more strikingly, the difference between males and females in this respect.

The differences that appear between the sample and the general population provide a basis for insight into some of the problems older persons have, especially those which relate to loss of spouse at a time when

¹Age and sex are usually the two factors of primary importance in assessing the representativeness of a survey sample, mainly because so little else is known about the general population. If the sample matches well with the general population in respect to age and sex, it is assumed that other characteristics, which are not known, will also compare favorably, and thus also be representative of the more general population.

there seems to be greater need for companionship. In this respect, it is the older female who more frequently was found without spouse. There is also a much lower proportion of the sample classified as "single" as compared with the general population; this, of course, would be expected. But some idea of the popularity of marriage is indicated by the fact that only about one out of twenty in the sample never married.

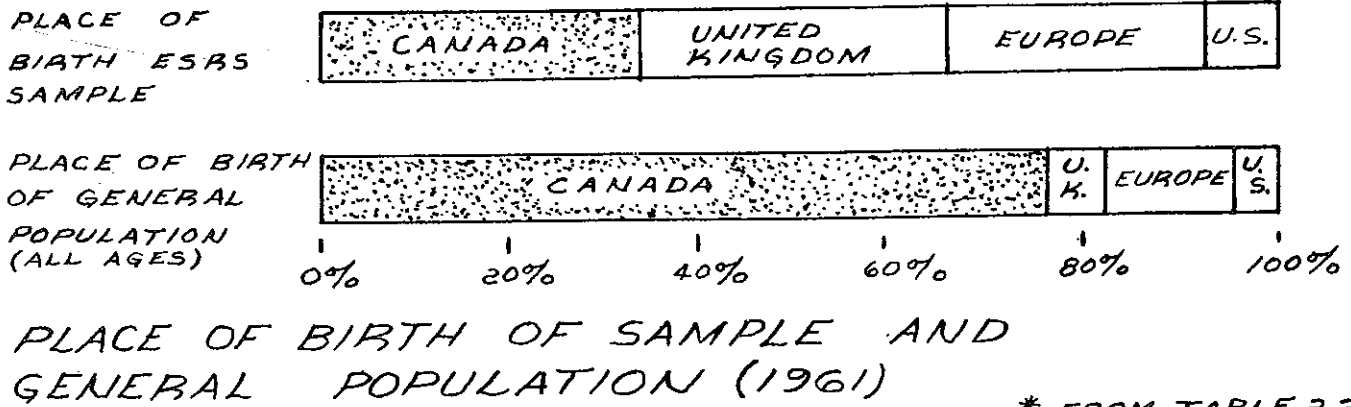
It is also to be noted that the marital status for the 1956 and 1961 general populations, 15 and over, showed a marked consistency in the various categories used. This lends support to the contention that the sample interviewed during 1956-57 would provide results applicable to the older segment of the population at a later date.

C. NATIONAL ORIGINS

There are two ways of viewing national origins. One is to determine place of birth, while the other is concerned with national origin regardless of place of birth. Table 2.3 illustrated in Figure 2 provides information on the place of birth for the sample, and a comparison with the general population (all ages) for 1961. It is seen that the sample includes a much larger proportion of persons born outside of Canada. Such a difference might make it more difficult for the generation studied to be understood by the general population, and result in a different kind of life situation. The very important role of immigration in the population growth of Canada during the first half of the twentieth century is reflected by the data. The 1961 data, on the other hand, show that Canada is rapidly becoming a nation of "native-born" and that in the next half-century, the older segment of the population will reflect this fact.

In Table 2.4, the sample is described in terms of national origin and differences between the sample and the general population in this respect appeared. To a great extent, these differences reflect various periods of immigration in recent Canadian history. The main purpose of the table, is to show the ethnic composition of the sample and how it differs from the present general population.

* FIG. No 2



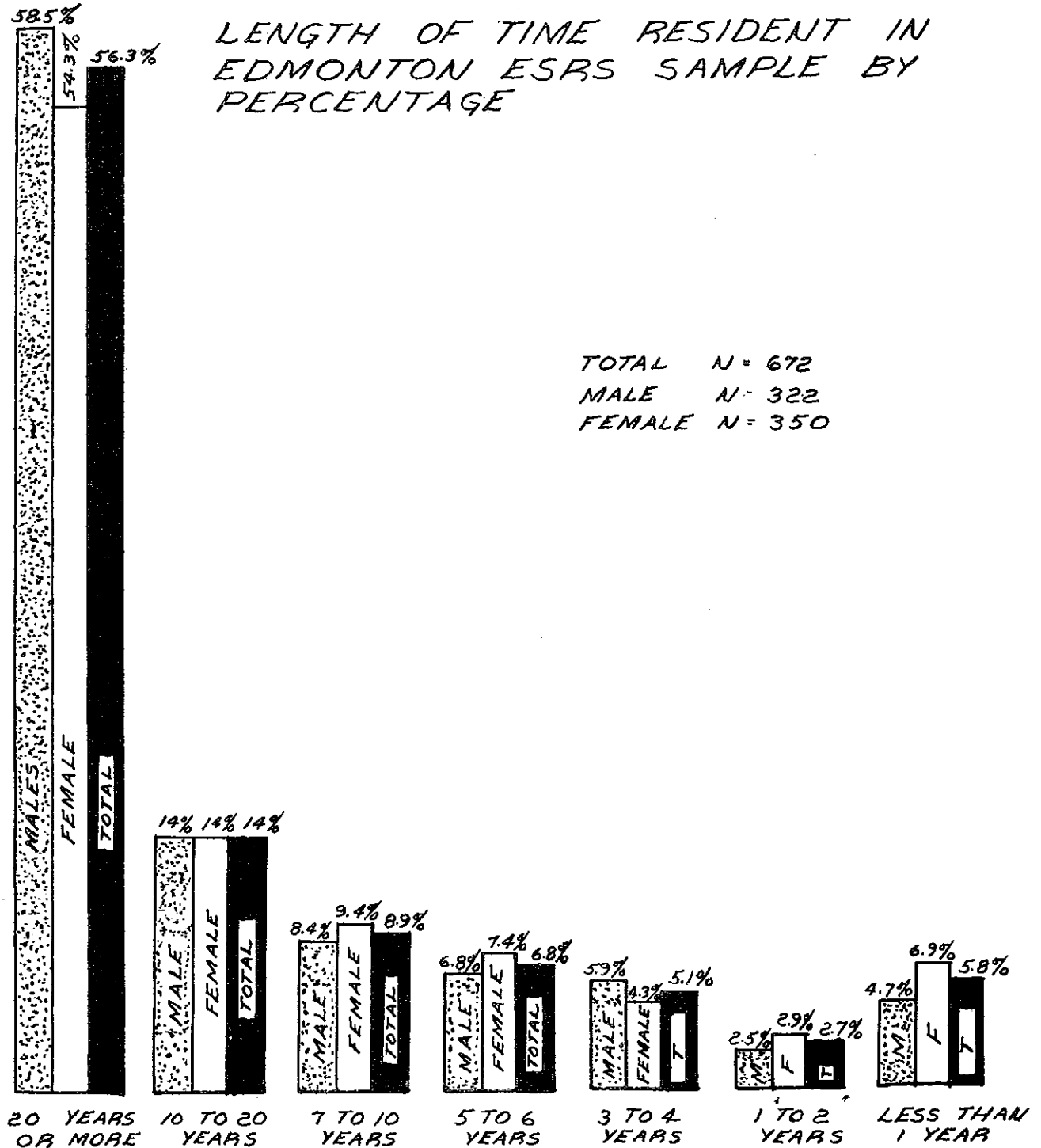
* FROM TABLE 2.3

D. LOCATION PRIOR TO EDMONTON

A very important factor in assessing the nature of the problem of the aged, particularly as this affects those who must work with the problem, is that of length of residence in Edmonton (or in any similar city) and the location prior to coming to the city. It is clearly known that the city has become the haven of older people. What is not so clearly known is the origin of this influx, and when in the life of the person he makes his move. More specifically, in relation to Edmonton itself, the question arises as to just where older people come from prior to their moving to Edmonton.

Table 2.5 illustrated in Figure 3 is based on the length of time the respondents in the sample had been in Edmonton at the time of the survey. While over half of the sample had lived in Edmonton 20 years or more (including, however, only 12 who had been there all their lives), 30% indicated they had lived in Edmonton for less than 10 years.

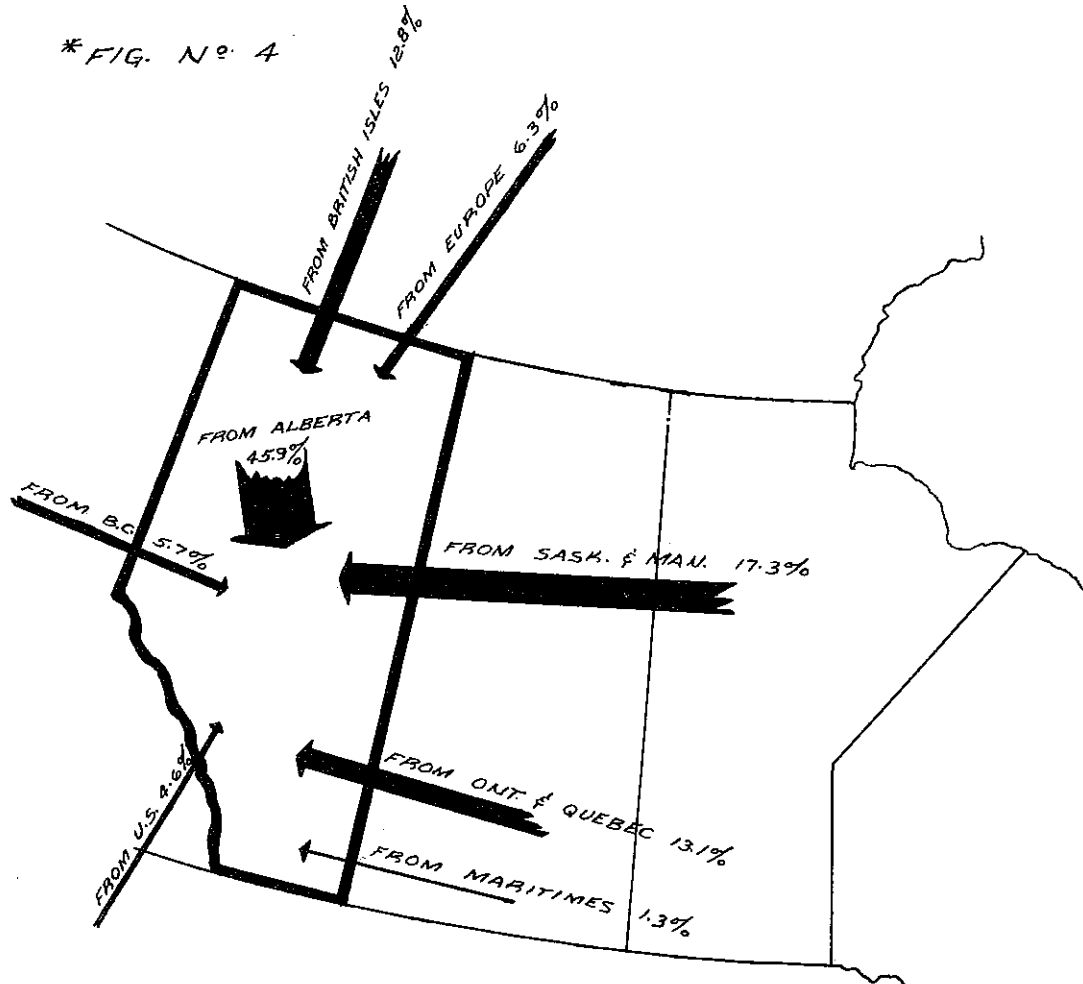
* FIG. N^o. 3



TOTAL N = 672
MALE N = 322
FEMALE N = 350

* FROM TABLE 2.5

Table 2.6 illustrated in Figure 4 provides information on the location of respondents in the sample immediately prior to their coming to Edmonton. Nearly half (46%) lived in other parts of Alberta. The provinces of Manitoba and Saskatchewan provided the second largest source of older persons, 17%. Ontario and Quebec provide another 13%. It is obvious that a great proportion of the immigrants in the sample had places other than Edmonton or Alberta as their first destination in Canada. While 32% of the sample stated they had been born in the United Kingdom, only 13% said they had come directly from there to Edmonton. Of the 23% indicating European birth, only 6% said that Europe was their place of residence prior to coming to Edmonton.

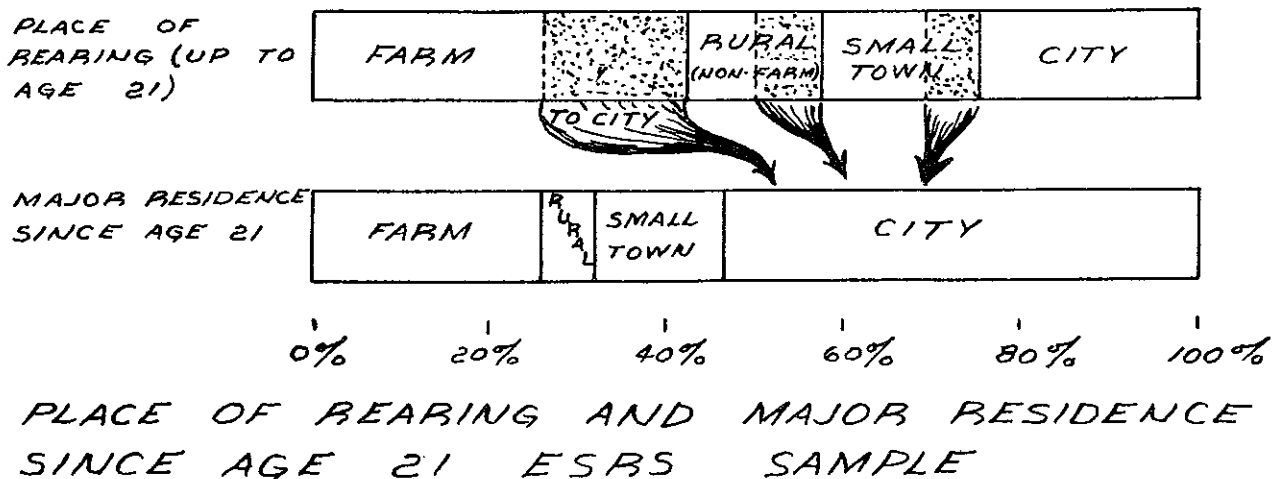


LOCATION PRIOR TO COMING TO EDMONTON

* FROM TABLE 2.6

Another important aspect of a person's life in addition to his national origin, and significant in assessing the major characteristics of the sample, is whether he comes from rural or city background. While the city may be the destination of many older people, it may also pose particular problems for those previously unaccustomed to city life. Table 2.7 illustrated in Figure 5 shows the percentage of the sample who spent their early life on farms, in small towns or in cities, and also their major residence since the age of 21. Of the sample, 43% were reared on a farm, while 27% spent the major proportion of their lives after the age of 21 on farms. It is from this last group that those with difficulties related to adjusting to city life might be expected to come. Table 2.7 also shows the marked shift in location of sample respondents from a rural background to a town and city background in later life. This is in keeping with the general population shift in the last half century, but accelerated by the retirement of rural people to the city.

* FIG. No. 5



* FROM TABLE 2.7

E. EDUCATION

The increasing emphasis on education makes it vital to study the educational level of the older person, and its possible influence as a source of problems. Table 2.8 provides the data on number of years of education stated by the respondents. Nearly a third of the sample said they had ten or more years of schooling, while only 4% said they had no formal schooling whatsoever. This makes for a distribution of educational levels comparable to that of the general population. A slight difference is to be noted between males and females. A total of 34% of the males had six years or less of education, whereas only 24% of the females had this little education.

F. SUMMARY

Interpretations of the data should be related to the fact that a somewhat larger proportion of females are in the sample than expected, and that the sample includes a variety of ethnic groups of immigrant status. Also to be kept in mind is the fact that a large proportion of Edmonton's senior residents come from a rural background, a factor which might contribute to problems of later life in the city.

On the basis of the sample characteristics presented, and the comparison at certain points with the general population, the ESRS would seem to provide a good means for judging the nature of the life situation of persons 65 and over in Edmonton. That the survey was carried out during 1956-57 should not influence its present application, especially since the sample composition so closely approximates the 1961 population 65 and over in Edmonton, and because it seems safe to assume that the basic nature of the problems would not change too greatly within a decade.

Table 2.1

Comparison, Age and Sex Composition, General Population 65 and Over, 1956 and 1961, with ESRS Sample, by Percentage

	<u>Total</u> <u>65 and over</u>	<u>Males</u> <u>65-69</u> %	<u>Males</u> <u>70 & over</u> %	<u>Females</u> <u>65-69</u>	<u>Females</u> <u>70 & over</u> %
Edmonton, 1956 ^(a)	15,268	20.5	31.3	18.9	29.4
ESRS Sample ^(b)	672	16.1	32.1	17.9	33.6
Edmonton, 1961 ^(b)	19,002	16.8	33.6	17.3	32.3

(a) Includes Jasper Place and Beverly, areas which were also surveyed, and included in sample total. 1956 figure from Dominion Bureau of Statistics Bulletin 4-13, Population, "Characteristics by Census Tracts, Calgary and Edmonton," 1957. 1961 figure from 1961 Census of Canada, Bulletin 1.2-2, "Age Groups," Dominion Bureau of Statistics, 1962.

(b) Includes non-institutional respondents only.

Table 2.2

Marital Status, General Population, 15 and over, 1956 and 1961, and ESRS Sample, by Percentage

<u>Category</u>	<u>ESRS Sample</u>			<u>1956 Population</u> ^(a)			<u>1961 Population</u> ^(b)		
	<u>Total</u> %	<u>Male</u> %	<u>Female</u> %	<u>Tot.</u> %	<u>Male</u> %	<u>Fem.</u> %	<u>Tot.</u> %	<u>Male</u> %	<u>Fem.</u> %
single ^(c) (never married)	5.2	6.5	4.0	24.3	27.3	21.5	23.2	26.2	20.3
married ^(d) (with spouse)	49.6	67.1	32.6	69.4	69.7	69.1	70.2	70.5	69.8
widowed	40.9	18.9	61.1	5.6	2.6	8.6	5.7	2.5	8.8
separated or divorced	2.8	5.0	.9	.7	.5	.8	.9	.7	1.1
no answer	2.0	2.5	1.4						
N =	672	322	350	168,583	83,833	84,750	205,187	101,946	103,241

(a) Census of Canada, Bulletin 4-13, "Characteristics by Census Tracts, Calgary and Edmonton," Dominion Bureau of Statistics, 1957. (Includes Jasper Place and Beverly)

(b) Census of Canada, Bulletin 1.2-4, "Marital Status", Dominion Bureau of Statistics, 1962. (Includes only Jasper Place)

(c) "Never married" applies to ESRS sample only.

(d) "With spouse" applies to ESRS sample only.

Table 2.3

Place of Birth, 1961 General Population and ESRS Sample,
by Percentage

<u>Category</u>	<u>ESRS Sample</u> %	<u>Edmonton and Jasper Place, 1961 General Population^(a)</u> %
Canada	33.2	76.2
United Kingdom	32.3	6.7
Europe	22.9	13.8
(U.S.S.R., incl. Ukraine)	4.0	1.8
United States	10.6	2.5
All Other	1.0	.8
N	= 672	311,557

(a) 1961 Census of Canada, Bulletin 1.2-7, "Place of Birth," Dominion Bureau of Statistics, 1962.

Table 2.4

National Origins, Selected Groups, 1961 General Population and ESRS Sample,
by Percentage

<u>Category</u>	<u>ESRS Sample</u> %	<u>1961 General Population, Edmonton, Jasper Place and Beverly^(a)</u> %
British Isles (U.K.)	59.4	45.4
French	5.1	6.3
German	4.8	12.4
Netherlands	.6	4.0
Polish	1.2	3.9
Scandinavian	3.6	5.3
Ukrainian	7.3	11.7
Russian	.7	.8
All Other	17.4 ^(b)	10.1
N	= 672	320,598

(a) 1961 Census of Canada, Bulletin 1.2-5, "Ethnic Groups," Dominion Bureau of Statistics, 1962.

(b) Including 3.7% "Canadian" and 1.8% American.

Table 2.5

Length of Time Resident in Edmonton, ESRS Sample, by Percentage

<u>Category</u>	<u>Total</u>	<u>Male</u>	<u>Female</u>
	%	%	%
less than 1 year	6	5	7
1 to 2 years	3	3	3
3 to 4 years	5	6	4
5 to 6 years	7	6	7
7 to 10 years	9	8	9
10 up to 20 years	14	14	14
20 years or more	56	59	54
N	= 672	322	350

Table 2.6

Location Prior to Residence in Edmonton, ESRS Sample, by Percentage^(a)

<u>Category</u>	<u>Total</u>	<u>Male</u>	<u>Female</u>
	%	%	%
Alberta, not Edmonton	46	46	46
British Columbia	6	6	5
Saskatchewan and Manitoba	17	18	16
Ontario and Quebec	13	11	15
Maritimes	1	1	1
British Isles	13	14	12
Continental Europe	6	5	8
United States	5	5	5
All Other	2	2	1
No Answer	1	1	1
N	= 672	322	350

(a) Percentages will add to more than 100% because of some double responses.

Table 2.7

Place of Rearing and Major Residence Since the Age of 21,
ESRS Sample, by Percentage

	Farm	Rural Places (non-farm)	Small Towns (1,000-5,000)	Cities (5,000 and over)
	%	%	%	%
place of rearing (up to age 21)	43	15	18	24
major residence since age of 21	27	7	12	54

N = 672

Table 2.8

Total Years of Education, ESRS Sample, by Percentage

Category	Total %	Male %	Female %
no formal schooling	4	5	3
1-3 years	7	10	5
4-6 years	18	20	15
7-9 years	36	35	38
10-12 years	26	25	29
some college	8	7	8
N=	672	322	350

Chapter Three

ECONOMIC CHARACTERISTICS OF THE SAMPLE

A. INTRODUCTION

An individual's physical survival depends upon his ability to obtain the basic necessities of life. In addition, a man usually has responsibility to provide these same necessities for his family. Since the means of subsistence are generally acquired by gainful employment in our society, it is clear that economic activity is one of the areas of primary importance in understanding the life situation of whatever group is being studied. Included in economic activity are such things as the individual's work history, the amount of income received, how his income is spent, attitudes toward work, and so on.

A person's occupation not only provides him with his livelihood, but it also serves as a means of ranking him and his contribution to other members of the society. In addition, it is of great significance that work, as such, is valued in our society. "Work" and "worth" are closely related in the minds of most people. There is a strong desire in most of us to feel that what we are doing is worthwhile; if this is not obvious, we search for some justification for what we are doing. As a consequence, many pressures exist which encourage the individual to engage in some sort of activity which may be viewed as productive. When a person is not so engaged, feelings of guilt, inadequacy and depression may develop. Over longer periods of time, actual physical or mental disability may result from unemployment.

Thus, the older person facing retirement not only faces a marked change in his income pattern, with, in general, a lowering of his standard of living, but he also faces a loss of activity which has provided him with a meaningful existence, status, and a whole series of important social relationships.

The present chapter details some of the basic economic characteristics found to be associated with the sample of persons surveyed in the

ESRS. The data are presented in four sections: (1) the work pattern, (2) the income pattern, (3) the consumption pattern, and (4) some evaluative responses on the part of the respondents themselves. These sections will be followed by one including some comparisons between results from the Edmonton survey and corresponding data from several other studies of older persons.

Before proceeding, however, a word of explanation concerning the presentation of data in Chapter 3 is in order. For the most part, references to the work pattern in section B will be limited to males. One reason is that in the generation studied the male worked at gainful employment outside of the home (or in farming) while the female's career was associated with the home. A relatively small proportion of women born before 1890 had careers other than homemaking. When such careers did exist, they usually developed somewhat later in life and often in association with the decline or loss of a husband's ability to work, or with loss of spouse. A second reason is methodological, and relates to the problem of separating out the responses of females who had their spouses in mind when answering some of the questions.

B. THE WORK PATTERN

Each respondent was asked what his main type of work was during his lifetime. The results are presented in Table 3.1. Unfortunately, the responses made by this group of males did not lend themselves to a classification similar to the type used by the Dominion Bureau of Statistics. However, the occupational categories presented in the table represent fairly clearcut differentiations between major types of work. In some cases, however, certain of the categories (e.g. railroad) would include persons of varying degrees of skill.

The 322 males in the sample gave 435 "major types of work", an average of 1.4 per respondent. Actually, approximately one-third of the respondents indicated that they had engaged in more than one major occupation during their lifetimes.

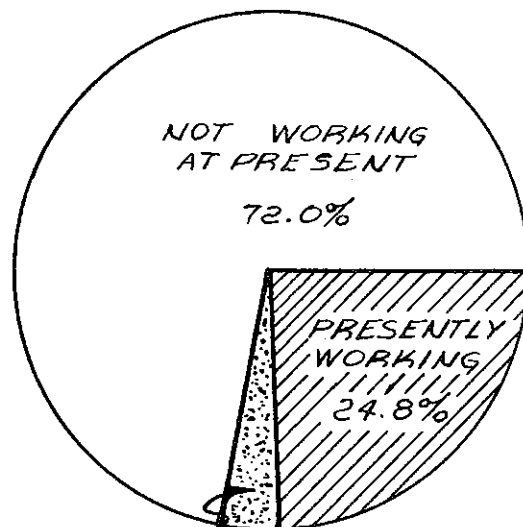
The predominantly rural background of a significant proportion of

the male respondents was indicated by the fact that 32% stated they had been farmers. (49 of 125 females where it was known that spouse was referred to, or 39%, stated that the major occupation of their husband had been farming). The next largest categories were: railroads (specific type of work not available), 14%; building and construction trades, 13%; general and unskilled labor, 13%; and general business, including insurance, real estate and investments, 10%. What usually have been referred to as the higher status occupations received correspondingly fewer mentions, as might be expected. The category of "professional", including doctors, lawyers, teachers, etc., included 6% of the respondents, managerial, 7%, and proprietorial, 4%. While the occupational breakdown may appear relatively rough, nevertheless there is represented a wide range of types of work, and it is felt that the general population of males 65 and over in Edmonton is fairly represented.

It is generally assumed that persons 65 and over will not be employed, and in most cases will no longer be working in any capacity. In the sample, 72% of the males stated they were not working, while 25% said they were (Table 3.2, illustrated in Figure 6).

* FIG. NO. 6

*PRESENT WORK STATUS OF MALES,
65 AND OVER E.S.R.S. SAMPLE BY PERCENTAGES.*



NO ANSWER 3.2%

* FROM TABLE 3.2

Of the 80 males still working in some capacity, 59% were continuing in occupations the same as, or similar to, their major life's occupation. The majority (64%) still working worked 40 or more hours per week. Steady work, that is, regular employment, whether full or part time, was indicated by 79% of those still working. (These data have not been included in a table.)

Table 3.3 illustrated in Figure 7 is based on the response to the question "What is the reason you are not working at the present time?" This question was asked of the 232 males who had indicated that they were not working at the time of the survey. It is clearly seen from the data that the person not working was definitely out of the labor force. Either the respondent was not interested in working, or he was regarded as unemployable, by himself or by potential employers.

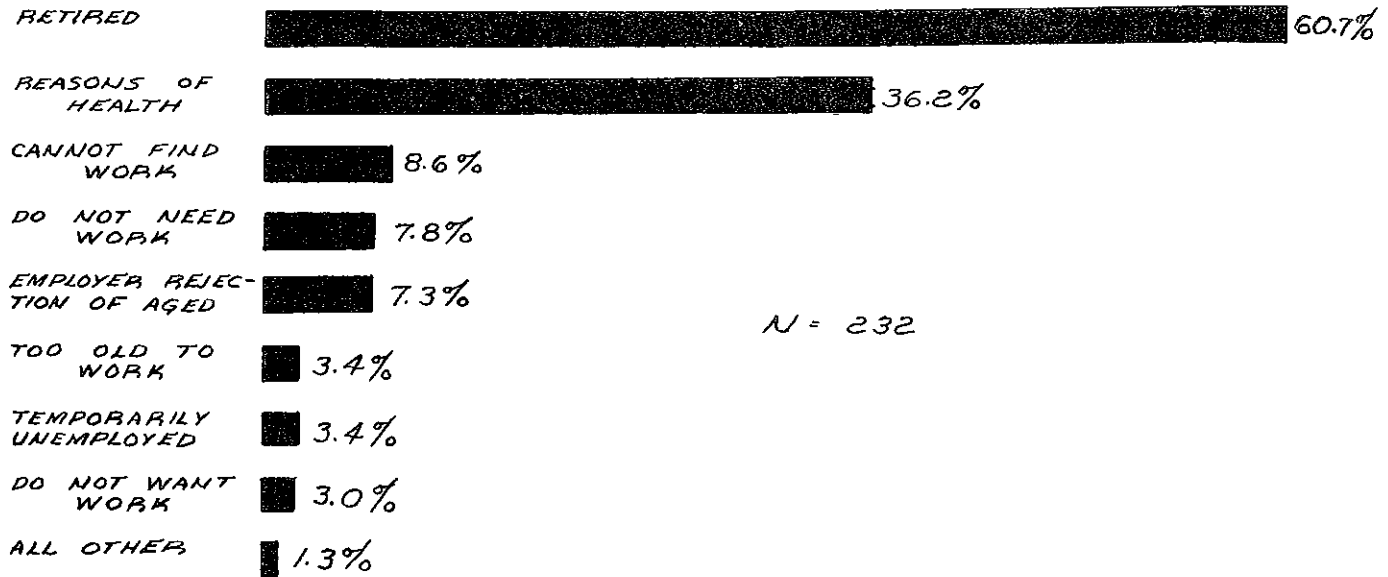
A total of 306 reasons were given by the respondents as to why they were not working, an average of 1.3 per respondent. The largest number of responses to the question involved statements indicating retirement, and represented 61% of the 232 males not working. Another 36% of this group stated that they were not working because of poor health. This category included those who were physically disabled. Undoubtedly, there would be some overlap between the two groups as a person might refer to "retirement" and "poor health" as two reasons why he was not working. However, in most cases, the response was listed which seemed to represent the major or primary reason for not working.

On the other hand, 9% of those not working stated that they could not find work, an indication that they continued to have an active interest in working, and presumably felt able to do so in some capacity. Another 7% stated that employers would not hire older people, and 3% stated that they were only temporarily unemployed. It is not as clear that persons in these last two categories were also interested in finding work, but the implication is that they would be.

Taking everything into consideration it is probably a safe estimate that approximately four-fifths of the males classified as "not presently

FIG. N^o. 7

CATEGORY:



REASONS WHY RESPONDENT WAS NOT WORKING,
MALES 65 AND OVER ESRS SAMPLE,
BY PERCENTAGE.

*FROM TABLE 3.3

working" do not regard themselves as eligible for, or interested in, gainful employment.

Further to the foregoing, all of the respondents in the sample were asked as to their physical ability to work. Table 3.4 presents the results of this question. Of the 322 males in the sample, 26% stated that they felt able to work full time. Another 33% of the males stated they felt they were able to work on a part-time basis only, or implied this in their response. A total of 35% stated that they would be unable to work in any capacity. It must be remembered that these responses represent the respondent's judgement of his own capacity in respect to work, and would reflect psychological, as well as physical, factors.

Age categories have been included in Table 3.4 in order to illustrate the changing self-conception with increasing age. It is seen that the proportion of males feeling that they were able to work decreases with increasing age. The seventies seem to be the point of greatest shift in

this respect.

Insight into the actual importance of work in the life patterns of those in the sample may be had from the data in Table 3.5. The table is based on responses to the question: "If other things were all right, and it was not necessary to work because of financial reasons, would you want to work anyway?" For comparison, the female sample is included, with the understanding that those referring to spouse and those referring to themselves have not been separated.

Two important points are indicated by the data. First, nearly two-thirds of the males (66%) stated that they would, or probably would, continue to work anyway. This result supports the contention that in the generation studied, work represented an important activity, valued in its own right. The male sample was not "retirement oriented" in the sense of retirement offering a worthwhile alternative to work. Recent propaganda about retirement, e.g. insurance companies, would not seem to have had much effect on the sample, perhaps because it occurred relatively late in our respondents' lives.

A second important point may be made, even though the data for female respondents are not clearly differentiated between females referring to self and females referring to spouse. The female respondents include a smaller proportion who would continue to work even though they did not have to, or who felt that their husbands would continue. In the latter instance, the female's values would probably influence her responses concerning what she believed her husband felt. The degree of difference between the male and female respondents would be minimized because of the number of females referring to husband's attitude toward work. It seems safe to say, however, that the male is more oriented to work as a part of the life pattern than is the female in the sample studied.

The respondents in the sample were asked why they felt as they did with regard to a continuation of work, and these results are summarized in Table 3.6. A total of 211 males who stated they would work, or probably

would work, gave 243 reasons, an average of 1.1 reasons per respondent. Three-fourths of the males referred to the importance of keeping busy for one's health as the reason for wanting to continue working. Twenty-seven percent said they would like to work. While the females averaged slightly lower in the number of responses per respondent, the major reason given for wanting to continue work was the same as for the males.

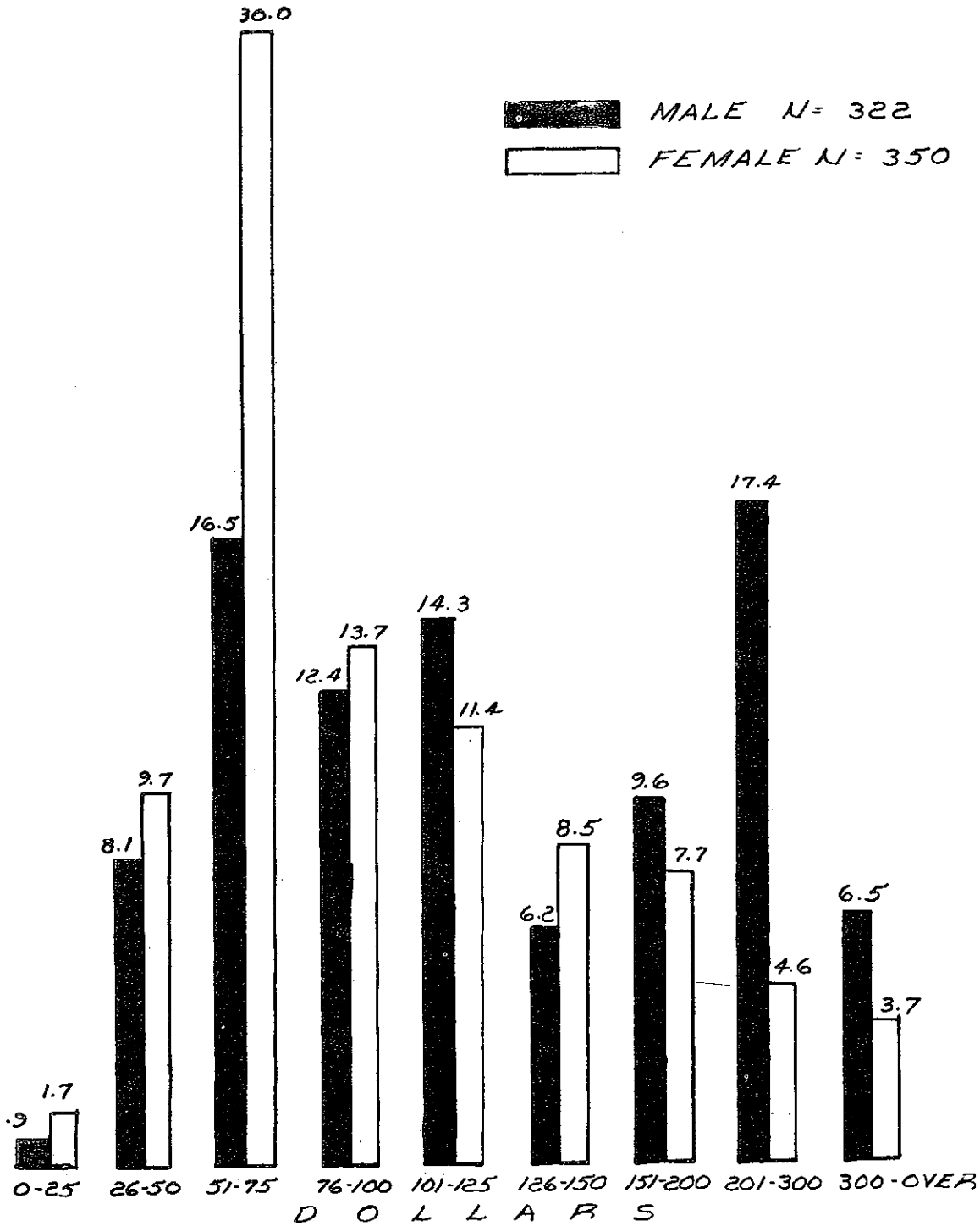
Of those indicating they would not want to continue working, 96 males gave 109 reasons, or 1.1 per respondent in the group. The major reason was inability to work due to health and aging. This was mentioned by 47% of the males. The other reasons why there was no interest in working under the conditions mentioned in the question were: (1) retirement was something a person earned (21% of the respondents); and (2) retirement was enjoyable or worthwhile (24% of the respondents). Health and age disability also represented the largest category of reasons for not continuing to work given by the female respondents. Only 18% stated they would not work because retirement was enjoyable, and 15% felt retirement was something earned by the individual.

Attention will now be turned to the second major area of the economic characteristics of the sample.

C. INCOME PATTERN

In this section, and in the following one which deals with consumption patterns, much less confidence exists as to the validity of the responses. In the first place, it has always been found that persons are reluctant to reveal their financial status. In the case of older persons in the sample, several other influences may have existed. Because older people in general feel there is a financial problem, they would be interested in pointing up the nature of the problem by providing information on income. There would also be little reason to under-estimate income because of concern about income tax investigation. In the final analysis, however, the degree of rapport established by the interviewer will be a determining factor in the results obtained.

* FIG. N^o. 8



ESTIMATES BY RESPONDENTS OF MONTHLY INCOME BY SEX, ESRS SAMPLE BY PERCENTAGES.

*FROM TABLE 3.7

Another problem relates to the ability of the older person to give an accurate estimate of various types of expenses. Rent would be the easiest to estimate, since it represents a regular, fixed payment. Food expenses would be more difficult to recall, but because of regular expenditures would allow for a fairly close estimate. Other types of expenses are extremely difficult to estimate, especially during an interview. In many of the cases, the recent experiences of the respondent would influence his judgment regarding amounts of expenses over longer periods.

In many cases, where it seemed that an estimate was highly inaccurate or not possible, no response was entered. The proportion of "no answer" responses in this and the next section provides an idea of the problem encountered with this type of data. It should also be kept in mind that interpretation of the results in the sections on income and expenditures should be based on the idea of a family unit regardless of size.¹

Table 3.7 illustrated in Figure 8 gives the distribution of the income reported by the respondents. It is given as the average monthly income per family unit for the year previous to the study.² Because the interviewers were instructed to obtain combined income where a couple was involved, it is assumed that all such income was reported.

From Table 3.7, it is apparent that family units represented by males have incomes greater than family units represented by females. The averages are \$144. monthly for males as against \$106 monthly for females. The lower average income for females is partly due to the greater proportion of females without spouses.

Table 3.8 summarizes the sources of income for the sample. As expected, pension was the major source of income for the sample. Among males, 65% received a government pension, against 77% of females. Work pensions were sources of income for 24% of the males, and for 13% of the

¹ Later analysis with results of single, as compared with married, persons will be made. These results will be available in another report.

² Mid-1955 to mid-1956.

females. The difference between the two groups is due in great part to the larger number of males who had worked. It is noted that wages and salaries provided an income source for 27% of the males, but was reported by only 15% of the females.

Fully a quarter of the sample received income in the form of rentals paid by roomers or tenants. Interest or dividends provided income for 20% of the males and for 16% of the female respondents. Over twice as large a proportion of females as males received income from relatives, the percentages being 7% and 3%, respectively.

The average number of sources of income for males was 1.8, while for females, it was 1.7. Thus, it is obvious that the majority of persons in the sample had at least two sources of income.

Money income, however, is only one form of income. There is also what is termed "income in kind" which represents non-monetary income. This might take the form of various kinds of gifts, or represent arrangements made for assisting a person with basic necessities. These may represent things needed by the person, but for which he is not required to spend money. Table 3.9 summarizes some of the more common sources of income in kind as received by the sample. It was not possible to place money values on income in kind, but it is probably true that money income is only a small part of total income received by some of the respondents.

A total of 88% of the sample responded to the question about income in kind. Of these, 69% stated they did not receive such income, 31% did. A larger proportion of females received this kind of income than males.

The most frequently mentioned sources of income in kind were rent and food. Of the total number of females receiving income in kind, half had income in the form of free rent. About two and one-half times as large a proportion of the females as males received income in kind in the form of clothing.

For those reporting income in kind, the average number of sources

for males was 1.4 and for females, 1.5. More detailed analysis would probably show that a relatively small proportion of the sample received a relatively large number of types of income in kind.

Attention will now be directed to how income is spent.

D. EXPENDITURE PATTERN

Six categories of monthly expenditures were of concern in the study: food, rent, clothing, utilities, medical and "other expenses". Each respondent was asked to give an estimate of the average monthly expenses over the year prior to the study. It is necessary to keep in mind that 1956 prices would form the basis for the estimates; thus, the data presented in this report would under-estimate current expenditures for a similar sample.¹

Food: - A total of 72% of the sample gave an estimate of food expenses. The distribution of responses by amount spent is given in Table 3.10. Males averaged \$65 for food, while females averaged \$47. The higher male average may be explained by the fact that more couples are represented by the male sample. It may be that food expenses for the single male would be somewhat higher than for the single female, but corroboration of this awaits further analysis.

Rent: - Nearly two-thirds of the sample gave estimates of expenditures which involved rent, or equivalent payments (e.g., mortgage payments). These estimates are summarized in Table 3.11. The average expense in this category was \$32, with only slight variation between the males and females who responded. Rent is more of a fixed payment than food, allowing for fairly accurate reporting, and not varying quite as much between single-person family unit and the couple as would be the case with food expenses.

¹Annual consumer price index, 1949 - 100, based on major types of expenses, was 116.4 for 1955, 129.2 for 1961, and reached 130.5 by June of 1962. Source: Canada Year Book, 1962, p. 930. An examination of the urban indexes for selected staple foods during the same period shows a somewhat higher cost rise since 1949. (Ibid, pp. 931-32). The consumer price index for Edmonton during the same period was somewhat below the Canadian average. (Ibid, p. 933). The most recent estimate made for July, 1963 puts the index over 133.

The estimates given obviously include a wide range of accommodations, from a person who might be paying nothing in exchange for rooms with relatives, to the rooming house tenant, and the individual owning his home.

Utilities: - About 60% of the sample gave estimates of expenses relating to heat, electricity and water. These estimates are summarized in Table 3.12. The average monthly expenditure estimated was \$14 with less than a \$1.00 variation between the male and female groups. Again, as with rent, the expenditure in this category would be somewhat standardized, regardless of whether a single person family unit or couple was involved.

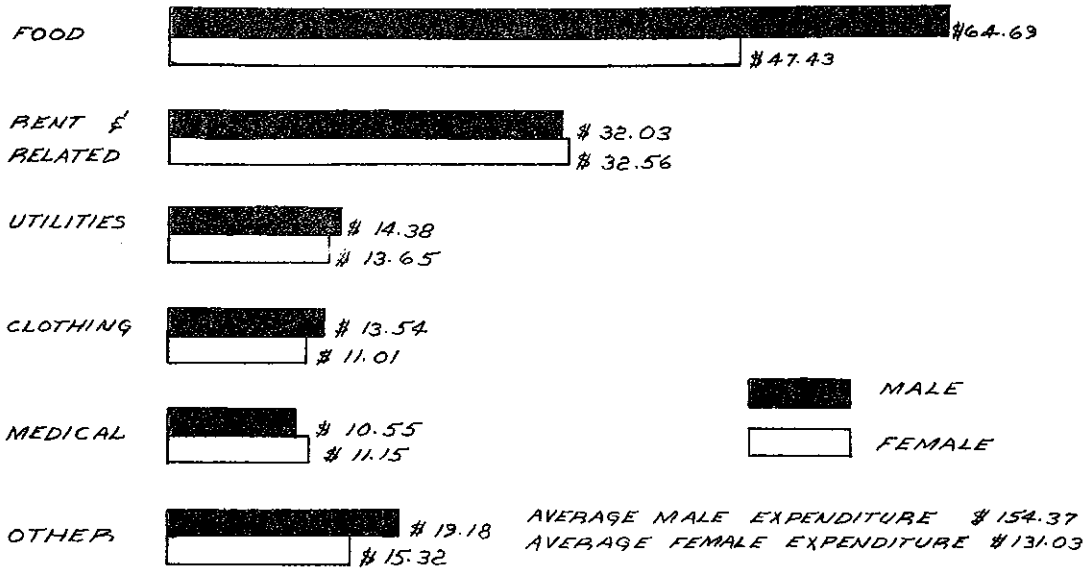
Clothing: - About 55% of the sample gave estimates of their monthly clothing expenditures. These estimates are summarized in Table 3.13. The average amount spent was \$12 per month for those providing estimates. Male and female samples varied somewhat, the averages being \$14 and \$11, respectively.

Medical: - Only about one-half of the sample responded to the question concerning medical expenses by indicating that they had expenses regularly. Not included in the estimates were emergency expenses. The estimates are summarized in Table 3.14. The average for those providing estimates was \$11, with only a small variation between males and females.

Other Expenditures: - Only 24% of the sample provided estimates of other expenditures. For those reporting this type of expenditure, the results are summarized in Table 3.15. The average was \$17, with males averaging \$19 and females averaging \$15 per month. Such expenditures would cover a wide range of consumption, including subscriptions, hobbies, recreational activities, etc.

Summary: - Table 3.16 illustrated in Figure 9 consolidates the average expenditures in various categories of consumption. It is recognized that such a comparison provides only the most general idea of the allocation of income by the respondents in the sample. But some insight is gained into the relative importance of the various expenditures as well as of the average amount of money spent by those responding. Nearly 40% of the

* FIG. No. 9



SUMMARY OF AVERAGE ESTIMATES OF EXPENDITURE BY SEX

* FROM TABLE 3.16

estimated expenditures for the sample was represented by food, while somewhat over one-fifth of income spending was for rent or similar expense. Between the two categories, over 60% of the income available to the sample was accounted for.

E. ADEQUACY OF INCOME

One measure of adequacy of income would be to compare actual income with actual expenditures. This comparison is provided in Table 3.20, and reveals that average expenses as estimated by the sample run ahead of estimates of income. Assuming a reasonably valid series of estimates (and also the validity of using averages as an indication of the consumption pattern), several possibilities exist; (1) the family unit is drawing on past saving (and the present study does not provide information on this possibility); (2) the family unit is going into debt; or, (3) there is assistance from some other source.

To some extent, income in kind (Table 3.9) would close the gap

between income and expenses. An estimated expense in some cases might include the cost of an item even if it had not been actually purchased by the respondent. A major source of assistance might have come from actual sharing of expenses by others. Whatever gap existed between income and expenditures may have been made up by contributions of cash.

Table 3.17 shows the percent of the sample who have their living expenses shared by others outside of the family unit. A total of 26% of the sample indicated such sharing. It is seen that a marked difference existed between males and females in this respect. While 31% of the females said their expenses were shared, only 21% of the males said their expenses were shared. The relatively lower income of the female, the fact that a larger proportion are without spouse, and the greater extent to which they live in a somewhat dependent status (to be examined in a later chapter) would contribute to the difference noted.

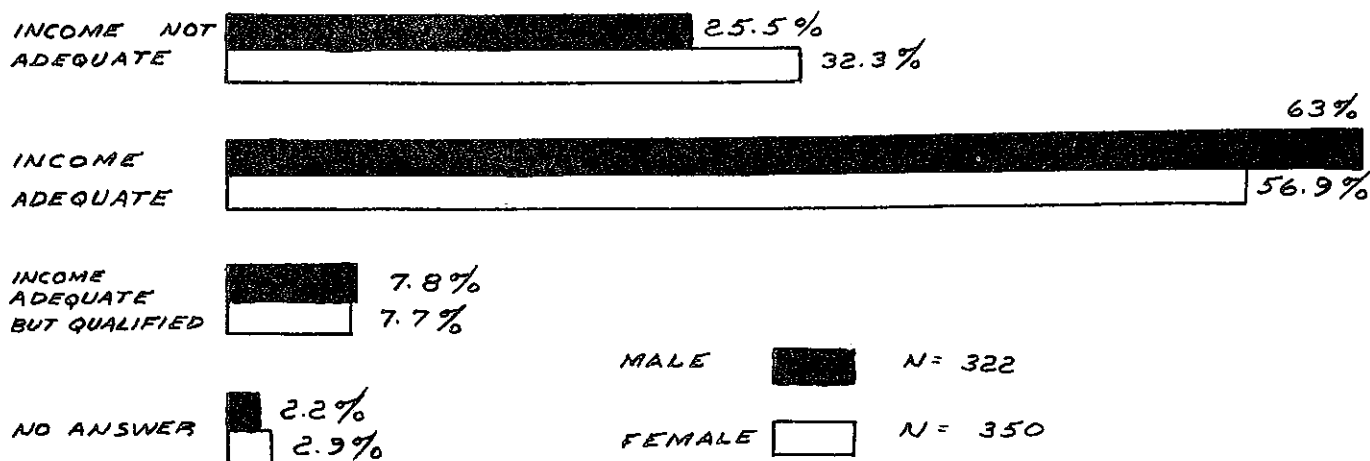
The largest source of sharing for the sample was their children. Of those who had expenses shared, 82% had children as a source of assistance. The second largest category was "other relatives" which accounted for 11% of the sources of sharing expenses mentioned.

Another measure of the adequacy of income was derived from asking the respondents about their feelings on this. Table 3.18 illustrated in Figure 10 summarizes the responses to the question "Is your income adequate for your expenses?" Nearly 60% of the sample felt their income was adequate. It is assumed that this included persons receiving income in kind as well as financial assistance. A total of 29% felt their income was inadequate. This included 26% of the male sample and 32% of the female sample. Of course, it is not possible to establish with these data that a standard of living derived from an "adequate" income is necessarily even the minimum desirable standard. Represented are the feelings of the sample about what they considered was adequate.

Each respondent was asked about the minimum amount of income they could require per month in order to get along. Table 3.19 summarizes the

* FIG. No. 10

CATEGORY:



ADEQUACY OF INCOME FOR EXPENSES BY SEX

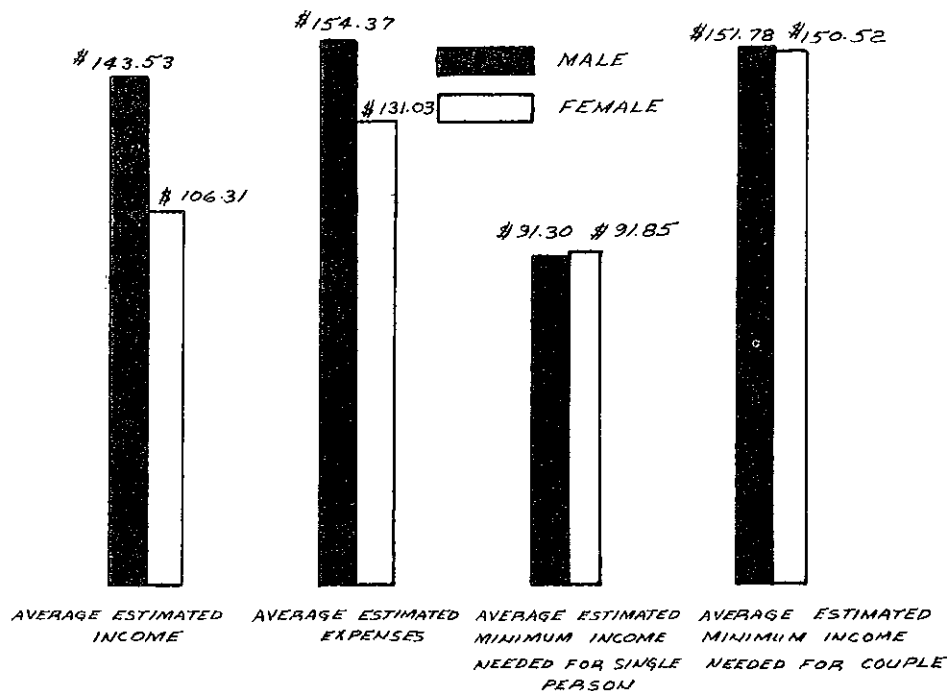
* FROM TABLE 3.18

responses to this question. These are separated into the portion of the sample making an estimate for a single person, and those estimating for couples.

A total of 63% of the sample responded, divided about equally between the two groups. Those estimating for a single person averaged \$92 while those estimating for a couple averaged \$151. There was little difference between males and females in respect to their estimates of the minimum required. The distributions of estimates by males and females, both single persons and for couples, were also very similar as seen in Table 3.19.

In Table 3.20, illustrated in Figure 11, several of the averages previously mentioned are presented for comparison. As noted previously, the average estimated incomes for the total sample and for males and females fall below their average estimated expenditures. Moreover, while males estimated their monthly expenses at \$154, they at the same time estimated that they required \$152 to meet expenses. On the other hand, the females in the sample provided an estimate of minimum income required which was well above

* FIG. NO. 11



COMPARISON OF AVERAGE ESTIMATED INCOME, AVERAGE EXPENDITURES, AND AVERAGE MINIMUM INCOME NEEDED BY SEX.

*FROM TABLE 3.20

their estimates of average monthly expenses. It is felt that if adjustment on expenditures for singles and couples could be made, all estimates would be somewhat closer. As it is, only a rough approximation of the pattern is available.

F. COMPARISON WITH OTHER STUDIES

Because of lack of standardization in the types of questions used in various studies, it is often difficult to make comparisons between studies. In some cases, however, the general intent of a question and its results will allow for approximate comparisons to be made. One reason for offering a few comparisons at this point is to provide some basis for assessing the life situation of persons 65 and over in Edmonton with other areas. These are presented in Table 3.23.

Even with limited comparisons to other situations, there are several significant differences which would serve to make the Edmonton situation somewhat unique. For example, the sample in the Edmonton study included a much higher proportion of males with major occupation listed as farming. This represented 32% of the male sample. In the Grand Rapids study, only 5.0% of the males gave their major occupation as farming. It is not necessary to explain the reasons underlying such differences, but merely to point out that the total Edmonton sample would be highly influenced by the nature of the responses of those with agricultural backgrounds.¹ In the Winnipeg study, agricultural and extractive occupations were combined, but even with the combination, the percentage of persons with agricultural background is only one-third that of the Edmonton sample.

A great variation was noted in proportion of males 65 and over who were still employed. The respondent with the agricultural background is not as likely to find employment when moving to the city. Grand Rapids is an industrial community, and the skills of older people growing up in the community would more likely be employed in some capacity. On the other hand, Long Beach is a city to which persons retire, usually without thought of seeking employment. Similar differences are noted in those who have retired from their life occupation.

Income differences in the several studies reflect, for the most part, the differences in proportions of those 65 and over who are still gainfully employed. Grand Rapids has the highest estimated monthly income for males (\$179), while Long Beach's total average estimated income (\$136) is highest. In the latter case, this probably reflects the number of persons able to afford retirement to California.

Compared to Grand Rapids and Long Beach, a greater proportion of Edmonton respondents felt their income was inadequate for their expenses. This is probably related to the much higher proportion in Edmonton who

¹ Analysis using males with farm background compared to others would provide important data.

stated they would want to work, even if they did not have to.

In later chapters, other comparisons will be made between the several studies.

G. SUMMARY AND CONCLUSIONS

A number of the aspects of the economic situation of the sample of persons 65 and over have been presented in Chapter 2. These were organized into several categories, namely the work pattern, income, expenditures, and feelings about adequacy of income.¹ A few comparisons with the findings of other studies were included in order to gain a better perspective of the characteristics of our sample in relation to other persons 65 and over.

Most of the sample of males came from an occupational background related to settling and developing an area. Nearly one-third were from a farming occupation, while building and construction, railroads and labor comprised another 40% of the sample. In the future, with industrialization continuing, smaller proportions of the aged will be from such backgrounds, although Edmonton probably will lag behind other areas in North America because of its recent development, as well as because of its present economic base. It will be interesting in future analysis of the data to see if, for example, those of farming background have different kinds of problems and attitudes. It is felt that this would be the case. Thus, with changing occupational composition of persons 65 and over, there would be changes in types of problems and attitudes. This would necessitate continuing research in order to better relate policy and programs with actual needs and desires.

The general economic characteristic of persons 65 and over is that they are no longer in the labor force with many not interested in being there. Only about one-fourth of the males in the present sample were still working, while two-fifths had retired from their life's major occupation.

¹In Chapter 8, the respondents' recommendations about their financial situation as well as other aspects of their life pattern, will be presented.

This will vary from place to place, and from one time to another, but in general, with the advent of the 65th birthday, and thereafter, greater and greater proportions will be unavailable for work for a variety of reasons.

In spite of this, working still remained an important value in the lives of older persons as indicated by the fact that 54% of the males said they would want to work, even though they did not have to.

While estimates of income and expenditures suffered because of reasons previously outlined, the data available point up the fact that the older person on the average does not have enough money income to meet his estimates of expenses. Some of this gap is made up by income in kind and some of it by assistance from children or other relatives. The estimates of minimum amounts required would probably just cover the actual expenses of the persons in the sample.

Most income is derived from pension sources which are generally viewed as inadequate. While nearly 60% of the sample felt that their own income was adequate for their needs, a third who saw that older people in general were badly off. Only 4% stated they felt the financial situation of older persons was good. A large proportion said it was adequate as long as there was no emergency, indicating their belief that older people live pretty much at a marginal level.

Any judgment about the proportion of the sample which is in economic need necessarily presupposes a set of values and the specification of certain minimum standards. We would have to incorporate into such standards the psychological difficulties faced by individuals who value work but who are in a somewhat dependent status -- receiving pensions from the government and other forms of assistance from relations. This latter difficulty will be rectified by changes in attitudes which will no doubt occur in later generations. As for deciding who is badly off, we first must decide what older people are entitled to in the way of income, opportunities and continuing relationships with the rest of society. The economic characteristics of older persons represent one key to an understanding of their

present life situation. The other key is to be found in the state of health, to be described in Chapter 4.

Table 3.1

Major Occupations of Males, ESRS Sample,
by Percentage

<u>Category</u>	<u>Males</u> (a) %
farming, farmer	32
railroads (all categories)	14
building and construction (trades, employees)	13
general labor, unskilled	13
general business (insurance, real estate, investments)	10
other trades	9
general managerial, supervisory	7
extraction industries (mining, forestry, oil)	7
office clerical	4
selling (salesman, sales clerk)	4
civil servants	4
general proprietor, entrepreneur	4
other professional (doctors, lawyers, etc.)	3
teaching	3
personal service trades	1
other	5
	<hr/>
	N = 322

(a) percentages total more than 100% due to double responses.

Table 3.2

Present Work Status of Males, ESRS Sample,
by Percentage

<u>Category</u>	<u>Males</u> %
not working at present	72
presently working	25
work same or similar to life's major occupation	15
full-time work (40 hours per week or more)	16
steady work (either full or part-time)	20
no answer	3

Table 3.3

N = 322

Reasons Why Respondent Was Not Working, Males, ESRS Sample,
by Percentage

<u>Category</u>	<u>Total Males</u> <u>Not Working</u> (a) %
retired	61
reasons of health (any sort of disability)	36
cannot find work	9
do not need to work	8
employer rejection of aged	7
too old to work	3
temporarily unemployed	3
do not want to work	3
all other	1

N = 232

(a) percentages total more than 100% due to double responses.

Table 3.4

Feeling About Physical Ability to Work, Males, ESRS Sample,
by Age Group, by Percentage

<u>Category</u>	<u>Total Males</u> %	<u>Males 65-69</u> %	<u>Males 70-74</u> %	<u>Males 75-79</u> %	<u>Males 80 and Over</u> %
unable to work (any kind or amount)	35	14	35	58	61
able to work part-time	31	24	38	30	35
able to work full-time	26	51	20	6	2
no answer	8	10	7	6	2
N =	<u>322</u>	<u>115</u>	<u>111</u>	<u>50</u>	<u>46</u>

Table 3.5

Willingness to Work if not Financially Required to Do So,
ESRS Sample, by Sex, by Percentage

<u>Category</u>	<u>Total</u> %	<u>Males</u> %	<u>Females</u> %
would not work	33	26	39
probably would not work	4	4	4
don't know	3	3	3
probably would work	9	12	7
would definitely work	45	54	37
no answer	6	2	9
N =	<u>672</u>	<u>322</u>	<u>350</u>

Table 3.6

Reasons for Responses in Table 3.5, ESRS Sample,
by Sex, by Percentage

A. Respondents indicating they would not work

	<u>Total</u>	<u>Male</u> ^(a)	<u>Female</u> ^(a)
	%	%	%
<u>Total respondents in category</u>	37*	30*	43*
health and age inability	48	47	48
retirement is earned	17	21	15
retirement is enjoyable	20	24	18
total reasons	269	109	160
N =	248	96	152

B. Respondents indicating they would work

<u>Total respondents in category</u>	54*	66*	44*
importance of keeping busy	71	75	65
total reasons	406	243	163
N =	365	211	154

(a) Percentages on basis of number of respondents in category, A or B, except those marked (*) where percent is based on sample size.

Table 3.7

Estimates by Respondents of Monthly Income, ESRS Sample,
by Sex, by Percentage

<u>Monthly Income Category</u>	<u>Total</u> %	<u>Male</u> %	<u>Female</u> %
\$0-25	1	1	2
\$26-50	9	8	10
\$51-75	24	17	30
\$76-100	13	12	14
\$101-125	13	14	11
\$126-150	7	6	8
\$151-200	9	10	8
\$201-300	11	17	5
\$300 and over	5	7	4
no answer	9	8	9
N =	672	322	350

Table 3.8

Sources of Income, ESRS Sample, by Sex, by Percentage

<u>Source Category</u>	<u>Total</u> %	<u>Male</u> %	<u>Female</u> %
salaries, wages	21	27	15
rentals	25	26	25
insurance and endowment	5	6	5
work pension	19	24	13
government pension	71	65	77
compensation	2	2	3
sale of craft items	2	2	3
income from relatives	6	3	7
interest and dividends	18	20	16
no answer	4	4	3
Total sources	1198	592	606
average number of sources	1.8	1.8	1.7
N =	672	322	350

Table 3.9

Sources of Income in Kind, ESRS Sample, by Sex,
by Percentage

<u>Income Category</u>	<u>Total</u> (a) %	<u>Male</u> (a) %	<u>Female</u> (a) %
respondents not receiving income in kind	69	74	64
receiving income in kind	31	26	36
free rent	14	9	18
food	14	14	14
clothing	7	4	10
fuel	4	2	5
other (incl. discounts)	6	6	7
total sources	268	101	167
average number of sources given by those having income in kind	1.5	1.4	1.5
total responding	89 ^(b)	88 ^(b)	89 ^(b)
no answer	12	12	11
N =	672	322	350

(a) Percentages based on total responding. Percentages total more than 100% because of double responses.

(b) Percentages based on total sample.

Table 3.10

Estimated Monthly Food Expenses, ESRS Sample, by Sex,
by Percentage

<u>Expenditure Category</u>	<u>Total (a)</u> %	<u>Male (a)</u> %	<u>Female (a)</u> %
no estimate given (b)	28	26	30
estimate given (b)	72	74	70
\$0-9	1	0	2
\$10-19	4	2	6
\$20-29	13	6	19
\$30-39	14	11	17
\$40-49	12	10	14
\$50-74	36	43	29
\$75-99	10	12	9
\$100 and over	10	16	4
average expense	\$56	\$65	\$47
N =	482	238	244

(a) Percentages in expenditure categories based on number estimating.

(b) Percentages based on total sample.

Table 3.11

Estimated Monthly Rent Expense, (Or Equivalent Payments), ESSR Sample,
by Sex, by Percentage

<u>Expenditure Category</u>	<u>Total (a)</u> %	<u>Male (a)</u> %	<u>Female (a)</u> %
no estimate given (b)	35	31	38
estimate given (b)	66	69	62
\$0-9	14	16	12
\$10-19	33	32	35
\$20-29	18	18	18
\$30-39	6	6	6
\$40-49	7	7	6
\$50-74	12	10	14
\$75-99	7	8	5
\$100 and over	4	4	4
average rent or equivalent	\$33	\$32	\$33
N =	440	222	218

(a) Percentages in expenditure categories based on number estimating.

(b) Percentage based on total sample.

Table 3.12

Estimated Monthly Expenditures for Utilities, ESRS Sample,
by Sex, by Percentage

<u>Expenditure Category</u>	<u>Total</u> (a) %	<u>Male</u> (a) %	<u>Female</u> (a) %
no estimate given (b)	41	39	42
estimate given (b)	59	61	58
\$0-4	12	10	13
\$5-9	16	15	17
\$10-14	30	30	29
\$15-19	22	23	21
\$20-24	12	13	11
\$25-29	4	4	5
\$30 and over	5	5	5
average expense	\$14	\$14	\$14
N =	397	195	202

(a) Percentages in expenditure categories based on number estimating.

(b) Percentage based on total sample.

Table 3.13

Estimated Monthly Clothing Expenditures, ESRS Sample,
by Sex, by Percentage

<u>Expenditure Category</u>	<u>Total</u> (a) %	<u>Male</u> (a) %	<u>Female</u> (a) %
no estimate given (b)	45	42	48
estimates given (b)	55	58	52
\$0-4	22	16	28
\$5-9	19	19	19
\$10-14	28	31	25
\$15-19	11	11	10
\$20-24	10	11	10
\$25-29	6	8	4
\$30 and over	4	6	3
average expense	\$12	\$14	\$11
N =	368	186	182

(a) Percentages in expenditure categories based on number estimating.

(b) Percentage based on total sample.

Table 3.14

Estimated Monthly Medical (Regular, not Emergency Expenditures) Expenditures,
ESRS Sample, by Sex, by Percentage

<u>Expenditure Category</u>	<u>Total</u> ^(a) %	<u>Male</u> ^(a) %	<u>Female</u> ^(a) %
no estimate given ^(b)	52	53	51
estimate given ^(b)	48	47	49
\$0-4	32	35	30
\$5-9	23	23	23
\$10-14	17	15	20
\$15-19	12	13	11
\$20-24	7	6	8
\$25-29	3	2	3
\$30 and over	7	7	7
average expenses	\$11	\$11	\$11
N =	322	150	172

(a) Percentages in expenditures categories based on number estimating.

(b) Percentages based on total sample.

Table 3.15

Estimated Total of all Other Expenditures, ESRS Sample,
by Sex, by Percentage

<u>Expenditure Category</u>	<u>Total</u> ^(a) %	<u>Male</u> ^(a) %	<u>Female</u> ^(a) %
no estimate given ^(b)	76	73	79
estimates given ^(b)	24	27	21
\$0-4	17	16	18
\$5-9	14	10	18
\$10-14	16	10	23
\$15-19	11	10	11
\$20-24	12	15	10
\$25-29	11	15	5
\$30 and over	20	23	16
average expenses	\$17	\$19	\$15
N =	161	87	74

(a) Percentages in expenditures categories based on number estimating.

(b) Percentages based on total sample.

Table 3.16

Summary of Average Estimates of Expenditures,
ESRS Sample, by Sex

Expenditure Category	Total		Male		Female	
	Amount	% of total Expenditure	Amount	% of total Expenditure	Amount	% of total Expenditure
food	\$56	39	\$65	42	\$47	36
rent and related	\$32	23	\$32	21	\$33	25
utilities	\$14	10	\$14	9	\$14	10
clothing	\$12	9	\$13	9	\$11	8
medical	\$11	8	\$11	7	\$11	9
other	\$18	12	\$19	12	\$15	12
Total average	\$143	101	\$154	100	\$131	100

Table 3.17

Sharing of Living Expenses, ESRS Sample,
by Sex, by Percentage

	<u>Total</u> %	<u>Male</u> %	<u>Female</u> %
no sharing	70	74	65
no answer	4	5	3
expenses shared	26	21	31
shared with children	82 (a)	84 (a)	82 (a)
shared with relatives	11 (a)	9 (a)	13 (a)
N =	672	322	350

(a) Percentages based on number of respondents indicating shared expenses.

Table 3.18

Adequacy of Income for Expenses, ESRS Sample, by Sex,
by Percentage

	<u>Total</u> %	<u>Male</u> %	<u>Female</u> %
income not adequate	29	26	32
income adequate	60	63	57
income adequate, but qualified	8	8	8
other responses	1	2	0
no answer	3	2	3
N =	672	322	350

Table 3.19

Estimates of Minimum Amount of Income Needed to Get Along, ESRS Sample,
by Sex, and Whether for Single Person or Couple,
by Percentage

Estimates Made by Single Person

<u>Income Category</u>	<u>Total</u>	<u>Male</u>	<u>Female</u>
	<u>%</u>	<u>%</u>	<u>%</u>
\$0-49	5	7	3
\$50-74	38	33	40
\$75-99	23	27	21
\$100-124	22	19	24
\$125-149	4	4	3
\$150-199	5	7	5
\$200 and over	4	3	4
N	= 202	70	132
Average amount	\$92	\$91	\$92

Estimates Made by Married Person

	<u>%</u>	<u>%</u>	<u>%</u>
\$0-49	1	1	1
\$50-74	10	10	10
\$75-99	5	6	5
\$100-124	21	18	26
\$125-149	12	14	10
\$150-199	27	29	24
\$200 and over	23	23	25
N	= 222	138	84
Average amount	\$151	\$152	\$151
no answer	37 ^(a)	35 ^(a)	38 ^(a)

(a) Based on total in sample.

Table 3.19

Estimates of Minimum Amount of Income Needed to Get Along, ESRS Sample,
by Sex, and Whether for Single Person or Couple,
by Percentage

Estimates Made by Single Person

<u>Income Category</u>	<u>Total</u>	<u>Male</u>	<u>Female</u>
	<u>%</u>	<u>%</u>	<u>%</u>
\$0-49	5	7	3
\$50-74	38	33	40
\$75-99	23	27	21
\$100-124	22	19	24
\$125-149	4	4	3
\$150-199	5	7	5
\$200 and over	4	3	4
N	= 202	70	132
Average amount	\$92	\$91	\$92

Estimates Made by Married Person

	<u>%</u>	<u>%</u>	<u>%</u>
\$0-49	1	1	1
\$50-74	10	10	10
\$75-99	5	6	5
\$100-124	21	18	26
\$125-149	12	14	10
\$150-199	27	29	24
\$200 and over	23	23	25
N	= 222	138	84
Average amount	\$151	\$152	\$151
no answer	37 ^(a)	35 ^(a)	38 ^(a)

(a) Based on total in sample.

Table 3.20

Comparison of Average Estimated Income, Average Expenditures and
Average Minimum Income Needed, ESRS Sample, by Sex

<u>Category</u>	<u>Total</u>	<u>Male</u>	<u>Female</u>
Average Estimated Income	\$124	\$143	\$106
Average Estimated Expenses	\$143	\$154	\$131
Average Estimated Minimum Income Needed for Single Person	\$ 92	\$ 91	\$ 92
Average Estimated Minimum Income Needed for Couple	\$151	\$152	\$151

Table 3.21

Some Comparisons Between the ESRS and Other Studies,
Selected Areas of Interest, By Total Sample and by
Male Respondents, by Percentage

<u>Categories</u>	ESRS 1956-57		Grand Rapids (1953)		Long Beach (1955)		Winnipeg (1955)	
	<u>Total</u>	<u>Male</u> %	<u>Total</u>	<u>Male</u> %	<u>Total</u>	<u>Male</u> %	<u>Total</u>	<u>Male</u> %
major occupation								
agriculture		32	2.6	5.0		15.8		
agriculture & extractive		39					9	12
professional & managerial		7	6.0	8.3		17.7	18	17
employed		25	30.5	46.7	7.0	12.0	17	29
retired		44 ^(b)	67.0	63.3 ^(b)	52.5	86.5		
not working, but want to work		54	18.1	24.2	15.1	21.8		
average estimated money income per month	\$124	\$144	\$118	\$179	\$136		\$113	
income not adequate	29	26	14.6	16.7	17.3			
wage and salary income	21	27	23.8	38.3			18	
rent income	25	26					8	
income from children or relatives	6	3	7.3	1.7				
old age pension	71	65	45.0	41.7	29.5 ^(a)		61	
	N = 672	322	151	60	606	215	1028	

(a) Old Age and Survivors Insurance.

(b) From usual work.

Notes: ESRS study: Sample size, 672, male sample, 322; date of study, 1956.
Grand Rapids study: Sample size, 151; male sample, 60; date of study, 1953.
Long Beach study: Sample size, 606; male sample, 215; date of study, 1955.
Winnipeg study: Sample size, 1028; date of study, 1955.

Chapter Four

HEALTH CHARACTERISTICS OF THE SAMPLE

The present chapter is a summary of the relevant findings of the survey concerning the health characteristics of older persons. It includes a classification of the various health problems as indicated by the respondents, some of the attitudes toward their health situation as expressed by the sample, and a brief description of some relationships between health and other important life areas.

A. MAJOR HEALTH PROBLEMS

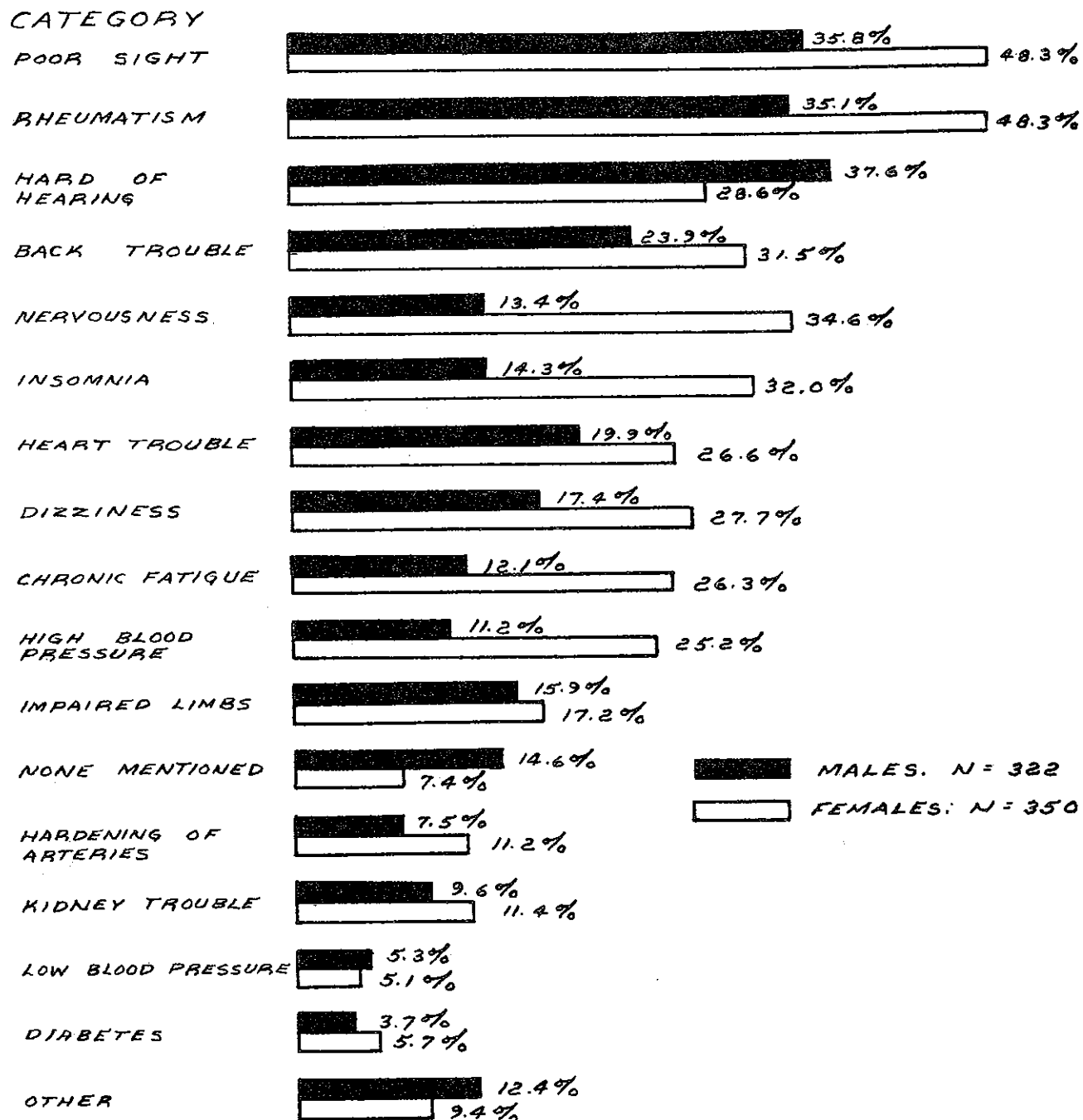
The section in the interview schedule dealing with health was introduced by a general reassuring remark made by the interviewer, followed by a question asking whether the respondent had any major health problems, and if so, their nature. Table 4.1 illustrated in Figure 12 presents in summary form, a classification of the responses which were made.

About half of the sample stated that they had no major health problem. Since no medical examiner was present, these findings are necessarily based on the older person's assessment of his situation, and his willingness to reveal this to the interviewer. In addition, in some instances, the respondent may not have known if he had a major health problem, or, if having difficulties, may have regarded these as temporary or minor conditions.

The two categories with the highest frequency of response for both male and female respondents were "heart and circulatory" and "arthritis". The percentages indicate that about one out of seven of the sample were experiencing heart or circulatory difficulties, while somewhat over one in ten suffered from arthritis. These were by far the two major categories.

Of the 18 other specific categories females had a higher percentage of mentions in all but four. Males were higher in frequency of mentions

* FIG. N° 13



HEALTH CHECK LIST, BY SEX AND PERCENTAGE OF RESPONDENTS

* FROM TABLE 4.3

in only two categories, "hernia" and "genito-urinary" problems. While respondents in the institutional sample were relatively few in number, and not represented in all of the categories of health problems, they provided a higher percentage of mentions in those categories represented, with the exception of "fractures and dislocations". This is an indication of their relatively poorer state of health.

Table 4.2 gives a general summary by sex and age group of the number of problems mentioned. As age increases, in both sexes there is an indication of increase of health problems. However, this is not consistent and clear-cut in all cases. Both males and females "80 and over" have lower average number of mentions than younger age groups. Males, 75-79 and females, 70-74 have the highest averages for males and females respectively.

In the health check list, the respondent was asked whether or not he was troubled by a series of more or less common difficulties experienced by older persons. Table 4.3 illustrated in Figure 13 summarizes the responses to the check list.

The two categories with the highest frequency of response from the check list were "poor sight" and "rheumatism". More than two out of five respondents indicated they experienced these difficulties.

Again, females indicated a greater frequency of difficulties. In all but two categories out of fifteen ("hard of hearing" and "low blood pressure") women had higher percentages of mentions. This was true for the institutional sample as well.

In table 4.4, the check list data are presented by age and sex groups. Here the effect of the age factor is more consistent. For males, the average number of mentions increases with age until the "80 and over" group, when it drops to less than the average for all males. This finding supplements the data from the open-ended question (Table 4.2). Either the "80 and over" male thinks his health is better than it is, or may avoid facing up to health difficulties. In general, the older the female, the greater number of health difficulties mentioned, and, by inference, the

worse the health condition. Recognized, however, is the fact that some of the check list items are more serious than others and that a mere counting cannot give us a true picture of the degree of difficulty, but only an indication of this.

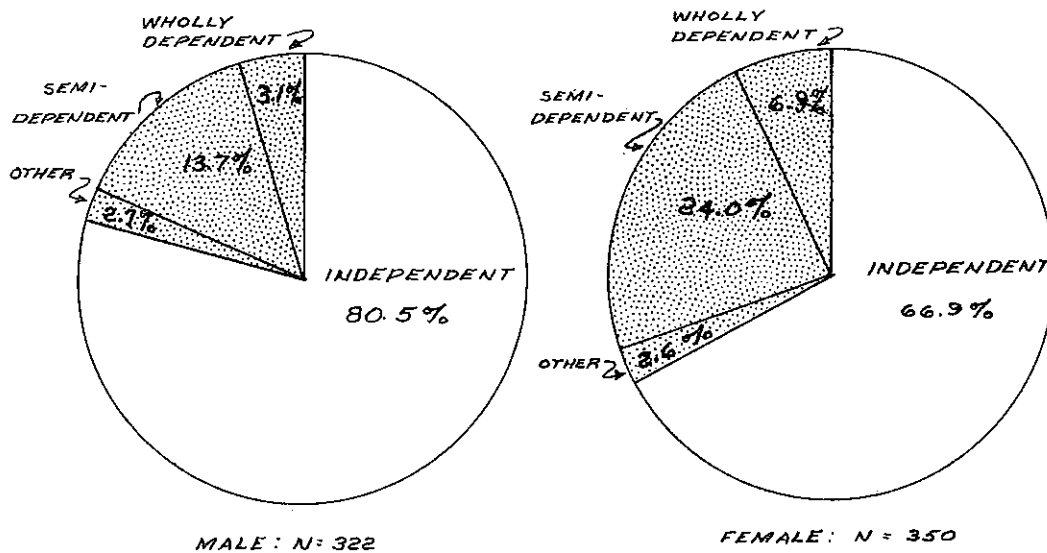
There is one other point that needs to be made before moving to the next section. While the two questions do not allow for close comparison of data, it is interesting to note the differences in frequency of mentions. The check list would seem to have reminded persons of difficulties not felt to be major ones, except where a major one in the person's experience was specifically mentioned. For example, in Table 4.1, "rheumatism" was indicated by only 2% of the sample, as a major health problem. Yet on the check list, 42% of the sample said they had difficulty from rheumatism. Heart trouble is another category providing a similar difference in a comparison of the two sets of data. It would seem that the check list items did not represent "major health problems" to the sample, since these frequencies were different than the frequencies in some of the categories from the opening question. Some of the conditions in the check list represent chronic conditions, which the older person may not define as a "major" problem. In other instances, the older person may "forget" he has a certain difficulty, or be unwilling to verbalize something which bothers him. The check list provides a degree of suggestion, and carries with it the idea that certain conditions felt to be "normal" by the older person ought to be thought of as posing health difficulties. Perhaps there are even persons who need to be reminded of the fact that they have a health problem.

B. OTHER INDICATORS OF STATE OF HEALTH

The survey provided two other insights into the state of health of the sample. One involved the respondent's judgment about independence or dependence relative to physical care. Table 4.5 illustrated in Figure 14 presents these findings by sex and age groups. The data indicate that the older the person, the more likely he was to judge himself as being in some

degree dependent on the care of others. This is true of both male and female groups, and is consistent with the finding that there is an increase in health problems with increasing age. The female group contains a higher frequency of respondents (31%) who judge themselves as being partially dependent, as compared to the male group (17%). Nearly three-fourths of the sample judged themselves as independent. For the institutional sample, this was only 23%, thus revealing the much less favorable health situation the institutionalized person experienced.

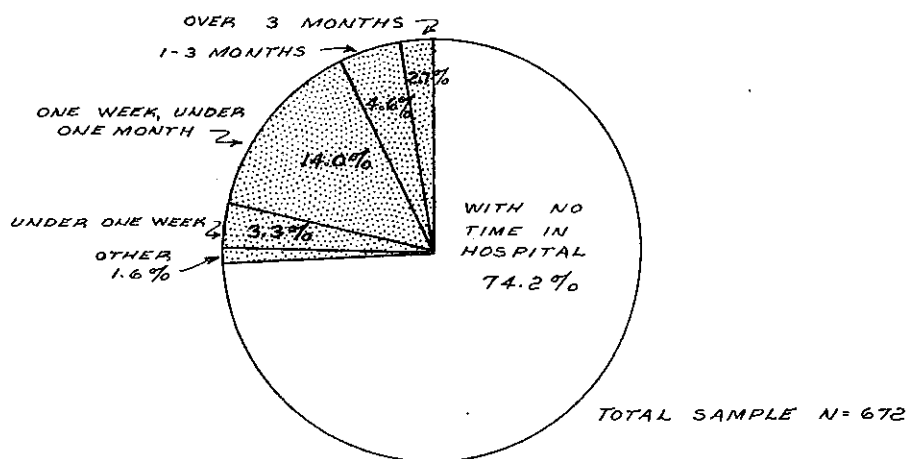
* FIG. N° 14



RESPONDENTS' JUDGMENTS AS TO INDEPENDENCE OR DEPENDENCE BY SEX
* FROM TABLE 4.5

A second indication of the general state of health of the sample is to be found in Table 4.6, illustrated in Figure 15, which is based on the amount of time the respondent spent in the hospital during the year prior to the survey. Nearly three-fourths of the sample stated that they had not been hospitalized during the previous year. Of the remainder approximately one half spent from one week to one month in the hospital. Twenty-eight percent of the 174 hospitalized said it was due to the major health problem indicated in the initial health question.

* Fig. No. 15



RESPONDENTS' ESTIMATES OF TIME SPENT IN HOSPITAL, PREVIOUS YEAR.

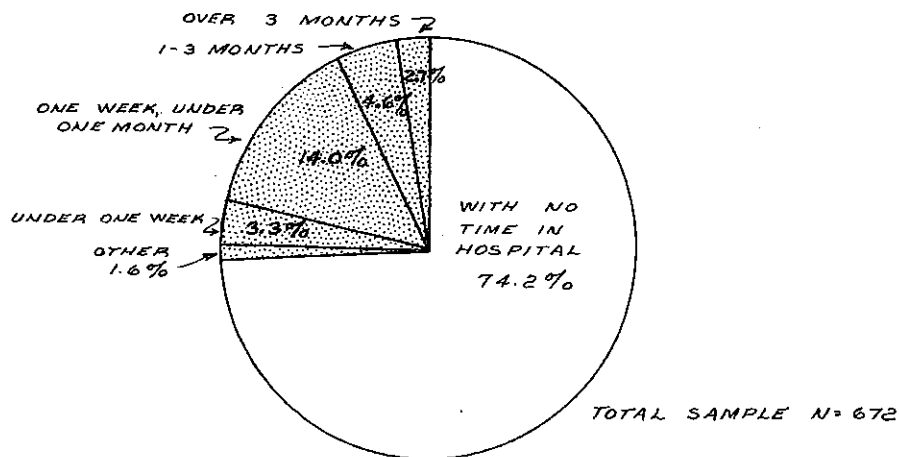
* FROM TABLE 4.6

While there is little general difference between males and females in respect to amount of time in hospital, two groups were different from the overall picture. Males, 80 and over, differed from other males in that they experienced more hospitalization than the average for the male sample. This is possible confirmation of the suggestion on page 35 that subjective attitudes may contradict objective evidence. Females aged 75-79, had a lower incidence of hospitalization than the general average for females. These two groups represent the two extremes found in respect to amount of time spent in hospital.

C. MAINTAINING GOOD HEALTH

The state of a person's health is, in part, a function of the kinds of things the person does to maintain health, and the kinds of activities in which he engages. A program of self-care in relation to health needs would be important at a time of life when health is especially crucial to the individual's self-conception and life pattern. In order to ascertain if older persons were taking special care of themselves, the respondents were asked what they did to keep in good health at their present time of life. Table 4.7 presents a summary of the general responses to this question.

* FIG. NO. 15



RESPONDENTS' ESTIMATES OF TIME SPENT
IN HOSPITAL, PREVIOUS YEAR.

* FROM TABLE 4.6

While there is little general difference between males and females in respect to amount of time in hospital, two groups were different from the overall picture. Males, 80 and over, differed from other males in that they experienced more hospitalization than the average for the male sample. This is possible confirmation of the suggestion on page 35 that subjective attitudes may contradict objective evidence. Females aged 75-79, had a lower incidence of hospitalization than the general average for females. These two groups represent the two extremes found in respect to amount of time spent in hospital.

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- 30

Somewhat more than one respondent in every ten stated that they did nothing in particular. However, 37% of the sample stated they kept active as a means of maintaining good health, while 39% made reference to diet as their main emphasis. "Proper mental outlook" was the response of 11% of the sample. Only 4% of the sample made reference to various forms of abstinence as part of their means of keeping in good health.

It is significant to note that only 6% of the sample said that "medical check-ups" was their means of keeping in good health. Whether this would be due to lack of funds or other similar hindrances is not known.

The female sample relied more on "resting" and on general care of self, while males emphasized activity as a means of keeping in good health. As might be expected, females also made more references to diet than did males, but the differences were not great. In relation to meals, 93% of the sample felt their diet was adequate (See Table 4.8). A total of 99% of the sample took most of their meals at home (or what was defined by the respondents as "home"). One quarter of the males were required to fix their own, while nearly one-fifth of the sample indicated that their meals were fixed by persons other than self or spouse.

In the final analysis,¹ the older person's desire to do something to maintain his health is often limited by his financial situation. An insight into the extent to which financial limitations may affect the person's ability to maintain health is given in the responses to several questions relating to ability to meet medical and health costs. The survey indicated that a large percentage of older persons had to seek financial help from others to meet medical costs. With financial problems relating to sickness, 30% of the sample sought assistance from their children. Only 8% turned to public agencies for assistance, and only three respondents indicated they

¹See Appendix III, No. 2 - Tables 3.5, 3.7 and 3.8.

asked assistance of the church. The majority of the sample was covered to some extent by various health and medical plans, but 13% had no coverage of this kind. However, 93% of the sample stated they could get, or had no worry about getting, adequate medical help if they became sick. Only twenty respondents (3% of the sample) said that financial limitations would probably preclude adequate medical care being given.

In Chapter 3, it was seen that medical expenses form an important proportion of the older person's budget. Actually, this represents a proportion which tends to increase with increasing age, and occurs at a time when general income is becoming stabilized, or actually declining. The data indicate that an important segment of the older population do stand in need of financial assistance to maintain or recover good health relative to their age expectation. Besides financial concerns, however, there are other kinds of concerns relating to health, and these are referred to in the following section.

D. SOME IMPORTANT ATTITUDES RELATED TO HEALTH

In thinking about older persons and their state of health, it is generally felt that there must be a great deal of worry associated with reaching later life. In response to a question about whether there was worry about becoming sick, 59% of the sample stated that they did not have this type of worry, while 17% said that they had frequent or constant worries about becoming sick. Perhaps more revealing is the fact that 22% did not answer the question, indicating possible reluctance to deal with unpleasant alternatives which may be experienced in the near future.

Since the older person is often dependent on others, there would be a basis for a latent concern about the health of others as this would affect the ability of the other person to continue to provide assistance. This would be especially true in cases of an older couple, where one depended upon the other, or in cases where an older person was somewhat dependent on children for care. Concern about the health of the other would

about what would happen to one's self. While 63% of the sample stated they had no worry about the health of others, 17% said they worried about the health of their spouse. These worries generally related to chronic illnesses or to the general state of health of the other person.

Some feeling of reassurance is provided for the older person worried about becoming ill if he is certain that there will be care for him. A large proportion of the sample had relatives in the Edmonton area to whom they could turn in times of need. Some indication of this has already been given. While this fact is reassuring to the older person, it is not necessarily viewed as involving dependence on the potential source of assistance. Of the sample, 32% said that if sick, they would have their immediate family as a source of help. The existence of various community services is also important in this respect; for 46% of the sample said they would have community or public agencies as a source of help if sick.¹

E. EDMONTON SENIOR RESIDENTS IN RELATION TO OTHER STUDIES

As with economic data, it is also difficult to make comparisons between studies of health characteristics of the sample. Perhaps it is even more difficult in the present case. This relates to differences in the way questions are asked, as well as to the manner in which the results are presented. For example, the Grand Rapids health check list was included in the Edmonton survey as a means of providing a basis for comparison between the two samples. However, a number of categories of health problems were combined for presentation in the Grand Rapids report, thus ruling out a precise comparison. Table 4.9 presents a summary of the Edmonton and Grand Rapids results of check list problems and major health problems.

While it appears that a greater percentage of the Edmonton sample has difficulties listed under "circulatory" it should be kept in mind that one respondent may have indicated more than one of the problems. The same would be true for "skeletal-muscular" difficulties. The Grand Rapids data

¹ See Table 8 18

indicate that 44.0% of the sample stated they had one or more of the circulatory difficulties listed, and 56.0% had one or more of the skeletal-muscular difficulties listed. Major circulatory problems can be compared, and for Grand Rapids respondents this was 15.2% as compared to Edmonton's 15%. Other differences show up in the listing of health difficulties, but the validity of a meaningful comparison is questionable. The check list data are more comparable than the "major problems" data, mainly because the Grand Rapids study used the check list as a basis for asking the question, while the Edmonton survey asked a different question at a different point in the interview.

Edmonton respondents had a higher percentage of poor sight, hearing difficulties, and other mentions than did the Grand Rapids respondents. On the other hand, Grand Rapids respondents ranked higher in kidney trouble, chronic fatigue, nervousness, and diabetes, and also in the proportion who stated they had none of the difficulties mentioned. The Grand Rapids average reporting check list difficulties was also lower, 3.1 as compared to Edmonton's 4.1 per respondent reporting.

Table 4.10 is the result of an attempted comparison of the Winnipeg and Edmonton samples. In all of the categories indicated, the percentages are higher for the Winnipeg sample. Two points should be kept in mind in relation to Table 4.10. In the Winnipeg study, only persons listed as in poor health as a result of a previous question were tabulated. This would probably under-estimate the total picture. In addition, the Edmonton survey used an open-end question approach to the major health problem, and thus may also have under-estimated the situation.

In Table 4.11, the estimated percentages of the samples of several studies of those having no major health problems are presented. The Long Beach and Edmonton samples are almost identical in this respect. The Grand Rapids sample is the lowest, but this may be influenced by use of the check list approach as distinct from the open-end question. The Winnipeg study presented its data in such a way as to make difficult a direct estimate;

data.

F. SUMMARY

On the basis of the data presented it is difficult to judge the health situation compared to similar groups of older persons elsewhere. One reason for this inability is the lack of basic data about the general health situation of older persons in Edmonton with which to make a comparison. The other difficulty relates to the problem of devising an acceptable standard in order to make good evaluations of the health situation. The present chapter establishes a basis for future comparisons of the health situation of older persons, especially in terms of changes in type of frequency of occurrence of the health problems themselves.

Compared to the general population, older persons experience a greater number and severity of difficulties. Some idea of this results from the differences between frequency of mentions of certain types of difficulties among various age groups. The major difficulties actually mentioned seem to be consistent with general ideas of the types of difficulties older persons face.

From the data presented, a pattern of deep anxiety or disturbance about health and related areas does not seem to be indicated. This may reflect a good health situation in general, at least as good as might be expected at this age level. Or it may reflect an unwillingness on the part of the older person to discuss those aspects of their personal situation which give them concern. However, it is felt that in the type of interview conducted, and on the basis of other indications, any undue stress or concern would have been reported by interviewers. It is further felt that the interviewers were achieving good rapport, and thus getting at the major difficulties actually experienced by the respondents. Thus, the results seem to provide a valid picture of a more or less "normal" health situation, although "normal" is not always synonymous with desirable.

Table 4.1

Major Health Problems, ESRS Sample, by Sex, by Percentage

<u>Category</u>	<u>Total</u>	<u>Male</u>	<u>Female</u>	<u>Institutional</u>
	<u>Non-Institutional</u>			<u>Male and Female</u>
	%	%	%	%
none	50	55	45	33
heart and circulatory	15	10	19	23
arthritis	11	9	13	15
eye diseases	5	4	5	10
fractures, dislocations	4	4	4	3
chest and respiratory	4	4	4	0
gastro-intestinal	4	3	4	10
nerve diseases	3	3	4	5
diabetes	3	2	4	0
general poor health	3	2	4	0
rheumatism	2	2	2	3
ear diseases	2	2	2	0
gall bladder and liver	2	1	2	3
cancer	1	0	2	0
genito-urinary	1	2	1	8
hernia	1	1	(a)	0
allergies	(a)	(a)	1	0
paget-bone diseases	(a)	(a)	(a)	0
amputation	(a)	(a)	(a)	0
all other	6	6	6	18
	N = 672	322	350	40

(a) Less than .5%.

Table 4.2

Mean Number of Health Problems, ESRS Sample, by Sex
and Age Groups, All Mentions

<u>Category</u>	<u>Total Sample (Non-inst.)</u>	<u>All Males</u>	<u>Males 65-69</u>	<u>Males 70-74</u>	<u>Males 75-79</u>	<u>Males 80 & over</u>
none mentioned	50%	55%	59%	52%	52%	54%
number stating one or more	339	145	47	53	24	21
percentage stating one or more	50%	45%	41%	48%	48%	46%
total number of mentions, by age group	451	176	54	65	31	26
mean number of mentions, by age group	1.3	1.2	1.1	1.2	1.3	1.2
N =	672	322	115	111	50	46

	<u>All Females</u>	<u>Females 65-69</u>	<u>Females 70-74</u>	<u>Females 75-79</u>	<u>Females 80 & over</u>	<u>Total Institution</u>
none mentioned	45%	51%	41%	44%	33%	33%
number stating one or more	194	61	61	48	24	27
percentage stating one or more	55%	49%	59%	57%	67%	68%
total number of mentions, by age group	275	82	92	66	35	37
mean number of mentions, by age group	1.4	1.3	1.5	1.4	1.5	1.4
N =	350	125	104	85	36	40

Table 4.3

Health Check List, ESRS Sample, by Sex and Percentage of Respondents

<u>Category</u>	<u>Total</u> <u>Non-Institutional</u> %	<u>Male</u> %	<u>Female</u> %	<u>Institutional</u> <u>Male and Female</u> %
none mentioned	11	15	7	0
poor sight	42	36	48	65
hard of hearing	33	38	29	45
rheumatism	42	35	48	43
diabetes	5	4	6	0
dizziness	23	17	28	33
chronic fatigue	20	12	26	25
impaired limbs	17	16	17	35
heart trouble	23	20	27	35
nervousness	24	13	35	28
kidney trouble	11	10	11	28
back trouble	28	24	32	23
high blood pressure	19	11	25	23
hardening of arteries	11	8	11	8
low blood pressure	5	5	5	5
insomnia	24	14	32	43
other	11	12	9	8
	N = 672	322	350	40

Table 4.4

Mean Number of Mentions, Health Check List, ESRS Sample,
by Sex and Age Groups, All Mentions

<u>Category</u>	<u>Total Sample (Non-Inst.)</u>	<u>All Males</u>	<u>Males 65-69</u>	<u>Males 70-74</u>	<u>Males 75-79</u>	<u>Males 80 & over</u>
none mentioned	11%	15%	17%	18%	8%	9%
number stating one or more	599	275	96	91	46	42
percentage stating one or more	89%	85%	84%	82%	92%	91%
total number of mentions, by age group	2,246	885	278	298	183	126
mean number of mentions, by age group	4.1	3.2	2.9	3.3	4.0	3.0
N =	672	322	115	111	50	46

<u>Category</u>	<u>All Females</u>	<u>Females 65-69</u>	<u>Females 70-74</u>	<u>Females 75-79</u>	<u>Females 80 & over</u>	<u>Total Institution</u>
none mentioned	7%	10%	5%	8%	3%	0%
number stating one or more	324	112	99	78	35	40
percentage stating one or more	93%	90%	95%	92%	97%	100%
total number of mentions, by age group	1,361	441	403	346	171	177
mean number of mentions, by age group	4.2	3.9	4.1	4.4	4.9	4.4
N =	350	125	104	85	36	40

Table 4.5

Respondents' Judgements as to Independence or Dependence,
ESRS Sample, by Sex and Age, by Percentage

Category	Total Sample	Total Males	Males 65-69	Males 70-74	Males 75-79	Males 80 & over
	%	%	%	%	%	%
independent	74	81	87	81	74	69
degree of dependence	24	17	11	15	24	26
semi-dependent	19	14	8	14	22	17
wholly dependent	5	3	4	1	2	9
N =	672	322	115	111	50	46

	Total Females	Females 65-69	Females 70-74	Females 75-79	Females 80 & over	Total Inst'l.
	%	%	%	%	%	%
independent	67	74	70	64	42	23
degree of dependence	31	23	28	34	58	73
semi-dependent	24	19	20	31	36	43
wholly dependent	7	4	8	4	22	30
N =	350	125	104	85	36	40

Table 4.6

Respondents' Estimates of Time Spent in Hospital, Previous Year,
ESRS Sample, by Sex and Age, by Percentage

Category	Total Sample	Total Males	Males 65-69	Males 70-74	Males 75-79	Males 80 & over
	%	%	%	%	%	%
with no time in hospital	74	74	78	76	72	61
with time in hospital	25	25	20	24	28	38
under one week	3	5	5	5	2	7
one week, under 1 month	14	12	10	10	18	15
1 - 3 months	5	5	4	6	4	4
over 3 months	3	3	1	3	4	11
N =	672	322	115	111	50	46

	Total Females	Females 65-69	Females 70-74	Females 75-79	Females 80 & over
	%	%	%	%	%
with no time in hospital	74	75	78	67	78
with time in hospital	24	22	23	29	19
under one week	17	0	2	5	0
one week, under 1 month	16	14	17	19	11
1 - 3 months	5	6	2	5	8
over 3 months	2	3	2	1	0
N =	350	125	104	85	36

Table 4.7

Major Means of Maintaining Good Health, ESRS Sample,
by Sex, by Percentage (a)

<u>Category</u>	<u>Total Sample</u> %	<u>Males</u> %	<u>Females</u> %	<u>Total Institutional</u> %
nothing in particular	12	12	12	
take care of self, generally	15	12	18	
emphasis on rest	13	10	16	
reference to diet	39	36	41	
emphasis on moderate living	10	11	9	
emphasis on proper mental outlook	11	10	12	
medical check-ups	6	4	8	
abstinence (smoking, alcoholic use, etc.)	4	6	3	
reference to keeping active	37	42	33	
other	15	14	14	
N =	672	322	350	

(a) Percentages total more than 100% due to double responses.

Table 4.8

Meal-Taking and Adequacy of Meals, ESRS Sample,
by Sex, by Percentage (a)

<u>Category</u>	<u>Total Sample</u> %	<u>Males</u> %	<u>Females</u> %	<u>Total Institutional</u>
meals at home	99	97	100	
fixes own	53	26	79	
spouse fixes	29	58	2	
other householder fixes	16	14	17	
outsiders fix	1	1	2	
all other arrangements	3	6	1	
no answer	4	2	4	
feeling diet adequate	93	95	91	
	N = 672	322	350	

(a) Percentages total more than 100% due to double responses.

Table 4.9

Comparison of ESRS Sample and Other Studies,
Selected Health Characteristics,
by Percentage

<u>Categories from Table 4.3, Health Check List</u>	<u>ESRS Sample %</u>	<u>Grand Rapids Sample, Total %</u>	<u>Grand Rapids Sample indi- cating Major Problem %</u>	<u>ESRS Sample indicating Major Problem (Table 4.1) %</u>
circulatory	NC ^(a)	44	15	15
heart trouble	23			
high blood pressure	19			
low blood pressure	5			
hardening arteries	11			
skeletal-muscular	NC	56	24	NC ^(a)
rheumatism	42			2
impaired limbs	17			5
back trouble	28			
arthritis				11
gastro-intestinal		13	11	5
kidney trouble	11	16	3	1
poor sight	43	38	7	5 ^(b)
hard of hearing	33	32	6	2 ^(c)
chronic fatigue	20	31		
nervousness	25	35	6	
dizziness	23	25	2	
diabetes	5	6	4	3
other	11	9	5	6
none mentioned	11	17	30	50
number of respondents reporting problems	599	125	106	339
average per respondent reporting problems	4.1	3.1	(d)	1.3
N =	672	151	151	672

- (a) Not comparable due to double counting, and combining of categories in Grand Rapids study.
- (b) In Table 4.1, this is given as "eye diseases" and is generally comparable.
- (c) In Table 4.1, this is given as "ear diseases" and is generally comparable.
- (d) Not available due to wavy data reported

Table 4.10

Comparison of Major Health Problems, ESRS and Winnipeg Samples,
by Percentages

<u>Category</u>	<u>ESRS Sample</u> %	<u>Winnipeg Sample</u> %
heart and circulatory	15	25
high blood pressure		13
cancer	1	2
diabetes	3	4
kidney	1	3
rheumatism or arthritis	13	20
eye diseases	5	7 (a)
ear diseases	2	10 (b)
impaired limbs	5	10 (c)
	N = 672	1,028

- (a) Indicated as "blind or nearly blind"
- (b) Indicated as "deaf or nearly deaf"
- (c) Indicated as "crippling condition"

Table 4.11

Percentages of Selected Samples Indicating No Major Health Problems

ESRS Sample	50
Long Beach Sample	50
Grand Rapids Sample	30 (a)
Winnipeg Sample	55 (b)

- (a) Estimated from check list responses.

HOUSING CHARACTERISTICS OF THE SAMPLE

In the present chapter, some of the characteristics of the housing situation of the respondents will be described. The major concerns will be with tenancy, the nature of the housing itself, attitudes toward various kinds of housing, and the respondents' conceptions of ideal housing.

A. INTRODUCTION

The general housing situation of a person includes several important aspects. One of these is the "household". By "household" is meant the number of persons who share the same dwelling and the relationships involved in it. The quality of these relationships is an important consideration in respect to a person's feelings of satisfaction or dissatisfaction with the general housing situation.

A second aspect of housing is the nature of the house or dwelling. This includes the organization of space, the facilities which are present, the condition of the building, etc. Such considerations are clearly related to the economic resources of the individual as well as to matters of taste and an interest in maintaining certain housing standards.

A third aspect of housing includes the neighborhood or community in which the housing is located. Considerations about the general type and condition of the neighborhood, facilities and services available and accessible, and the quality of social relationships, especially with neighbors, would be important as influences on the person's attitudes and feelings about his housing.

In all of these aspects, existing values call for the attainment of certain minimal standards. Although difficult to define, what a person ought to have in order to enjoy a reasonably comfortable life can usually be specified. In addition, there is general agreement about the material

conditions that should be present to insure such a life. For example, values prescribe the kind of facilities a person should have available in his home, the desirability of having a number of friends, the opportunity to participate to some extent in the various activities provided by the community. Present community values also endorse individuals in their right to live a somewhat secluded life with a minimum of modern conveniences, if they so desire. By and large, however, most persons, not excluding older persons, accept the existing values and attempt to achieve and maintain those standards of living associated with such values. It is the inability to achieve and maintain such standards which comprises a great part of the problem of the aged.

It would be difficult to determine which of the three factors referred to above would be the most important in a person's feelings about his housing situation in later life. While it might be hypothesized that most important are those things closer to the person, i.e., his personal and immediate relationships, his possessions, etc., actually, all aspects of his housing situation are interrelated in one way or another, and will thus affect feelings. Satisfactions or dissatisfactions with one aspect will tend to color other aspects over a period of time.

Also to be kept in mind is the fact that the older person and the outside observer may not be perceiving things in the same ways. What the outsider might view as "substandard", the older person may accept as "normal" or even "superior". What the outsider views as important, the older person may feel is irrelevant, and vice versa. Thus, it is important to determine, insofar as possible, the attitudes of the older persons themselves, in order to avoid making unwarranted assumptions.

B. THE HOUSEHOLD

When the term "household" is used, it refers to the family as it is usually observed: husband, wife, and children. In the case of older persons, however, the passage of time has worked changes in this typical pat-

other cases, the household may consist of only one member. Whatever the case, the nature of the household is important in the understanding of the life situation of older persons.

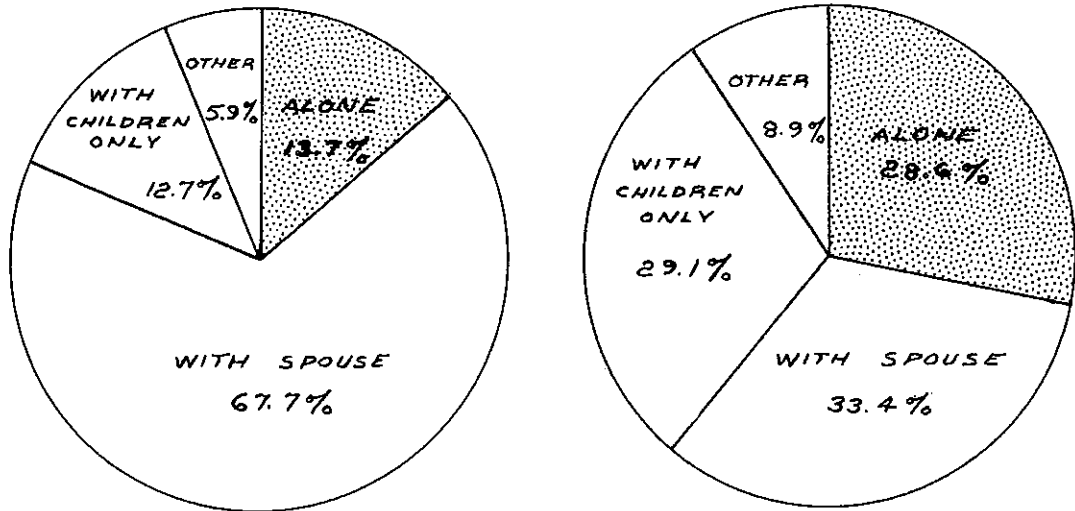
Some idea of the nature of the household has already been gained from the data presented in Chapter Two. There, it was shown that most of the households originated in a rural environment.¹ In addition, it was shown that, while about two-fifths of the sample had been widowed, these were mostly women.² Thus, an important proportion of the households represented by the sample is comprised of older women living as single-member households. On the other hand, two-thirds of the males in the sample were listed as married, and presumably living with spouses. These facts alone are useful in anticipating the kinds of needs the community must be prepared to meet if it intends to provide facilities for older persons.

Further insight into the nature of the household may be gained from the data in Table 5.1, illustrated in Figure 16, based on information about the sharing of living quarters. Comparing males and females, it is seen that two-thirds of the males but only one-third of the females are still living with spouses. Approximately the same order of difference appears when males and females are compared with those living with spouse only, or with spouse and children. Even the "80 and over" male age group includes over half still living with spouse, while no female in this age group was in a household with spouse present. Such differences may be explained in terms of disparity in ages of males and females at the time of marriage plus the greater longevity of the female as compared to the male.

Looking at the reverse of this situation, it is seen in Table 5.1 that a larger proportion of females live alone as single-member households. Compared with the 29% of the females living alone, only 14% of the males did, a ratio greater than two to one. A greater proportion of females lived with children only, or with other relatives, than did males. In "single-

¹See Tables 2.6 and 2.7.

Fig. No 16



MALE: N = 322

FEMALE: N = 350

PERSONS WITH WHOM LIVING QUARTERS SHARED

* FROM TABLE 5.1

person" households 49% of the females had been without spouse for five years or more, while 35% had been separated from spouse for ten years or more. Of course, some of these persons lived with children, but the indications are that the majority of this group lived alone. In contrast, only 16% of the males had been separated from spouse for five years or more.

Age affects the extent to which persons live alone or with spouse. With increasing age, there is an increasing probability that the older person will be living alone, and this is more true of the female than of the male. The sample also indicates that increasing age also involves increased chances that the individual will be living with children only. (See Table 5.1)

These data point up the large proportion of single-female households in the sixty-five and over group which must be taken into consideration in planning housing for older people.

sample respondents indicated they had access to them. A more important part of Table 5.6, however, is the indication it provides of the number of persons sixty-five and over in the general population who were doing without some things assumed important at the time of the survey. While the situation may look acceptable in terms of how large a percentage have a certain item, for example, a radio, a different perspective results when the absolute numbers in the total population are examined.

Thus, at the time of the survey, there were over two thousand persons sixty-five and over in Edmonton who did not have a private bath, 2,593 who did not have hot and cold water in their quarters, 3,703 without access to a telephone, etc. These are only rough estimates that would if anything under-estimate the number of persons without access to the items listed.¹

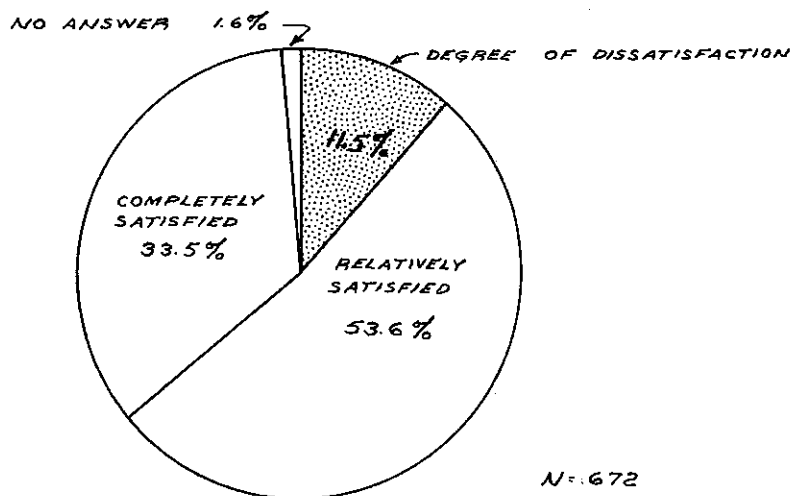
E. ATTITUDES CONCERNING PRESENT HOUSING

Regardless of objective measures of standards of living, account must also be taken of the way older persons themselves feel about their housing. Table 5.7 illustrated in Figure 18 summarizes the feelings respondents had concerning their living quarters. Keeping in mind that the majority of persons were living in their own homes, it is noted that approximately one-third of the respondents expressed complete satisfaction with present living quarters.² Over half gave responses which indicated relative degrees of satisfaction, ranging from "pretty-well satisfied" to "generally" or "mostly satisfied". Of the total sample of non-institutional respondents, 12% stated they were dissatisfied with their living quarters. A difference between the sexes existed in this respect: while 8% of the males stated dissatisfaction, 15% of the females did.

¹The interviewers were asked to rate the quarters, and while this does not result generally in a very reliable measure, 6% of the quarters visited were rated as unacceptable or below average. This would mean that approximately 900 living quarters for older people would be so rated in the city at the time of the survey.

² This data is not available at this time.

*FIG. N^o. 18



SATISFACTION AND DISSATISFACTION
WITH LIVING QUARTERS

*FROM TABLE 5.7

The reasons given by the respondents about why they were satisfied covered a wide range. The most frequently given reasons related to general comfort, pleasantness, contentment, etc. A total of 38% of the respondents gave this sort of response. Reference to some aspect of one's social relationships, including neighbors, being with children, having visitors, etc., was made by 17% of the sample. "Ownership" and "feeling at home"¹ were mentioned by 14% and 13% of the sample, respectively. A total of 10% expressed satisfaction with their living quarters because of the general location or convenience in relation to community services and facilities. Only 9% of the sample made direct reference to physical conveniences of various kinds.²

A wide scattering of dissatisfied comments was noted, with only one category including more than 5% of the respondents. "Physical inconvenience" was the reason given for dissatisfaction by 9% of the sample, with twice as large a proportion of females as males giving this reason. While 540 respondents gave 790 reasons why they were satisfied with their living quarters

¹Including feeling of belonging, security, psychological comfort, etc.

F. EDMONTON SENIOR RESIDENTS IN RELATION TO OTHER STUDIES

Table 5.9 provides a comparison of Edmonton respondents with several other studies on the basis of a few items related to households and housing. For the most part, the other studies which have been used as a basis for comparison did not go into the housing situation to as great an extent as did the Edmonton Survey. Some few points are of interest, however.

While somewhat over one-fifth of the Edmonton sample of older persons lived alone, this proportion was exceeded in the cases of the Grand Rapids and Long Beach studies.

The factor of home ownership is comparable in the four studies, with Edmonton respondents running somewhat ahead of Winnipeg and Long Beach in extent of home ownership, and somewhat behind Grand Rapids. In addition, Edmonton respondents indicated a slightly higher degree of satisfaction with their living situation than did the Winnipeg or Grand Rapids sample. Access to facilities present in living quarters is roughly comparable between Edmonton and Winnipeg.

G. SUMMARY AND CONCLUSIONS

The general household and housing situation of the Edmonton Senior Residents Survey sample has been described, thus providing a basic picture of the living conditions of the general population sixty-five and over.

It has been seen that a large proportion of persons sixty-five and over (about one-fifth of the sample) lived alone in their own quarters, and that this is true for over twice as many females as males. This is a clear indication that in anticipating housing needs for aging persons, the single-member household must be given equal consideration with that of married couples, especially in the light of the strong interest in maintaining independence and privacy indicated by the respondents.

The general housing situation appears to compare favorably with

lived in boarding or rooming house arrangements, indicating that nearly a thousand persons in the general population 65 and over lived in such conditions at the time of the survey. In most instances, these would be represented by single persons, but suggested is a degree of isolation from others (as is the implication in any discussion of the so-called "boarding-house world"). At the present time, it would be most likely that such accommodations would be viewed as something less than ideal.

There appeared to be an acceptable standard of housing for most of the sample as indicated by the types of household facilities to which they had access. However, an estimate of those lacking such access indicates the magnitude of the problem of providing minimum material standards for older persons.

The largest majority of the sample were satisfied with the living quarters they had and with the neighborhood in which they were located. The major reasons given for satisfaction involved a greater concern for the non-physical and non-specific aspects of housing. Factors such as neighbors, convenience, comfort, security, etc. ranked high in importance. Absence of these same factors were mentioned in reference to feelings of dissatisfaction. From the survey findings, it is estimated that somewhat over 1,500 older persons were dissatisfied with their living quarters.

Table 5.1

Person with Whom Living Quarters Shared, ESRS Sample,
by Sex and Age, by Percentage^(a)

<u>Category</u>	<u>Total Sample</u> %	<u>Total Males</u> %	<u>Males 65-69</u> %	<u>Males 70-74</u> %	<u>Males 75-79</u> %	<u>Males 80 & over</u> %
alone	21	14	11	16	12	15
with spouse	50	68	76	69	60	54
spouse only	36	48	52	51	40	41
spouse and children	14	20	24	18	20	13
children only	21	13	7	11	20	24
other relatives	5	4	4	4	6	4
friends	3	2	2	3	2	2
N =	672	322	115	111	50	46

	<u>Total Females</u> %	<u>Females 65-69</u> %	<u>Females 70-74</u> %	<u>Females 75-79</u> %	<u>Females 80 & over</u> %
alone	29	22	29	31	44
with spouse	33	46	32	32	0
spouse only	25	36	26	21	0
spouse and children	8	10	6	11	0
children only	29	23	31	26	50
other relatives	6	5	7	9	3
friends	3	4	3	5	0
N =	350	125	104	85	36

(a) Figures may add to more than 100% due to some multiple responses.

Table 5.2

Tenancy, ESRS Sample, by Sex, by Percentage

<u>Category</u>	<u>Total Sample</u> %	<u>Males</u> %	<u>Females</u> %
own or buying home	54	62	46
renting	28	26	30
rent-free arrangement	12	8	15
all other	6	4	9
			.
N =	672	322	350

Table 5.3

Ownership of Dwelling, Non-Homeowner Group, ESRS Sample,
by Sex, by Percentage

<u>Category</u>	<u>Total Sample</u> %	<u>Males</u> %	<u>Females</u> %
landlord (not related)	47	55	42
children	41	31	48
other relatives and friends	7	9	6
all other	5	6	5
N =	312	122	190

Table 5.4

Type of Dwelling, ESRS Sample, by Age and Sex, by Percentage^(a)

<u>Category</u>	<u>Total</u>	<u>Total</u>	<u>Males</u>	<u>Males</u>	<u>Males</u>	<u>Males</u>
	<u>Sample</u>	<u>Males</u>	<u>65-69</u>	<u>70-74</u>	<u>75-79</u>	<u>80 & over</u>
	%	%	%	%	%	%
one family dwelling	68	69	77	66	66	63
two family dwelling	5	5	4	7	4	2
suite	19	16	11	19	18	20
boarding or rooming house	7	8	7	10	12	4
cottage type	3	3	2	2	4	7
other	21	1	1	1	0	2
N =	672	322	115	111	50	46

	<u>Total</u>	<u>Females</u>	<u>Females</u>	<u>Females</u>	<u>Females</u>
	<u>Females</u>	<u>65-69</u>	<u>70-74</u>	<u>75-79</u>	<u>80 & over</u>
	%	%	%	%	%
one family dwelling	66	69	64	66	64
two family dwelling	5	2	7	7	6
suite	22	22	20	22	22
boarding or rooming house	5	4	5	6	8
cottage type	3	3	3	2	3
other	3	3	4	1	0
N =	350	125	104	85	36

(a) Percentages may total more than 100% due to multiple responses.

Table 5.5

Space Available, ESRS Sample, by Sex, by Percentage

<u>Category</u>	<u>Total Sample</u>	<u>Male</u>	<u>Female</u>
	%	%	%
1 room	10	11	8
2 rooms	6	7	6
3 rooms	11	8	13
4 rooms	22	22	22
5 rooms	21	23	19
6 rooms or more	29	28	30
no answer	2	1	2

Table 5.6

Access to Selected Household Facilities, ESRS Sample, by Percentage,
and Extrapolation to General Population 65 and Over

<u>Category</u>	<u>% of Sample having access to facility</u>	<u>Number of persons represented by sample % with access to facility (a)</u>	<u>Number of persons in total population 65 and over with access to facility (b)</u>	<u>Number of persons 65 and over without access (c)</u>
radio	95.5	963	14,445	823
gas or electric stove	94.3	951	14,265	1,003
private bath	87.0	877	13,155	2,113
hot and cold water in quarters	83.8	845	12,675	2,593
electric refrigerator	82.7	834	12,510	2,758
central heating	82.7	834	12,510	2,758
washer	77.1	777	11,655	3,613
telephone	76.5	771	11,565	3,703
television	48.5	489	7,335	7,933
clothes dryer	7.4	75	1,125	14,143
	N = 672	1,008	15,268	

(a) Based on fact that 50% of sample married and living with spouse, and 50% of sample without spouse; total represented by sample, 1,008 persons 65 and over.

(b) Based on 1956 population of 15,268 persons 65 and over in Edmonton, Beverly and Jasper Place; this is 15 times the number represented by the sample, thus extrapolation in column (3) equals 15 times number in column (2).

(c) Total population 65 and over minus estimated number of persons with access to facility.

Note: It is recognized that some of married males would have wives under 65 and

RECREATION AND ACTIVITIES OF THE SAMPLE

The present chapter will deal with the recreation and activities patterns in several ways. First, data will be provided of the amount of leisure time that is available, and how the respondents felt about this; second, a description of how leisure time is used in terms of social, participant, or hobby-type activities; third, the effect of aging on the recreation and activities patterns; finally, the respondents' attitudes in relation to the kinds of things they would like to do.

A. INTRODUCTION

In previous generations, the problem of leisure time involved mainly the problem of finding such time. The working day was much longer than the one we now accept as normal, and the same was true of the working week. Little or no time, or energy, was left for the pursuit of recreational activities.

The problem for the majority of citizens today is not of finding leisure time, but of how to use available leisure time. There is some thought that we may have reached a point where we have too much leisure time available in relation to our knowledge about how to use it wisely.

If the use of free time is a problem for the fully employed, think of what it represents in the lives of older persons. Such persons who have been retired are suddenly faced with a major increase in the amount of free time they have, and the problem of what to do with it.

Recently, there has been increasing emphasis on the leisure-time aspects of retirement---the conception of retirement as providing the opportunity to do all of the things that could not be done earlier because of the pressure of making a living. Through various forms of advertising and publicity an image is being created in the minds of many persons approaching

retirement about its benefits and its ideal nature. In addition, those concerned with mental health stress the need for recreation as a means of conserving both mental and physical health, and see such recreation as a vital part of one's life during retirement. These values are becoming a part of our general expectations about ways of spending life after sixty-five. The generation surveyed in the sample, however, probably were less exposed to this sort of influence, and may not accept such emerging values of retirement. In fact, in Chapter 3, it was seen that continuation of work is still very important to people who are retired.

The data presented in the following sections will provide some insight into the leisure time use of a generation which probably had little opportunity for planning for retirement, and an idea of its views of so much free time.

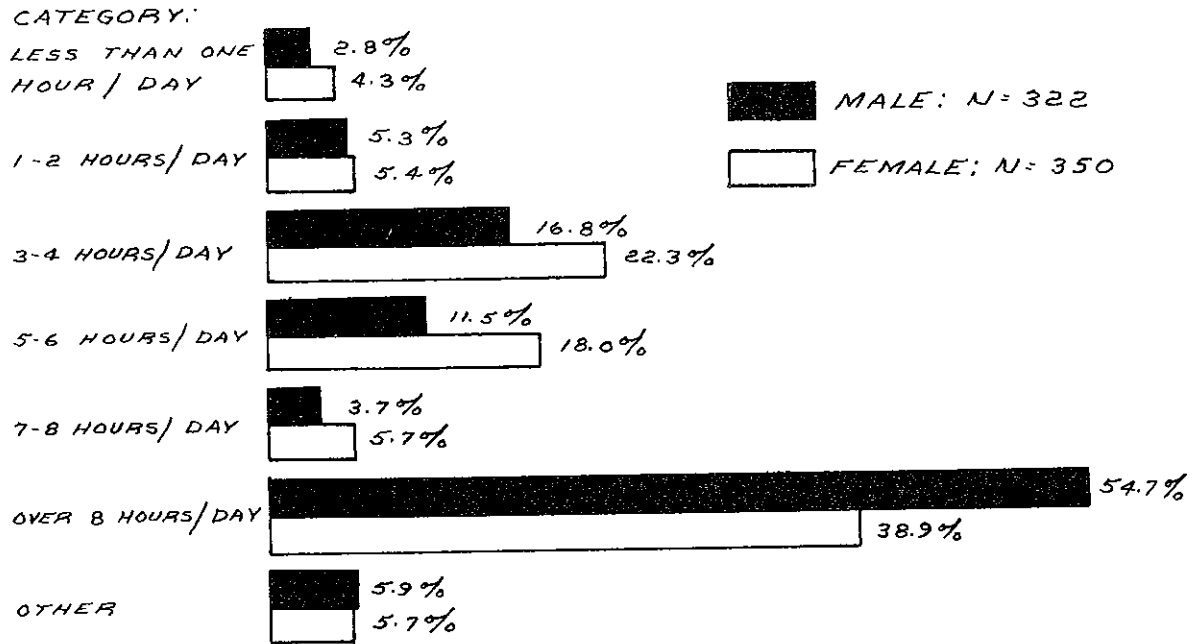
B. AMOUNT OF LEISURE TIME AVAILABLE

The respondents were asked how many hours per day they had for recreational or free-time activities. This was defined as the amount of time available after work and necessary household chores. Table 6.1, illustrated in Figure 20, presents a summary of the responses.

Over 46% of the sample stated that they had eight or more hours per day available for recreational activities. Of the male sample, 55% said they had eight or more hours available, compared to only 39% of the females.

The second highest amount of free time available is shown by those having three to six hours. While more males have eight or more hours available, more females have three to six hours available. The data seem to indicate that while many older persons have nearly all of their time as "free-time", a large proportion continues to have important responsibilities in the form of jobs or household chores. From the point of view of those desiring to work, a smaller amount of free time is an index of well-being,

* FIG. N^o 20



TIME AVAILABLE FOR LEISURE-TIME ACTIVITIES BY SEX.

* FROM TABLE 6.1

survey, and their background values, large amounts of free time would not necessarily be regarded as an improvement of their life situation.

Table 6.1 also demonstrates the relationship of increasing age to amount of free time available. For both males and females, increasing age results in increasing amounts of free time. This in part is a reflection of the relinquishing of work and other activities associated with the aging process. Again, it must be kept in mind that the response is in terms of free time---time left over after work and necessary household chores. The respondents may not have viewed this as leisure time in the usual sense of the term.

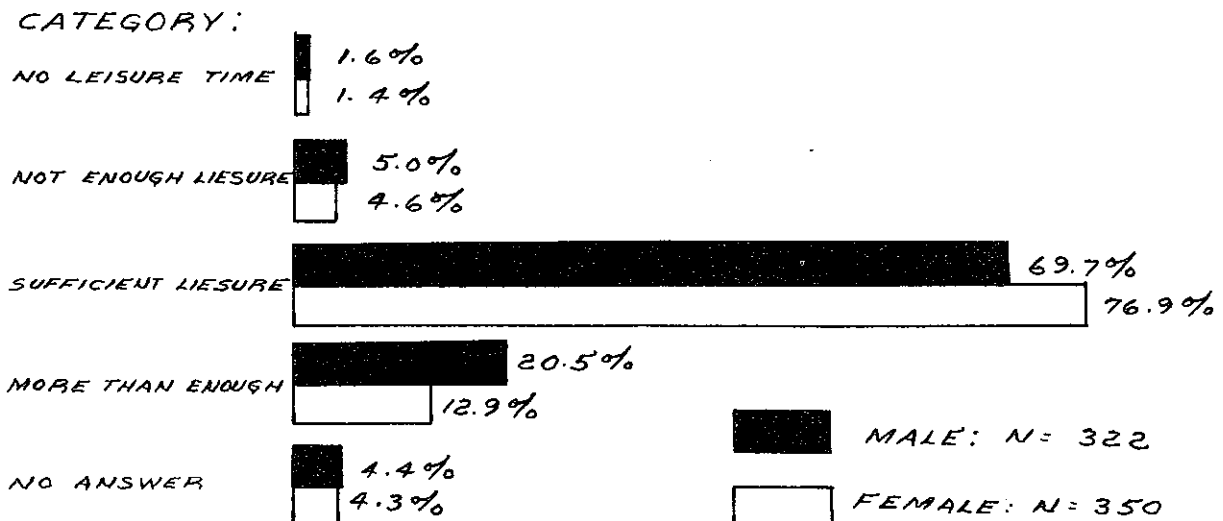
Table 6.2, illustrated in Figure 21, shows that nearly three-fourths of the sample felt they had sufficient free-time, and only 5% felt

of the respondents who stated they had too much free time. While 21% of the males felt they had more than enough time available, only 13% of the females said this. Such a difference reflects the retirement status of the male, with a large block of time available in the place of job responsibilities, while the female continues to have a certain amount of household responsibility. It is doubtful if the retired male shifts much of this free time to the sharing of household responsibilities with his wife. The sudden removal of work through retirement would make the male more conscious of having too much time on his hands, whereas the female more likely gives up household responsibilities gradually with aging, and thus does not experience this sudden increase in free time.

C. RECREATION AND ACTIVITIES PATTERNS

The approach used in presenting the survey results is to make use of the respondent's conception of the particular activity: What he views as a hobby or as a social activity will be accepted as such.

*FIG. N^o. 21



RESPONDENTS' FEELINGS CONCERNING
AMOUNT OF LEISURE TIME AVAILABLE

* FROM TABLE 6.2

Table 6.3 presents the results of the question asked concerning the hobbies of the respondents, classified according to broad categories. Of immediate interest is the fact that nearly one-fifth of the sample stated that they had no hobbies. Also of importance is that stereotypes of activities engaged in by males and females are borne out by the results. Females engage to a much lesser extent than males in outdoor activities and in wood and metal working as would be expected. On the other hand, needlework is the single largest category of hobby activity, and is completely dominated by the female respondents.

The percentage of the male sample without hobbies fluctuates from one age group to another, with the "80 and above" group the lowest in this respect. (See Table 6.4) However, they also have a slightly lower average number of hobbies per respondent. For the females, while the percentage of the sample without hobbies increases by age group, the average number of hobbies is largest for the "75-79" age group. It is interesting to note that the institutional sample has the highest percentage of persons having "no hobbies".

The respondents were also asked to name the activities engaged in, which they regarded as social, that is, activities carried on with other people. (Table 6.5) Nearly two-fifths stated they did not have such social activities. The major difference which appeared in the comparison of males and females related to church activities, with twice as many females as males participating. Organizational activities (both church and non-church) were the major type of social activity mentioned, with visiting running third.

The percentage of the sample reporting no social activities increases with age in both the male and female groups. (Table 6.6) The average number of social activities, however, fluctuates considerably from one age group to the next; with the highest average number in the "70-74" group.

Table 6.7 provides a summary of the check list responses, cate-

covered fairly well the various kinds of general activities engaged in by a person is indicated by the fact that only 14 "other" responses were given by the entire sample.

Resting, working around the house, and taking walks ("individual activities") received a consistently high rate of response. Again it is seen that expected differences appear between males and females in types of activities usually associated with one or the other.

Females average only slightly higher in number of mentions of activities, but there is some reduction in average mentions with increasing age for both males and females. The institutional respondents had only about one-half of the activities on the average as compared to the non-institutional sample.

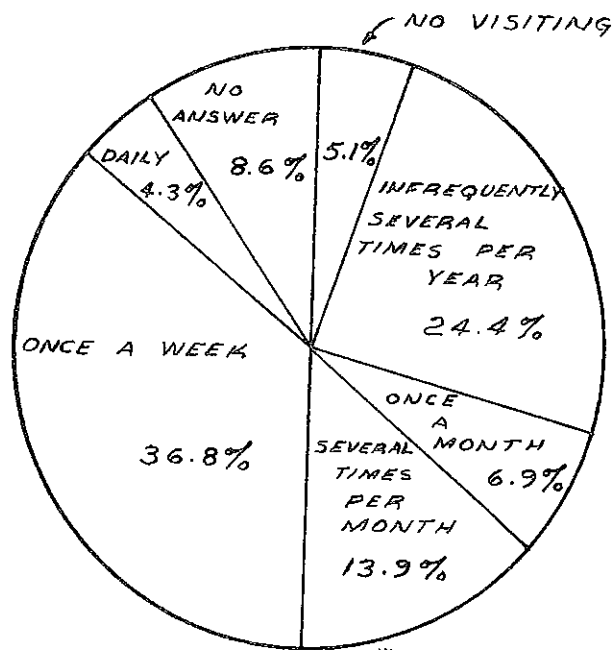
D. VISITING PATTERNS

An important part of everyone's life is the amount and quality of social relationships which are present. This would be especially true in the case of the older person, usually forced to give up activities of one sort or another. Social relationships would then come to occupy an increasingly vital part of his total activities pattern.

In the ESRS, three questions about general visiting patterns were asked: visiting with friends, with relatives, and with children.

Table 6.8, illustrated in Figure 22, summarizes the results of the question relating to frequency of visiting with friends. The large majority of the respondents stated they visited, but nearly one quarter of the sample indicated they did so infrequently. Over one-half of the sample had visits with friends several times a month, or more, with the majority of these responses falling into the "once a week" class. There are no great differences between males and females except in the case of "no visiting" and "no answer", where there were twice as many females. While only 5% of the sample indicated that they did not have visits with friends, there were 9% who gave no answer, perhaps avoiding the question.

* FIG. No. 22



*FROM TABLE 6.8'

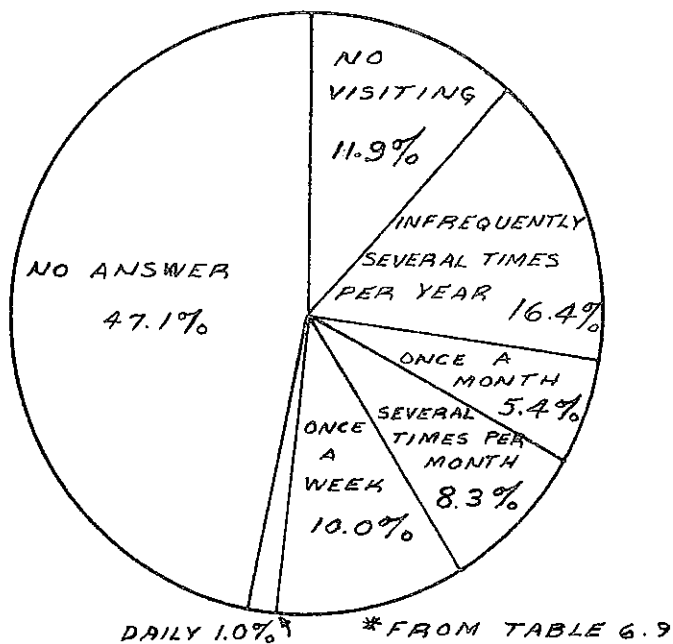
FREQUENCY OF VISITS WITH FRIENDS

An examination of the results indicate that visiting with relatives was carried on much less frequently than visiting with friends. (Table 6.9, illustrated in Figure 23) No doubt some of this difference may be due to death of relatives, separation from them or difficulties in maintaining contacts at this stage of life.

Somewhat over 47% of the sample stated that they visited with children several times a month or more. (Table 6.10, illustrated in Figure 24) A comparison of visiting with relatives and visiting with children would indicate that the children were the major source of family contacts at this stage of life.

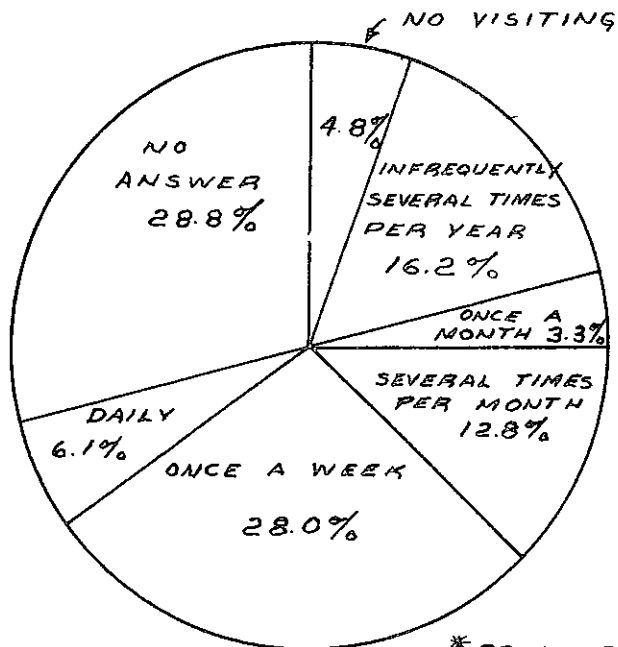
In relation to visiting, interest also centers on the way it was carried out, and 70% of the sample engaged in reciprocal visiting, indicating that the respondents were able to move about relatively freely.

*FIG. No. 23



*FROM TABLE 6.9
FREQUENCY OF VISITS WITH RELATIVES

*FIG. No. 24



*FROM TABLE 6.10

(Table 6.11) However, over one-sixth were in a situation where they only received visits, but did not make them. Only 2% stated they did not engage in any visiting, a relatively small percentage when compared to the 13% of the institutional sample who stated they had no visiting activity.

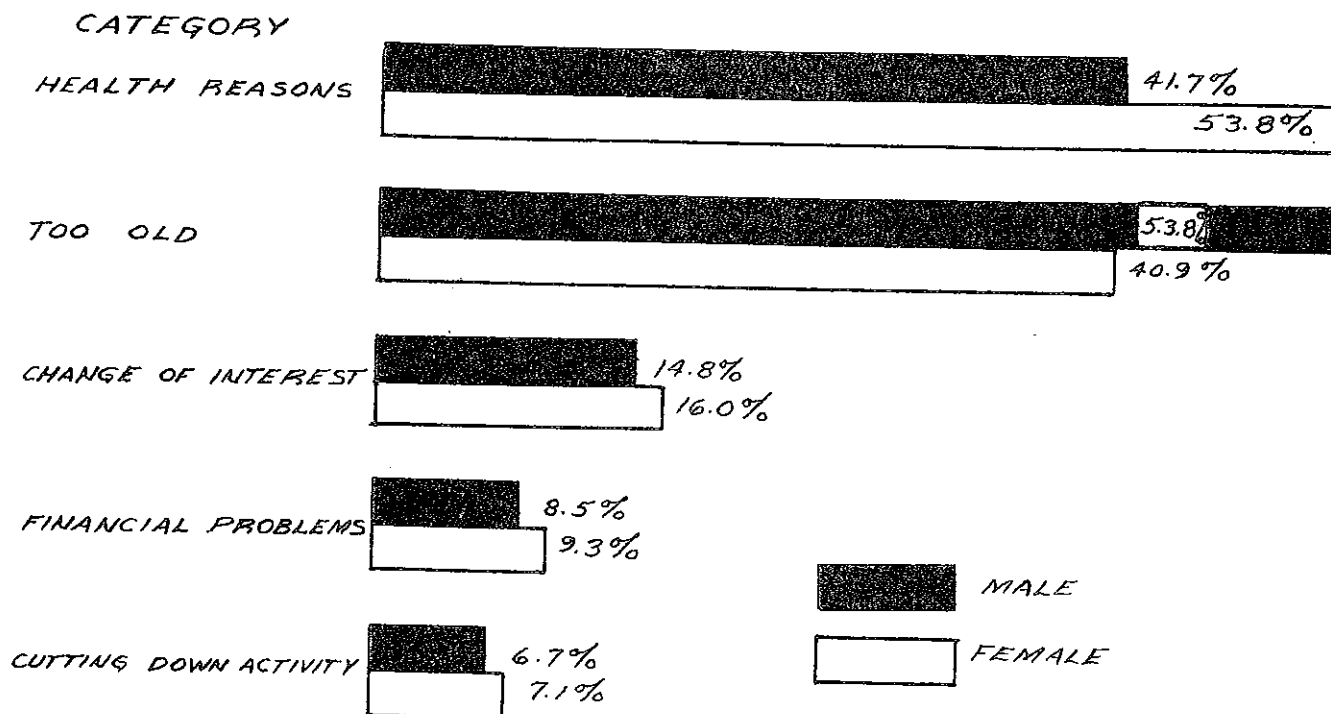
E. AFFECT OF AGING ON ACTIVITIES

The respondents were asked what activities they participated in when younger, but which they have given up at the present time. Nearly 30% stated that they had not given up any activities with aging. (Table 6.12) Outdoor participant activities heads the list of activities dropped. 48% of the males and 24% of the females indicated they had given up these kinds of activities. On the other hand, 18% of the females said they had given up organizational activity, nearly three times the percentage of male responses. Although smaller percentages were involved, over three times as many females had given up arts and crafts activities as males.

42% of the males versus 54% of the females said activities were given up because of health reasons. (Table 6.13, illustrated in Figure 25) On the other hand, 54% of the males said activities were given up because they were too old to continue them, while only 41% of the females gave this response. Perhaps men are more sensitive about admitting health or physical inadequacy in contrast to females, while females are a bit more reluctant to admit to being too old to participate. The difference in responses indicated are consistent with the results of the health questions in Chapter 4.

That the giving up of activities does not imply a changing pattern which involves substitution of other, less demanding, activities, is indicated by the fact that 87% of those represented in Table 6.13 stated they had no activities which replaced those given up. A total of 42% of the sample felt there was nothing which interfered with their free time. However, 31% said their state of health did, while 10% referred to financial factors as interfering. Again a difference appears between males and females as to the frequency of references to health. Of the males, 26% re-

* FIG. NO. 25



MAJOR REASONS WHY RESPONDENT STOPPED ACTIVITIES WITH AGING BY SEX

* FROM TABLE 6.13

Generally, with increasing age, health becomes increasingly important as an interfering factor.

F. ACTIVITIES DESIRED BY SAMPLE

A description of the activities desired, but not presently participated in, is another way of viewing the effect of aging on the activities pattern. This will indicate what the older person would like to do, but is not able to do for one reason or another.

Asked whether they were interested in activities related to their national background, 21% of the sample said they were, but 64% said they were not. (Table 6.15) Males were somewhat more interested in this than females. Only 8% of the total sample expressed an interest in classes specifically organized for older persons. Again, male respondents were

Included in Table 6.15 is a classification of responses to a question asking what kinds of activities the respondents would like to take part in. Organizational work and indoor participation activities received the largest frequency of responses. Ranked third was outdoor participation, followed by travelling and visiting. While none of the percentages were large, there is an indication that the most favored types of activities to take part in are those which are mainly social in nature, or involve some form of group activity.

Those respondents who had previously indicated they were without spouse were asked if they were interested in companionship with members of the opposite sex. A total of 68% of the sample stated they were not. However, 9% of the males, as contrasted to 2% of the females, said they were. Another 35% of the males, as contrasted with 16% of the females, said they were, but only in terms of friendship, not marriage.

All in all, the indications are that the sample respondents do not generally express any strong desire to engage in things in which they are not now participating. It would seem to represent either a satisfaction with, or an acceptance of the reality of their existing activities pattern.

G. EDMONTON SENIOR RESIDENTS IN RELATION TO OTHER STUDIES

The possibility of comparisons between the several other studies and the ESRS sample is even less likely than in previous chapters. This stems from the use of different approaches, especially as related to the way of asking the question. In the present survey, both open-end and check-list types of questions were used. As seen in the case of health, the check list provides a greater frequency of response. The best comparison possible under present circumstances is between the Edmonton sample and the Grand Rapids sample, mainly due to the use of the same items in the check list. The Winnipeg and Long Beach figures, limited as they are, are not comparable because it is suspected that an open-end approach was used. This would explain, in part, the great differences noted between Edmonton and Grand Rapids

the other hand in the several areas common to both studies.

Even if the few categories included from the Long Beach and Winnipeg studies are compared with data in Tables 6.3 and 6.5, it can be seen that the Edmonton respondents had generally higher frequencies of participation in the activities mentioned. This is more clearly indicated in the case of the Grand Rapids study in comparison with the Edmonton study, and is best summarized in the higher average number of activities mentioned by the Edmonton respondents. Perhaps these differences are minimized due to the necessity to re-adjust some of the categories in order to make the two studies relatively comparable.

The amount of leisure or free time available to Edmonton and Grand Rapids respondents is roughly comparable, and indicates small differences, except in the "almost none or none" category. The Long Beach respondents provided a majority of responses in the "all day" category, but the older persons in the sample included many who had retired and had moved to the area. Thus, they would consider themselves to have all day free. A smaller percentage of them were working than was the case in Edmonton.

SUMMARY

The data in the present chapter indicate that the sample respondents continue to carry on a relatively active life, engaging in a great variety of leisure-time pursuits. With increasing age, there is a reduction in the number of these activities, but no sign that a large proportion of respondents find themselves with nothing to do. It has been noted that the social activities loomed important in the activities patterns, probably serving to maintain the person's contact with a wider range of activity. There did not seem to be any great demand for things specifically for the aged, and in general, the respondents seemed to accept reduction of activities as a normal part of aging. This was not accompanied by any great desire for changes in the patterns which had developed and to which they were accustomed.

Table 6.1

Time Available for Leisure-Time Activities, ESRS Sample,
by Sex and Age, by Percentage

<u>Category</u>	<u>Total Sample</u> %	<u>Total Males</u> %	<u>Males 65-69</u> %	<u>Males 70-74</u> %	<u>Males 75-79</u> %	<u>Males 80 & over</u> %
less than one hour/day	4	3	3.5	2.7	2.0	2
1 - 2 hours/day	5	5	11.3	2.7	2.0	0
3 - 4 hours/day	20	17	22.6	18.9	10.0	4
5 - 6 hours/day	15	12	9.6	14.4	12.0	9
7 - 8 hours/day	5	4	2.6	4.5	6.0	2
over 8 hours/day	47	55	46.1	51.3	64.0	74
other responses	3	3	.9	5.4	4.0	4
no answer	3	3	4.4	.9	2.0	2
	N = 672	322	115	111	50	46

	<u>Total Females</u> %	<u>Females 65-69</u> %	<u>Females 70-74</u> %	<u>Females 75-79</u> %	<u>Females 80 & over</u> %	<u>Total Institution</u> %
less than one hour/day	4	8	3	2	0	3
1 - 2 hours/day	5	5	6	7	3	0
3 - 4 hours/day	22	29	22	20	6	5
5 - 6 hours/day	18	25	17	11	14	8
7 - 8 hours/day	6	7	4	8	0	3
over 8 hours/day	39	23	44	45	64	73
other responses	3	1	4	2	6	0
no answer	3	2	1	5	8	10
	N = 350	125	104	85	36	40

(a) Institutional not included

Table 6.2

Respondents' Feelings Concerning Amount of Leisure Time Available,
ESRS Sample, by Sex and Age, by Percentage

<u>Category</u>	<u>Total Sample</u> (a) %	<u>Total Males</u> %	<u>Males 65-69</u> %	<u>Males 70-74</u> %	<u>Males 75-79</u> %	<u>Males 80 & over</u> %
no leisure time	2	2	2	2	2	0
not enough leisure	5	5	9	4	4	0
sufficient leisure	74	70	62	75	70	76
more than enough	17	21	26	15	24	15
no answer	4	4	3	6	2.0	9
N =	672	322	115	111	50	46

	<u>Total Females</u> %	<u>Females 65-69</u> %	<u>Females 70-74</u> %	<u>Females 75-79</u> %	<u>Females 80 & over</u> %	<u>Total Institution</u> %
no leisure time	1.4	2.4	1.0	1.2	0	0
not enough leisure	4.6	5.6	3.8	4.7	2.8	2.5
sufficient leisure	76.9	77.6	79.8	80.2	58.4	62.5
more than enough	12.9	10.4	12.5	9.4	30.6	25.0
no answer	4.3	4.0	2.9	4.7	8.3	10.0
N =	350	125	104	85	36	40

(a) Institutional not included in total.

Table 6.5

Participation in Activities Regarded as Social, ESRS Sample
by Sex, by Percentage

<u>Category</u>	<u>Total Sample</u> (a) %	<u>Males</u> %	<u>Females</u> %	<u>Total Institutional</u> %
organizations, except church	22	22	21	0
church groups	21	13	28	3
visiting	18	19	18	20
indoor social recreation	8	10	7	18
parties, etc.	2	4	1	5
outdoor social recreation	2	3	1	3
community activities	2	3	1	8
number of other mentions	9	5	4	2
none (stated)	41	43	38	40
no answer	2	2	3	8
	N = 672	322	350	40

(a) Not including institutional.

Table 6.6

Number of Activities Regarded as Social, ESRS Sample, by Sex and Age

<u>Category</u>	<u>Total Sample</u>	<u>Total Males</u>	<u>Males 65-69</u>	<u>Males 70-74</u>	<u>Males 75-79</u>	<u>Males 80 & over</u>
number of persons reporting social activities	383	176	67	64	23	22
percentage of sample	57%	54%	58%	58%	46%	48%
number of mentions	510	239	82	100	33	24
average per respondent reporting	1.3	1.6	1.2	1.6	1.4	1.1
number reporting "none"	289	146	48	47	27	24
percentage of sample	43%	45%	42%	42%	54%	52%

N =

	<u>Total Females</u>	<u>Females 65-69</u>	<u>Females 70-74</u>	<u>Females 75-79</u>	<u>Females 80 & over</u>	<u>Total Institution</u>
number of persons reporting social activities	207	83	57	50	17	21
percentage of sample	59%	66%	55%	59%	47%	53%
number of mentions	271	105	78	67	21	26
average per respondent reporting	1.3	1.3	1.4	1.3	1.2	1.2
number reporting "none"	143	42	47	35	19	19
percentage of sample	41%	34%	45%	41%	53%	48%
N =	350	125	104	85	36	40

Table 6.7

Check-List of Activities, by General Category, ESRS Sample,
by Sex, by Percentage

	Total ^(a) %	Male %	Female %	Institutional %
<u>Individual Activities</u>				
Resting	80	81	79	55
Working around house	78	77	79	5
Taking walks	63	73	54	40
<u>Hobbies</u>				
Reading	87	89	85	55
Sewing, needlework	38	3	70	28
Work on hobbies	30	26	34	15
Musical instrument	10	8	13	8
<u>Spectator Activities</u>				
Listen to radio	87	89	86	75
Watching T.V.	57	59	56	30
Watch sports	34	46	24	8
Attend concerts, theatre	30	31	29	8
Go to movies	25	24	26	8
<u>Social-Participation</u>				
Visiting, entertaining	78	77	78	53
Writing letters	66	53	78	43
Playing cards, games	44	46	42	28
Church activities	38	32	42	15
Organizational activities (non-church)	23	28	19	8
Going to dances	5	5	4	3
Playing a sport	5	8	2	3
<u>Other</u>				
Voting	78	81	76	45
Community service	17	15	19	3
Pets	16	16	16	0
Fishing, hunting	12	23	2	0
Camping	6	11	2	0
Number of all other mentions	14	9	5	
<u>Average mention by age group</u>				
65-69	11	11	11	
70-74	10	10	10	
75-79	10	10	10	
80 and over	8	9	8	
Average mentions per respondent	10.1	10.0	10.1	5.4
Total number of mentions	6,760	3,215	3,545	215
N =	672	322	350	40

(a) Excluding Institutional Respondents.

Table 6.8

Frequency of Visits with Friends, ESRS Sample, by Sex,
by Percentage

<u>Category</u>	<u>Total Sample (a)</u> %	<u>Males</u> %	<u>Females</u> %	<u>Total Institutional</u> %
no visiting	5	3	7	15
infrequently, several times per year	24	23	26	23
once a month	7	8	6	5
several times per month	14	15	13	8
once a week	37	38	36	25
daily	4	4	5	5
no answer	9	6	11	20
	N = 672	322	350	40

(a) Not including institutional.

Table 6.9

Frequency of Visits with Relatives, ESRS Sample, by Sex,
by Percentage

<u>Category</u>	<u>Total Sample (a)</u> %	<u>Males</u> %	<u>Females</u> %	<u>Total Institutional</u> %
no visiting	12	12	11	10
infrequently, several times per year	16	15	17	9
once a month	5	6	5	5
several times per month	8	6	10	8
once a week	10	9	11	5
daily	1	(b)	2	3
no answer	47	51	43	58
	N = 672	322	350	40

(a) Not including institutional.

(b) Less than .5%.

Table 6.10

Frequency of Visits with Children, ESRS Sample, by Sex,
by Percentage

<u>Category</u>	<u>Total Sample</u> (a) %	<u>Males</u> %	<u>Females</u> %	<u>Total Institutional</u> %
no visiting	5	6	4	5
infrequently, several times per year	16	15	17	23
once a month	3	4	3	0
several times per month	13	14	12	9
once a week	28	28	28	23
daily	6	5	7	0
no answer	29	28	30	40
	N = 672	322	350	40

(a) Not including institutional.

Table 6.11

Visiting Pattern, all Categories, ESRS Sample, by Sex,
by Percentage

<u>Category</u>	<u>Total Sample</u> (a) %	<u>Males</u> %	<u>Females</u> %	<u>Total Institutional</u> %
no visiting	2	2	1	13
receive visits only	17	17	17	65
make visits only	9	9	8	5
reciprocal visiting	69	69	70	18
no answer	4	4	3	3
	N = 672	322	350	40

Table 6.12

Major Activities Given Up with Aging, ESRS Sample, by Sex,
by Percentage

<u>Category</u>	<u>Total Sample</u> (a) %	<u>Males</u> %	<u>Females</u> %	<u>Total Institutional</u> %
none given up	30	29	30	18
outdoor participant	35	48	24	30
indoor participant	21	21	22	10
organizational activity	13	7	18	13
arts and crafts	5	2	8	8
spectator type activity	4	3	5	8
activities given up, but not specified	9	8	11	20
no answer	4	2	5	10
	N = 672	322	350	40

(a) Not including institutional.

Table 6.13

Major Reasons Why Respondent Stopped Activities with Aging, ESRS Sample,
by Sex, by Percentage (a)

<u>Category</u>	<u>Total Sample</u> (b) %	<u>Males</u> %	<u>Females</u> %	<u>Total Institutional</u> %
health reasons	48	42	54	72
too old	47	54	41	31
change of interest	15	15	16	
financial problems	9	9	9	
cutting down activity	7	7	7	
no one to participate with	6	4	8	7
number of all other mentions	41	25	16	3
those indicating no activities replacing those given up	87	84	90	87
	N = 448	223	225	29

(a) Asked of persons who indicated they had given up activities.

(b) Not including institutional.

Table 6.16

Comparison of Selected Aspects of Activities Pattern, ESRS Sample and Other Studies, by Percentage

Category	ESRS Sample			Winnipeg			Grande Rapids			Long Beach		
	Tot. %	Male %	Female %	Tot. %	Male %	Female %	Tot. %	Male %	Female %	Tot. %	Male %	Female %
Amount of leisure time available ^(a)												
all day	47	55	39				44	52	40	73	79	70
one half day	20	15	24				18	8	24	11	9	11
few hours	25	22	28				27	24	30	7	4	9
almost none or none	4	3	4				10	10	10	5	1	8
Check list of major activities ^(b)												
listen to radio	87	89	86				80	77	82			
read	87	89	85	8	10	5	74	67	79	22	21	23
visiting	78	77	78	24	24	27	70	67	71	14	13	14
work around home or garden	78	77	79	47	53	42	65	67	64			
resting	80	81	79				64	62	66			
take auto rides							60	70	54			
take walks	63	73	54	19	28	11	44	55	37			
write letters	66	53	78				43	30	52			
watch T.V.	57	59	56				39	47	34			
club, lodge, or church							36	32	40			
sew, knit, etc.	38	3	70				36	7	56			
play cards, or games	44	46	42	4	6	2	35	45	29	4	7	4
work on hobby	30	26	34	26	11	39	25	25	24	3	3	3
attend lectures, concerts, plays	30	31	29				25	23	25			
go to movies	25	24	26				13	8	15			
community service	17	15	19	4	2	5	9	7	11			
play a sport	5	8	2				7	10	6			
musical instrument	10	8	13				5	5	4			
other activity							19	25	14			
do nothing							8	7	8			
average number of activities	9 ^(c)	8 ^(c)	9 ^(c)				8	7	8			
N =	672	322	350	1028			151	60	91	606	215	391

(a) Estimated from data in Table 6.1 for Edmonton sample; will not exactly fit categories of other studies.

(b) Check list from Grand Rapids study report (p.55) used, as well as results taken directly from report. Winnipeg study used open-end questions and asked for "major" leisure time activities. Some categories omitted due to combination of types of activity in Winnipeg check list. Long Beach also used open-end questions.

(c) Based on categories included in Grand Rapids study only.

SUMMARY: SOME COMMENTS CONCERNING PART I

The intent of Part I has been to provide a basic description of some of the more important aspects of the life situation of persons sixty-five and over in Edmonton. Time and space made necessary some selection from the total data. It is felt, however, that a good picture of the life situation of the respondents in the areas of health, economic patterns, housing and activities has been provided. Further, because of the size of the sample, it is felt that the descriptive material provides an equally good insight into the life situation of the general population sixty-five and over as this existed during the period of the survey. And finally, because the life situation of older persons would not radically change during a short period of time, it is felt that the insights gained from the survey have application to the general population of aged at the present time, notwithstanding certain changes in economic conditions.

In addition to providing a description of the life situation of the sample and, indirectly, of the general aging population, the data provide a base line for future studies. This basis for comparison has not been available previously, and suggests the need for replication periodically to keep in touch with any changes and trends that are occurring.

A general impression reached on the basis of the data presented in Part I would be that, for the most part, the older persons in the sample seem to fair pretty well as judged by conventional standards: most of them own their homes, are not disabled by serious physical difficulties, nor have they spent a great amount of time in hospital; most of the sample maintain a large degree of independence, carry on active lives, and economically are not severe hardship cases.

In spite of generally healthy appearances, however, there are evident social problems. Thus, the number of people in the sample who do not have independence, who live in sub-standard conditions, and who live alone

and lack close relationships are the ones of concern. In these respects, the data provide an idea of the extent of the problem for the direction of available assistance. Of course, such decisions are based on community values and standards. While noting with satisfaction the number who seem relatively well off, one should not lose sight of those individuals who are experiencing difficulties.

Throughout Part I, two major comparisons have been stressed in the presentation of results. One has involved a comparison of sex differences, and the other, but to a lesser extent, age differences. A brief summary concerning these differences may assist in completing Part I of the report.

SEX DIFFERENCES

The respondents in the survey sample represent a generation in which the females were oriented to a career as wife, mother and homemaker, while males were expected to assume the dominant role in the family. Put somewhat differently, the women were expected to accept a subordinate position in the family, and to depend upon husbands as the source of support and livelihood. It was a generation in which there were few alternatives to the homemaker role for the female approaching adulthood. These attitudes and expectations are reflected in some of the differences between male and female responses. Such differences as found between the sexes cannot be attributed to an age difference, because the average age of the male and female samples was 73.3 and 73.2 years, respectively.

In general, the basic data on the life situation of older persons in the sample show that the female is more likely to become dependent than the male. This has been demonstrated in a number of ways in the preceding chapters, but a summary of some of the more interesting findings will be useful. While not all of the differences are clear cut, indications and trends are evidenced, which, with more precise study, would form the basis of significant hypotheses.

The female is in a situation where her general life pattern is less

disturbed by the onset of age --- she does not face "retirement" from her usual routine of work as does the male, thus, there is no sudden break of activity to which she must adjust. This is, of course, an important problem to those who place a high value on work, as do a large proportion of the males in the sample. The females indicated that they had less "free time" available to them than did the males, supporting this idea of gradual decline of work activity. (Of course, "work" for these females means activity around the home, while for the male it would mean activity outside the home). Females manifested less interest in working if they didn't have to, thus reflecting a different value attached to this type of activity.

More females were in lower income categories than males, and more received donated income (income in kind) than did males. There was a somewhat higher percentage of females who felt income was inadequate, and more who shared a living situation with others.

Females had a somewhat higher percentage admitting to major health problems, and a higher average as to number of problems mentioned. The check list results were consistent with this finding. A larger proportion of females classified themselves as "dependent" than did the males.

A larger percentage of females lived alone, or with children only, as compared to males, and a larger percentage lived in housing not their own. Females indicated somewhat greater dissatisfaction with their housing conditions and their neighborhood.

Finally, females had more church-related activity than did the males, and less in the way of "outside participant" activities. A larger percentage of females stated that health was the major factor interfering with their use of free time, and as having caused a giving up of activities with aging. Females seemed to indicate greater interest in participating in organizations, while males actually engaged in this type of activity to a greater extent.

AGE DIFFERENCES

since most of the tables are presented by sex. In general (and in reference to data not included in the report) the age factor seemed to result in a gradual increase in dependence with increasing age, disengagement from activities and social relations, and a more narrow and stabilized pattern.

With increasing age, the chances increase that the individual will be without spouse, this being especially true for the female. Inability to work increases with increasing age, as do number and severity of health problems.

The amount of free time also increases with increasing age, and some indication of feeling that too much of it exists. Social activities seemed to be reduced to a greater extent than hobbies by increasing age. Health plays an increasingly important role in interfering with free time usage and in relation to giving up activities.

It is suspected that during the early post-65 years, the sex factor plays a more important role in differentiating responses, but as aging continues, sex differences in responses decline in a number of areas. This would return the individual in later life to a situation similar to the one early in life, namely, that orientation to life surroundings is not influenced as much by the fact of being male or female, as by other factors. This idea is one which may be tested by data presently available from the survey.

DIFFERENCES IN RESPECT TO OTHER STUDIES

No further comment is necessary regarding the problems of making meaningful comparisons with other studies, and the few comparisons which were possible have already been indicated. It is only important to point out two things at this stage. One is that the older persons in Edmonton, on the basis of the comparisons made, do not seem to fare worse or better than older people elsewhere. Differences do appear, but whether they represent actual differences in the life situations, or differences due to the study techniques used, is sometimes difficult to say. There are, however, enough differences in which there can be some confidence to provide support for the

The strong rural background (which ought to be analyzed in terms of its effects) would make for a difference, as well as the ethnic composition, recency of arrival in the city, etc. Replication of a study is always useful and may lead to fresh insights.

In Part II of the survey report, a number of basic variables are used for further analysis of some of the aspects of the life situation of older persons to provide a greater depth of understanding.

FEELINGS AND OPINIONS OF RESPONDENTS:

Some Further Analysis of Selected Characteristics

Introduction

In Part I of the report, data have been presented mainly by sex and age of the respondents. In a study such as the Edmonton Senior Residents Survey, these are the two variables which come to mind when one begins to consider the analysis of the results. However, in a study as broad as the present one, many other variables exist which could form the basis for important comparisons. Obviously some choice must be made in the interest of time and cost.

In Part II, two of a number of possible variables are used as the basis for a more intensive analysis of selected aspects of the life situation of older persons. These were chosen because they seemed to promise worthwhile results, particularly in respect to providing new insights into later life. (In Chapter 13 a brief discussion concerning the possible use of several other variables is presented.)

Chapter 8 begins Part III with a presentation of a number of attitudes and opinions concerning important problem areas, and suggestions by respondents on what to do about these problems. This latter chapter is intended to fulfill one of the major objectives of the survey, namely, to gain some idea about how older persons felt concerning their life situation and what should be done about it. In Chapter 9 the concepts of dependence and independence in older people are examined against a background of a variety of social characteristics. Chapter 10 makes use of the respondent's location in the city - whether near the central areas or suburban - as a means of describing a number of differences in life patterns. Chapter 11 provides an analysis of the respondents behaviour and activities in relation to their particular church denomination and attendance.

ATTITUDES AND OPINIONS OF RESPONDENTS CONCERNING IMPORTANT PROBLEM AREAS

One of the main reasons underlying the Edmonton Senior Residents' Survey was the desire to know more about what older people felt about their lives, and their suggestions about various kinds of problems. Up to the present point in the survey report, the data have been mainly descriptive of the life situation of the respondents. In this chapter, however, data based on attitudes and feelings concerning important problem areas will be summarized, thus providing an idea how older people view their life situation.

A. HOUSING

Most persons have some ideas concerning what would represent "ideal housing". The respondents in the survey were asked about this, and a summary of the major responses is presented in Table 8.1. Selected responses by sex and age of respondents are presented in Table 8.2. The largest single category of responses (37%) included those which indicated the person's satisfaction with what they already had. In most cases this represented a single-dwelling, owned house. Males had a slightly higher frequency of responses in this category than did females, and older age groups a higher frequency than younger age groups. In the case of responses by age of respondent, the identification of existing quarters with the "ideal" was the dominant response.

The second most frequently named "ideal" was the cottage-type dwelling. Reference to the responses by age group in Table 8.2 shows that this type is less strongly favored by the older age groups.

Specific references to various aspects of housing were included in some of the responses, with the size factor being the most frequently mentioned (21% of the sample). The frequency of reference to size decreases with increasing age as seen in Table 8.2. The great variety of references

to specific aspects of housing reflected a wide range of individualistic preferences and needs.

Previously (Ch. 5), it was shown that the majority of respondents were satisfied with their present living quarters and neighborhoods. The question arises whether such satisfaction has a meaningful basis; whether it would exist in relation to other alternatives; or whether the respondents were satisfied because it was what they had and nothing else was possible. One alternative for older persons is public accommodations (or as more commonly referred to, "housing for the aged"). The term "public accommodations" was used in the survey in order to avoid some of the emotional reaction to other, more commonly used, terms. There will be an emotional reaction even to this term as well as varying images as to what the term stands for.¹ However, the probability exists that some central meaning common to all older persons would be suggested by the term, and that responses to the questions using it would be at least partly influenced by that central meaning.

Table 8.3 is based on the responses to the question of whether public accommodation would represent an improvement over the respondents' existing living conditions. What is immediately seen is that nearly four-fifths of the sample said that public accommodation would not represent an improvement. However, 11% of the respondents stated that such accommodations would make for an improvement. This finding was consistent with the extent of dissatisfaction responses indicated in Table 5.7. Also consistent with the previous indication of dissatisfaction is the fact that about two and one half times as large a percentage of females as males felt that public accommodation would be an improvement.

The relatively more favorable orientation of the female respondent to public accommodation may be explained in terms of several factors. First, males are typically more inclined to an independent attitude (as is borne out at a number of points in the present survey). Second, as noted previously,

¹It would have been valuable to have included a question relating to the "image" of public accommodation that existed in the minds of older persons. This was overlooked, and as in many such instances, will have to become a

females are more likely to be living alone, and would perhaps feel less lonely and isolated in public accommodation. Third, the female being more dependent, and more likely to accept this status, might be more willing to view public accommodation as an improvement over the existing situation.

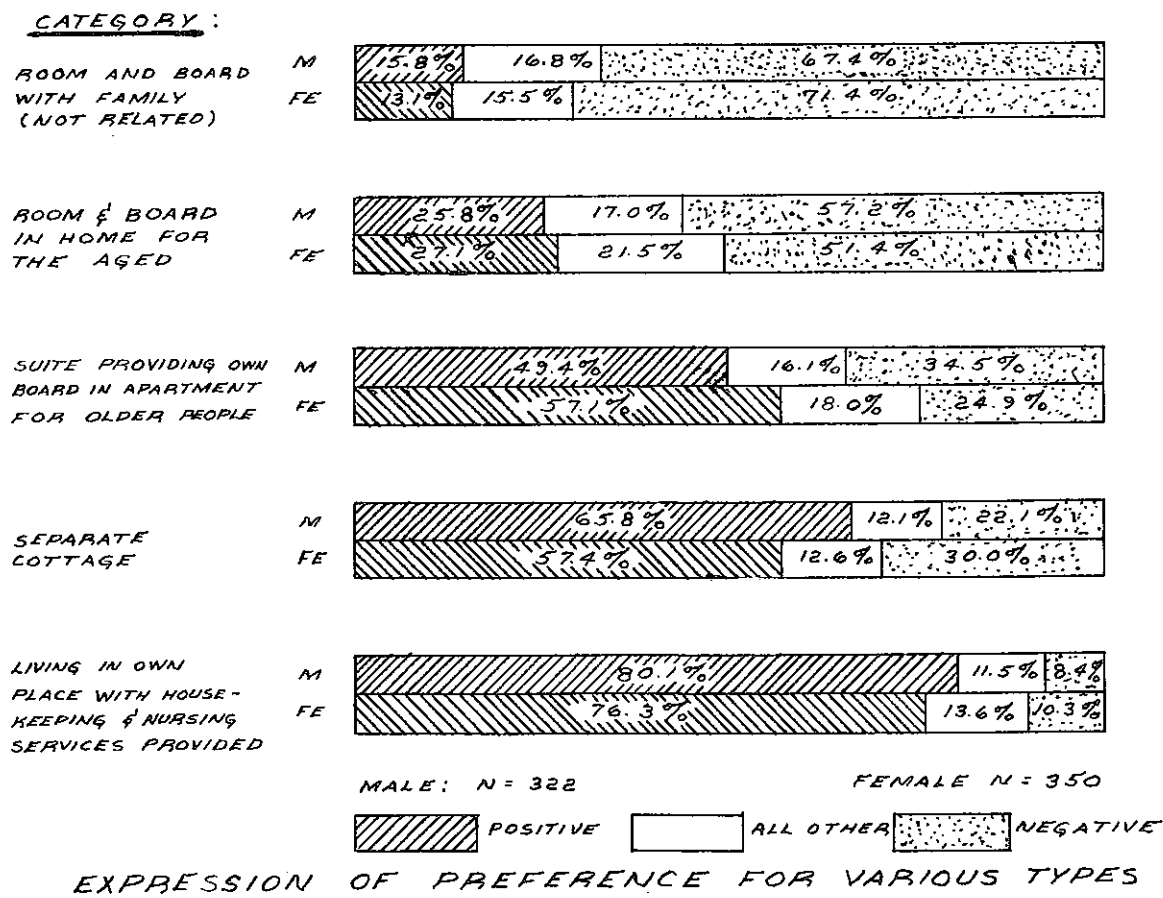
Not only would the individual's conception of the nature of public accommodations influence his attitude toward them, but other factors may be involved. For example, for most persons public accommodation would imply a sharing of one's life with persons who were relative strangers. Such close contact with strangers at this stage of life might be viewed as something undesirable, or as requiring adjustments one cannot make. A generation less accustomed to the sharing of the personal side of life might be unwilling and/or incapable of accepting the sharing that would inevitably be thrust upon it in public accommodation. Table 8.4 summarizes the attitudes which the sample respondents had toward the idea of sharing quarters with other than spouse. About 10% of the sample stated that sharing would be acceptable, with no reservations at all. Somewhat over one-third indicated they would be willing to share, but stated various qualifications, mainly involving reference to the type of person or to the situation. Nearly one-half of the sample stated they would not want to share quarters. The table also indicates that the female respondents showed a somewhat greater willingness to share than did the males. These are important points in planning public accommodations.

Further insight into the nature of the attitudes of older persons toward public accommodation may be gained from an examination of the data in Tables 8.5 and 8.6. These are based on a question which asked for the attitudes of the respondents toward various types of public accommodation. The five types of accommodation are arranged in order of decreasing dependence. The summary of attitudes presented in Table 8.5 indicates that the degree of favorable attitude toward a given type of public accommodation is directly related to its degree of apparent independence.

Table 8.6, illustrated in Figure 26, provides a comparison of male

and female attitudes toward the five types of public accommodation, and includes the institutional sample for further comparison. Males indicate a slightly stronger preference for the more "independent" types of arrangements; i.e. separate cottages and living in their own place; while females were somewhat more in favor of the room and board type and the suite in an apartment for older persons. It is interesting to note that the institutional respondent had a lesser degree of rejection of the more dependent types of arrangement, perhaps because of experience with them, or because they recognized their needs. This manifested itself in a high rate of dislike for the more independent types of accommodation.

* FIG. N^o. 26



Further questioning revealed what the person would have to have to be reasonably happy and contented in public accommodation. Table 8.7 provides a general summary of the responses, and Table 8.8 a selection of responses presented by sex and age of the respondents. In spite of an introduction to the question, in which the interviewer pointed out that it was sometimes necessary for older people to use public accommodation, 28% of the sample rejected the idea or avoided responding to the question. The older age groups had a slightly higher frequency of this type of response than did the younger group.

Nearly 45% of the sample referred in their response to type of dwelling. Somewhat over one-fifth of the respondents felt they would require a separate (private) place, while just under one-fifth stated a preference for a single room. Ten percent said that a small house, cottage or bungalow would be the minimum. Only 8% of the sample stated that a public institution or home would provide what they needed if they were to be happy or content.

As with feelings about living quarters and neighborhood, non-physical factors appeared to be somewhat more important in a consideration of minimum requirements for contentment in public accommodations. For example, 22% said that having their own, or a separate, place was the important factor, while another 9% specifically mentioned the need for privacy. Specific services, companionship, independence, general comfort and the presence of personal possessions were other categories of responses receiving relatively frequent mentions. Only 14% of the sample referred to physical facilities to be provided.

In all of these responses, there was little difference between males and females, the exception being the "companionship" response, which was mentioned more frequently by females. The older age group (80 and over) was less concerned about having their own place, but made more references to services to be provided.

Nearly one-third of the respondents felt that the community should provide separate, small houses (shown in Table 8.9). Institutional arrange-

greater preference for institutions, while females were somewhat more in favor of suites. In Table 8.10 it is seen that support for separate, small houses and for suites decreased with increasing age, while the "don't know" frequencies increased with increasing age.

B. FINANCIAL

The respondents were asked what recommendations they would make in instances where financial problems existed for older people. The responses fell into two general categories, summarized in Table 8.11: statements as to who had responsibility and statements involving specific recommendations to deal with the problems.

There is almost complete agreement that the government, at some level, should assume the responsibility for the financial problems of older people. More males than females made specific reference to the Federal or Provincial government in this respect. Relatively few respondents felt it was the responsibility of the individual or the family.

As far as specific recommendations were concerned, about one-third of the respondents felt there should be a pension adjustment. One-tenth of the respondents felt there should be a means test of some kind. In another question concerning what the government or community should do for the financial situation of older people (results summarized in Table 8.12), 38% of the respondents said pensions should be increased, while 15% said help should be given wherever need exists. This latter is taken to be a more or less indirect reference to a means test.

The concern on the part of older people about pensions deserves further consideration. Table 8.13 presents a summary of the respondents' feelings concerning pensions which were available at the time of the study. Less than 10% of the respondents felt that pensions were adequate, while 44% felt that pensions were inadequate. Females were somewhat more satisfied with existing pensions than were the males. A total of 152 comments favorable to pensions were made by the respondents, but there were 816 unfavorable

Further on the subject of pensions, as indicated in Table 8.14, 57% of the respondents felt that older persons who were working should continue to receive pensions. One out of eight respondents felt that this was an earned right regardless of other types of income or the financial situation of the older person. Only 17% felt that older persons should not receive pensions if working.

Thus, it is seen that the respondents in the survey sample felt it was mainly the responsibility of government to take care of financial problems of older people, and that the major means employed should be more adequate pensions.

C. HEALTH AND RECREATION

Table 8.15 summarizes the responses to the question concerning health services to be supplied by the community. Over two-fifths of the responses involved reference to some form of free service to be provided, with males somewhat more in favor of this approach than females. Again, about one-tenth of the respondents indicated the need for application of a means test, with a higher frequency of females than males favoring this.

Table 8.16 is a summary of the types of recreational facilities that the respondents felt the community should provide. Indicated is a wide range of interests, with the largest single response (17%) making reference to the community providing social clubs. Females were somewhat stronger in their support of this than males. Interest in the social-type of recreation was further emphasized by the fact that an additional 10% of the sample felt that social halls or meeting places should be provided for older people. Fully one out of six of the respondents stated they did not know what the community should provide.

D. SOURCES OF ASSISTANCE FOR MAJOR TYPES OF PROBLEMS

It will be seen in Table 8.17 that the respondents felt that the responsibility for caring for older people should be the government's. A

to government, while almost twice as many females as males felt it was a family matter. One-fifth of the respondents indicated that the person himself should take responsibility for caring for himself. An addendum including some of the reasons underlying the respondents' replies is included in the table.

Attention is now turned from what ought to be the case in relation to caring for older people to what actually is the case when various kinds of problems exist. A series of questions was asked concerning source of help for problems, and the results are summarized in Table 8.18.

Of major interest is the fact that in all cases except sickness (Table 8.18-C) the most frequently named source of help was the family. About one-half of the respondents turned to the family for help if financial problems existed, over two-fifths to the family for needed assistance around the house or as a source of help for worries in general, and about one-third for help with housing or medical problems.

A marked difference may be noted, however, in the extent to which this response was given by males and females. For example, while 60% of the females stated that their family was the source of help for financial problems, only 38% of the males gave this response. In no category did males indicate greater reliance on the family, the closest being in the case of help around the house, with 40% of the males and 46% of the females giving the "family" response.

The church showed up as an important source of assistance for the survey respondents in relation to the category "worries in general". About one in seven respondents said they turned to the church as their major source of assistance in such cases.

Thus it is seen that although older persons might feel that non-family sources of assistance should be available and used, reliance is still heavily on the family as a source of help for various kinds of problems.

E. SOME ASPECTS OF THE LIFE SITUATION OF THE RESPONDENTS

Table 8.19 is a summary of responses to a question concerning the greatest problems that the individual faced in later life. Forty-five percent of the respondents said that they had no great problems. Of problems mentioned, 19% of the respondents referred to their state of health and 16% to financial difficulties.

While Table 8.19 is based on what individuals felt concerning their own lives, Table 8.20 is based on the respondent's feelings about the life situation of older people in general. Nearly one-fourth of the respondents felt that the situation was not good because of financial difficulties, while 14% felt it was not good in general. Only about one-tenth of the respondents made reference to health. On the other hand, 15% felt that the situation for most older persons was relatively good. It would be interesting to know from what income levels the different responses came.

The importance of family to older persons is further revealed in Table 8.21 based on a question which asked about things giving the greatest satisfaction in later life. Thirty-seven percent of the respondents referred to their families. Again, a difference in the importance of family for male and female is noted: 28% of the males gave the "family" response, while 45% of the females did. This is consistent with what has been observed previously in the survey data. Other sources of satisfaction had about equal frequencies of response, including owning one's home, activities, good health, friends and religion. About twice the frequency of males as females referred to health as a source of satisfaction, while two and a half times as many females as males referred to religion in this way. A total of 8% of the respondents said "independence" provided great satisfaction.

Looking more specifically at the feeling of independence, a further question summarized in Table 8.22 revealed that 42% of the respondents felt being independent was of primary importance, while just over one-fourth said they liked or felt good about being independent. "Independence" for this group ranked well below family, home owning, etc. as one of the sources of

greatest satisfaction in later years. Yet the overwhelming response to the question about the importance of being independent and on one's own attests to the value placed on it. More than one interpretation is possible when these two responses are considered together. Is independence taken for granted until specifically drawn to their attention; is there less opportunity for experiencing the satisfactions of independence at this time of life; were comparatively few threatened by its loss; has the meaning of "independence" undergone a change with time? The responses to most of the questions about housing (8.1 and on) showed the concern for privacy and autonomy, for control over personal life and the details of daily existence, and for the maintaining of an appearance of independence at the very least. The next chapter will give closer scrutiny to this important question.

A frequently held notion is that older persons may often be lonely. Table 8.23 provides a summary to a question which asked the respondents whether they were ever lonely. About one-fourth of the respondents admitted to feeling lonely all or some of the time, while 59% said they did not feel lonely. Of possible importance in assessing the results of this question is the relatively large proportion of "no answers" --- 17% of the sample so classified.

Most older persons will usually advance ideas about what was important to them in helping to prepare for later life. Table 8.24 summarizes the responses given to a question concerning this. About one-third of the sample stated that "working hard" or "hard work" helped prepare them for older life. Somewhat over one-fifth of the respondents referred to making financial provisions, with a higher frequency of males than females giving this response. Sixteen percent of the females as compared to 8% of the males referred to family life as helping to prepare for later life. The greater importance of religion for females is again indicated by the fact that 15% of them made reference to religion, while only 4% of the males did so.

How the respondents felt about the future is summarized in Table 8.25. What may be taken as an "accepting" attitude is revealed by the 37% who said they didn't worry about the future or would take things as they

came, while 12% felt it would involve a continuation of the same kind of life. Onset of poor health was the single major concern about the future, expressed by 21% of the respondents.

It is generally agreed that the well-being of an individual is partly related to his ability to manage his own life. Many of the agencies and services which have developed in the past generation have been designed to assist persons to do just this, as well as to aid in the solving of various kinds of difficulties which may be beyond the resources of an individual. The extent to which the respondents had benefited from various community agencies, and their degree of awareness of these agencies, provides an interesting insight into the lives of older persons. Such insights could be guides toward any necessary improvements. Table 8.26 provides a summary of the relationship of respondents to eight of the important agencies existing in Edmonton, all of which in some way or other, provide services or facilities to assist with the problems of the aged.

The first point of importance in this connection is the percentage of persons who have actually received help from these agencies, keeping in mind that the respondents were non-institutional persons. It will be noted that no more than 10% of the respondents received help from any one agency listed. The Victorian Order of Nurses had 10%, while Friendship Clubs and the Outpatient Department, University Hospital, were indicated as sources of help by 8% of the respondents. Females used these agencies more than males.

The second point of importance relates to the relatively large proportion of the respondents who had not heard of the various agencies. This ranged from 48% in the case of the Family Service Bureau to 13% for the Victorian Order of Nurses. It may be noted that 36% of the respondents had not heard of the Outpatient Department, University Hospital and 20% had not heard of Friendship Clubs when both of these agencies are equipped to be of service to older persons.

The data would seem to suggest that there is room for creating a greater awareness of such agencies among the older population, and thus to

E. SUMMARY

The intent of this chapter has been to provide some idea of how older people view certain aspects of their life situation, particularly in relation to problems they might have, and to discover what sort of recommendations they would make in regard to solutions.

It is clear that the respondents felt that government, at some level, should deal with the problems, but that in actuality the respondents made great use of their own families. An important difference between males and females existed in this respect, probably reflecting the different type of households involved. The female, living with family members (other than spouse) most likely turns to them for help; the male, being the head of the household, would more likely turn to other sources of assistance.

The respondents seem to accept their situation, and in most cases (non-institutional persons) do not seem to have an inordinate number of serious difficulties. There are indications of concerns, especially in relation to health, and the need for a greater awareness of agencies as sources of help was indicated.

Table 8.1

Summary of Respondents' Conceptions of Ideal Housing, ESRS Sample,
by Percentage

<u>Category</u>	<u>Non-Institutional Sample</u> %
Type of Housing Conceived as Ideal	
present circumstances conceived as ideal ^(a)	37
cottage-type; bungalow	20
single-dwelling (house implied)	13
suite or apartment	10
all other types	8
"indifference" ^(b)	6
no answer	6
Major Characteristics Referred to in Conception of Ideal Housing	
size factor	21
internal layout	10
general comfort	10
location	9
reference to specific facilities (structural)	8
all other (miscellaneous) ^(c)	238 mentions
number of characteristics mentioned (total)	625
number of respondents pro- viding mentions	371
no answer (percentage)	45
average mentions per respondent providing mentions	1.7 mentions
	N = 672

- (a) Reference to living situation currently experienced; refer to Tables 5.1 to 5.5 for description of general situation of sample.
- (b) Including: "haven't thought of anything else," "haven't thought about it," "doesn't matter," "don't know," etc.
- (c) No specific characteristic given by over 5% of respondents; percentage not

Table 8.2

Selected Responses, Respondents' Conception of Ideal Housing,
ESRS Sample, by Sex and by Age, by Percentage

<u>Category</u>	<u>Total Sample</u>	<u>Males</u>	<u>Females</u>	<u>65-69</u>	<u>70-74</u>	<u>75-79</u>	<u>80 and over</u>	<u>Insti- tutional</u> (b)
	%	%	%	%	%	%	%	%
present type of housing ^(a)	37	40	34	31	41	35	44	30
cottage type	22	20	24	34	15	19	9	8
single dwelling house	13	16	10	12	14	13	12	5
comfort or conven- ience, type not specified	10	11	8	13	9	10	2	10
reference to size	21	22	21	27	19	20	13	18
reference to organization	10	8	11	10	10	10	7	8
reference to location	9	8	10	11	10	7	4	8
reference to specific facilities	8	9	7	9	10	7	4	5
suite	10	8	11	12	10	6	9	5
N =	672	322	350	240	215	135	82	40

(a) Reference to what respondent was occupying at time of interview.

(b) 15% of institutional respondents said a place of their own would be "ideal" while 13% said a "home" or "institution" was ideal.

Table 8.3

Feeling as to Whether Public Accommodation Would Be Improvement Over Present Living Conditions, ESRS Sample, by Sex, by Percentage

<u>Category</u>	<u>Total Sample</u> %	<u>Males</u> %	<u>Females</u> %
No, would not be	79	82	75
Don't know	10	12	9
Yes, would be	11	6	15
	N = 672	322	350

Table 8.4

Attitude Toward Sharing Quarters with Person Other than Spouse, ESRS Sample, by Sex, by Percentage

<u>Category</u>	<u>Total Sample</u> %	<u>Males</u> %	<u>Females</u> %
acceptable, no reservations	10	10	10
acceptable, with qualifications	35	30	40
preference for living alone	9	8	9
would not want to share	47	54	41
	N = 672	322	350

Table 8.5

Attitudes Toward Various Types of Public Accommodation,
Total Non-Institutional ESRS Sample, by Percentage

<u>Category</u>	<u>Would Not Like</u> %	<u>Don't Know, Indifferent</u> %	<u>Would Like</u> %	<u>Unfamiliar With Type</u> %	<u>No Answer</u> %
room and board with family (not related)	70	6	14	6	4
room and board in home for aged	54	8	27	7	5
suite providing own board in apartment for older people	30	7	53	6	4
separate cottage	26	5	62	3	5
living in own place with housekeeping and nursing services provided	9	4	78	5	3

N = 672

Table 8.6

Expression of Preference for Various Types of Public Accommodation,
Non-Institutional ESRS Sample by Sex and Institutional Sample,
by Percentage (a)

<u>Category</u>	<u>Males</u>		<u>Females</u>		<u>Institutional</u>	
	<u>Would Not Like</u> %	<u>Would Like</u> %	<u>Would Not Like</u> %	<u>Would Like</u> %	<u>Would Not Like</u> %	<u>Would Like</u> %
room and board with family (not related)	67	16	71	13	48	25
room and board in home for aged	57	26	51	27	28	55
suite providing own board, in apartment for older people	35	49	25	57	70	13
separate cottage	22	66	30	57	73	18
living in own place with housekeeping and nursing services provided	8	80	10	76	35	48
	N = 322		350		40	

(a) Appropriate percentages will not add to 100% due to omission of other categories included in Table 8.5

Table 8.7

Minimum Requirements for Satisfactory Public Accommodation,
ESRS Sample, by Percentage

<u>Category</u>	<u>Non-Institutional Sample</u> %
Reference to Specific Type of Accommodation	
single room	18
small house, cottage, bungalow	10
suite	8
public institution or home	8
Total with reference to "Type"	44
Reference to Specific Characteristics Associated with Public Accommodations	
having own or separate place	22
privacy relative to facilities (total privacy not implied)	9
specific services to be provided	11
specific facilities to be provided	14
companionship, visiting, friends	10
personal possessions, furnishings	9
independence, freedom	7
general comfort, convenience	6
number of all other mentions ^(a)	222
Specific Rejection of Public Accommodations	8
Avoidance of Question ^(b)	20
Total Number of Meaningful Mentions, Including "Types"	1,119
	N = 672

(a) No specific characteristic given by over 5% of respondents;
percentage not included because of multiple responses.

Table 8.8

Selected Responses as to What Respondents Felt They Would Require
to be Reasonably Content in Public Accommodation,
ESRS Sample, by Sex and by Age, by Percentage

<u>Category</u>	<u>Total Sample</u> %	<u>Male</u> %	<u>Female</u> %	<u>65-69</u> %	<u>70-74</u> %	<u>75-79</u> %	<u>80 and over</u> %	<u>Insti- tutional</u> %
rejection or avoid- ance of question	28	29	27	22	29	30	28	23
have own or separate place	22	22	22	23	22	24	18	3
specific preference for single room	18	18	19	19	18	16	20	5
specific preference for small house or cottage	10	10	10	10	12	10	5	0
reference to specific facilities	15	12	16	15	14	14	15	15
reference to services to be provided	11	10	12	10	12	11	16	25
reference to having companionship	10	7	12	9	8	13	10	3
N =	672	322	350	240	215	135	82	40

Table 8.9

Major Responses Regarding What Community Should Provide in Way of Housing Accommodations, ESRS Sample, by Sex, by Percentage

<u>Category</u>	<u>Total Sample</u> %	<u>Males</u> %	<u>Females</u> %	<u>Institutional</u> %
don't know, no opinion	17	16	17	30
separate, small homes	30	30	30	25
some plan or system, (not specifically described)	19	18	20	15
homes or other institutional arrangements	15	17	13	13
suites in apartments	14	12	16	0
financial assistance	12	13	12	10
specific services mentioned	9	8	11	3
general reference to separate or private quarters	9	7	10	8
	N = 672	322	350	40

Table 8.10

Major Responses Regarding What Community Should Provide in Way of Housing Accommodations, ESRS Sample, by Age, by Percentage

<u>Category</u>	<u>Total Sample</u> %	<u>65-69</u> %	<u>70-74</u> %	<u>75-79</u> %	<u>80 & over</u> %
don't know, no opinion	17	14	14	21	24
separate, small house	30	36	28	30	23
some plan or system (not specifically described)	19	20	21	19	7
homes or other institutional arrangements	15	17	15	11	18
suites in apartments	14	17	15	13	9
financial assistance	12	15	13	9	10
specific services mentioned	9	10	11	5	10
general reference to separate or private quarters	9	8	10	9	6

Table 8.11

Major Responses of Respondents as to Recommendations Where Financial
Problem Exists, ESRS Sample, by Sex, by Percentage

<u>Category</u>	<u>Total Sample %</u>	<u>Males %</u>	<u>Females %</u>
A. Responsibility ^(a)			
governmental responsibility (level not specified)	36	35	37
Federal responsibility	18	24	13
Provincial responsibility	18	22	15
city responsibility	12	12	13
individual responsibility	8	8	7
family responsibility	5	3	7
church responsibility	1	1	1
B. Specific Recommendation			
pension adjustment, increase	31	33	29
make use of means test	10	11	9
financial aid (other than pensions)	7	8	7
hospital/medical care	6	6	7
housing assistance	6	7	6
don't know	6	3	9
N	= 672	322	350

(a) "Responsibility" refers to comments made which indicated where help should come from, which was the major type of response on this question.

Table 8.12

Major Responses as to What Government or Community Should Do
as far as Financial Situation of Older Persons is Concerned,
ESRS Sample, by Sex, by Percentage

<u>Category</u>	<u>Total Sample %</u>	<u>Males %</u>	<u>Females %</u>
don't know, nothing stated	11	8	13
increase pensions	38	40	37
help wherever <u>need</u> exists	15	17	14
assist with housing	10	10	9
government, but not community, responsibility	9	10	9
assist with medical expenses	6	7	6
N =	672	322	350

Table 8.13

Respondents' Feelings About Pensions Which Were Available,
ESRS Sample, by Sex, by Percentage

<u>Category</u>	<u>Total Sample %</u>	<u>Males %</u>	<u>Females %</u>
pensions adequate	9	5	11
approval of system expressed	8	7	8
total favorable comments	152	61	91
average favorable comments (number)	.23	19	.26
pensions inadequate (stated or implied)	44	47	41
increase needed	23	22	23
inadequate if only income	9	10	8
should be tied to cost of living	8	11	5
need for means test	6	8	5
need to eliminate means test	5	6	5
total unfavorable comments	816	412	404
average unfavorable comments (number)	1.22	1.28	1.15

Table 8.14

Respondents' Feelings as to Whether Older Working People Should
Receive Pensions, ESRS Sample, by Sex, by Percentage

<u>Category</u>	<u>Total Sample</u> %	<u>Males</u> %	<u>Females</u> %
yes	57	59	54
pensions are earned right, regardless	12	13	11
only when need exists if earnings are below certain amount	11	10	11
qualified yes, depending on circumstances	8	8	7
no	17	15	18
	N = 672	322	350

Table 8.15

Major Responses as to Type of Health Services Community Should
Provide, ESRS Sample, by Sex, by Percentage

<u>Category</u>	<u>Total Sample</u> %	<u>Males</u> %	<u>Females</u> %
free services: medical, clinical, hospital	44	48	41
means or needs test	11	9	13
people should provide for themselves	13	12	14
expansion of nursing services	8	6	10
medication, drugs, etc.	8	8	7
services acceptable as they are; no change needed	8	7	9

Table 8.16

Major Responses as to Type of Recreational Facilities Community
Should Provide, ESRS Sample, by Sex, by Percentage

<u>Category</u>	<u>Total Sample %</u>	<u>Males %</u>	<u>Females %</u>
social clubs	17	13	20
indoor recreational	13	13	12
social halls, meeting places	10	12	9
concerts, shows	9	6	11
outdoor recreational	6	10	3
nothing needed	7	5	9
don't know	16	14	17
	N = 672	322	350

Table 8.17

Respondents' Attitudes Regarding Locus of Responsibility for
Caring for Older People, ESRS Sample, by Sex,
by Percentage^(a)

<u>Category</u>	<u>Total Sample %</u>	<u>Males %</u>	<u>Females %</u>
public; various levels of government mentioned	69	74	63
family	33	24	42
persons themselves	20	20	19
no answer	3	2	4
	N = 672	322	350

(a) Figures total more than 100% because of double responses.

Addendum

21% felt government should be responsible because of taxes paid in past.
13% felt government should if there was no other source of help.
11% felt government had an obligation to older people.
10% felt it was purpose of government to help older people.
13% felt it was duty of children to take care of older people.
5% felt it was what children "owed" parents.

Table 8.18

Major Sources of Assistance for Selected Types of Problems,
ESRS Sample, by Sex, by Percentage^(a)

<u>Category</u>	<u>Total Sample</u> %	<u>Males</u> %	<u>Females</u> %
A. Source of help if financial problems exist			
family	49	38	60
public agencies	11	14	8
banks, loans, etc.	10	13	7
church	1	1	1
don't know	15	14	15
B. Source of help if housing problem exists			
family	35	25	45
city, community services	9	12	7
don't know	17	18	17
C. Source of help if sick			
family	32	23	40
medical facilities: doctor, hospital, nurse, etc.	46	44	47
D. Source of help for assistance around house			
family	44	40	46
hire help	12	8	15
friends	9	8	10
don't know	8	8	8
E. Source of help for worries in general			
family	46	37	54
church, minister	14	12	15
work it out independently	12	14	9
don't know	7	10	4
	N = 672	322	350

(a) Percentages in each category do not add to 100% due to omission of the

Table 8.19

Major Responses to Question Concerning Greatest Problems Individuals Faced in Later Life, ESRS Sample, by Sex, by Percentage

<u>Category</u>	<u>Total Sample</u> %	<u>Males</u> %	<u>Females</u> %	<u>Institutional</u> %
state of one's health	19	17	21	33
financial problems	16	17	15	10
aging as such	4	3	5	8
health of others	4	4	4	3
no great problems	45	49	41	33
N =	672	322	350	40

Table 8.20

Respondents' Feelings Concerning General Situation of Persons Past 65, ESRS Sample, by Sex, by Percentage

<u>Category</u>	<u>Total Sample</u> %	<u>Males</u> %	<u>Females</u> %	<u>Institutional</u> %
situation not good, reference to financial	24	27	22	13
situation not good, reference to general conditions	14	16	12	15
situation not good, reference to health	9	9	9	3
depends on individual case	18	16	19	8
situation relatively good for most	15	11	18	13
no answer	11	11	11	8
N =	672	322	350	40

Table 8.21

Major Responses Concerning Those Things Providing Greatest Satisfaction
in Later Life, ESRS Sample, by Sex, by Percentage

<u>Category</u>	<u>Total Sample</u> %	<u>Males</u> %	<u>Females</u> %	<u>Institutional</u> %
family	37	28	45	8
having own home	12	12	12	5
individual (sedentary) activities	12	13	10	8
good health	11	15	8	5
friends	11	8	13	13
religion	11	6	15	15
independence	8	7	9	0
	N = 672	322	350	40

Table 8.22

Respondents' Feelings About Being Independent or Being on One's Own,
ESRS Sample, by Sex, by Percentage

<u>Category</u>	<u>Total Sample</u> %	<u>Males</u> %	<u>Females</u> %
of primary importance	42	44	40
like, feel good about being independent	26	24	28
natural or normal way to be	12	13	11
able to do things your own way	9	11	8
able to avoid being a bother to others	9	6	11
no answer	4	4	4

Table 8.23

Responses to Question Concerning Feelings of Loneliness, ESRS Sample,
by Sex, by Percentage

<u>Category</u>	<u>Total Sample</u> %	<u>Males</u> %	<u>Females</u> %	<u>Institutional</u> %
no	59	68	51	48
yes (including "sometimes")	24	21	27	45
no answer	17	11	22	3
	N = 672	322	350	40

Table 8.24

Things Which Helped Respondents Prepare for Later Life, ESRS Sample,
by Sex, by Percentage

<u>Category</u>	<u>Total Sample</u> %	<u>Males</u> %	<u>Females</u> %	<u>Institutional</u> %
working hard	33	36	31	13
financial provision, saving	22	25	16	15
family life	12	8	16	3
religious background	10	4	15	5
type of life (general)	10	12	8	5
nothing in particular	9	6	11	23
frugal life	8	7	9	8
good health	7	10	5	3
	N = 672	322	350	40

Table 8.25

Major Responses to Question Concerning Feeling About the Future,
ESRS Sample, by Sex, by Percentage

<u>Category</u>	<u>Total Sample %</u>	<u>Males %</u>	<u>Females %</u>	<u>Institutional %</u>
don't worry about it, take things as they come	37	33	41	40
reference to (onset) of poor health	21	22	21	8
just continuation of same	12	12	11	5
reference to (onset) of financial problems	9	11	6	3
avoidance: don't think about future	8	9	8	8
	N = 672	322	350	40

Table 8.26

Respondents' Awareness of Various Community Agencies,
ESRS Sample, by Sex, by Percentage^(a)

<u>Category</u>	<u>Total Sample</u> %	<u>Male</u> %	<u>Female</u> %
A. City Welfare			
have received help	6	7	6
have only heard of it	72	74	71
have not heard of it	16	16	17
B. Family Service Bureau			
have received help	2	2	2
have only heard of it	44	43	45
have not heard of it	48	50	45
C. Friendship Clubs			
have received help	8	6	10
have only heard of it	68	63	71
have not heard of it	20	26	14
D. Recreation Commission			
have received help	2	3	2
have only heard of it	59	63	56
have not heard of it	32	29	35
E. Emergency Housekeeping Service			
have received help	2	3	2
have only heard of it	44	43	45
have not heard of it	47	49	45
F. Victorian Order of Nurses			
have received help	10	8	12
have only heard of it	72	70	74
have not heard of it	13	17	10
G. Emergency Housing Bureau			
have received help	2	2	2
have only heard of it	49	49	49
have not heard of it	41	43	40
H. Out-patient Department, University Hospital			
have received help	8	8	8
have only heard of it	49	50	48
have not heard of it	36	36	37
N	= 672	322	350

(a) Percentages for each category do not add to 100% due to the omission of "no answer" and "unrelated" responses.

AN EXAMINATION OF THE DEPENDENCY GROUP

It is generally held that achievement and maintenance of what is called "independence" is one of the most important values in western society. By "independence" is meant the person's ability, and willingness to provide for his own basic needs, whether these be physiological, psychological, or social.¹ The present chapter will compare some aspects of the life situation of persons in the sample who considered themselves to be independent, with those respondents who considered themselves to be partially or completely dependent.² By providing some insight into the nature of any differences between these groups, a better understanding of factors associated with dependence and its onset may be achieved. Only with this sort of beginning can there be control over the onset or degree of dependence.

From the individual's point of view, loss of independence poses serious problems. His personality, including his self-image, may undergo changes associated with the shift from an independent to a dependent status. The changes may involve a feeling of loss of status, guilt, self-condemnation, depression, etc. In addition, the individual may resist being defined as "dependent" as well as resist actions taken concerning him which usually follow such a definition. Such resistance, indicating a conflict between the individual's self-conception and the community's conception of him, provides yet another basis for various problems of adjustment which often characterize older persons in society. Resistance of this sort may also serve to interfere with action taken by the community which is actually designed to prolong the relative independence of the older person, thus precipitating prematurely the onset of a condition the individual wishes to avoid.

¹Since no person can be completely independent, this state reflects an approximation of independence, or the feeling that one is independent, or both.

²While there are various forms of dependence, present concern relates primarily to physical dependence due to poor health, incapacity, etc.

In addition, there are various disruptions of the individual's network of social relationships which accompany the change from independent to dependent status. Those relationships associated with his job may be lost completely, with no others to take their place. The individual finds that satisfactions which formerly resulted from his own activities now require the activities of others. Where the family cannot, or will not, accept the obligation of caring for the dependent person, it becomes necessary to enlist the aid of others, usually strangers, or near-strangers. Since satisfaction of basic needs depends in part upon relatively intimate relationships, difficulties may arise from necessary reliance on other persons. If the family does accept the responsibility for the dependent person, there are usually important consequences here also. These consequences may be specifically economic, or more generally psychological and social. Awareness of added burdens placed upon a family by dependence may also serve to aggravate the dependent person's difficulties at this stage of life.

Dependence is a cost to society in many ways. The contributions of a previously functional individual are lost. There are economic costs associated with the community care of dependent individuals, including doctors, nurses and other specialists. A reduction in the extent of dependency might result in such resources being employed in other areas of need.¹ In relation to the family, there are costs, difficult to estimate relating to the effect that the dependent person has on the household in which he resides. These may involve lowered efficiency of household members from the increased strain and anxiety of the responsibility associated with the presence of a dependent person. A lowered standard of living may also be a consequence when a family is already on a marginal budget.

The extent to which an individual can maintain independence, or be reclaimed from a dependent status, represents a positive gain for society. Thus, more knowledge about what leads to dependence, with increased

¹Every application of a scarce resource, e.g., trained personnel or limited budget, means some other need cannot be met. Retention of independence

possibility of controlling, within limits, its onset and severity, would mean a saving to society, both in economic and human terms.

SOME CONSIDERATIONS RELATED TO A CONCEPTION OF "AGING":-

In the minds of most persons, aging is identified with growing dependency on others -- a gradual loss of ability to care for one's self. In this sense, the onset of dependency associated with aging is, in some cases, sudden. In other cases, it is the result of gradual change, when one, then another, manifestation of increasing dependence occurs. Barring complete neglect of health and unforeseen accidents, it is the gradual onset of dependence which usually characterizes the process of aging.

Essentially, the term "aging" refers to a series of cumulative changes which affect the individual in three distinct, but interrelated areas: the physiological, the psychological and the social. These areas are often referred to as "levels" or "dimensions" of behavior. The individual is judged as "aged" by society when certain of these changes combine in such a way as to yield behavior consistent with what society expects to observe in the later years of an individual's life. In some instances, society does not wait for the empirical manifestations of such changes, but judges the person to be "aged" when a certain arbitrary point in his life span has been reached. When chronological age is not used, the number of years spent in a particular activity may serve as a basis for defining the person as aged.

Many times judgments about aging are based upon observations involving only one of the levels of behavior. It is assumed that changes on the other two levels have proceeded at about the same rate and in the same direction. While such assumptions are sometimes valid, the actual influence of any one behavioral level on the other two is not always clear. For example, physiological incapacity may or may not result in significant changes in psychological and social behavior.

The individual himself generally identifies "aged" with arrival

at a chronological point in life,¹ as well as with (1) assumed or actual physical disability, (2) assumed or actual psychological difficulties, and (3) reduction or impairment of relationships with others. This orientation represents a combination of the actual behavioral changes being experienced by the person, the attitudes and reactions of others toward the person, and the cultural conditioning which contributes to a definition of these changes. If the resulting self-conception that the individual develops is based upon the effect of real changes in behavior and valid judgments made by others, then a realistic self-conception is created which is consistent with what is generally assumed to characterize the later stages of life.

Such consistency involves an acceptance of, and a working with, the forces of change. This, in turn, may contribute to an optimum adjustment at this time of life. Inconsistency between self-conception and the conceptions others have, particularly the way others think about and act toward the person, may create conflicts which would interfere with the best possible adjustment taking place. In some cases, action taken on the assumption that changes on the different levels of behavior have proceeded consistently may be warranted, and thus may contribute to optimum adjustment. On the other hand, when the assumption is not a valid one, similar action taken by society may actually contribute significantly to an acceleration of changes in the other areas where they had not proceeded as rapidly as supposed. For example, in some cases of compulsory retirement, the assumption of inability could contribute to the actual disability of the individual. In accepting the definition made of him by others, the individual would contribute to his own incapacity.

THE PROBLEM:-

It would be worthwhile to know to what extent, then, an individual can judge his own life-situation, especially with regard to his independence

¹ Although this is often relative, i.e., a twenty-year old thinks of thirty as old, while the fifty-year old conceptualizes himself as old.

or dependence. It would be worthwhile, as well, to know more about the factors associated with, or contributing to, differing self-conceptions of a person's independence. Recognition of some of these factors might lead to better preparation for, and adjustment to, the inevitable shift from independent to dependent status, considered by most to be a normal part of the aging process. In addition to recognizing such factors, there is need to assess the role they play. This would be true for the older person involved as well as for those who may be providing assistance of one sort or another.

Specifically, the problem examined in the present chapter relates to whether or not there are important differences between those who consider themselves independent and those who feel they are dependent in some degree. The problem relates, in addition, to the need to establish valid, empirical criteria by which one could anticipate the onset of dependency. The general purpose of the chapter is to examine some of the characteristics in the life situation of older persons which may be associated with dependency. Implicit in the description of differences between the independent and dependent respondents are two ideas: (1) that there is a "continuum" of increasing dependence in the lives of older persons, characterized by a growing number and intensity of certain types of change, and (2) that as these changes occur, the individual gradually comes to have a self-conception of dependence as a result.

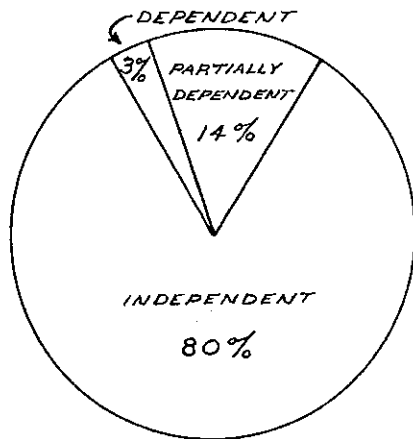
PROCEDURE:-

During the interview, and following an open-end question about the major health problems of the respondent, the respondent was asked to make a judgment about his capacity for self-management.¹ These responses were assumed to reflect the person's feelings about his ability to take care of himself as this related to his physical capacities.² The responses elicited

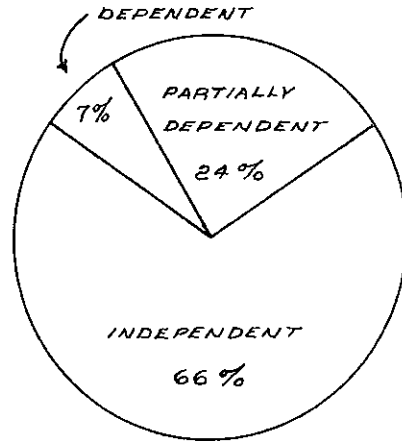
¹ Specifically, the respondent was asked to judge whether he was completely dependent on the care of others, partially dependent on the care of others, or independent of the care of others.

² ...

* FIG. N° 27



MALE

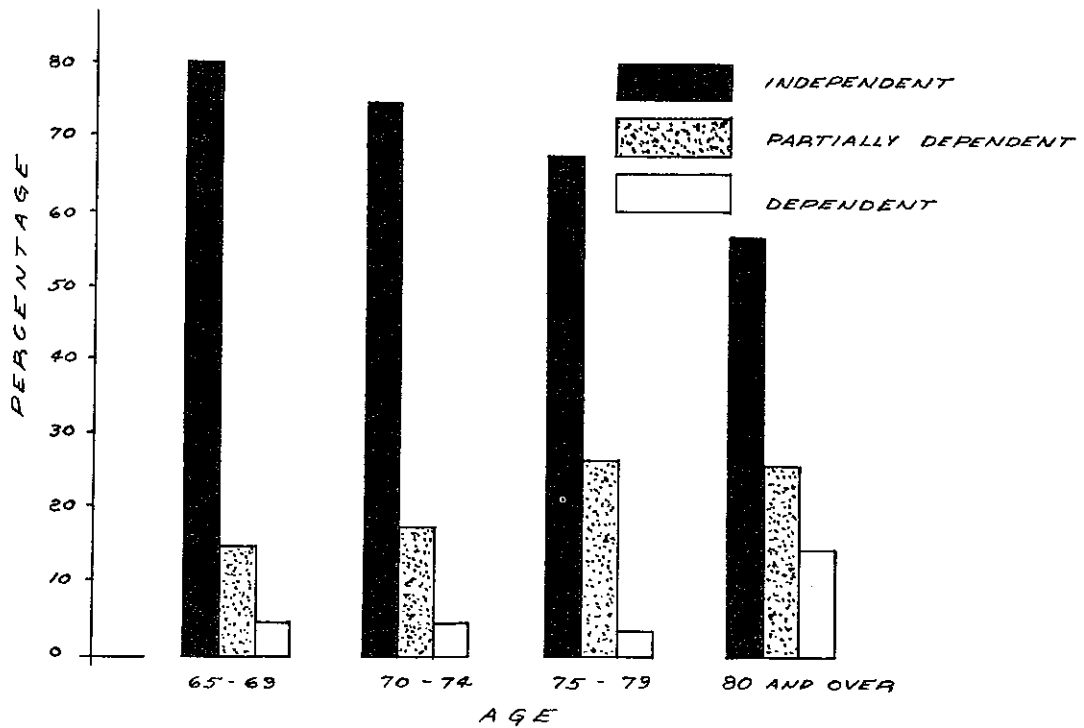


FEMALE

DEGREE OF DEPENDENCY BY SEX

* FROM TABLE 9.1

* FIG. N° 28



DEGREE OF DEPENDENCY BY AGE GROUP

were such that three categories of respondents resulted: those judging themselves as independent, those who felt they were partially dependent on the care of others, and those who stated they were completely dependent on the care of others. A fourth category, persons in institutions who felt they were completely dependent, provided an extension of this rough "continuum of dependence". In the latter case, the assumption was that the institutionalized respondents would represent persons more dependent than those who felt they were dependent, but who were not at the same time in institutions.

SOME CHARACTERISTICS OF THE DEPENDENCY CATEGORIES:

The main interest centers on the several categories of respondents, differentiated one from another by an increasing degree of dependence. Table 9.1 provides some characteristics of the several categories involved. It also provides some idea on the validity of the self-conceptions in terms of factors usually associated with dependence. Since it was assumed that the conception of self held by the respondents reflected factors associated with physical ability, there should be some differences between the various categories in this respect.

It is seen from Table 9.1, illustrated in Figure 27, that 73% of the respondents judged themselves to be independent, 19% partially dependent, and 5% dependent. Of the institutional sample of 40, 73% felt they were partially or completely dependent. In this connection, 80% of the males judged themselves independent, while only 14% felt that they were dependent in any degree; for the females, 67% said they were independent, while 31% said they were dependent in some degree.

Table 9.1 also shows, as illustrated in Figure 28, a comparison of the age groups in terms of their degree of dependency. As would be expected, the older the person the more likely he will view himself as dependent, and, conversely, the less likely the person will judge himself to be independent; whereas in the 65-69 age group 80% judged themselves as independent, only 57% did so for the 80 and over group.

that the greater the dependency, the greater the proportion of females in the category; and the greater the age, the greater the chances of a respondent indicating a degree of dependency. For example, in the "independent" category, about three-quarters of the respondents were under 75, while about one-quarter were 75 and over. On the other hand, in the "dependent" category, about one-half were under 75, while the other half were 75 or over.¹

In relation to health problems, the general trend is an increase with increasing dependency, as would be expected. The amount of hospitalization also shows an increase with increasing degree of dependency. These two observations would seem to support the validity of the respondents' judgments, and therefore the distinctiveness of the dependency categories.

SOME FACTORS RELATED TO DEPENDENT RESPONDENTS:-

Obviously, not all possible characteristics which might involve differences between the categories were obtained in the general study; further not all of the characteristics which were available are included in the present discussion. It is hoped that the selection which has been made will point up some of the more important differences.

Summarized below are the major differences found between the several categories of respondents. The summary is taken from Tables 9.3 to 9.8. These differences are presented in three groupings: first, those characteristics having a higher rate of association with dependent respondents; second, those characteristics having a lower rate of association with dependent respondents; second, those characteristics having a lower rate of association with dependent respondents, and third, several factors which seemed to show little variation among the several categories. Following the summary, there will be a discussion of some of the implications of the differences.

¹Note that the "independent" category most closely approximates the age composition of the sample, while the two dependency categories vary from this.

1. Respondents with feelings of dependence had a higher percentage who:

- a. felt income was inadequate
- b. rented, or had rent-free, quarters
- c. lived with children (spouse not present)
- d. were widowed
- e. were widowed for relatively longer periods
- f. had more children
- g. had children in the city
- h. had a major health problem
- i. had greater number of health problems
- j. had a greater amount of hospitalization
- k. had worries about the health of others
- l. stated dissatisfaction with living quarters
- m. felt public accommodations would be an improvement over existing living conditions
- n. turned to the family for help when sick
- o. turned to the family for financial assistance associated with sickness
- p. were older
- q. were female (except institutional group)

2. Respondents with feelings of dependence had a lower percentage who:

- a. lived alone
- b. lived with spouse
- c. lived with spouse only
- d. had relatively high income
- e. stated they had no major problems
- f. had no worries about the health of others
- g. stated satisfaction with living accommodations

3. Both dependent and independent respondents had similar percentages regarding:

- a. residence in separate, single-dwelling house
- b. space available
- c. feeling government should be source of financial assistance
- d. family should be a source of help if a financial problem existed
- e. feeling that government was responsible for caring for aged

DISCUSSION: -

The findings presented indicate a difference does exist between the several categories of respondents. Furthermore, many of the differences are consistent with general expectations concerning what takes place during the later years of a person's life if dependency occurs. While the dependency

ability, this should not be taken to mean that physical dependence necessarily caused certain of the other characteristics to appear. Rather, only a somewhat consistent association of certain factors, usually identified with dependence appears.

A health problem is usually considered as preceding difficulties in other behavior areas. It is also possible, however, that a self-conception of dependence could reflect a non-physical condition. It should be kept in mind that there is sometimes a difference between real dependence and imagined dependence. This may result from psychological factors. The person who actually cannot do for himself requires a different kind of assistance than the person who can, but thinks he cannot. Each of these variations should be recognized as a normal part of the aging process.

A closer examination of the summary of the differences between the two categories results in some interesting implications. These stem from the above idea that a self-conception of dependency may reflect more than a physical dependence on the care of others. Such a conception may also represent the accumulation of a series of conditions and changes such that health itself is finally affected. A person can tolerate only so many social and psychological burdens before physical health gives way. The individual may assume the role of "dependent" because this is expected of him. The playing of this role may bring on actual dependency as a result of the socially enforced loss of skills necessary for self-management. Just as actors may "become" the role they are currently playing, so the older person may become what is expected of him.

Some of the factors listed in the summary do not seem, in themselves, to suggest any special relationship to dependence, or to be related in any significant way to a loss of independence. Such things as renting, number of children, sex of the person, etc., actually might seem to be unrelated to the onset of dependence, especially if one views dependence in a strictly medical sense. But the existence of these factors may provide the basis for the development of a concept which will aid in understanding

proneness" and "suicide proneness" assist in understanding certain types of problems relating to personality adjustment.¹ The existence of certain circumstances, not necessarily physical, in the individual's life might lead to the individual's development of a conception of dependence, even though he might still possess the resources enabling him to continue an independent life. In other words, there may exist in the lives of some older persons a "dependency proneness" which would increase the chances that a self-conception of "dependent" would emerge.

Take, for example, the factor of sex differences as indicated in Table 9.2. It might be argued that because women live longer, the chances are greater for physical deterioration, and therefore dependence, to occur. On the other hand, the female (especially in the generation studied) is more likely to have a self-conception of role-dependence and the feeling that she must rely on others. In fact, the willingness to accept courtesy and assistance is part of the female role and probably increases the chances that the person would be able to relinquish independence later in life. It may be that female expectations in this respect are different from male expectations, and therefore the female is more "prone" to accept dependent status.

In other cases, the existence of resources other than the individual's own on which he may draw, may contribute to a "dependency proneness". If such resources are available, the person may find it easier to accept such assistance, rather than to continue an independent way of life. This would be particularly true if the values present in the cultural milieu encouraged the "care" of older people, or made acceptable the surrender of an independent existence. In this respect, numerous comments were made by respondents to the effect that they felt their children, or the community "owed them something" in return for the contribution which had been made in their younger and more productive days. Under such circumstances, the

¹For example, psychologists are able to document that some persons who have many accidents unconsciously want to have them, because of underlying personality maladjustments. The concept of "accident proneness" helps the specialist to understand what is occurring in the person's attempt to adjust

retention of real or imaginary independence and its practice, might prove to be a difficult task. Because of the "principle of least effort", individuals would take the easy way out (or what they considered was the easy way out), and accept dependent status and whatever would be associated with it.

But willingness to become dependent must be accompanied by opportunity to do so, and in reality the two aspects are interrelated. This would seem to be one explanation for some of the associations presented in the summary. For example, is being dependent a function of not having a spouse? Or, in what way is not having a spouse related to defining one's self as dependent?

Given a health problem which incapacitates the individual, there might not be a self-conception of dependence if a spouse is present and if there is the kind of identification between husband and wife which usually exists in a long marriage. This identification would represent "an extension of self". As a result, needed care is provided, not by relative strangers or "others" but by the "extended self" and thus no feeling of dependence may be involved. With a given state of dependence, an individual may not feel dependent if the spouse is involved in the care, while he might feel dependent if other persons were involved instead. The fact that 24% of the institutional sample said they had never married, and the fact that about 60% of the dependence group had been widowed indicates that the presence of spouse may be an important factor inhibiting the development of a self-conception of dependence.

In another way, presence of children might have an effect on dependence. If there are children then there is someone to care for the person if such a need is felt. With this assurance, and with social values giving approval to such arrangements, the individual may not feel that he must maintain an independent status. In answering questions relating to the responsibility for caring for older people, about 33% of the sample stated that the family (excluding spouse) should have this responsibility. Somewhat over half of these (or 18% of the total) gave as their reason that it was the

something. These attitudes would make it easier for persons to accept a degree of dependency, and might even serve to increase the chances for its occurrence.

The dependency group has more children, and a larger proportion of the group lives with children. While it is true that this may merely indicate that older people come where their children are, the evidence could just as well support the conclusion that the presence of children may encourage a dependence role. The case of the person in an institution, associated so clearly with lack of spouse and no children in close proximity, would indicate real dependency, rather than an acceptance of dependency because resources other than one's own are available.

In this connection other differences appear. The dependent group has a relatively higher frequency of worries about others, reflecting the extent to which they depend upon the care of others. This worry about others is not present to the same degree among the institutionalized persons. At the same time, institutional persons are not dependent upon the care of specific persons. The dependent person's needs in areas of sickness and financial problems are more often provided for by family, thus more concern about what happens to family members. The institutional group, lacking family ties, makes use of other resources.

While it is true that cases of real dependency exist outside of institutions, the argument here is that the possibility of family care for persons in the present sample may have increased the probability that a self-conception of dependence would occur. The presence and willingness of family members to care for the person would be a factor drawing him into the dependent category.

What, then, makes a person dependent? Obviously, physical incapacity relating to self-management will underly much dependency. As indicated earlier some dependency will also relate to the individual's choice in the matter: instead of carrying on the struggle for independence where this is possible, but difficult, he may take the "easier" way out, especially where

this is made acceptable by social values and the availability of assistance.

A final point needs to be made, however. The choice may, in some cases, reflect a lack of other alternatives which might have served to assist in the maintenance of an independent status.

CONCLUSION:-

It would seem clear that a self-conception of independence requires and involves something more than just keeping physically fit. It is suggested that "dependency proneness" may characterize some older persons. A self-conception of "dependent" may be encouraged by the existence of sources of care lying outside the individual's self-initiated activities. This "dependency proneness" may also reflect social definitions and cultural values which make acceptable a shift to a dependent status late in life. The findings of the Edmonton Senior Residents' Survey indicate that dependency is associated with the presence and availability of such outside assistance, and that this outside assistance may be substituted for the person's own resources under certain circumstances.

A person's judgment about his dependence, then, will reflect many circumstances other than the fact of physical inability. Not investigated has been the extent to which those claiming "independence" actually maintain this status at the price of physical and mental impairment.

Broader and deeper analysis is suggested by the limited findings here and might result in a system of predictive factors which would enable the individual's chances for independent action to be estimated. For example, the use of the several categories, independent, partially dependent, and dependent, over-simplifies what is probably involved, namely a continuum of independence to dependence through which the individual passes as first one change, then another, occurs. Knowing some of these factors, and more about the process on all three levels of behavior might assist in controlling the onset of early dependence, or to minimize its severity when it does occur. This would be especially true in those cases where dependency

reflected more a state of mind than physical disability. All of this assumes, of course, that such action would be consistent with the values of the community concerning this particular stage of life.

Perhaps even more important is the insight, or the realization, that one's perception of the surrounding world, and especially one's definition of his situation and his self-image, may play a crucial role in the actual determination of whether there will be independence or dependence in later life.

Table 9.1

Degree of Dependency by Sex and Age

A. <u>Sex of Respondents:</u>		Total ^(a) <u>Sample</u> %	Inde- pendent %	Partially Dependent %	<u>Dependent</u> %
N = 322	Male	100	80	14	3
N = 352	Female	100	66	24	7
N = 674	Total	100	73	19	5
N = 40	Institutional	100	23	43	30

B. <u>Age of Respondents:</u> (Male & Female)		Total ^(a) <u>Sample</u> %	Inde- pendent %	Partially Dependent %	<u>Dependent</u> %
N = 240	65-69	100	80	14	4
N = 217	70-74	100	75	17	4
N = 135	75-79	100	67	27	3
N = 82	80 and over	100	57	26	15

(a) Includes non-institutional group only.

Table 9.2

Selected Characteristics of the ESRS Sample, by Degree of Dependency

	<u>Total Sample</u> (a)	<u>Independent</u>	<u>Partially Dependent</u>	<u>Dependent</u>	<u>Institutional</u>
A. <u>Sex of respondents</u>					
Male	48%	52%	34%	29%	52%
Female	52%	47%	66%	71%	48%
B. <u>Age of respondents</u>					
65-69	36%	38%	26%	26%	10%
70-74	32%	33%	29%	26%	23%
75-79	20%	18%	29%	12%	10%
80 and over	12%	9%	17%	36%	58%
C. Mean number of health problems, open-end question	1.3	.5	1.2	1.4	1.2
D. Mean number of health problems, health check list	4.1	2.9	4.9	4.6	5.1
E. Hospitalization, year previous to interview					
None	74%	79%	62%	44%	31%
One month or less	17%	16%	30%	30%	38%
More than one month	7%	3%	6%	24%	31%
F. No medical insurance or coverage	13%	11%	16%	24%	14%
N =	672	493	128	34	29

(a) Includes non-institutional group only.

Table 9.3

Monthly Income, by Dependency Group, ESRS Sample, by Percentage

	<u>Inde- pendent</u>	<u>Partially Dependent</u>	<u>Dependent</u>	<u>Insti- tutional</u>
A. Average income per month ^(a)	\$122	\$84	\$71	\$58
B. Percentage with \$300 or more per month	6%	2%	0	0
C. Feeling about adequacy of income				
Income inadequate	25%	40%	47%	59%
Income adequate	70%	55%	44%	28%
Ambivalent	5%	5%	8%	12%
	N = 493	128	34	29

(a) Incomes over \$300 not included.

Table 9.4

Selected Housing Characteristics, by Dependency Group, ESRS Sample,
by Percentage

	<u>Inde- pendent</u> %	<u>Partially Dependent</u> %	<u>Dependent</u> %	<u>Insti- tutional</u> %
A. Separate, single family dwelling	67	62	71	
B. Space available				
1 room	9	12	12	69
2 or 3 rooms	17	18	17	
4 or more rooms	71	69	68	
C. Tenancy				
Total home owned	59	38	27	
Home-owned, clear	52	36	21	
Home-owned, mortgaged	7	2	6	
Paying rent	25	40	38	
Rent-free	10	16	24	
D. Persons lived with				
Alone	22	21	9	
Children only	16	34	47	
Spouse and children	13	11	12	
Spouse only	40	23	27	
Friends	2	6	6	
N =	493	128	34	29

Table 9.5

Selected Family Characteristics, by Dependency Group,
ESRS Sample, by Percentage

	<u>Inde- pendent</u> %	<u>Partially Dependent</u> %	<u>Dependent</u> %	<u>Insti- tutional</u> %
A. Marital status				
never married	6	4	0	24
married, living with spouse	52	34	35	0
widowed ^(a)	35	58	59	48
B. Average number of children	3.3	3.9	4.4	4.2
C. With children in city	62	69	85	41
D. Widowed 7 or more years ^(b)	28	43	47	64
	N = 493	128	34	29

(a) Expressed as percent of total in category.

(b) Expressed as percent of total widowed.

Table 9.6

Some Major Problems, by Dependency Group, ESRS Sample, by Percentage

	<u>Inde- pendent</u> %	<u>Partially Dependent</u> %	<u>Dependent</u> %	<u>Insti- tutional</u> %
A. Major problem faced				
none	50	31	24	21
health	13	31	53	41
financial	15	20	15	7
incapacity, loss of independence	3	6	15	4
B. Worries about health of others	37	35	53	17
C. Feelings about living accommodations				
various degrees of dissatisfaction	10	16	24	21
various degrees of satisfaction	88	81	71	45
ambivalence	2	3	6	33

Table 9.7

Attitude Toward Public Accommodations and Responsibility for Care,
by Dependency Group, ESRS Sample, by Percentage

	<u>Inde- pendent</u> %	<u>Partially Dependent</u> %	<u>Dependent</u> %	<u>Insti- tutional</u> %
A. Whether public accommodations would be an improvement over present living situation				
yes	10	11	21	52
don't know	10	14	9	10
no	78	75	68	31
B. "Who do you think has responsibility for caring for old people?"				
self	22	12	9	10
family	35	46	27	31
government (public)	69	64	71	79
church	3	2	0	4
N =	493	128	34	29

Table 9.8

Sources of Assistance for Problems, by Dependency Group,
ESRS Sample, by Percentage

	<u>Inde- pendent</u> %	<u>Partially Dependent</u> %	<u>Dependent</u> %	<u>Insti- tutional</u> %
A. Source of help if sick				
none mentioned	2	1	-	10
family	31	43	59	4
medical facilities	52	41	29	69
B. "Who should help if there is a financial problem?"				
family	5	7	9	10
government (public)	86	80	82	79
C. "Where would you go for help with a financial problem?"				
avoidance (none, don't know, no problem)	19	19	21	24
family	45	61	59	45
government (public)	11	9	12	17
other (including banks, friends)	12	4	0	0
D. Source of help for financial problem associated with sickness				
no one, no one needed	60	31	24	21
family	25	47	59	35
government (public)	8	8	15	24
other (including banks, friends)	5	9	12	7
	N = 493	128	34	29

Chapter Ten

SOME CHARACTERISTICS ASSOCIATED WITH AREA OF RESIDENCE

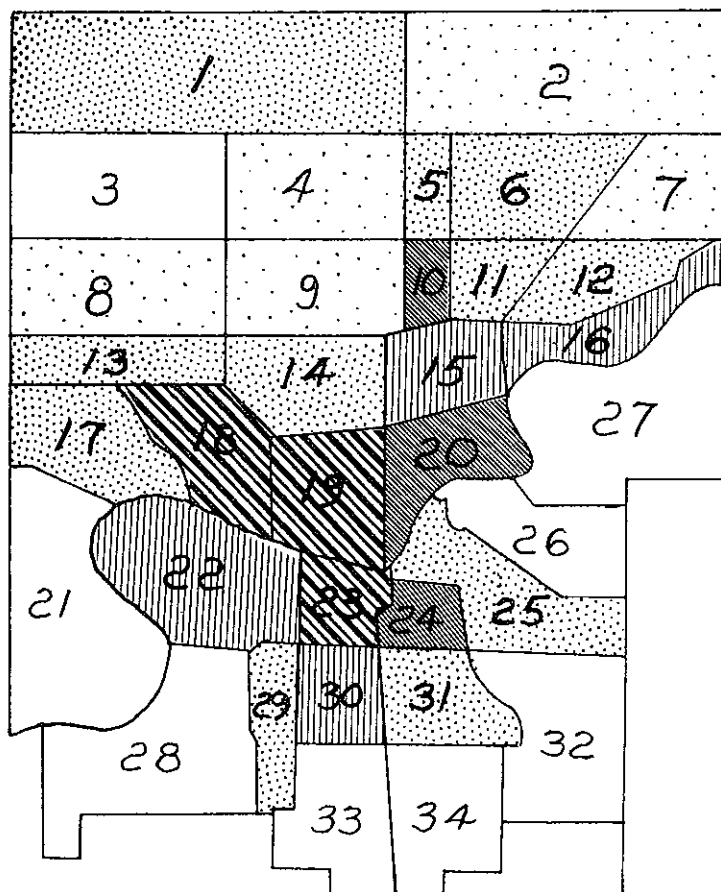
A. INTRODUCTION

If there is one thing which is apparent about the nature of cities, it is the extent to which the different areas within the city vary, one from another, in terms of appearance, land usage, types of residents, and other social and economic characteristics. For example, some areas are devoted to commercial or industrial use, while others are primarily residential. Still other areas are undergoing a process of change. In the case of residential areas, certain ones are obviously inhabited by high income groups, while others are inhabited by predominantly low income groups. Many sociological and economic studies of cities have shown that these different areas also vary one from another, in terms of basic measures, or indices of behavior. Some of the more common indices used to describe such differences are mortality rates, delinquency rates, disease rates, population rates, etc.

Both the impressions one has about the differences between areas within the city and the more carefully derived measures of these differences lead to certain conclusions about the relationship between city areas and social behavior. The systematic statement about such relationships is called ecological theory, and includes the underlying idea that certain areas in the city cause, or are associated with, certain kinds of behavior. Carried further, ecological theory holds that given areas of the city produce a set of conditions within which only certain kinds of people and their behavior patterns could survive. These areas are referred to as "natural areas" and the application of the term is similar to its usage in biology. In that science, areas in which certain "natural" forms of vegetation and plant life are found because of climatic and soil conditions are called "natural areas". The implication is that sections of the city will include

*Fig. No. 29

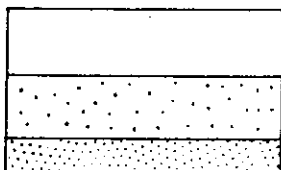
DENSITY RATIOS, BY CENSUS TRACT
EDMONTON, 1956



$$\frac{\text{OBSERVED FREQUENCY, PERSONS 65 \& OVER}}{\text{EXPECTED FREQUENCY, PERSONS 65 \& OVER}} = \text{DENSITY RATIO}$$

KEY

LESS THAN .5



0.5 TO 0.74

0.75 TO 1.24

1.24 TO 1.49



1.50 TO 1.74

1.75 TO 2.24

only certain types of persons and behavior (or indices of behavior because these are the only ones able to survive under the existing set of social and economic conditions. For example, income will place a limit on where a person can locate and live within the city.

The purpose of the present chapter is to make use of an ecological approach in examining some of the characteristics of older persons as found in the survey. Essentially, this will involve a comparison of various groups of respondents on the basis of residential location within the city of Edmonton.

B. APPROACH

The city of Edmonton, as with most large cities in North America, is divided into census tracts. For the 1956 census, there were 34 of these tracts. Each of these tracts supposedly represented an area well-differentiated from other areas on the basis of certain characteristics: land usage, type of person in the area, natural features or boundaries, etc. Thus, the basis for a comparison of respondents in different areas within the city existed in these census divisions.

This difference in "density" of older persons is shown in Figure 29, in which census tracts are identified according to whether the tract had more or fewer persons 65 or over than would have been expected in a random distribution. It will be noted that those tracts which have a higher-than-expected frequency of older persons tend to cluster in the central part of the city, while those tracts with less-than-expected frequencies of persons 65 and over tend to be located on the outer edges of the city.

Table 10.1 provides the details of the distribution of older persons in Edmonton, and includes the expected number of persons in each census tract, the actual number of persons according to the 1956 census, and the ratio of observed to expected frequency. In addition, another index

necessary to use all of the tracts. Even though a limited number of tracts will serve to illustrate important points concerning the relationship of respondents and their residential location, some basis of selection is required. In the present case, one factor in selection of a tract was whether enough respondents were involved to make for meaningful comparisons. In all cases, at least ten respondents were involved in each tract compared. The exception to this is the low density tracts which were incorporated into one category for comparison. These were mostly from the peripheral areas of the city. A second factor involved in the selection was the location of the tract relative to a central point. The attempt was made to present data from tracts which formed a rough line from the city center to the outer edge.¹ The third factor in selection of tracts was the actual density of persons 65 and over. The attempt was made to include tracts which ranged from a high density to a low density, with the latter being represented by a combination of a number of tracts.

The data are presented in two sections: first, some comparisons by location of tracts; and second, some comparisons by high and low density.

C. SOME DIFFERENCES ASSOCIATED WITH LOCATION BY CENSUS TRACT

The tract-gradients are taken in four directions: north, including tracts 15, 10 and 5; northeast, including tracts 16, 12 and 7; south, including tracts 24 and 31, and west, including tracts 19, 18 and 17. All of these radiate from a central tract, 20, which was chosen not only because it was central, but also because by most indices it represents a relatively low income area compared to the other tracts. The choice of tract 20 also facilitated establishing a rough gradient of tracts in which were included enough respondents to make meaningful comparisons. (See Fig. 29)

Tracts, 3, 21, 26, 27, 28, 32, 33 and 34 form the low-density,

¹Such a line is referred to as a "gradient" in the ecological context. It is usually much narrower than the "line" formed by a series of census tracts. However, the rough approximation is the only one possible and

peripheral combined tract. It is assumed that the outlying areas included are roughly the same: i.e. they are new areas, relatively middle and upper-middle income groups, with residential, single-dwelling units. Thus, they might represent a tract lying on the edge of the city, and, in fact, are the best approximation that is possible because of the shortage of respondents in any single one of these low-density tracts. In all cases except Tract 33, the density ratio is less than .5, i.e., there are less than one-half the expected number of persons 65 and over in each of the tracts which were combined.

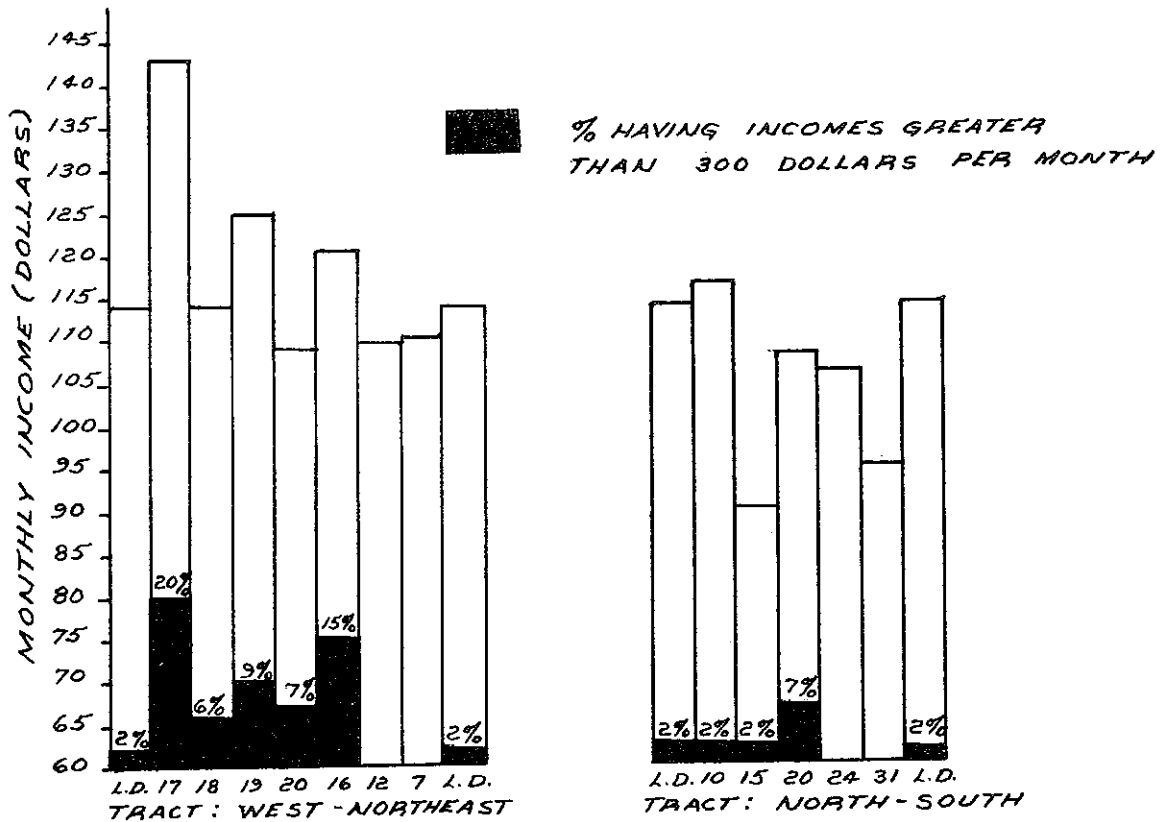
In the classical statement on ecological relationships, various indices of social and economic behavior change as one moves from the central part of the city to the outer edge. Often it has been found that these changes occur in a consistent fashion such that the indices gradually increase or decrease with movement toward or away from the city centre. In other cases, certain measures change more randomly, depending on the nature of the areas through which the gradient passes. If there are sharply demarcated areas within the city, then the indices will change sharply as the gradient passes through these different areas.

It is seen from the data summarized in Tables 10.3 to 10.7 that consistent changes do not always occur as one moves from the central Tract 20 to the outer edges of the city. What is shown is that while in some of the sectors, some consistent changes occur, in general there are varieties of change, in both direction and degree, from one tract to another. A brief comment concerning some of these will be important.

Selected Economic Characteristics:- It is obvious from the reported income of the respondents that important variations exist between tracts in this respect. An examination of the data in Table 10.3, illustrated in Figure 31, reveals that respondents from Tracts 17 (west), 16 (northeast) and 19 (west-central) have the best financial situation in terms of reported income. The gradient running from west to north-east contains higher average income respondents than does the gradient running

income reported for the sample. Thus, it would appear that the north-south axis of Edmonton is not as well off financially as the east-west axis. Of course, this relates only to reported income, which may not always indicate general economic well-being.

** FIG. NO. 31
CENSUS TRACT PROFILES: AVERAGE
REPORTED INCOME PER RESPONDENT*



*NOTE: L.D. = LOW DENSITY PERIPHERAL TRACTS,
A COMPOSITE FOR COMPARISON*

** FROM TABLE 10.2*

The tracts differ as well in the extent to which respondents were from a farming background. The outer-lying tracts appear to have a somewhat greater proportion of their respondents from farming occupations than do the more central tracts. For example, the low density tracts - all on the outer edges - as well as Tracts 17 and 7 have percentages with farming occupation higher than the overall sample. Tract 15 - closer to the centre - is an exception, with a higher-than-average percentage of farm background respondents. Tracts 12 and 24 have a much lower percentage of such respondents.

Three tracts on the north-south axis had the highest percentages of people unable to work (Table 10.3). They were Tracts 10, 15 and 24, adjacent to Tract 20, also relatively high in this respect. The west-east axis did not have as high a percentage of respondents who felt they could not work in any way.

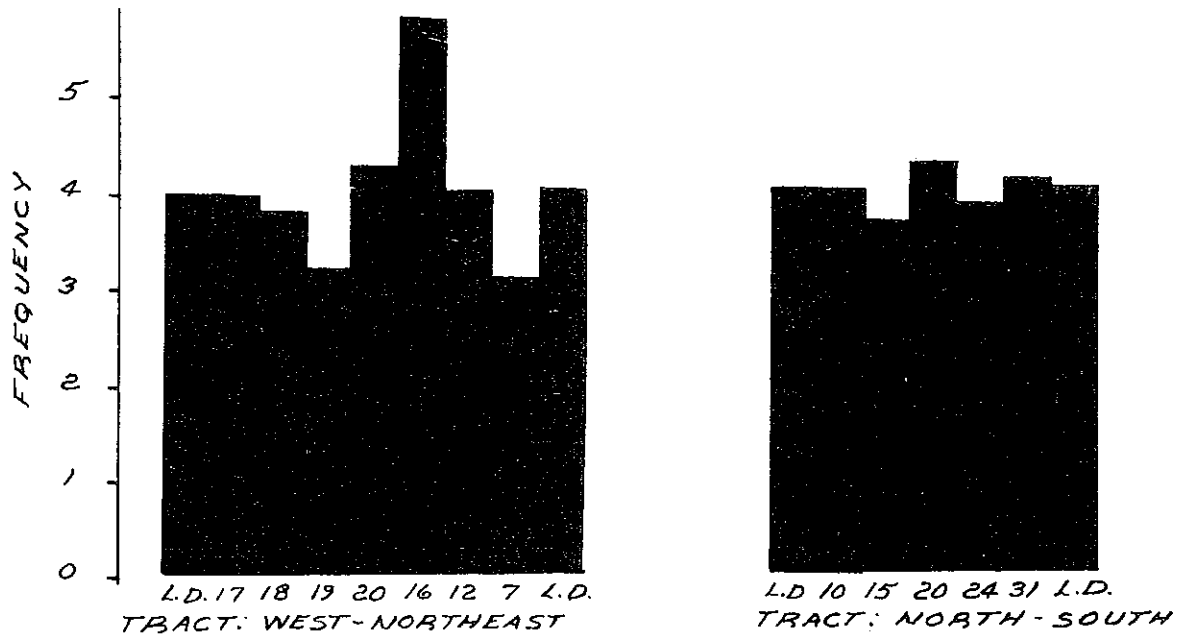
The feeling that income was inadequate was associated to a greater extent with the lower average income tracts. On the other hand, Tracts 17 and 19, with the highest reported average incomes, had the lowest percentages feeling income was inadequate.

Thus, it is seen that there are noticeable differences in these four economic characteristics, and that there is a crude pattern to the way these differences present themselves.

Selected Health Characteristics:- The west-east gradient provides an interesting picture in relation to some of the health characteristics. For example, in Table 10.4, illustrated in Figure 32, it is seen that in moving from Tract 17, to 18, to 19, the health situation improves as indicated by an increasing percentage with no major health problem, and no hospitalization, and a decrease in the average number of health problems referred to in the check list. There is a sharp break in Tract 20 for in all three measures listed above there are differences indicating generally poorer health. Continuing in a northeast direction through tracts 16, 12 and 7. it is found that there is a continual improvement indicated by

* FIG. No. 32

CENSUS TRACT PROFILES: AVERAGE NUMBER OF HEALTH PROBLEMS PER RESPONDENT, HEALTH CHECK LIST.



NOTE: L.D. = LOW DENSITY PERIPHERAL TRACTS, A COMPOSITE FOR COMPARISON

* FROM TABLE 10.3

average number of health problems mentioned. While Tract 16 shows fewer cases of hospitalization and major health problems, Tract 7 indicated more hospitalization and more health problems. The variation in the north-south gradient is not as marked, but does show an increase in major health problems as one moves toward the central tract, with improvement southward to the outer edge.

Regarding the respondents' judgments of dependence, the west-east gradient again provides some interesting data (See Figure 33). Tract 17 had 30% of its respondents judge themselves in some degree dependent on the care of others. This percentage decreases through Tracts 18 and 19, then

increases (though not consistently) through Tracts 20, 16, 12 and 7. If the low density combination tract is added, the percentage is still above the average for the sample. From north to south, on the other hand, there is a trend to increased dependency in the three central tracts, while Tracts 10 and 31 have relatively lower percentages of dependency judgments.

The low density combination tract and others on the outer edge (17 and 7) have higher than average percentages of self-judged dependency. In addition, the low density tract has the highest average for those indicating major health problems.

* FIG. N^o. 33

CENSUS TRACT PROFILES:
SELF-JUDGMENT OF DEPENDENCE



NOTE: L.D. = LOW DENSITY PERIPHERAL TRACTS,
A COMPOSITE FOR COMPARISON

*

Selected Demographic Characteristics -

(a) Urban-Rural: The west-east gradient, from the data in Table 10.5, shows a decrease in percentage of respondents with farm background from the western edge to Tract 19, then a small increase through Tracts 20, 16, 12 and 7. The percentage of respondents with city background increases to the central tracts, then decreases through Tracts 12 and 7. Late-comers to the city may tend to settle on the outer edges, while the older inhabitants remained in the older central areas. The central tracts also tend to have higher percentages of respondents who said they had been in Edmonton 10 years or more.

(b) Education: This point has a ramification in the differences in education when comparing respondents from different tracts. (See Figure 34) The percentage of respondents only having an elementary education is relatively higher for the outer tracts, but well below the sample average for the central, high density tracts such as 16, 20, 18 and 19. This fact could be partly explained by a greater rural background of the respondents in the outer tracts. It is interesting to note that while the respondents of Tract 17 had the highest average income per month, they also had the highest rate of people who only had elementary education.

(c) Mobility: Mobility of respondents varied greatly from one tract to another. In general, the west sector of the west-east gradient had higher rates of mobility, as indicated by the higher percentages who had moved at least twice in the five years prior to the survey. The north-east sector (Tracts 16, 12 and 7) had relatively low rates.

(d) Type of Dwelling: A marked difference between the central tracts and the outer tracts shows up in the type of dwelling occupied by the respondent. The outer tracts have higher percentages living in separate houses, while the central tracts have higher percentages living in suites and single rooms. This is what would be expected even with only small knowledge of the nature of the city, but it is the range of differences that is of importance.

*FIG. No. 34

CENSUS TRACT PROFILES: PERCENTAGE OF RESPONDENTS WITH ONLY ELEMENTARY EDUCATION OR LESS



NOTE: L.D. = LOW DENSITY PERIPHERAL TRACTS, A COMPOSITE FOR COMPARISON

*FROM TABLE 10.4

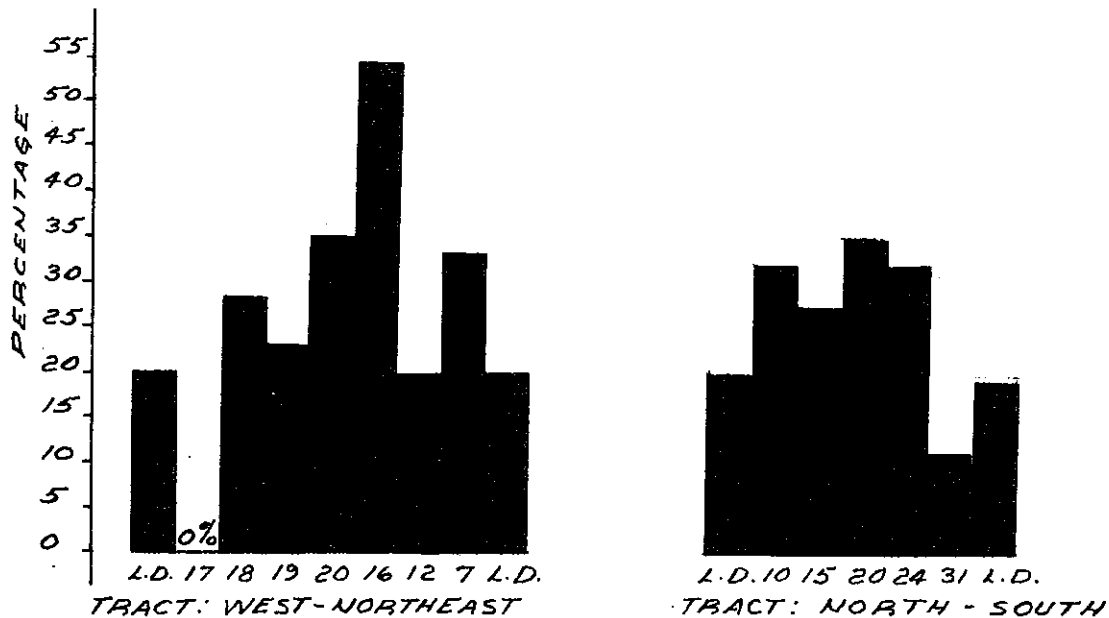
Two additional indices, consistent with the findings mentioned above are amount of space available and home ownership. As one moves towards the center of the city, larger percentages of respondents have smaller amounts of space available and the proportion owning their own homes decreases.

Respondents in the west sector (Tracts 17, 18, 19) pay the highest rent or the equivalent, and at the same time have relatively low percentages of respondents who express dissatisfaction with their living quarters. It should be kept in mind that this sector includes a tract with a high proportion owning homes and a tract with a high proportion renting apartments. The highest percentage of dissatisfaction was expressed by respondents in Tract 16. They had an average rate of home ownership, and were somewhat

Selected Relationship Characteristics:- Table 10.6, illustrated in Figure 35, presents data showing that the west-east gradient involves decreasing percentages of respondents living with spouse as one moves to the central tract. At the same time, the percentage living alone increases, then decreases. There is not the same clear-cut change along the north-south gradient. Tract 31 seems to involve a somewhat smaller percentage living with spouse than expected, and a somewhat larger percentage living alone.

*FIG. N^o. 35

CENSUS TRACT PROFILES: PERCENTAGE OF RESPONDENTS WHO WERE NOT CHURCH MEMBERS AND NOT AFFILIATED



NOTE: L.D. = LOW DENSITY PERIPHERAL TRACTS, A COMPOSITE FOR COMPARISON

*

Some variations appeared of those not having visits with children or with friends, but no consistent pattern emerged.

In general, the central tracts tended to have higher percentages of respondents who were not members of, or affiliated with, churches. This also held true, but to a lesser extent, for those who indicated they never attended church. On the contrary, the outer tracts had higher percentages who claim they attended church every Sunday.

There was variation, but no consistent pattern in the percentage of respondents who admitted to feeling lonely. It should be noted that Tract 31 had the highest percentage who felt lonely and also the highest percentage who said they had no visiting with children. In addition, these respondents had the highest percentage of widowed persons, and the second highest percentage of those living alone.

Attitudes Toward Accommodations and Services:- The data presented in Table 10.7 are mainly for information, rather than for analysis, to illustrate the point that the background of the person, the type of living environment he has been in, etc., will go a long way toward determining his attitudes to various kinds of public living accommodations. For example, the "suite dwelling" respondents of Tract 19 have the highest percentage of all tracts favoring "suite in apartment for older people" while the house-dwelling respondents of Tract 7 have the lowest percentage in favor of this arrangement. The point is that one's living experiences vary over a lifetime, and no one approach will, or can, please everyone.

The great variation from one tract to another of the percentage of respondents who had never heard of various agencies and services for older people is food for thought. It may be that some of these tracts are not touched by such agencies and services, or that the respondents are just out of touch. A brief study of the data indicates that the respondents in the low density combination tract have higher percentages of respondents who had never heard of the agencies and services listed. These respondents are at

the same time the furthest removed from the center of things. On the other hand, respondents in Tract 20, where it might be expected that such agencies and services might be best known, also have "never heard of" percentages well above average.

D. SOME DIFFERENCES BY DENSITY OF TRACT

A second approach that is suggested when working with the type of data available in the survey is to determine whether or not differences exist between tracts which vary in the density of older persons present. In the previous section, data were presented for a low-density combination of tracts. In the present section, a brief comparison will be made between the low density combination tract, and a combination tract with a high density of older persons.

Tracts 18 and 19 each had nearly twice as many persons 65 and over as would be expected if such persons were distributed randomly throughout the city. Between them, they constitute 8% of the city's total population, but contain 14% of the population 65 and over. On the other hand; the low-density combination tract contained 22% of the total population and only 10% of the population 65 and over. This makes for a sharp difference in the density of older persons. Expressed another way, in the low density tract, there were 4.6 persons 65 and over for every 100 persons under 65; in the high density tract, over 13 persons 65 and over for every 100 under 65.

Table 10.8 presents a comparison of the two combination tracts on the basis of several selected characteristics. The purpose is to show whether or not differences appear, and if so, what kinds. It is not implied that these were the only differences appearing, but only that one should see some of their possibilities and gain some insight into the nature of differences existing within the city.

The table presents three sets of indices; one for the high density tract, one for the low density tract, and one involving a ratio of the two.

with percentage of expected responses. The comparison index will show how much greater or smaller is the observed frequency of response in the high density tract as compared to the observed frequency of response in the low density tract. Thus, 1.00 indicates response at the same rate, even though both might be above or below the expected frequency of response.

A summary of the differences between the two combination tracts as shown in Table 10.8 is made below:

High density tracts had a greater rate of respondents who:

1. came from small towns or cities as place of rearing
2. had been in Edmonton 10 or more years
3. lived in 1 or 2 rooms only
4. were married and living with spouse
5. lived alone
6. were not church members
7. never attended church
8. had no special problems

Low density tracts had a greater rate of respondents who:

1. had farming as a major occupation
2. judged income to be inadequate
3. indicated health problems of various kinds
4. judged themselves as dependent in some degree
5. came from farm background
6. owned their own home
7. were widowed
8. lived with their children

In addition, the high density tracts had higher monthly income, greater estimated monthly medical expenses, and larger monthly rents or equivalent payments.

The high density tracts are made up to a greater extent of longer term residents who live somewhat more independently, even if this means living alone. Those in low density tracts are more likely to be living in their own homes, or with children only. These differences, selected from a larger number, are sufficient to indicate that the general problems in high density and low density areas are different. Further and more intensive analysis is needed on this point.

E. SUMMARY

The data presented in this chapter have demonstrated that interesting and important differences exist between respondents in terms of their area of residence. These differences reflect the particular life pattern carried on in the area, as well as the over-all effect of living conditions on the person himself. Not the least of these differences are those relating to economic conditions. The type of neighborhood, housing, family structure, etc., are also important in determining the nature of the respondents' life pattern in later life. The data thus give insight into some of the reasons for respondent variation in several key areas.

Two points should be considered as a result of the data in this chapter. One is that those planning facilities and services for the aged should take into account the differences between areas of residence within the city; what may be needed in one area may not be required in another area. In addition, much more research is needed about the relationship of residential area and behavior, particularly whether overly high or overly low density areas are detrimental to the continued well-being of the older person. This suggests that heterogeneous populations might be most conducive to a well-adjusted later life.

Table 10.1

Density of Persons 65 and Over, Edmonton, 1956, by Census Tracts^(a)

Tract Number	A 1956 Tract Population ^(b)	B Tract Population as % of City Population	C Expected Frequency 65 and Over ^(c)	D Observed Frequency 65 and Over ^(d)	E Density Ratio ^(e)	F Aged Per 100 ^(f)	G Sample Size
Total: Edmon- ton	226,002	--	--	14,585	--	6.5	649 ^(g)
1	6,553	2.90	423	340	.80	5.5	19
2	4,670	2.07	302	217	.72	4.9	5
3	9,632	4.26	621	287	.46	3.1	7
4	3,294	1.46	213	131	.62	4.1	11
5	5,516	2.44	356	396	1.11	7.7	5
6	6,939	3.07	448	450	1.00	6.9	27
7	7,093	3.14	458	271	.59	4.0	18
8	10,036	4.44	648	424	.65	4.4	6
9	6,822	3.06	446	292	.65	4.5	4
10	6,644	2.94	429	691	1.61	11.6	44
11	5,644	2.50	365	429	1.18	8.2	16
12	4,858	2.15	314	378	1.20	8.4	15
13	9,141	4.04	589	484	.82	5.6	17
14	7,904	3.50	510	554	1.09	7.5	21
15	11,171	4.94	720	901	1.25	8.8	55
16	4,934	2.18	318	452	1.42	10.1	13
17	7,999	3.54	516	549	1.06	7.4	10
18	6,091	2.70	394	712	1.81	13.2	36
19	10,983	4.86	709	1,316	1.86	13.6	77
20	7,161	3.17	462	778	1.68	12.2	46
21	3,781	1.67	244	97	.40	2.6	7
22	5,340	2.36	344	506	1.47	10.5	24
23	3,460	1.53	223	584	2.62	20.3	14
24	6,274	2.78	405	617	1.52	10.9	34
25	8,349	3.69	538	487	.91	6.2	23
26	9,323	4.13	602	296	.49	3.3	8
27	4,587	2.03	296	132	.45	3.0	1
28	3,955	1.75	255	119	.47	3.1	3
29	7,833	3.47	506	424	.84	5.7	20
30	4,563	2.02	295	390	1.32	9.3	15
31	6,450	2.85	416	313	.75	5.3	27
32	8,119	3.59	524	230	.44	2.9	10
33	6,097	2.70	394	204	.52	3.5	8
34	4,766	2.11	308	130	.42	2.8	1

(a) The 1956 tracts were increased in number over the 1951 tracts, which were used for the sampling procedure. In addition, some of the 1951 tracts were divided and placed in different tracts with parts of other divided tracts. Thus, sample size will not correspond to population, 65 and over, in new tracts.

(b) Census of Canada, 1956, "Population Characteristics by Census Tracts: Calgary and Edmonton," Bulletin 4-13, Dominion Bureau of Statistics.

(c) Percentage tract population was of general population, times population 65 and over in Edmonton

(d) Dominion Bureau of Statistics.

(e) Observed frequency divided by expected frequency. Indicates whether tract has more than or fewer than expected number of persons 65 and over.

(f) Number of persons 65 and over divided by number of persons under 65 times 100.

Table 10.2

Density of Persons 65 and Over, Edmonton, 1961, by Census Tracts*

1956 Tract Number	1961 Equiva- lent*	1961 Tract Pop. (a)	Tract Pop. as % of City Pop. (b)	Expected Frequency, 65 and Over (c)	Observed Frequency 65 and Over (d)	Density Ratio (e)	Aged Per 100 (f)	Change, 1956- 1961 (g)
Edmonton City		--	--	--	--	--	6.9	+
1	1, 35	20,658	7.35	1,326	649	.49	3.2	-
2	2	9,195	3.27	590	264	.45	3.0	-
3	3, 36	11,265	4.01	724	331	.46	3.0	0
4	4	3,258	1.16	209	141	.67	4.5	+
5	5	5,553	1.98	357	427	1.20	8.3	+
6	6	7,130	2.54	458	484	1.06	7.3	+
7	7	8,658	3.08	556	354	.64	4.3	+
8	8, 37	10,795	3.84	693	590	.85	5.8	+
9	9	5,757	2.05	370	346	.94	6.4	+
10	10	6,394	2.28	411	713	1.73	12.6	+
11	11	5,634	2.01	363	488	1.34	9.5	+
12	12	4,817	1.71	309	430	1.39	9.8	+
13	13, 38	9,943	3.54	639	654	1.02	7.0	+
14	14	7,897	2.81	507	602	1.19	8.3	+
15	15, 39	11,128	3.96	715	1,038	1.45	10.3	+
16	16	4,863	1.73	312	523	1.68	12.1	+
17	17	8,123	2.89	522	684	1.31	9.2	+
18	18	6,212	2.21	399	779	1.95	14.3	+
19	19	9,497	3.38	610	1,269	2.08	15.4	+
20	20	8,265	2.94	531	1,218	2.29	17.3	+
21	21, 40	10,744	3.82	689	260	.38	2.5	-
22	22	5,204	1.85	334	541	1.62	11.6	+
23	23	3,007	1.07	193	515	2.67	20.6	+
24	24	6,005	2.14	386	651	1.69	12.2	+
25	25	8,782	3.13	565	598	1.06	7.3	+
26	26	10,846	3.86	697	471	.68	4.5	+
27	27, 41	14,683	5.23	944	460	.49	3.2	+
28	28	3,988	1.42	256	176	.69	4.6	+
29	29	7,613	2.71	489	539	1.10	7.6	+
30	30	4,410	1.57	283	487	1.72	12.4	+
31	31	6,285	2.24	404	346	.86	5.8	+
32	32, 44	10,647	3.79	684	368	.54	3.6	+
33	33	7,359	2.62	473	289	.61	4.1	+
34	34	6,169	2.20	397	236	.59	4.0	+

* Census tracts were increased from 1956 to 1961; however, additions involved division of former tracts as indicated in second column above. Tracts 33 and 34 involve slight southward extensions of southern boundaries for the 1961 census.

(a) Census of Canada, 1961, "Population and Housing Characteristics by Census Tracts, Edmonton," Bulletin CT-21, Dominion Bureau of Statistics.

(b) On basis of total population of Edmonton city, 281,027. Table omits Tracts 42, 43 and 45, which were outside of city at time of survey.

(c) Tract population as percentage of total population times population 65 and over.

(d) Dominion Bureau of Statistics, Bulletin CT-21.

(e) Observed frequency divided by expected frequency.

(f) Number of persons 65 and over divided by population under 65, times 100.

(g) Change as compared to 1956, data from Table 10.1.

Table 10.5
Selected Demographic Characteristics, ESRs, by Census Tracts, by Percentage

Category	Total Sample %	West - Northeast					North - South					Low Density %	
		17 %	18 %	19 %	20 %	16 %	12 %	7 %	10 %	15 %	20 %		24 %
Place of rearing													
Farm	43	50	44	34	48	46	47	50	41	44	48	29	48
Small town	18	10	22	23	15	8	27	22	18	15	9	15	16
City	24	20	31	34	28	31	27	17	18	13	44	15	27
10 years or more in Edmonton less than one year at address at time of interview	70	40	56	78	80	85	80	67	75	71	80	76	58
Elementary education only or less	15	40	17	21	17	15	0	6	11	20	17	3	20
2 or more moves in last 5 years	27	50	14	14	13	8	13	33	23	42	13	29	27
Type of dwelling	16	30	28	20	24	0	20	6	5	24	24	9	24
Separate house	67	80	42	30	52	69	100	83	75	42	52	71	84
Suite (apartment)	19	10	61	52	17	23	0	6	16	18	17	9	4
Single room	7	0	0	12	20	8	0	6	0	20	20	9	2
1 or 2 rooms only available	16	0	11	27	39	8	7	6	7	36	39	26	4
Own home	54	60	42	40	43	46	47	72	64	51	43	53	47
Rent	28	0	50	55	46	23	20	11	23	38	46	32	22
Rent or equivalent expense	\$33	\$70	\$55	\$51	\$27	\$23	\$36	\$27	\$25	\$22	\$27	\$27	\$41
Percentage expressing feelings of dissatisfaction with housing	11	10	6	8	13	23	13	6	16	9	13	9	16
Percentage feeling public accommodations would be improved	11	10	3	18	13	15	0	0	5	11	13	6	13
Percentage not wanting to share quarters	47	30	58	52	61	38	47	61	39	36	61	71	33
Sample	672	10	36	77	46	13	15	18	44	55	46	34	45
Density Ratio (obs. f + exp. f)		1.06	1.81	1.86	1.68	1.42	1.20	.59	1.61	1.25	1.68	1.52	.46
Number of persons 65 and over per 100 persons under 65	6.9	7.4	13.2	13.6	12.2	10.6	8.4	4.0	11.6	8.8	12.2	10.9	3.1

Table 10.6

Selected Relationship Characteristics, ERS, by Census Tracts, by Percentage

Category	Total Sample %	West - Northeast					North - South					Low Density %		
		17 %	18 %	19 %	20 %	16 %	7 %	10 %	15 %	20 %	24 %		31 %	
Average Ages	72.1	69.5	72.5	74.8	73.4	73.2	74.2	71.9	73.5	73.7	73.4	70.9	72.3	72.6
Married and living with spouse	49	60	56	43	48	62	40	69	52	46	48	53	33	40
Widowed	41	40	33	46	37	31	53	28	43	44	37	41	63	51
10 or more years without spouse	23	20	22	30	26	8	20	22	20	25	26	29	37	13
Living alone	21	0	17	34	28	8	13	11	14	29	28	32	33	16
Living with children only	21	30	19	13	9	23	40	17	27	16	9	12	19	36
Number of children	3.5	5.0	2.2	2.8	3.0	3.1	4.3	5.4	3.9	4.1	3.0	3.5	3.8	3.7
No visiting with friends	19	30	19	17	20	15	13	6	14	20	20	9	7	27
No visiting with children	11	0	8	17	15	15	7	6	7	9	15	9	19	9
Not a church member and not affiliated	25	0	28	23	35	54	20	33	32	27	35	32	11	20
Never attend church	21	10	22	20	20	23	33	17	11	29	20	32	15	11
Attend every Sunday	31	70	39	38	24	31	40	33	25	31	24	29	15	36
Admitted feeling lonely	24	20	11	22	30	15	27	17	14	27	30	26	33	20
Percentage stating they had no special problems of any kind	45	20	50	48	37	0	33	56	50	38	37	50	44	38
Sample	672	10	36	77	46	13	15	18	44	55	46	34	27	45
Density Ratio (obs. f + exp. f)		1.06	1.81	1.86	1.68	1.42	1.20	.59	1.61	1.25	1.68	1.52	.75	.46
Number of persons 65 and over per 100 persons under 65	6.9	7.4	13.2	13.6	12.2	10.6	8.4	4.0	11.6	8.8	12.2	10.9	5.3	3.1

Table 10.7

Attitudes Toward Accommodations and Services, ESRs, by Census Tracts, by Percentage

Category	Total Sample %	West - Northeast						North - South						Low Density %
		17 %	18 %	19 %	20 %	16 %	12 %	7 %	10 %	15 %	20 %	24 %	31 %	
Would like "Room and Board with Family (not related)"	14	20	14	12	22	8	20	17	16	20	22	12	22	11
Would like "Room and Board in Home for Aged"	27	40	25	26	26	8	33	28	18	38	26	26	22	33
Would like "Suite in Apartment for Older People"	53	50	58	65	48	62	40	28	61	40	48	56	67	64
Would like "Separate Cottage"	62	50	64	56	54	46	60	72	73	67	54	53	50	53
Would like "Own place with necessary housekeeping and nursing service"	78	70	78	74	74	92	80	78	82	71	74	74	89	80
Never heard of "City Welfare"	16	20	17	14	26	15	7	50	5	18	26	0	22	22
Never heard of "Family Service Bureau"	48	60	39	38	50	46	13	61	48	56	50	38	48	58
Never heard of "Friendship Clubs"	20	20	8	13	37	15	7	61	16	29	37	9	11	40
Never heard of "Recreation Commission"	32	60	36	25	46	31	7	56	11	44	46	12	33	38
Never heard of "Emergency Housekeeping Service"	47	50	36	35	63	38	27	78	39	58	63	32	41	58
Never heard of "Victorian Order of Nurses"	13	20	6	10	33	8	0	28	2	24	33	3	15	11
Sample	672	10	36	77	46	13	15	18	44	55	46	34	27	45
Density Ratio (obs. f + exp. f)		1.06	1.81	1.86	1.68	1.42	1.20	.59	1.61	1.25	1.68	1.52	.75	.46
Number of persons 65 and over per 100 persons under 65	6.9	7.4	13.2	13.6	12.2	10.6	8.4	4.0	11.6	8.8	12.2	10.9	5.3	3.1

Table 10.8

A Comparison of High Density and Low Density Tracts, Selected Characteristics, ESRS, by Percentage

Category	Total Sample (c)	High Density Tracts (a)			Low Density Tracts (b)			Comparison Index (f) (H/L)
		Freq.	% of Total (d)	Obs. (e) Exp.	Freq.	% of Total (d)	Obs. (e) Exp.	
Number of respondents	672	113	16.8	--	45	6.7	--	--
Farming as major occupation	157	23	14.6	.87	14	8.9	1.33	.65
Estimated income/month	\$111	\$129	--	--	\$114	--	--	--
Income judged inadequate by respondent	195	25	12.8	.76	19	9.7	1.45	.54
Major health problems	451	63	14.0	.83	40	8.9	1.33	.62
Health check list (problems listed)	2,246	346	15.4	.92	168	7.5	1.12	.82
No hospitalization	499	84	16.8	1.00	35	7.0	1.04	.96
Estimated medical expenses	\$10.90	\$11.40	--	--	\$7.70	--	--	--
Self-judgment of degree of dependence	162	16	9.9	.59	15	9.3	1.39	.42
Place of rearing: farm	287	42	14.6	.87	22	7.7	1.15	.76
small town	123	26	21.1	1.26	7	5.7	.85	1.48
city	162	37	22.8	1.36	12	7.4	1.10	1.24
Elementary schooling or less	182	16	8.8	.52	12	6.6	.99	.53
10 or more years in Edmonton	469	80	17.1	1.02	26	5.5	.82	1.24
Own home	360	46	12.8	.76	21	5.8	.87	.87
1 or 2 rooms only available	107	25	23.4	1.39	2	2.0	.30	4.63
Monthly rent or equivalent payment	\$33	\$52	--	--	\$41	--	--	--
Married, living with spouse	330	53	16.1	.96	18	5.5	.82	1.17
Living with children only	143	17	11.9	.71	16	11.2	1.67	.43
Widowed	275	47	17.1	1.02	23	8.4	1.25	.82
Living alone	144	32	22.2	1.32	7	4.9	.73	1.81
Feeling of loneliness	161	21	13.0	.77	9	5.6	.82	.94
Not a church member	168	28	16.7	.99	9	5.4	.81	1.22
Never attend church	141	23	16.3	.97	5	3.5	.52	1.87
Attend every Sunday	205	43	21.0	1.25	16	7.8	1.16	1.08
No special problems as judged by respondent	299	55	18.2	1.08	17	5.7	.85	1.27

(a) High density tracts include tracts 18 and 19.

(b) Low density tracts include tracts 3, 21, 26, 27, 28, 32, 33, and 34.

(c) Total sample includes Jasper Place and Beverly.

(d) Frequencies in high and low density categories are taken as percentage of total sample responses.

(e) Tract index is based on the observed percentage of given responses coming from respondents in the high or low density categories divided by the expected percentage, which is based on percentage of sample respondents coming from the category. Assuming a random distribution of responses, one would expect 16.8% of all responses to be from tracts 18 and 19, and 6.7% of all responses to come from the low density tracts.

(f) The comparison index is based on the ratio of the high density tract index to the low density tract index, and indicates whether the high density tracts have a greater or lesser rate of response, and to what degree.

Chapter Eleven

THE INFLUENCE OF CHURCH DENOMINATION AND ATTENDANCE

Religion as one of our basic institutions plays an important part in our lives and it is said that people in later life turn increasingly to religion and the church for guidance. For these reasons it is important to have some knowledge of the actual role of religion in the lives of older persons. This not only reflects the place the church has had historically in the care of older people, but also our more recent awareness that activities and contacts of various kinds contribute to the well-being of the individual. Religion and the church provide one source of activities and relationships, as well as psychological support, which undoubtedly relates in some way to a person's well-being.

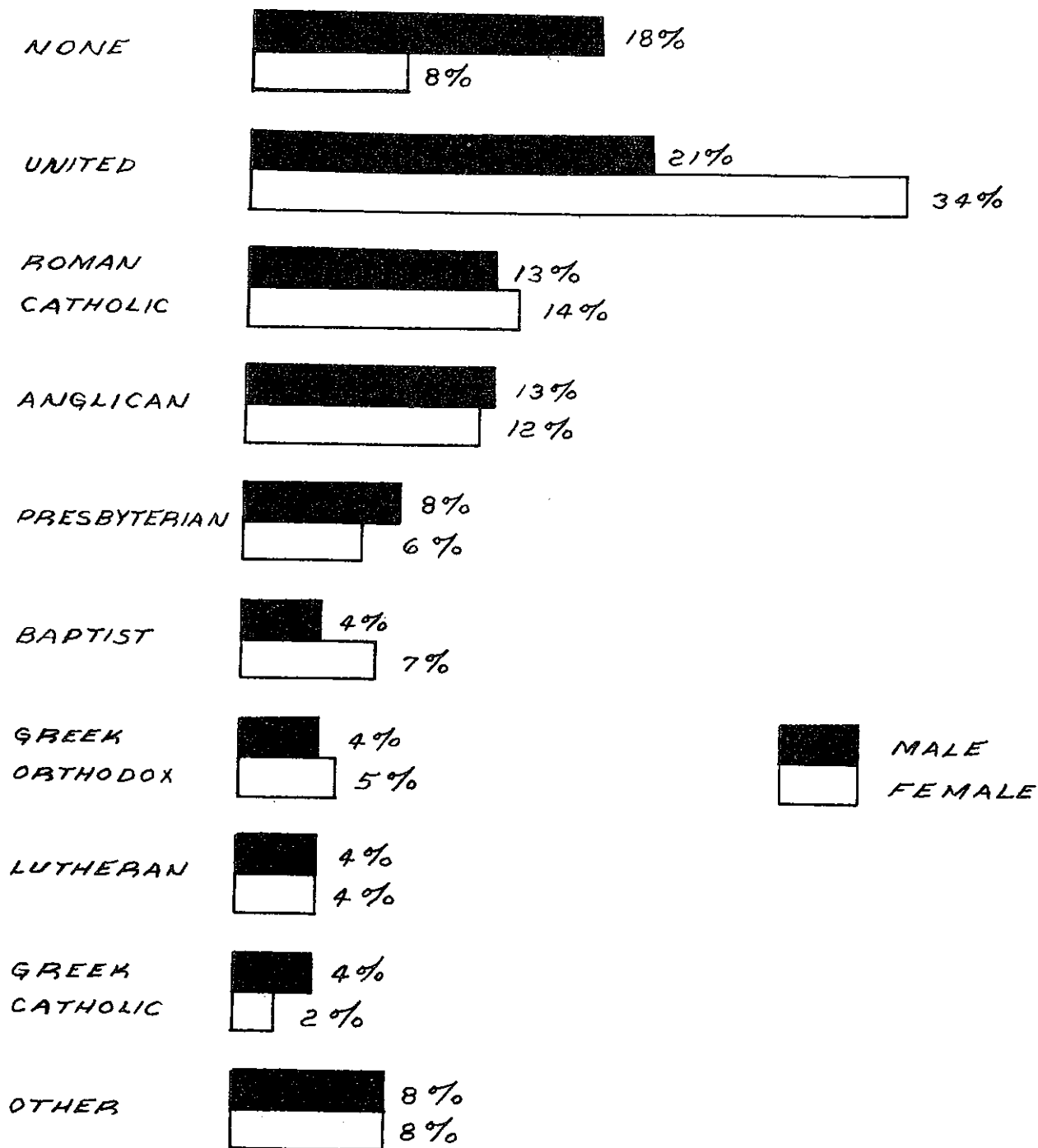
The purpose of the present chapter is to provide a picture of some aspects of the role of religion, especially as this relates to differences associated with denomination and frequency of attendance.

A. SELECTED CHARACTERISTICS OF THE SAMPLE

Table 11.1, as illustrated in Figure 36, summarizes denominational identification by sex and age of the respondents. The largest single denominational category was the United Church. Roman Catholic, Anglican, and those without denomination were about half as large a percentage of the sample, with Presbyterian and Baptist smaller by one-half again. Greek Orthodox, Lutheran and Greek Catholic were the only other denominations to receive 3% or more of the total responses. The remaining 8% were made up of respondents who identified themselves with various fundamentalist or other groups.

Most of the major denominations were fairly equally represented as to males and females. The exceptions were the United Church and the Baptists with larger percentages of female respondents. The other

*FIG. NO. 36
MAJOR RELIGIOUS DENOMINATION
BY SEX



*FROM TABLE 11.1

pronounced difference was found among the "no denomination" respondents, with 18% male compared to 8% female.

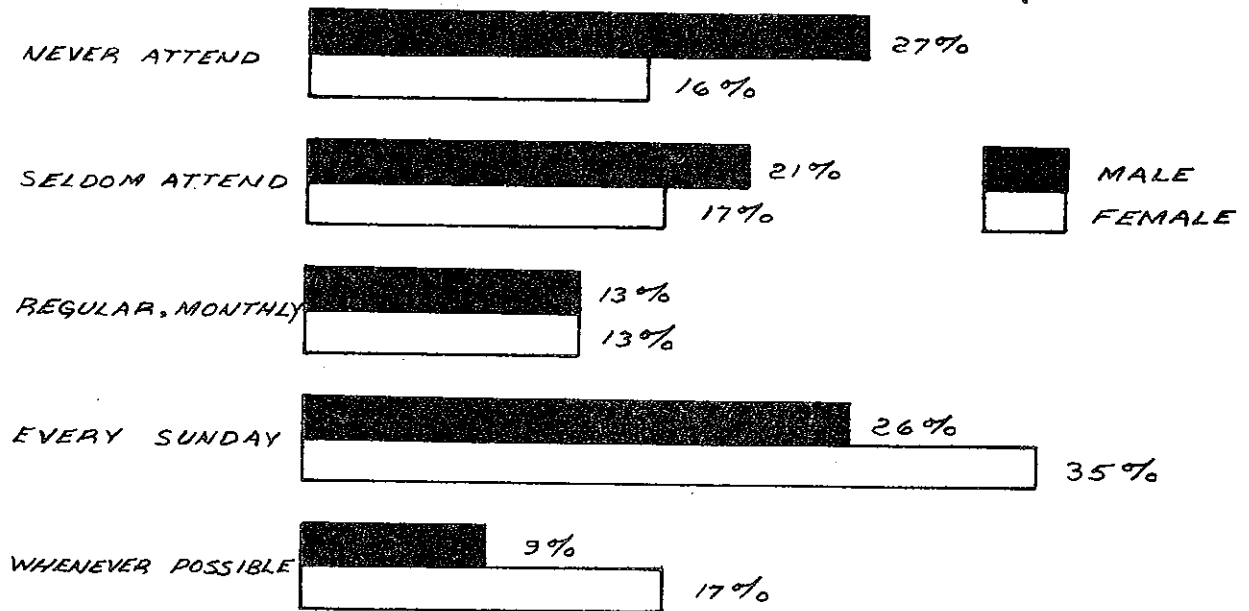
The respondents were also asked about their particular relationship to the church attended. Table 11.2 is a summary of responses by sex and age of respondents. Fully one-fourth of the respondents stated that they were not members and were not affiliated with any church. About 60% indicated church membership, while nearly 12% stated they were affiliated with, but not members of, a church. Again, interesting differences are noted when males and females are compared. Nearly twice the percentage of males as females (33% as compared to 17%) said they were neither church members nor affiliated. Conversely, a larger percentage of females indicated church membership.

With respect to age, the percentage indicating non-membership non-affiliation, decreases with increasing age, while membership shows an increase with increasing age. Of all the age groups, those 80 and over show the lowest percentage of affiliation without membership.

While denominational identification and membership are important characteristics, attendance may be a more significant index of actual participation in religious and church-related activities. Table 11.3, illustrated in Figure 37, is a summary of frequency of church attendance by sex and age of respondents. A previous observation may be made again: while nearly one-half of the males stated they seldom or never attended church, only about one-third of the females gave this response. Over a third of the females stated they attended every Sunday, while about one-fourth of the males said they did. There was also a larger percentage of females who gave the "whenever possible" response (17% as compared to 9% of the males), further reinforcing the conclusion that the female in later life seemed more oriented to the church.

The major difference which appeared in relation to age groups involved the "80 and over" respondents. They had a higher percentage who never attended and a lower percentage who stated they attended every Sunday.

*FIG. NO. 37
FREQUENCY OF CHURCH
ATTENDANCE BY SEX



*FROM TABLE 11.3

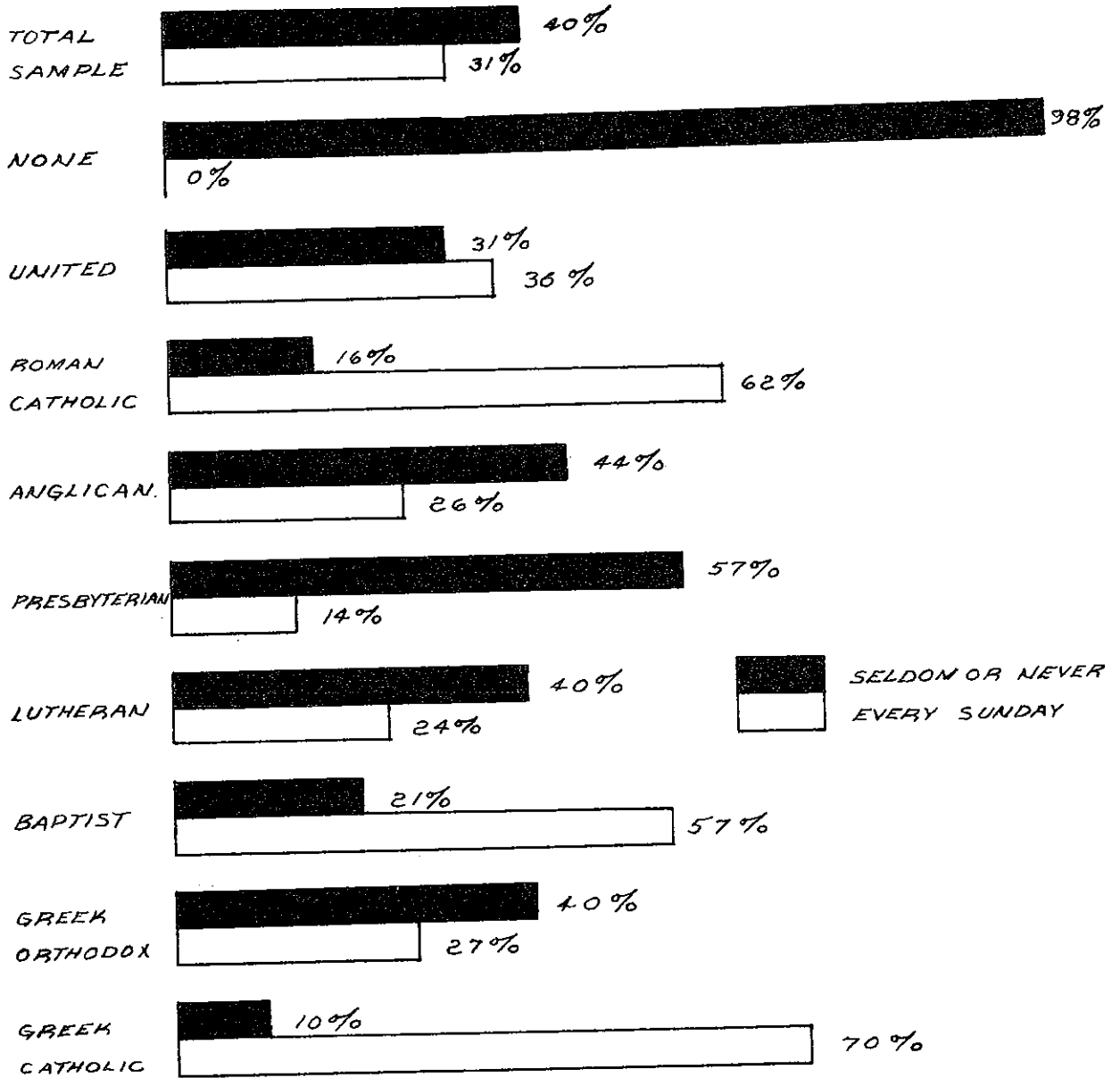
These results were consistent with expectations that older persons become increasingly immobile due to advancing age, thus activities, such as church, are restricted.

To determine factors which might have affected church attendance, respondents were asked why they did not attend more often. These results are summarized in Table 11.4 by sex and age. Health was the most frequently mentioned reason why attendance was not more regular and was given by one-fifth of the sample. More females than males gave this response. Lack of transportation was also a reason given more frequently by females than males. Lack of interest was indicated by 12% of the males, but by only 3% of the females.

It is also seen in Table 11.4 that health as a reason for limiting

* FIG. NO. 38

FREQUENCY OF ATTENDANCE
BY MAJOR DENOMINATION



* FROM TABLE 11.5

church attendance increased in importance with increasing age. Lack of transportation also was more important to the older respondents. Perhaps a more interesting difference, however, was that while only 4% of the sample said they were "too old" to attend church more often, 21% of the "80 and over" group gave this response. The younger groups had a larger percentage of "no answer" respondents, but this would have included those who were attending every Sunday, most of whom came from the lower age ranges.

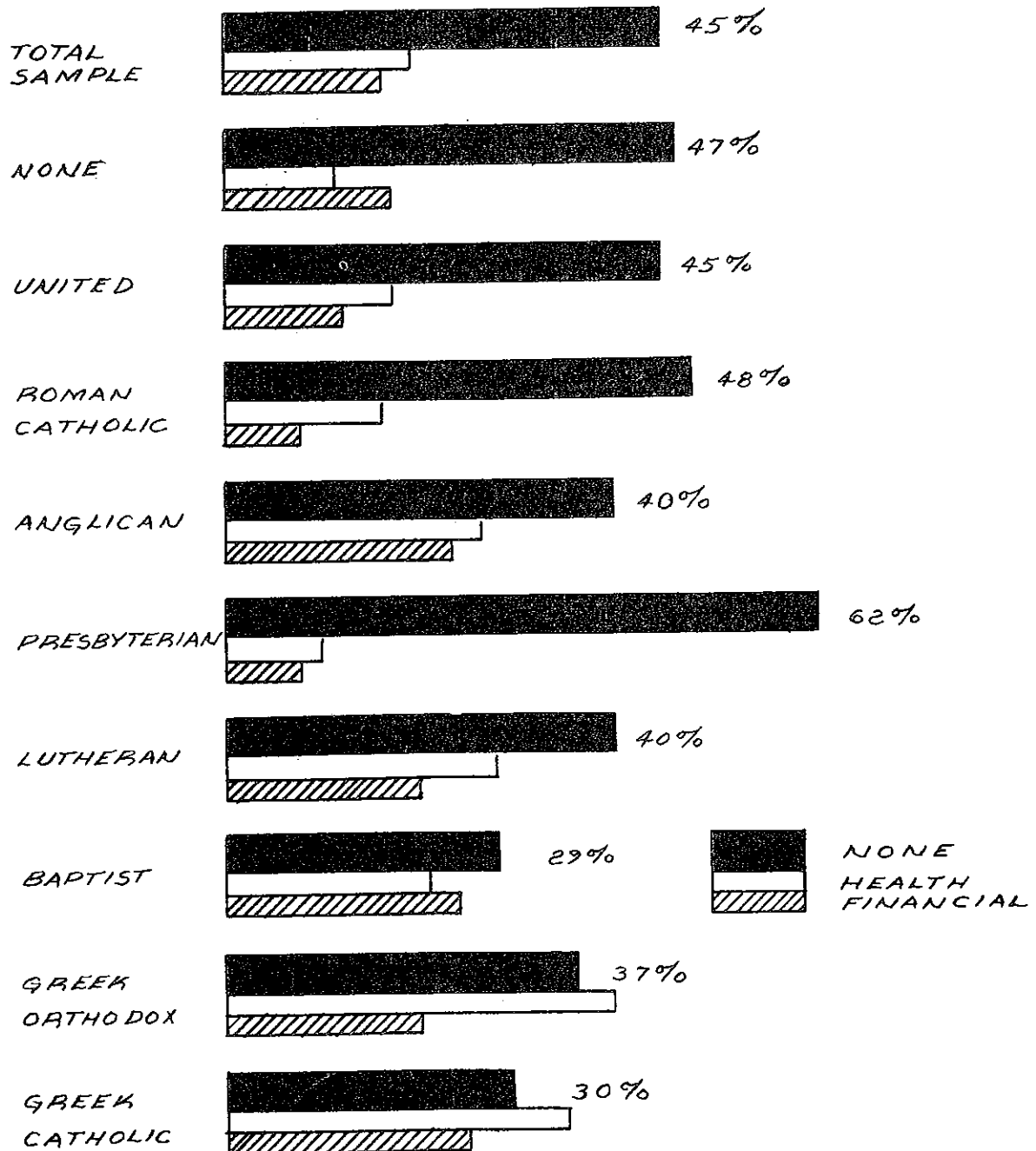
B. SOME CHARACTERISTICS ASSOCIATED WITH DENOMINATION

In this section, several aspects of the lives of older persons will be compared according to the denominational identification of the respondent. For the purposes of this, and the following section, only those respondents who indicated a major denomination and at the same time a specific response to the question concerning frequency of attendance are included in the various breakdowns of data.¹ A "Total Sample" column is also included for purposes of comparison.

Attendance:- Since interest is with denomination and frequency of attendance, it will be important to know the variation of frequency of attendance by denomination. These variations are presented in Table 11.5 and illustrated in Figure 38. The highest frequency of attendance was found among Roman Catholic, Greek Catholic and Baptist respondents, with well over one-half stating that they attended every Sunday. The lowest rates of attendance, found by combining the "never attend" and "seldom attend" categories, were found among those respondents who identified themselves as Presbyterian, Anglican, Lutheran or Greek Orthodox. Forty percent or more of these respondents said they seldom or never attended church. Of the respondents who were not identified with any denomination, 98% stated that they seldom or never attended church, and were, in fact, not oriented to

¹All interviews with "no answer" for denomination or frequency of attendance, or with double responses, were omitted, as well as those falling into the "other" category. This left 577 interviews with a major denomination given and specific reference made to frequency of attendance.

* FIG. N^o. 39
MAJOR PROBLEMS FACED IN
LATER LIFE BY DENOMINATION



* FROM TABLE 11.7

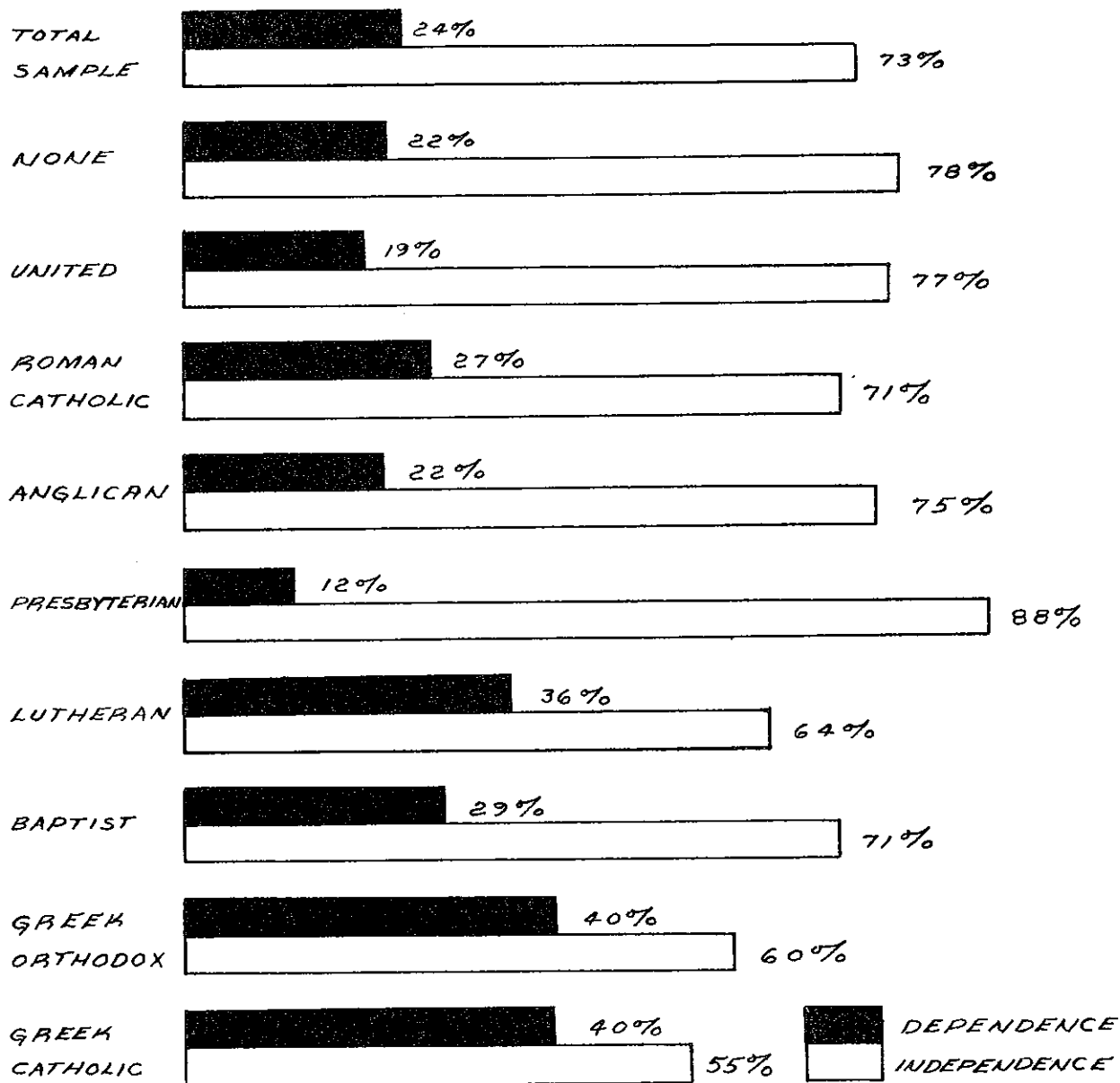
church. Some of the differences noted between denominations may be attributed to variations in the extent to which attendance is obligatory.

Marital Status by Denomination:- As shown in Table 11.6, the highest percentage of "never married" respondents is found in the group of those who did not make any denominational identification.¹ This amounted to 13% as compared to the overall sample which had only 5% who never married. With the exception of Greek Catholic respondents, all other denominations showed between 43% and 52% of the respondents married and living with spouse. Baptists had the highest percentage of widowed, with 57%, while only 20% of the Greek Catholics and 31% of the "no denomination" respondents said they were widowed.

Selected "Problems" by Denomination:- In spite of the fact that a large proportion of the respondents were widowed, no one mentioned this as one of the greatest problems faced in later life. The major problems, as mentioned by denomination, are summarized in Table 11.7, and illustrated in Figure 39. Health and financial problems were the two most frequently mentioned, with health being somewhat more important in all cases except among Baptist respondents and in the group that made no denominational identification. While 45% of the total sample said they had no major problems, there were marked variations in this response from one denomination to another. The Presbyterian respondents included 62% who said they had no major problems, while only 29% of the Baptists and 30% of the Greek Catholics said they had none. Although the data are not available for this report, it is usually found that certain denominations are associated with high income categories, and certain ones with low income categories. However, evidence to support conclusions about a similar relationship between denomination and "health" class is lacking, and it would not seem reasonable to suppose that health varied with denomination in the way that income seems

¹Of the 30 "single" respondents in the denomination sample of 577, 37% did not make a denominational choice, while only 15% of the married and 11% of the widowed failed to do so.

**FIG. NO. 40
SELF JUDGMENT OF INDEPENDENCE - DEPENDENCE
BY MAJOR DENOMINATION*



**FROM TABLE 11.9*

to. Perhaps there is some influence exerted by a person's religion on the way he perceives and reports his problems.

Reinforcement for this idea is found in the data presented in Table 11.8, which provides a summary of the health problems of the respondents. It is seen that in the cases of both the open-end health question and the health check list, Presbyterians have the highest percentage of "no-problem" responses. In addition, the Presbyterian group had the lowest average number of problems per respondent on the open-end question and the check list, the lowest average of non-specific ailments,¹ and the lowest ratio of non-specific to total ailments mentioned on the check list.

Conversely, the Greek Catholic respondents had the lowest percentage of people with no problems shown on the open-end health question and the next to the lowest percentage with no problems on the health check list. They also had the second highest average number of problems mentioned on the health check list, and the highest ratio of non-specific to total problems mentioned. In general, the Baptist, Lutheran, Roman Catholic and Greek Orthodox respondents ranked somewhat below average in terms of the various health indices used in Table 11.8.

In the case of self-judgment of independence or dependence, as summarized in Table 11.9, and illustrated in Figure 40, Lutheran, Greek Orthodox and Greek Catholic respondents had the higher percentages mentioning a degree of dependence. In the latter two denominations this amounted to 40% of the respondents. Only 12% of the Presbyterian and 19% of the United Church respondents made self-judgments involving dependence.

Loneliness:- Not all problems relate to finances and health. Loneliness has often been regarded as an important problem faced by older persons. As shown in Table 11.10, about one-fourth of the total sample stated they had feelings of loneliness, while 59% said they did not.²

¹These were such things as chronic fatigue, back-ache, nervousness, etc., some of which may have been "psychosomatic".

²The "yes" group included those who said they were lonely all or part of the time.

Variations between denominations existed, with Presbyterian, United Church and "no denomination" respondents having the lowest percentage (17%) admitting to feelings of loneliness, while over one-third of the Baptist, Greek Orthodox and Greek Catholic respondents indicated this. Also important is the fact that, in general, the higher percentages of "no answer" respondents were associated with denominations having higher percentages indicating loneliness.

Sources of Help for Worries:- As seen in Table 11.11, the family was the most frequently named source of help for worries in general in all denominations. Presbyterians, Anglicans and respondents who had no denominational identification were highest in percentage of reference to "self" as a source of help for general worries. On the other hand, Greek Orthodox and Greek Catholic respondents were markedly below the sample average in this type of response. Nearly one-fifth of the Roman Catholic respondents referred to "church" as a source of help, which was the highest percentage for any of the denominations.

Major Satisfactions:- Table 11.12 is a summary of major responses to the question concerning the things which provided the greatest satisfactions in later life. It is clear from the data that one's family was by far the most important single mention. For the total sample, "family" was referred to by 37% of the respondents, but this ranged from a low of 16% for respondents with no denominational identification to a high of 64% for Baptist respondents. The Baptist group also had a markedly higher percentage who stated satisfaction in home ownership, fully one-fourth of them giving this response. Greek Orthodox and United Church respondents were above average in the percentage who referred to "friends" as sources of satisfaction. Presbyterians, Lutherans and Greek Orthodox respondents were above average in percentage stating that "health" gave them satisfaction. Lutheran respondents had the highest percentage who referred to religion as providing satisfaction.

Perhaps the most interesting point in the table is the average number of mentions of satisfying things referred to. For the sample as a

whole, this was 1.5 per respondent. Those who made no denominational identification averaged 1.2 mentions, and was highest for Baptists and United with 1.8 mentions, followed by Roman Catholics and Anglicans with 1.7 mentions.

C. SOME CHARACTERISTICS ASSOCIATED WITH FREQUENCY OF ATTENDANCE¹

Table 11.13 provides a summary of marital status by frequency of attendance. The lower attendance categories had somewhat higher percentages who never married and lower percentages who were widowed. This difference is more marked in the "no denomination, no attendance group".

Selected Problems, by Frequency of Attendance:- As is seen in Table 11.14, those who attended church every Sunday had the highest percentage of respondents who said they had no major problems. About one-fourth of the respondents who never attended or seldom attended made reference to health problems.

While those who said they attended every Sunday had the highest percentage with no major problems, they had the highest average number of problems, namely 1.4. Thus, this group would seem to include two extremes.

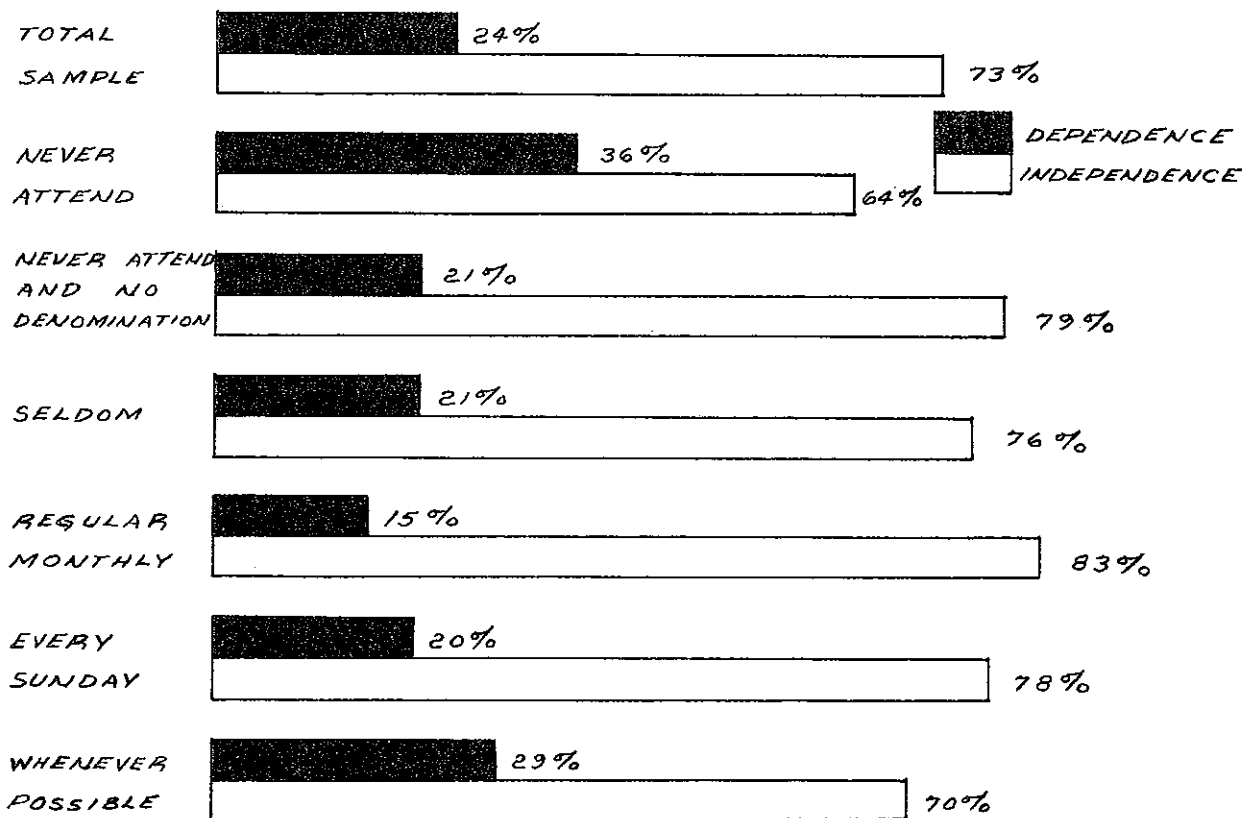
Table 11.15 presents a summary of health by frequency of attendance. Those who attended regularly every month (but not every Sunday) had the highest percentage who stated they had no health problems, both on the open-end question and the check list. This group also had the lowest average number of mentions from the check list question. In general, however, the differences by frequency of attendance were not as great as by denomination.

The highest percentage of self-judgment of dependence, 36% was

¹The tables based on frequency of attendance not only include the total sample for comparison, but also a category which represents the "no denominational identification" respondents who also stated they never attended church. These totaled 68. The intent was to provide a group which would appear to be the least concerned about organized religion.

found in the group of respondents who never attended church. The percentage of self-judged dependency was lowest for the group who attend regularly, illustrated in Figure 41. Undoubtedly, the group of respondents who said they never attended would include some who wanted to, but who could not by reason of their dependence. This would seem to follow from the observation that there was a much lower percentage of self-judgment of dependency among those who never attended and who had no denominational identification.

** Fig. No. 41
SELF JUDGMENT OF INDEPENDENCE-DEPENDENCE
BY FREQUENCY OF ATTENDANCE*



** FROM TABLE 11.16*

In relation to feelings of loneliness (Table 11.17), the highest percentage was 31%, expressed by the group who attended church regularly, while the lowest group in this respect were those who seldom attended, 20% of them admitting to loneliness. The differences in frequency of attendance were not as pronounced as those found when comparing denomination.

Sources of Help for Worries:- As shown in Table 11.18, the family is consistently the most frequently mentioned source of help in case of worries in general, but receives the lowest percentage of mention by the group who made no denominational identification and did not attend. About one-fourth of the respondents who attended every Sunday referred to the church or religion as a source of help. This was considerably above all other groups, the average being 14%. About one-fifth of those who had no church identification and did not attend referred to "self" as the source of help for worries in general. This was the highest for all frequency groups. About one-fifth of the respondents who attended whenever possible said they had no need for a source of help.

The things providing greatest satisfaction in later life are summarized by frequency of attendance in Table 11.19. The family received the highest percentage of mentions, except for those who had no denominational identification nor attendance. These latter ranked "family" below both health and activities in importance. It is interesting to note that mention of family increases with increasing attendance. The highest percentage of reference to religion as a satisfaction was made by those who attended every Sunday.

Another relationship which is suggested by the data involves the average number of satisfactions mentioned per respondent in the various attendance categories. It is seen in Table 11.19 that this average increases with increasing attendance (or with increasing church involvement) from 1.2 mentions of satisfactions per respondent in the case of those who had no denominational identification and no attendance to 1.6 per respondent who attended every Sunday.

D. SUMMARY

The present chapter has provided a number of characteristics important to a consideration of the lives of older persons in terms of the respondents' denomination and frequency of church attendance. Several interesting relationships were indicated, with major variations appearing in connection with denominational differences. The extent of variation is seen in Tables 11.20 and 11.21 in which the denominations are ranked according to life characteristics. Table 11.20 demonstrates that the Presbyterian, United Church and "no denomination" respondents consistently ranked highest regarding indications of well-being. On the other hand, the Lutheran, Baptist, Greek Orthodox and Greek Catholic respondents were in the lower third of the rankings. Table 11.21 reverses the ranking. Lutheran, Baptist, Greek Orthodox and Greek Catholic respondents are less well-off because of their occupancy of the upper third of the rankings.

The data suggest that church attendance and denomination might be worthwhile areas for further investigation. The differences found need not be due to the fact that members of certain denominations are inherently better or healthier. Rather, these differences would seem to indicate that the nature of a person's religious affiliation and behavior might be crucial in relation to objective measurements of adjustment in later life.

Table 11.1

Major Religious Denominations, ESRS Sample, by Sex and Age, by Percentage

<u>Category</u>	<u>Total</u>	<u>Males</u>	<u>Females</u>	<u>65-69</u>	<u>70-74</u>	<u>75-79</u>	<u>80 and</u>	
	<u>Sample</u>	<u>%</u>	<u>%</u>	<u>%</u>	<u>%</u>	<u>%</u>	<u>Over</u>	
	<u>%</u>	<u>%</u>	<u>%</u>	<u>%</u>	<u>%</u>	<u>%</u>	<u>%</u>	
none	13	18	8	15	13	10	12	
United	28	21	34	28	27	28	28	
Roman Catholic	14	13	14	10	14	18	16	
Anglican	13	13	12	14	13	13	9	
Presbyterian	7	8	6	6	6	7	12	
Baptist	6	4	7	6	5	5	7	
Greek Orthodox	5	4	5	7	3	4	2	
Lutheran	4	4	4	5	4	2	4	
Greek Catholic	3	4	2	1	7	2	1	
all other ^(a)	8	8	8	6	8	10	7	
no answer	2	3	1	3	2	3	0	
N	=	672	322	350	240	215	135	82

(a) Including L.D.S., Mennonite, Pentacostal, Fundamentalist, etc. Some cases of double mention and rounding off makes total more than 100%.

Table 11.2

Respondent's Relationship to Church, ESRS Sample, by Sex and Age, by Percentage

<u>Category</u>	<u>Total</u>	<u>Males</u>	<u>Females</u>	<u>65-69</u>	<u>70-74</u>	<u>75-79</u>	<u>80 and</u>	
	<u>Sample</u>	<u>%</u>	<u>%</u>	<u>%</u>	<u>%</u>	<u>%</u>	<u>Over</u>	
	<u>%</u>	<u>%</u>	<u>%</u>	<u>%</u>	<u>%</u>	<u>%</u>	<u>%</u>	
not a member and not affiliated	25	33	17	28	24	25	20	
affiliated, but not a member	12	11	13	10	14	13	7	
member	59	52	66	56	59	59	70	
other	1	1	1	2	1	2	1	
no answer	3	3	3	4	2	2	1	
N	=	672	322	350	240	215	135	82

Table 11.3

Frequency of Church Attendance, ESRS Sample, by Sex and Age, by Percentage

<u>Category</u>	<u>Total Sample</u> %	<u>Males</u> %	<u>Females</u> %	<u>65-69</u> %	<u>70-74</u> %	<u>75-79</u> %	<u>80 and Over</u> %
never attend	21	27	16	21	18	19	34
seldom, few times per year	19	21	17	18	18	20	20
regular, monthly (not every Sunday)	14	13	13	17	15	9	9
every Sunday	31	26	35	30	32	36	22
whenever possible	13	9	17	10	15	16	11
other (a)	2	3	2	3	2	2	2
no answer	2	2	1	3	0	1	2
N =	672	322	350	240	215	135	82

(a) Includes several references to ministerial visits in addition to attendance reference.

Table 11.4

Major Reasons for not Attending Church More Frequently, ESRS Sample, by Sex and Age, by Percentage

<u>Category</u>	<u>Total Sample</u> %	<u>Males</u> %	<u>Females</u> %	<u>65-69</u> %	<u>70-74</u> %	<u>75-79</u> %	<u>80 and Over</u> %
no reason	12	14	10	13	15	10	4
health factor	20	16	24	15	18	23	32
lack of transportation	9	6	12	7	8	14	9
not interested	7	12	3	8	8	4	4
inconvenient	5	5	4	5	5	5	0
too old	4	5	3	1	1	4	21
no answer	39	35	44	41	41	39	27
N =	672	322	350	240	215	135	82

Table 11.5

Frequency of Church Attendance, by Major Denomination, ESRS Sample, (a)
by Percentage

<u>Category</u>	<u>Sample</u>	<u>None</u>	<u>Un-</u>	<u>Rom.</u>	<u>An-</u>	<u>Pres-</u>	<u>Lu-</u>	<u>Bap-</u>	<u>Grk.</u>	<u>Grk.</u>	<u>Other</u>
	<u>%</u>	<u>%</u>	<u>ited</u>	<u>Cath.</u>	<u>gli-</u>	<u>by-</u>	<u>ther-</u>	<u>tist</u>	<u>Orth.</u>	<u>Cath.</u>	<u>%</u>
			<u>%</u>	<u>%</u>	<u>can</u>	<u>terian</u>	<u>an</u>	<u>%</u>	<u>%</u>	<u>%</u>	<u>%</u>
never attend	21	82	10	4	19	24	12	7	20	0	0
seldom attend	19	16	21	12	25	33	28	14	20	10	0
regular monthly (b)	14	1	20	4	18	14	12	11	30	15	7
every Sunday	31	0	36	62	26	14	24	57	27	70	64
whenever possible	13	1	14	18	12	14	24	11	3	5	29
N =	672	83	165	73	97	42	25	28	30	20	14

(a) The sample in Chapter 8 included 577 respondents. A total of 95 interviews lacked either a denomination response or a frequency of attendance response or had to be discarded for some other inadequacy.

(b) But not every Sunday.

Table 11.6

Marital Status, by Major Denomination, ESRS Sample, by Percentage

<u>Category</u>	<u>Sample</u>	<u>None</u>	<u>Un-</u>	<u>Rom.</u>	<u>An-</u>	<u>Pres-</u>	<u>Lu-</u>	<u>Bap-</u>	<u>Grk.</u>	<u>Grk.</u>
	<u>%</u>	<u>%</u>	<u>ited</u>	<u>Cath.</u>	<u>gli-</u>	<u>by-</u>	<u>ther-</u>	<u>tist</u>	<u>Orth.</u>	<u>Cath.</u>
			<u>%</u>	<u>%</u>	<u>can</u>	<u>terian</u>	<u>an</u>	<u>%</u>	<u>%</u>	<u>%</u>
never married	5	13	2	3	7	10	8	0	0	0
married, with spouse	49	50	50	47	52	48	44	43	43	70
separated or divorced	3	4	2	3	2	5	0	0	7	5
widowed	41	31	44	44	39	36	48	57	47	20
no answer	2	1	1	4	2	2	0	0	3	5
N =	672	83	165	73	97	42	25	28	30	20

Table 11.8

Average Number of Health Problems, by Major Denomination, ESRS Sample

<u>Category</u>	<u>Sample</u>	<u>None</u>	<u>Un- ited</u>	<u>Rom. Cath.</u>	<u>An- gli- can</u>	<u>Pres- by- terian</u>	<u>Lu- ther- an</u>	<u>Bap- tist</u>	<u>Grk. Orth.</u>	<u>Grk. Cath.</u>
A. Major Health Problems, Open-End Question										
none	50%	56%	53%	52%	52%	71%	36%	43%	37%	35%
total problems mentioned	451	46	101	53	61	13	20	25	29	16
average problems per respondent with problems	1.3	1.3	1.3	1.5	1.3	1.1	1.3	1.6	1.5	1.1
B. Health Problems, Check List										
none	11%	12%	14%	7%	11%	17%	0	11%	7%	5%
total problems mentioned	2243	270	528	257	294	102	104	94	128	84
average problems per respondent with problems	3.7	3.7	3.2	3.8	3.4	2.9	4.2	3.8	4.6	4.4
non-specific problems (a)	611	68	134	65	87	18	31	27	38	30
average non-specific problems per respondent with problems	1.0	.9	.9	1.0	1.0	.5	1.2	1.1	1.4	1.6
ratio: non-specific to total problems mentioned	.27	.25	.25	.25	.30	.18	.30	.29	.30	.36
N =	672	83	165	73	97	42	25	28	30	20

(a) Non-specific problems mentioned included responses such as chronic fatigue, sleeplessness, etc., all of which did not involve a specific constitutional complaint. These were check list items only.

Table 11.7

Major Problems Faced in Later Life, by Major Denomination,
ESRS Sample, by Percentage

<u>Category</u>	<u>Sample</u>	<u>None</u>	<u>Un- ited</u>	<u>Rom. Cath.</u>	<u>An- gli- can</u>	<u>Pres. by- terian</u>	<u>Lu- ther- an</u>	<u>Bap- tist</u>	<u>Grk. Orth.</u>	<u>Grk. Cath.</u>
	%	%	%	%	%	%	%	%	%	%
none	45	47	45	48	40	62	40	29	37	30
health	19	11	17	16	26	10	28	21	40	35
financial	16	17	12	7	23	7	20	25	20	25
number of problems mentioned	441	48	104	38	70	20	17	23	26	21
average number per respondent with problems	1.2	1.1	1.1	1.0	1.2	1.3	1.1	1.2	1.4	1.5
N =	672	83	165	73	97	42	25	28	30	20

Table 11.9

Self-Judgment of Independence-Dependence, ESRS Sample,
by Major Denomination, by Percentage

<u>Category</u>	<u>Sample</u>	<u>None</u>	<u>Un- ited</u>	<u>Rom. Cath.</u>	<u>An- gli- can</u>	<u>Pres. by- terian</u>	<u>Lu- ther- an</u>	<u>Bap- tist</u>	<u>Grk. Orth.</u>	<u>Grk. Cath.</u>
	%	%	%	%	%	%	%	%	%	%
judgment of degree of dependence	24	22	19	27	22	12	36	29	40	40
judgment of independence	73	78	77	71	75	88	64	71	60	55
no answer	2	0	4	1	3	0	0	0	0	5
N =	672	83	165	73	97	42	25	28	30	20

Table 11.10

Feeling Lonely, ESRS Sample, by Major Denomination, by Percentage

<u>Category</u>	<u>Sample</u> %	<u>None</u> %	<u>Un- ited</u> %	<u>Rom. Cath.</u> %	<u>An- gli- can</u> %	<u>Pres. by- terian</u> %	<u>Lu- ther- an</u> %	<u>Bap- tist</u> %	<u>Grk. Orth.</u> %	<u>Grk. Cath.</u> %
no	59	67	67	56	62	76	48	36	37	50
yes	24	20	17	27	29	17	28	36	37	35
no answer	17	12	16	16	9	7	24	29	27	15
N =	672	83	165	73	97	42	25	28	30	20

Table 11.11

Source of Help for General Worries, ESRS Sample, by Major Denomination, by Percentage

<u>Category</u>	<u>Sample</u> %	<u>None</u> %	<u>Un- ited</u> %	<u>Rom. Cath.</u> %	<u>An- gli- can</u> %	<u>Pres. by- terian</u> %	<u>Lu- ther- an</u> %	<u>Bap- tist</u> %	<u>Grk. Orth.</u> %	<u>Grk. Cath.</u> %
no need for source of help	9	7	9	12	7	17	16	4	10	5
don't know	7	7	5	5	8	2	12	7	10	20
self	12	16	13	8	15	17	8	11	3	5
family	46	36	52	52	41	38	36	57	43	50
church or religion	14	2	14	19	18	12	12	7	13	5
N =	672	83	165	73	97	42	25	28	30	20

Table 11.12

Things Providing Satisfaction, ESRS Sample, by Major Denomination,
by Percentage

<u>Category</u>	<u>Sample</u>	<u>None</u>	<u>Un-</u>	<u>Rom.</u>	<u>An-</u>	<u>Pres.</u>	<u>Lu-</u>	<u>Bap-</u>	<u>Grk.</u>	<u>Grk.</u>	
	<u>%</u>	<u>%</u>	<u>ited</u>	<u>Cath.</u>	<u>can</u>	<u>terian</u>	<u>an</u>	<u>tist</u>	<u>Orth.</u>	<u>Cath.</u>	
			<u>%</u>	<u>%</u>	<u>%</u>	<u>%</u>	<u>%</u>	<u>%</u>	<u>%</u>	<u>%</u>	
family	37	16	44	40	31	31	44	64	33	60	
having own home	12	8	13	10	9	10	8	25	17	10	
health	12	13	10	12	10	17	20	4	20	5	
activities, sedentary	11	11	10	12	14	12	8	11	3	10	
friends	11	10	16	1	13	7	8	11	17	5	
religion	11	1	13	4	10	5	16	11	3	15	
total number of satisfactions	1008	103	291	124	161	60	37	49	41	30	
average number per respondent	1.5	1.2	1.8	1.7	1.7	1.4	1.5	1.8	1.4	1.5	
N	=	672	83	165	73	97	42	25	28	30	20

Table 11.13

Marital Status, ESRS Sample, by Frequency of Attendance, by Percentage

<u>Category</u>	<u>Total Sample</u> %	<u>Never Attend</u> %	<u>Seldom</u> %	<u>Regular, Several Times/Mo.</u> %	<u>Every Sunday</u> %	<u>Whenever Possible</u> %	<u>No denomination (a) & no Attendance</u> %
A. Marital Status							
never married	5	9	6	3	4	4	12
married and with spouse	49	47	50	50	50	47	51
separated or divorced	3	4	4	4	2	3	4
widowed	41	39	37	43	42	43	31

(a) Omits those who never attended, but who indicated denomination.

Table 11.14

Major Problems Faced in Later Life, ESRS Sample, by Frequency of Attendance, by Percentage

<u>Category</u>	<u>Total Sample</u> %	<u>Never Attend</u> %	<u>Seldom</u> %	<u>Regular, Several Times/Mo.</u> %	<u>Every Sunday</u> %	<u>Whenever Possible</u> %	<u>No denomination & never Attended (a)</u> %
none	45	40	47	44	55	29	44
health problem	19	24	26	18	14	20	13
financial problem	16	16	18	16	14	20	19
number of problems mentioned	441	90	76	50	116	58	43
average number per respondent with problems	1.2	1.2	1.3	1.1	1.4	1.2	1.1
N =	672	126	113	80	188	70	68

(a) Omits those who never attended, but who indicated denomination.

Table 11.15

Average Number of Health Problems, ESRS Sample, by Frequency of Church Attendance, by Percentage

<u>Category</u>	<u>Total Sample</u>	<u>Never Attend</u>	<u>Seldom</u>	<u>Regular, Several Times/Mo.</u>	<u>Every Sunday</u>	<u>Whenever Possible</u>	<u>No denomination & never Attend (a)</u>
A. Major Health Problems, Open-End Question							
none	50%	48%	47%	63%	53%	49%	59%
total problems mentioned	451	90	90	38	118	43	37
average problems per respondent with problems	1.3	1.4	1.5	1.3	1.3	1.2	1.3
B. Health Problems, Check List							
none	11%	7%	7%	23%	14%	3%	12%
total problems mentioned	2243	452	408	212	585	241	211
average problems per respondent with problems	3.7	3.9	3.9	3.4	3.6	3.5	3.5
non-specific problems (b)	611	127	131	67	151	69	58
average non-specific problems per respondent with problems	1.0	1.1	1.2	1.1	.9	1.0	1.0
ratio: non-specific to total problems mentioned	.27	.28	.32	.32	.26	.29	.27
N =	672	126	113	80	188	70	68

(a) Omits those who never attended, but who indicated denomination.

(b) Non-specific problems mentioned included responses such as chronic fatigue, sleeplessness, etc., all of which did not involve a specific constitutional complaint. These were check list items only.

Table 11.16

Self-Judgment of Independence-Dependence, ESRS Sample, by Frequency of Church Attendance, by Percentage

<u>Category</u>	<u>Total Sample</u> %	<u>Never Attend</u> %	<u>Seldom</u> %	<u>Regular, Several Times/Mo.</u> %	<u>Every Sunday</u> %	<u>Whenever Possible</u> %	<u>No denomination & never Attend (a)</u> %
judgment of degree of dependence	24	36	21	15	20	29	21
judgment of independence	73	64	76	83	78	70	79
no answer	2	0	3	3	3	1	0
N =	672	126	113	80	188	70	68

(a) Omits those who never attended, but who indicated denomination.

Table 11.17

Feeling Lonely, ESRS Sample, by Frequency of Church Attendance, by Percentage

<u>Category</u>	<u>Total Sample</u> %	<u>Never Attend</u> %	<u>Seldom</u> %	<u>Regular, Several Times/Mo.</u> %	<u>Every Sunday</u> %	<u>Whenever Possible</u> %	<u>No denomination & never Attend (a)</u> %
no	59	63	61	61	62	51	54
yes	24	23	20	31	24	29	19
no answer	17	14	19	8	14	20	26
N =	672	126	113	80	188	70	68

(a) Omits those who never attended, but who indicated denomination.

Table 11.18

Major Source of Help for General Worries, ESRS Sample, by Frequency of Church Attendance, by Percentage

<u>Category</u>	<u>Total Sample</u> %	<u>Never Attend</u> %	<u>Seldom</u> %	<u>Regular, Several Times/Mo.</u> %	<u>Every Sunday</u> %	<u>Whenever Possible</u> %	<u>No denomina- tion & never Attend^(a)</u> %
no need for source of help	9	12	9	6	6	19	6
don't know	7	6	12	6	6	3	4
self	12	13	12	15	11	9	19
family	46	44	43	46	47	50	34
church or religion	14	5	6	10	24	13	3
N =	672	126	113	80	188	70	68

(a) Omits those who never attended, but who did indicate denomination.

Table 11.19

Things Providing Satisfaction, ESRS Sample, by Frequency of Church Attendance, by Percentage

<u>Category</u>	<u>Total Sample</u>	<u>Never Attend</u>	<u>Seldom</u>	<u>Regular, Several Times/Mo.</u>	<u>Every Sunday</u>	<u>Whenever Possible</u>	<u>No denomination & never Attend^(a)</u>
	<u>%</u>	<u>%</u>	<u>%</u>	<u>%</u>	<u>%</u>	<u>%</u>	<u>%</u>
family	37	22	35	40	42	46	12
having own home	12	9	11	10	15	16	7
health	12	13	14	13	11	9	15
activities, sedentary	11	13	9	13	10	13	13
friends	11	8	9	13	11	17	9
religion	11	2	2	8	20	13	2
total number of satisfactions mentioned	1008	159	154	122	309	117	84
average number per respondent	1.5	1.3	1.4	1.5	1.6	1.7	1.2
N =	672	126	113	80	188	70	68

(a) Omits those who never attended, but who indicated denomination.

Table 11.20

Rank Order of Denominations According to Certain Life Characteristics

<u>Category</u>	<u>None</u>	<u>Un- ited</u>	<u>Rom. Cath.</u>	<u>An- gli- can</u>	<u>Pres- by- terian</u>	<u>Lu- ther- an</u>	<u>Bap- tist</u>	<u>Grk. Orth.</u>	<u>Grk. Cath.</u>
% with no major problems	3	4	2	5	1	5	9	7	8
lowest average of major problems/respondent	2	2	1	5	7	2	5	8	9
% with no health problems, open-end	2	3	4	4	1	8	6	7	9
% with no problems, health check list	3	2	6	4	1	9	4	6	8
lowest average, open- end health problems	3	3	7	3	1	3	9	7	1
lowest average, check list health problems	4	2	5	3	1	7	5	9	8
lowest average, non- specific health problems	2	2	4	4	1	7	6	8	9
lowest ratio, non- specific problems to total problems	2	2	2	6	1	6	5	6	9
% with self-definition of independence	2	3	5	4	1	7	5	8	9
% with no feelings of loneliness	2	2	5	4	1	7	9	8	6
highest average of satisfactions	9	1	3	3	7	5	1	7	5
<hr/>									
<u>SUMMARY</u>									
number of rankings in upper third	9	10	4	3	9	2	1	0	1
number of rankings in middle third	1	1	5	8	0	3	7	2	2
number of rankings in lower third	1	0	1	0	2	6	3	9	8

Note on ranking: Where "ties" occurred, the same rank order was assigned to each denomination concerned.

Table 11.21

Rank Order of Denominations as to Various Indications of Problems
in Later Life^(a)

<u>Category</u>	<u>None</u>	<u>Un- ited</u>	<u>Rom. Cath.</u>	<u>An- gli- can</u>	<u>Pres- by- terian</u>	<u>Lu- ther- an</u>	<u>Bap- tist</u>	<u>Grk. Orth.</u>	<u>Grk. Cath.</u>
highest average of major problems	6	6	9	4	3	6	4	2	1
highest average of health problems, open-end	4	4	3	4	8	4	1	2	8
highest average, check list health problems	6	8	4	7	9	3	4	1	2
highest average, non-specific problems	7	7	5	5	9	3	4	2	1
highest ratio, non-specific to total problems	6	6	6	2	9	2	5	2	1
highest percentage with self-judgment of dependence	6	8	5	6	9	3	4	1	1
highest percentage with feelings of loneliness	7	8	6	4	8	5	2	1	3
% widowed	8	4	4	6	7	2	1	3	9
lowest average of satisfactions	1	8	6	6	2	4	8	2	4
<hr/>									
<u>SUMMARY</u>									
number of rankings in upper third	1	0	1	1	2	5	3	9	6
number of rankings in middle third	5	4	7	8	0	4	5	0	1
number of rankings in lower third	3	5	1	0	7	0	1	0	2

(a) In most respects this table will represent a reverse ordering of Table 8.20 as to adjustment.

Note on ranking: Where "ties" occurred, the same rank order was assigned to each denomination concerned.

PART III

METHODOLOGY

Introduction

This section of the report is divided into three parts. Chapter 12 is a description of the method used in the survey. Chapter 13 presents some comments concerning the value of such research and some ideas concerning the theoretical relevance of such a study, along with some suggestions for further analysis and research. An appendix consisting of the pilot study report, a listing of the interview schedule, and a bibliography of special reports prepared from the survey so far, conclude the present report.

Chapter 12

THE SURVEY METHOD

A. THE NATURE OF A SURVEY

In chapter 1 of this report the general objectives set for the study of the aged in Edmonton were listed. Given such objectives, a variety of approaches to the study were available and, under certain conditions, might have been used. However, a sound choice of a particular study technique, whether it involves testing, experimentation or surveying, is based upon more than arbitrarily choosing one from among many. The final choice of a study method is dictated not only by the objectives involved, but also by the nature of the phenomena to be studied, what is already known about the phenomena in question, the availability of resources, including financial and human, and the amount of time required to make the study in relation to the urgency for providing answers.

In the case of the Edmonton study, several available techniques were ruled out for one reason or another. The fact that so little was known about the life situation of older persons in Edmonton made it necessary to use an approach which would provide a broad and general picture and create a basis for later, more specific types of study or testing. The particular technique involved is called the "survey" method, and what it may lack in precision and specificity, it will make up in coverage. As a result, the survey method offers the best approach for uncovering leads for further study, and avoids elaborate testing of hypotheses which may not be well thought out or grounded in reality. In addition, in many cases where precision or depth study may not be needed in order to provide answers to important questions, the survey method becomes the most suitable tool for the job.

Thus, in the Edmonton study, where little more than limited census data were available on the general population of persons in later life, the

survey approach was selected as one which would provide the most information at least cost, and which would also establish the best basis for later, more refined, research.

B. INSTITUTING THE SURVEY

Prior to the actual survey, a great deal of work had been necessary. From the beginning, a committee¹ of persons working under the auspices of the Council of Community Services² held numerous meetings relating to the making of a study, what type it should be, how extensive, etc. One of the important, and very useful steps taken was the carrying out of a "pilot survey" as a means of gaining some initial ideas concerning the nature of the subject area. The pilot survey, details of which are reported in Appendix I at the end of the report, consisted of fifty non-directive interviews with persons sixty-five and over. The older persons were encouraged to talk about themselves and their life situation. The objectives of the pilot survey were to determine what sorts of "themes" were present in the various interviews, i.e., the kinds of problems and concerns of older persons which seemed to be important to them. From an analysis of these, a basis for a more directed and detailed survey could be established. It was, in the words of one of the committee members, "an initial scouting of the study area".

An assessment of the pilot survey led to the formulation of the objectives for the general survey and to the decision that interviewing would be the best technique to use. Following these decisions, the committee undertook responsibility to institute and oversee the several steps necessary to inaugurate the survey. These steps are briefly described below.

The Interview Schedule:- This consisted of a series of questions to be asked by the interviewers. The various items included in the schedule

¹ Drawn from a wide range of interested groups.

² Presently called the Edmonton Welfare Council.

were suggested by the committee members on the basis of experience in the pilot survey, the kinds of information which seemed important to obtain and what had been done in several similar types of survey. A series of questions were formulated and organized into an interview schedule. This initial schedule was evaluated by the committee, revised and given a pilot test using a number of respondents of the type eventually to be surveyed. A further revision was made following this pilot test, and the final form was developed. This consisted of 126 questions of three types: a pre-coded, fact-type question, a short-answer question, and a probe-type or depth question. The questions were included under several headings involving background information, economic, health, housing, recreation and activities, and personal points of view. A copy of the interview schedule used is included in Appendix II at the end of the report.

Recruiting and Training of Interviewers:- Interviewers were recruited from several sources: professional workers from social work and related areas, volunteers from service groups, and university students. All of the interviewers were given a six-hour training period on basic interviewing techniques and familiarization with the schedule. Teams of interviewers were organized under the supervision of experienced persons, areas for interviewing and interview quotas assigned, and provision for progress reports established. In the case of some interviewers, a modest fee per interview and transportation costs were paid.

Sampling Procedure:- Because of the previously indicated lack of knowledge about older persons in Edmonton, it was decided to use a form of areal sampling. The city had been divided into census tracts for the 1951 census, and these tracts formed the basic units. A quota of interviews was assigned for each census tract on the proportion of the total population sixty-five and over in Edmonton found in that tract. All the blocks in each tract were numbered, and a series of blocks randomly selected. This selection process was followed separately for each tract. Interviews were made whenever a person sixty-five or over was found; subject to two basic principles: only one member of a household was interviewed, and the sex of the

respondent was alternated from household to household when possible. When the quota for the tract was reached, interviewing stopped in that tract.

The Field Work:- Interviewing began in November, 1956 and continued through the spring of 1957. Some final interviews, consisting mostly of those requiring interpreters, were made during the summer of 1957. Originally, a 5% sample was to have been taken. When all interviews were in, it was found that the survey had achieved a 4½% sample of all persons sixty-five and over residing in Edmonton. With few exceptions, the tracts were fairly close to the intended percentage of total interviews to have been supplied.

Institutional Cases:- Although the survey was aimed at non-institutional respondents, during the carrying out of the field work it was decided to include some institutional cases for comparison with the non-institutional group being studied. A sample of forty such cases was drawn and interviewed. It was realized that the size of this sample would preclude anything except very general ideas about some differences existing, and to perhaps point the way to further study.

C. ANALYSIS OF THE INTERVIEWS

Beginning in the fall of 1957, a specially trained team began the work of coding the interviews, that is, of preparing the interviews for IBM processing. Each response in each interview had to be assigned a "code" number which stood for the type of response given. These code numbers were then punched on IBM cards, nearly three full cards being required for each interview. While the task with pre-coded questions was relatively easy, the coding of the longer answers was a difficult job requiring in many instances thought and discussion.

The initial processing of the data resulted in a Source Book,¹ published by the Edmonton Council of Community Services in 1958. The Source Book provided the responses to all questions tabulated by sex and age group

¹Appendix III, No. 2.

of the respondents.

Interviewer Success:- A total of 712 interviews had been made, including the sample of 40 institutional respondents, by over 100 interviewers. Each interview had lasted between one and a half and two hours. Very few refusals were encountered, and most interviews, once started, were completed. In some few cases, where fatigue was apparent, the interviewer returned a second time to finish the interview. Only about one out of eight interviews was completed by an interviewer who had no previous experience in interviewing. All others were completed by persons having had direct interviewing experience or having had occupational experience which made use of interviewing technique to some extent (e.g. clerking in a store). The interviews were characterized by a high degree of completeness in spite of the fact that a relatively large proportion of the questions involved lengthy responses and self-analysis on the part of the respondents.

As one indication of the extent to which the interviews represented valid information about older persons, the interviewers were asked to make a judgment about the nature of the interview. Of the total of 712 interviews made in the survey, 63% were judged by the interviewers to have involved good rapport, with no qualifications made. Rapport, with qualifications, was used to categorize 31% of the interviews. These qualifications were in the nature of references to hostility, defensiveness, lack of attention, and presence of third parties. Language difficulties were also included in this category. However, such a judgment did not mean that good information was not obtained, but rather that it took a period of time to gain rapport and that at certain points difficulties were encountered in relation to the respondent's co-operation. Only 27 or 4% of the interviews were judged to involve poor rapport, and only four interviews had to be terminated because of lack of rapport.

A study was made of one set of interviews made by volunteer interviewers.¹ An "index of completion" was constructed, based on the ratio of

¹"Age and Sex Factors in Interviewer Success," a paper read before the Pacific Sociological Association, 1958.

completed to uncompleted answers.¹ The results showed, among other things, a very marked rate of completion by the interviewers, ranging in many cases to well above 90%. Considering the nature of the questions, the length of the interviews, and the type of respondents, it is felt that this was a good record.

Further Processing:- The Source Book, while it provided a general picture of the results of the survey, was but a first step in the analysis of the data. At several points in the following five years, various other analyses were made as special questions arose. For example, the data presented in Chapters 8, 9, 10 and 11 of the present report represent additional processing of the original results, and further analysis. Data on housing, dependence and interviewer success have also been reported at various times and for various purposes. (See Appendix III for a list of such items which have been developed from the survey). At the present time, a duplicate set of IBM cards exists; thus, all of the interview information is conveniently stored and is available whenever the need or occasion arises.

The Problem of Time-lag:- In work of this sort, especially where dependence is on volunteer workers to a great extent, and where budgets are limited, there is often a time lag between the point of study and the point where results become available. In the present study, the question arose whether the data would be valuable in any way if they appeared seven years after the completion of the interviews. There are two thoughts to keep in mind concerning this. One is that most aspects of the life situation of older persons would not change so much that they would be different in the short period of time involved. Except for a few questions relating to amount of income, and particular place of residence, it is felt that the survey data, now available, provide us with a generally valid picture of a number of aspects of the life situation of persons sixty-five and over. The second thought relates to the time it takes well-established research

¹"Uncompleted" answers included not only those cases of no recorded responses, but where the answer seemed irrelevant.

organizations to publish data from studies, as for example, the Dominion Bureau of the Census, where a time lag of three or four years is not uncommon. While this does not represent an ideal situation, it illustrates the difficulties involved in rapidly processing data, even when resources are not limited as in the present study.

Chapter Thirteen

AUTHOR'S POSTSCRIPT

A major objective of the Edmonton Senior Residents' Survey was to discover some of the basic "facts of life" which characterized older persons living in Edmonton. It is felt that the present report completes the fulfillment of that purpose, especially by its presentation of the basic data found in Part I.

It is also felt that a better understanding of the needs and problems of older persons has been achieved as a result of knowing some of the attitudes and suggestions these people had concerning their life situation.

Because of the number of respondents interviewed, the breadth of the topics covered, and the extent to which the survey made use of open-end, depth questions, the present report probably represents the most complete picture of its kind thus far completed in Canada. However, even a brief study of the interview schedule used in the survey (Appendix II) would lead one to conclude that in spite of the amount of data presented, the report provides only a partial picture of what could have been included, had there been no limits on time and space. As it was, the present report alone took well over the equivalent of a full year's work to prepare.

In evaluating an experience such as is represented by the Edmonton Senior Residents' Survey, and in assessing the data from it, several things come to mind, all of which relate in one way or another to feelings of satisfaction or dissatisfaction. A first question, in terms of the origins of the study, involves the question of usefulness. Now that the data is more readily available, can something be learned from the results, and can the learning be applied toward the solution of the kinds of problems of present concern?

The bibliography of earlier, but limited reports prepared from the data provides evidence that the survey has been of use in a number of instances. (Appendix III) Of course, it is not possible to weight the value of such a contribution against the cost of a survey. But even at this point, it would appear that good value has been received. Moreover, not all the results are in, for with the report available, other persons or groups may be assisted in solving

problems, new ideas may be stimulated, or old ones re-thought; all of which would represent gains not easily measured in material terms. And this is not to mention the effect such information may have on the lives of older persons themselves. If nothing else, it can be said that some guide lines have been established which may assist in making better decisions about older persons and their problems. Because some of these guide lines represent what older people felt and suggested, they are even more valuable.

To a social scientist, however, there must be another source of satisfaction in addition to feeling that some practical use might be forthcoming from an expenditure of research effort. The social scientist is much more satisfied if the research has some theoretical relevance, that is, if it contributes to the development of a body of knowledge about human social behaviour. What of the present case? A lot of effort and a great deal in the way of "facts" but is there anything which could be integrated with currently developing theory or knowledge, thus making legitimate (at least in the mind of the social scientist) the activity called research?

Although a report has been submitted, this is an early stage in which to engage in generalizations or to present theoretical insights. Much more analysis and time (yes, time!) must still be spent before such contributions may be made. And it must be kept in mind that the report was based on a survey -- an initial scouting of an area not too well known. However, the area is no better known, and some ideas exist about where one might look for possibilities which could result in important contributions to knowledge.

The most intriguing, and at the same time potentially worthwhile, step would be a follow-up study in the tenth year following the original survey. There is a marked scarcity of such longitudinal studies in the socio-logical field, and it is by such approaches that changes and trends can be measured and a sound basis established for prediction. The Edmonton Senior Residents' Survey provides a base period; the follow-up study would aim at the original sample to determine what happened to the respondents, and whether or not the lives of those surviving involve greater or fewer problems, changes in attitudes and so on. Another sample could be taken to maintain the base for future comparisons. An actual testing of

hypotheses developed as a result of the present survey could also take place. In many ways, such a follow-up study would be invaluable.

A second area of theoretical import represents merely an impression from having worked with the data over a period of time. It is that sex differences in responses are less marked than differences between age groups. To put it another way, sex as a variable becomes less important as a determinant of the life pattern in old age than does the age level itself. This particular idea can be tested with the data presently available, and it is suggested that this be a next step taken in the continuing analysis of the results of the survey.

At various points in preparing the survey report, the findings seemed to indicate that variables other than the ones reported were important. For example, the differences found by denomination in Chapter Eleven may have been due to religion, but may also have been influenced by nationality since some religious denominations are composed largely of one particular nationality. Analysis of the results of the survey on the basis of nationality, whether foreign or Canadian born, whether rural or urban background, etc., could very well shed further light on the life situation of older persons. Certainly, presentation of results by income group would be a very useful addition.

Further research in the area of religion and relation to the church would seem to be indicated by the results reported in Chapter Eleven. The precise role that religion does or does not play has yet to be described -- all that is available in the survey report are some indications of something which seems to be meaningful in relation to the older person's maintenance of his life pattern.

Many other questions may occur to those who read through the survey report, and it is hoped that these will be communicated to the Edmonton Welfare Council so that further analysis of available data may be made. In this way, research not only has meaning for theory, but also for all the people concerned. There are many problems yet to be resolved and new ones which will emerge concerning the lives of older persons. It is hoped that the present survey has made, and will continue to make, some modest contribution toward the understanding of older persons, and toward the improvement of those conditions felt to be undesirable.

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APPENDIX I

EDMONTON COUNCIL OF COMMUNITY SERVICES

PRELIMINARY REPORT, 1956

"OLD AGE SURVEY PILOT STUDY"

Technically speaking, the interviews which are discussed in this report do not constitute a "pilot study". A "pilot study" is a testing of an already developed research tool prior to its final intended use, in order to determine its shortcomings. In the present study, no such tool or testing existed. The actual approach was more in the nature of a preliminary survey of the universe, perhaps with the intention of avoiding the necessity of a pilot study prior to the general survey. In the minutes of the Sub-Committee on Study Methods, it was suggested that "a pilot study be established ... for the purpose of obtaining a truer picture of what older people want, are beefing about."¹ In the final notes prepared for the instruction of the interviewers, it was stated that the purpose of the pilot project was "to attempt to discover the needs of older people from the older people themselves ... results will be translated into a questionnaire which will be taken to a statistical sample of the older population early in the fall."² Thus, no actual pilot study was made, but rather, a preliminary survey, and as such, it will be referred to in the following report.

Procedure

Comments about the Interview Process:

Of the original nine interviewers making up the team, six submitted interviews. Reported time per interview ranged from 45 minutes to two hours, with the average time being one to one and one-quarter hours. This does not include the time to make the contact, or to record the interview. The length of the interviews ranged from 21 lines of type to 141 lines, with an average of between 60 and

¹A sub-committee of the Committee on Problems of the Aging, Edmonton Council of Community Services, dated January 20, 1956.

²Dated May 8, 1956.

80 lines. In general, the interviewers found responsive persons with interests based upon (1) genuine concern for problems of the aged (altruistic feelings) and (2) self-interest in immediate gains that might be forthcoming, particularly financial ones. The consensus was that replies were motivated by feelings in the former category. Following instructions, most of the interviews would be described as "non-directive" although there was sufficient mention of the need for questioning to conclude that completely free and spontaneous response did not take place, or was not possible in some instances, as with a senile person. In general, the contact was explained and the purpose of the interview accepted. Five of the six interviewers took a minimum of notes, or none, reconstructing the interview as soon after as convenient. The sixth took notes. In both techniques the interviewers felt that their way was more successful.

Analyzing the Interviews:

Initially, each interview was read for factual content related to the characteristics of the sample, such as age, sex, marital status, etc. Following this, meetings were held with each of the interviewers submitting interviews in order to acquire certain facts not reported and to gain insights into some of the content which required further expanding. Only where relative certainty existed was such recall material retained. The interviews were then analyzed for their thematic content -- what was talked about and emphasized by the interviewees as reported by the interviewers. This material was organized into a set of categories which seemed to best give the general nature of the interview content.

Characteristics of the Pilot Sample:

Following is a brief summary of the characteristics of the subjects interviewed in the preliminary survey:¹

1. Total returned interviews: 43
 - Accepted 39
 - Rejected 4 (2 were statements about refusals,
1 was 52 years therefore underage,
1 was an interview of the wife of
the intended interviewee)

¹Turned in by the postponed due date of August 10, 1956.

2. Sex

Male 17
Female 22

3. Age distribution

60-64 4
65-69 8
70-74 10
75-79 4
80+ 3

29 median age of known ages, 70
(10 not known, or approximated)

4. Marital status

Widowed 21
Married, living with spouse 14
Single 4

5. Dwelling

Owned own home 17
Living with children or relatives 9
Renting rooms, not with relatives 7
Nursing homes, hospitals, other housing,
public and private for aged 5
Not accounted for 1

6. Number of children

Range: 0 - 13

7. Sources of income, total mentions

Some form of pension 25
Still working and earning 9
Property (rent and other) 9
Savings 7
Old Age Insurance 3

8. Church

Did not mention, or stated no affiliation 21
Scattering of membership in other Protestant groups,
one Roman Catholic, one Jewish, one Greek Orthodox,
one Greek Catholic.

9. Independence-dependence (physical)

Independent	25
Partially dependent	8
Total dependence	4

Anglo-Saxon origin dominated the sample, with larger proportions of British than any other extraction. In addition, there were Ukrainian, U.S., Russian, Italian, Hungarian, French, Swedish, Swiss, German and Irish groups represented.

Approximately half of those having children had children in Edmonton, with a third also having grandchildren in the city. There were reports of visits from children living outside of the city, some occurring as frequently as every two weeks.

It is suggested that some follow-up interviews be made before the formulation of the final interview schedule to more satisfactorily cover two categories: (1) institutionalized aged, and (2) Roman Catholic. It will be noted that these two groups seem under-represented for the purposes of the preliminary survey.

Thematic Content

The intent of the preliminary survey was to discover just what things were important to the aged, what things they derive from, and what their problems were. The data then would form the basis for the development of a questionnaire, or schedule, for a final, more comprehensive survey of a much larger sample. Since the interest was mainly in what was said and in the inferences that could be drawn from the content of the interviews, no statistical analysis was made. Such an attempt would not be meaningful at this stage. In addition, the validity of such a procedure in the predominantly non-directive approach with the interviewers "left on their own" would maximize possibilities for subjective inclusions and exclusions, as well as for the interviewer to attach significance or importance in a degree different from what was intended by the interviewee. Thus, non-additive themes might result, even though the same topic were discussed. The following descriptions, then, represent the content of the interviews according to dominant themes that were reported. Of importance in selection was frequency

of mentions, as well as inferred significance for the final survey. Presentation of the themes is in categories, which in turn are grouped into more general areas.

A. The Situation Itself

1. Health:- In terms of the number of times mentioned, health was one of the three most frequently discussed themes. Both positive and negative statements were made, but even the positive statements indicated the presence of some concern in the event that health should be lost. Content ranged from feelings of those who were completely incapacitated by illness to those who stated that they "never had a sick day in their lives". A major aspect was anticipation of the time when illness might strike, especially in terms of what it would do to a marginal financial position. It is not health per se which seems to be the worry, but its relationship to finances, work, and other activities which become restricted. It is felt that a person enjoying good health may have as many worries as one who has a series of illnesses, and who has learned to cope with, adjust to, or accept them. Not being able to accept an illness and failure to realize that aged do not recover, or recover more slowly, caused a number of anxieties. Being unable to reconcile present poor health with past physical condition was also an important theme.

The reactions to poor health problems were varied, and included frustration, resignation, acceptance, anxiety, avoidance, and depression.

2. Financial situation:- The aspect of finances most frequently mentioned was the inadequacy of various pension arrangements. These did not allow for a "normal" or permit any form of minimal luxury or recreation. Significant numbers pointed out injustices in the pension system, namely the means test, medical expenses have to be paid for by the pensioner, penalties that seemed to be attached to being partially self supporting, and so on. Loss of a proportion of the pension if one worked, or rented rooms, were specific citations of what was felt to be injustice in this area. Of particular concern was the effect of medical bills on limited pensions at a time when earnings were decreasing and health becoming a greater problem and expense. A few mentioned

the increasing cost of living as "cheapening" the pension, feeling that adjustments of greater magnitude should be made. A few felt that those who were financially well off deserved it because of thrift and hard work in the past, while those who were not well off had only themselves to blame.

3. Dwelling Situation:- The idea of primary importance expressed here was the satisfaction felt by those owning their own residences, regardless of their condition or location. Ownership led to feelings of independence and security. Some expressed concern regarding changes taking place in the neighborhood, with special mention of traffic, increased noise, businesses and general deterioration. For those not owning homes, primary importance was attached to the necessity of having privacy -- a place to call your own. There was satisfaction from the possession of personal items retained from the past, such as furniture, knick-knacks, etc. The underlying theme seemed to be the importance of regulating one's life pattern, having visitors when desired, coming and going when one wanted to, and being your own boss in general.

4. Family Relations:- Range of thought on this theme went from description of solid family relations involving frequent contacts to the feeling of actual rejection or being "forsaken" by the children. The presence of children in the city was important and mentioned in about one-half of the interviews. In those cases where positive relations existed, this fact was of major importance. The presence of grandchildren lent a new life to the family relations, in which the aged could begin another "family cycle" even if only in part. A problem that appeared was the domination of the aged by the children, especially in instances where the parent was dependent upon the children for care and was living with them. The reverse situation was where a spouse or child was dependent upon the aged person, resulting in a drain on energies and resources. Also mentioned were situations where marital ties were strong, and there was concern at this age about what would happen should one of the mates be lost. This parallels the feeling about healthy people not prepared for the loss of health.

5. Life History:- Themes here centered about nostalgic recall of better times, pride in a hard past life -- a sort of "enjoyment of the struggle"

theme --, activities which in the past brought satisfaction and are now curtailed, thus frustrating the individual, and the feeling that in some cases present conditions are the result of the past, i.e., poor health now is the result of past overwork. There were pro's and con's about recalling the past, some feeling that one could learn from it, while others felt that it should not be dwelt upon. Inability to reconcile present conditions with past ones was a problem to a number of interviewees.

B. Activities

6. Individual Activities:- Gardening was by far the most popular activity mentioned by the interviewees. This could perhaps be accounted for by the time of the survey. Since the growing season is such a small part of the total year, perhaps a question relating to substitute activities during the winter months should have been asked. Other individual activities included wood-working, reading, radio, travel and needlework. Significant are the things which were not mentioned, especially those in the cultural area, such as art, concerts, music, movies, sporting events, etc. A few spoke of the lack of concerts and recreational facilities. Either individual activities are not important, or the non-directive approach is not conducive to a listing of such activities for the interviewer.

7. Social Activities:- By far, visiting, both going out and receiving visitors, was the most popular type of social activity. Clubs, lodges, church groups, cards and bingo also made up an important proportion of the activities. It is not known if these latter activities were entered into for their own sake, or because contacts with others were made possible. Certain forms of social recreation, such as dancing and participation in milder forms of sports received no mentions, although one suggested that there should be more facilities for horseshoes and checkers in the parks. Another's sole form of social recreation seemed to consist in watching billiard games by the hour. As with category 6, above, it is felt that many activities might not have been elicited by a non-directive approach, and no conclusions should be reached about the activities of the aged from this sample.

8. Church:- Twenty-one of those interviewed either did not mention church or related activities, or stated that they did not now participate. Of those who did report church activity, four types of responses were dominant. In some instances the person's religion gave strength for facing present problems. The second type of comment involved the role the church plays in providing an opportunity for contacts with friends through various church groups. A third theme was the desire to attend church, but being prevented by poor health. Fourth was a critical type of response, related to the idea that the churches were not fulfilling their function, and that ministers should visit the confined more frequently.

9. Transportation:- By and large, transportation is a means to an end, although in some cases it does become an end in itself. Not much appeared in this category which could be referred to as a problem. A few of the respondents owned their own car and drove. There was a degree of satisfaction from this related to freedom of movement, and being able to get out and go when it was desired. Some of the respondents were driven by friends, some used public transportation, and others just did not go out much. While it might be anticipated that transportation would be a problem because of decreasing health, finances, etc., possibly the desire to go places decreases as the inability to transport oneself decreases. There was no instance reported in which this inability was a need or a problem for the interviewee.

C. Some Psychological Aspects

10. Independence:- This subject was of vital importance and included three overlapping aspects of independence: health, financial, and social. In some cases discreteness of the themes did not exist, as for instance, being independent in terms of health also implied that one could be independent in terms of finances and social matters. In a number of cases independence was desired even though marginal living resulted. There were situations where the family was willing and able to take on such responsibilities, but where such was refused. A few cases existed where it seemed that psychological satisfaction was derived from being dependent, this substituting for loss of meaningful contacts and loss of role and status. In most cases, however, those who were

dependent on others felt it and resented it. Rejection of charity, or anything resembling charity, was emphasized. The theme of independence, regardless of what the feeling state is based upon, seemed to be a necessary factor in a satisfactory adjustment to being aged.

11. Personal Habits and Prejudices:- This category includes individual behaviour patterns of sufficient importance that they were mentioned by the respondent. It suggests that in types of facilities now available, or that may be created, rules and regulations may require a modification of an intended resident's life pattern. This may be anxiety-producing, and of sufficient importance that the whole concept of "homes" or related facilities is rejected. For instance, as reported by the interviewers, the person who has been accustomed to sleeping until 11:00 a.m. every morning, or the person who desires to retain possession of certain pieces of furniture, which is not possible in limited quarters, or a person who is accustomed to a certain type of diet, or to "snacking" or to breakfast in bed, or having a pet, will be concerned about changes necessitated by some form of institutional living. In addition, negative feelings about such things as smoking or card playing, might lead to a desire to avoid situations where this could occur. Just what these personal habits are, how important they are, and how they might relate to various proposed facilities might be a crucial factor in the planning of such facilities. Personal characteristics, such as certain political beliefs, or feelings about immigrants, might result in the inability to adjust in certain situations found in institutions where majority feelings and opinions are different.

In several cases a language problem was involved. What this means insofar as the person's relations with others in the neighborhood is concerned is not known. It also points up the need that the final survey will have to have available persons who can meaningfully interpret the study to individuals of this group who might be included in the sample.

12. Wants and Needs:- These are things the aged find unsatisfactory in their present situation, and although overlapping a number of previously described categories, as implied in statements about dwelling, finances and independence, should be specified here. Two are outstanding in the present

preliminary survey, and stand almost as continuing life goals. One relates to being able to continue in some useful, contributing activity, either in the form of part-time work, or by helping others. General resentment at retirement was felt, along with feelings that it was arbitrary, unjust, and not consistent throughout the various occupations and income brackets. Some were forced to retire who were in worse financial difficulties than others, and therefore resent those better off being able to continue work. Unlike the findings in the Winnipeg study, work was desired for its own sake, not just for financial gain, by many respondents.

The second major theme in this category was wanting to have friends, to avoid loneliness, and the desire for companionship. It is also in the nature of a life goal, involving the wish for acceptance and belonging, and for the maintenance of past relationships.

13. Satisfactions:- Too frequently in surveys of this sort, only problems, wants or needs are studied. However, much can be learned from the satisfactions voiced by aged persons, and perhaps ultimately, enough will be learned so that some "formula" may be developed which will serve to maximize what can be called for want of more precise terminology "happiness" at this particular age level. Summarizing what has been mentioned previously, ownership of home, health, and independence were the major satisfactions expressed. In addition, friendships, having something to do, close family relations, and memories of past life were also important in making a satisfactory adjustment to old age in the present.

D. The General Problem of the Aged

14. Attitude toward the Survey:- Themes in this category give some insight into the manner in which the interviewees view the general problem of the aged, particularly their interest or lack of interest in it. There was general cooperation, in some cases, eagerness, regarding presentation of views. Satisfaction was expressed that "people" were interested in, and wanted to do something about, the problem of the aged. Several interviewers remarked about the initial suspicion of the interviewees that had to be overcome, a difficult task

in a short, single-contact interview situation. Some respondents objected to being selected as member of the "aged" or "old" group. There was some difficulty in several cases about getting across an understanding of the purpose of the interview, particularly in cases where the individuals seemed to be especially concerned about financial matters. (These points should result in some suggestions relative to publicity, approach, communication, etc., on the final survey.) Finally, the presence of a third party usually had a detrimental effect on the interview, especially in cases where some dominance and dependence were present.

15. General Situation of Aged Friends or Acquaintances:- The themes here represented both direct knowledge and hearsay, and were not too well-defined. It is felt that some insights may be derived and developed. By determining how the aged feel concerning the general situation of friends and acquaintances, one can arrive at what the aged regard as important in their own situations, but be unwilling to talk about it. This involves projection and identification -- a process of "de-personalizing" certain ego-involved aspects of the individual's life. In general, statements in this category were used as evidence for attitudes about facilities for the aged (see category 19), and the general roles and status of the aged in the community. Major points here were the isolation of the old people from the community, lack of contact with others, and the pride and independence of the aged in general. In the latter case, this sometimes was harmful to the individual, who went without, rather than accepting help. One interviewee stated that such persons should be forced to accept assistance. Being "at loose ends" and not having enough to do were also descriptions used for the general situation of the aged.

16. Public Attitudes Toward the Aged:- How the aged feel they are viewed by the rest of the community again gives insight, although somewhat indirectly, into what the aged need and are concerned about. As with category 15, the individual is able to voice personal thoughts without necessarily bringing himself into the picture as the focus of public attitudes. Statements were made as to how people took advantage of them, that they feel and are rejected, that both the government and the community have forsaken them, that they bore people,

and that they are looked down upon by those working when they are unable to continue work. Such feelings are not conducive to any outward turning of life at this, or any age. (See also category 17 below.) The fact of the survey being made and the younger persons making it might serve to modify some of these attitudes, as evidenced in the statements made in category 14, above.

17. Attitudes of the Aged Toward the Young:- Two conflicting views developed here. One involved liking the young, and desiring to be with them ("keeps you young yourself"). The other view was the desire, not so much to avoid, but to minimize contacts with the young, or at least have them at a time and place of one's own choosing. Lack of common interests, insufficient energy ("pep"), and lack of understanding were reasons advanced for this feeling. (This has important implications insofar as living with children is concerned.) Feelings that some young were cruel to older people, that they reject older people, do not care enough, etc., were manifested. On the other side, some remarked that the young had their own problems and just couldn't be bothered. These feelings represent matters of personal preference and ability to adjust.

18. Responsibility for the Aged:- A large proportion of the interviewees expressed ideas about responsibility for the aged. In regard to the government, ideas ranged from acceptance of the government's role, to demands that it be expanded. The terms "rights", "obligations", and other implying that such assistance had been earned, appeared, especially in relation to housing, pensions, and medical assistance. A second theme was that the aged should take care of themselves, and that they should have prepared for old age in the past. There was some mention of children have the responsibility, as in cases where the person made a comment about being "forsaken". Acceptance of the role of service clubs and churches in caring for the aged existed, accompanied by an understanding that these groups could not do it alone.

19. Facilities and Services for the Aged:- This category of themes received more discussion than any of the others, and because it is so important, merits fuller discussion outside of this initial report. In the final study it will be crucial, both in terms of positive desires (wants) on the part of the

aged and in terms of criticisms of present facilities. Comments were received in the areas of housing, services, and other facilities, such as recreational opportunities. Two groups of responses were apparent, those who accepted some form of institutional care or help (although those favoring cottage or suite plans did not seem to regard these as "institutions") and those who would not accept institutional care or help. In addition, there were those who rejected help from children, and either accepted some form of institutional care as the lesser evil, or would attempt to remain independent.

Descriptions of the desired facilities were influenced by considerations already mentioned, namely, cost to the individual, privacy, having space, opportunity to entertain friends, flexibility of rules to allow continuation of personal habits, etc. Presence of a "common room" was advocated for various types of living arrangements. Great concern was voiced about the cottage system and the requirement that a widowed person had to leave. The desirability of certain facilities obviously reflected personal tastes. The impression was, however, that if the person could have a portion of his past life pattern reproduced in whatever dwelling situation, there would be a relative degree of contentedness.

Mention was also made of the need for reduced prices on various forms of recreation, sports and other commercial activities, to allow participation by those on limited budgets. Reduced prices on expensive physical aids, such as for hearing, was also mentioned.

20. Feelings about the Future:- Insight into general orientation is obtained from statements about the future. These ranged from feelings that the individual had little to look forward to, resignation, passive acceptance, lack of will regarding the future, waiting for death, and avoidance, to feelings of security, optimism and even anticipation. These attitudes obviously reflect the person's own past life orientation coupled with his present situation. In some cases, the attitudes seem so deeply ingrained that little could be changed by whatever services or facilities that might become available. The basis for these attitudes are formed some period of time prior to retirement.

Concluding Remarks

In general, the problems and needs of the aged are no different from any other segment of the population. There are certain basic physical requirements that must be met for survival; there are certain minimal standards of health and decency that are demanded in contemporary society; and a degree of luxury is not only recommended, but expected. There is no secret, as yet undiscovered "problem of the aged". Rather, the need is to find the particular aspects, quantities, and characteristics of these requirements and standards that seem necessary for aged people. The differences seem to lie in degree, rather than kind. The purpose of the preliminary survey of the universe was to ascertain just what old people were concerned about. The results demonstrate some of these concerns, and as can be seen, they are not unique to the aged. It is how they are viewed at the particular age level that is important, and the various degrees of importance attached to certain of the themes that makes for differences. The aim of assisting the aged is not to provide basic, physical survival pre-requisites, but to provide those things, within limitations of time and resources, that are acceptable to, and satisfying for, the aged themselves.

The whole question of "needs" -- what they are, and by whose definition - requires clarification, as does the question of what constitutes "a problem". There are needs that can be classified as life goals or objectives; there are needs that are merely means to these ends; there are needs as seen by the person himself; and there are needs that technicians in the field attribute to certain situations. Ends and means must be defined as a preliminary step in attempting to ascertain the nature of the problem of the aged. The use of the terms "needs" and "problems" in the final survey will require careful definition if confusion in the analysis is to be avoided.

In regard to the non-directive approach used in the preliminary survey, the underlying assumption is that what is said is of primary importance to the individual. This is probably true, but sometimes this "importance" is of a different order than that anticipated in a survey of this sort, requiring instead psychoanalytic analysis to discover meaning and motivation. It was difficult in most cases to determine just how much of the interview and what points were

spontaneous, and what had to be elicited by "neutral" probes. While this would be significant in a depth analysis of the interviews, it is not for the present purposes, namely, uncovering a range of themes.

Some resistance to talking about worries, because they might not be interesting, or nothing could (or would) be done about them, or it was a sensitive area, was encountered. This represents certain generalized feelings about the attitude of people toward the aged, as well as understandable desires not to reveal intimate aspects of one's life. What this implies with regard to the completeness of response in a generally non-directive interview is left for further consideration elsewhere, perhaps in a general discussion related to planning the final survey.

APPENDIX II

EDMONTON SENIOR RESIDENTS SURVEY

INTERVIEW SCHEDULE

I. BACKGROUND

1. Sex of individual
2. How long have you lived in Edmonton? (pre-coded)
3. Where did you live before coming to Edmonton?
4. Where were you born?
5. Are you a Canadian citizen now? (pre-coded)
6. What is your national descent?
7. Did you grow up on a farm, or in a small town, or where? (pre-coded)
8. Where have you spent most of your life since the age of 21? (pre-coded)
9. What kinds of school did you attend? (pre-coded)
10. How many years of school did you complete?
11. Where was this schooling?
12. With whom are you living at the present time? (pre-coded)
13. Have you been married? (pre-coded)
14. How long have you been (widowed, divorced, separated)? (pre-coded)
15. How many children did you have? (pre-coded)
16. Where are they now living? (pre-coded)
17. Do you have any relatives in the Edmonton area? (pre-coded)
18. How old were you on your last birthday? (pre-coded)

II. HOUSING

19. General type of dwelling: (pre-coded)
20. Space available: (pre-coded)
21. Check presence of following items:

gas or electric stove	radio
hotplate only	T.V. set
electric refrigerator	piano
ice box	telephone
washer	private bathroom indoors

dryer	hot and cold water
central heat	(in quarters)
coal or wood stove in room	fireplace

22. Make a general statement, when convenient, as to external and internal condition of dwelling, state of repair, neatness, newness of furnishings, etc. If pressed for time, fill in later.
23. Regarding this place -- do you own, or rent, or what? (pre-coded)
24. Who owns the building in which you are living? (pre-coded)
25. How do you feel about your present living quarters? (pre-coded)
26. Why do you feel this way?
27. How do you feel about this neighborhood? (pre-coded)
28. Why do you feel this way?
29. How long have you lived at this address? (pre-coded)
30. How many times have you moved in the last 5 years? (pre-coded)
31. Why did you move the last time?
32. Are you planning to move in the near future? (pre-coded)
33. Why are you planning to move?
34. If you could move into the ideal type of housing, what would you want it to be like?
35. What would you have to be provided with if you were to be reasonably happy or contented in public accommodations?
36. I have here a list of various kinds of living accommodations for older people that have been used in Canada and the United States. As I read them to you, would you tell me whether you might like them, or would not like them, and why? If you have not heard of some of them, I would like to know that, too. (pre-coded)
 - 36a. Room and board with a family not related to you
 - 36b. Room and board in home for aged
 - 36c. Suite, providing your own board, in apartment for older people
 - 36d. Separate cottage
 - 36e. Living in your own place, with necessary housekeeping and nursing services provided if needed
37. How would you feel about the accommodations you liked, if you had to share your quarters with another person (other than spouse)?
38. Do you think some forms of public accommodations for older people might be an improvement over your present living situation? (pre-coded)

39. Why do you feel this way?
40. What do you think the community or city should provide for older people as far as housing accommodations are concerned?

III. ECONOMICS

41. During your life, what has been your main type of work?
42. Are you (is your husband) working outside the home at the present time? (pre-coded)
43. What kind of work are you (is your husband) doing?
44. About how many hours a week is this work? (pre-coded)
45. How regular is this work? (pre-coded)
46. Did you (your husband) retire from any previous job? (pre-coded)
47. What is the reason you are not (husband is not) working at the present time? (pre-coded)
48. What are your (your husband's) feelings about retirement?
49. How do you feel about your (your husband's) physical ability to work at the present time? (pre-coded)
50. If other things were all right, and it was not necessary to work because of financial reasons, would you (your husband) want to work anyway?
51. Why?
52. About how much is your total income each month? (pre-coded)
53. What sources of income do you have -- for instance, how much income do you get from:

salary, wages
property rentals (including roomers)
private insurance (endowments)
work pension
government pension
health or accident compensation
sale of craft items
sale of produce
income from relatives
interest, dividends (bonds, stocks)
other

54. Do you have any income which does not come in the form of money, such as:

none
rent-free housing
food
clothing
fuel
discounts
other

55. Would you give me an estimate of your average monthly expenses for:

food
rent, or equivalent payment
utilities
medical
clothing
other

56. Does anyone share your living expenses with you? (pre-coded)

57. About what share of the total household expenses do they pay? (pre-coded)

58. Is your income adequate for your expenses? (pre-coded)

59. What do you think is the minimum amount per month you would need to get along?

60. What do you think of the financial situation of older people in general?

61. What recommendations would you make in cases where there are financial problems?

62. What do you think about the pensions that are available now?

63. Do you think older people who are working, or receiving some kind of income, should also receive full pensions?

64. What do you think the government or community should do as far as the financial situation of older people is concerned?

IV. ACTIVITIES

65. What are your hobbies?

66. What do you do with people that might be called social activities, that is, activities with groups of people?

67. I would like to run through a list of things people do in their free time. Just tell me whether or not you do any of these things now.

watch T.V.	visit or entertain friends
write letters	sew, knit, embroider
read	attend club, lodge, or other
rest	fraternal meeting
go to movies	take part in church groups
take walks	go to concerts, theatre,
work in house, yard,	lectures (not movies)
garden	go to dances
play cards or other games	work on hobbies
play musical instrument	play a sport
vote at elections	watch a sport
fish, hunt	give community service
camp	(Red Cross, volunteer work, etc.)
pets	
other	

68. Are you interested in taking part in activities related to your national background?

69. About how many hours a day do you have for your recreational or free time activities? (pre-coded)

70. Is this enough time for your recreational or free-time activities? (pre-coded)

71. Why don't you have enough time?

72. Is there anything which stops you from using your free time as you would like to? (pre-coded)

73. Did you have any activities when you were younger which you do not take part in now? (pre-coded)

74. Why did you stop taking part in them? (pre-coded)

75. Do you have any new activities to take the place of those activities you have given up? (pre-coded)

76. How frequently do you visit with:

76a. friends
76b. relatives
76c. children
76d. others

77. In these visits, do you visit them, or do they visit you? (pre-coded)

78. How do you feel about being with young people?

79. How do you feel about being with old people?

80. Do you ever feel lonely?

81. Are you interested in companionship with other (men, women)?
82. Would you be interested in any sort of classes which might be organized for older persons in the community? (pre-coded)
83. If all things were the way you wanted them, what sort of activities would you like to take part in?
84. What type of recreational facilities or facilities for use of free time should be provided for older people by the city or community?
85. About how often do you attend church? (pre-coded)
86. Is there any reason you do not attend more often? (pre-coded)
87. Are you a church member? (pre-coded)
88. What church do you go to?
89. What type of transportation do you most frequently use? (pre-coded)
90. How frequently do you use such transportation? (pre-coded)
91. Do you find that your activities are limited by lack of transportation? (pre-coded)
92. Where transportation is a problem for older people, do you have any ideas about solving the problem? (pre-coded)

V. HEALTH

93. Do you have any major health problems at the present time? (pre-coded)
94. Then you would judge yourself to be:
 - completely dependent on care of others
 - partially dependent on care of others
 - not dependent on care of others
 - other
95. Are you able to get housekeeping or nursing services when needed? (pre-coded)
96. Have you had to be in hospital in the past 12 months? (pre-coded)
97. For what ailments?
98. Now, even though you do not have a health problem and appear in good physical shape, do you ever worry about becoming sick? (pre-coded)
99. What is your worry about?
100. Can you think of anything that would reduce this worry?
101. Do you have worries or problems about some other person's health? (pre-coded)
102. What is this worry or problem?

103. If you are ever sick, are you able to obtain adequate medical help? (pre-coded)
104. If you have financial problems related to sickness (or health), to whom do you usually go for help? (pre-coded)
105. In the event of sickness, do you have any kind of health and medical coverage to help pay the bills? (pre-coded)
106. What do you do to keep in as good health as possible?
107. Where do you have most of your meals? (pre-coded)
108. How do you feel about the adequacy of your meals as far as your health is concerned?
109. Now to make certain that we have covered all the general health problems, I would like to go through a list of things that older people sometimes have difficulty with. Just tell me whether or not you have any of these difficulties.

poor sight	back trouble
hard of hearing	high blood pressure
rheumatism, arthritis	hardening of arteries
diabetes	low blood pressure
dizziness	can't sleep
tired all the time	other
crippled hands, legs, arms	
heart trouble	
nervousness	
kidney trouble	

110. What kind of health service do you think the city or community should provide for older people?

VI. GENERAL

111. At this particular stage of your life, what is the importance of family relationships.
112. Are there persons not in your family who are close to you, and mean a lot to you?
113. What things provide you with the greatest satisfaction at this stage of your life?
114. What are the greatest problems you face at this stage in your life?
115. Where would you go for help if you:
 - 115a. had a financial problem?
 - 115b. were to become sick?
 - 115c. needed help with a housing problem?
 - 115d. needed assistance around the house?
 - 115e. had worries about things in general?

116. In general, what do you think about the situation and condition of people past 65?
117. Who should have the responsibility for caring for older people? (pre-coded)
118. Why do you feel this way?
119. Who should have the responsibility for caring for older people when they can no longer care for themselves? (pre-coded)
120. What is the importance to you of "being on your own" or being independent?
121. What things have helped you prepare for your present time of life?
122. Would you recommend these preparations for others approaching later life?
123. Just how do you feel about the future? What do you think it holds for you: What kinds of problems do you think will be important to you?
124. Here is a list of some community agencies that help older people. Would you tell me if you:
 - have had help from them
 - have heard of them, but have not received help
 - never heard of them
 - a. City Welfare Department
 - b. Family Service Bureau
 - c. Friendship Clubs
 - d. Recreation Commission
 - e. Emergency Housekeeping Service
 - f. Victorian Order of Nurses
 - g. Emergency Housing Bureau
 - h. Out-patient Department, University Hospital
 - i. Other
125. Would you mind giving me your name?
126. Just what is your opinion of the interview and the information obtained?

APPENDIX III

BIBLIOGRAPHY OF REPORTS AND PAPERS FROM EDMONTON SENIOR RESIDENTS SURVEY:

1. "Preliminary Report on the Old Age Survey 'Pilot Study'" - Edmonton Council of Community Services - 1956.
2. Senior Residents Survey Source Book, Council of Community Services, 1958
3. Paper read before Pacific Sociological Association, 1958-61
 - "Age and Sex Factors in Relation to Interviewer Success Among Ninety-Seven Volunteer Interviewers"
 - "The Edmonton Senior Residents Survey: A Progress Report"
 - "Some Differences Associated with Self-Conceptions of Dependence and Independence Among Persons Sixty-Five and Over"
4. Unpublished paper: "Some Theoretical Considerations Relating to the Final Stages of the Family Cycle"
5. "Special Report on Housing for Senior Residents - Edmonton" a report prepared from the data of the Edmonton Senior Residents' Survey by the Edmonton Council of Community Services - October, 1958.
6. "Summary Statement of Some Aspects of the Health Situation of Persons 65 and over, Edmonton, Alberta, 1957" -- an appendix to a submission to the Royal Commission on Health Services by the Council of Community Services of Edmonton and District - February, 1962

