

Food Insecurity Among Older Tennesseans

Phase One: Older Adult
Qualitative Interviews



Phase One: Older Adult Qualitative Interviews

Introduction

Phase 1 aimed to gain a deeper understanding of older adults experience with food insecurity. In order to record each individual's the story behind his/her experiences with food insecurity, qualitative interviews were conducted. This allowed the interviewer to gather in-depth information around the topic. Qualitative studies have proven valuable in revealing the cultural attitudes underlying seniors' perceptions and management of food security [1]. Additionally, researchers found that current measures of food insecurity do not take into account the need for nutritionally adequate foods to maintain proper health in the aging nor the anxiety that results from lacking such foods. Such studies have expanded conceptions of food insecurity to consider its quantitative, qualitative, psychological, and social dimensions [2]. Further, they have helped to expand the understanding of food practices of older adults that helps them to maintain their food security [3]. Unfortunately, most qualitative studies focusing on older adult food insecurity are now well over a decade old.

Study Design

Phase I of the Tennessee Older Adult Food Insecurity Study involved qualitative interviews with 30 community dwelling older adults in middle Tennessee. This phase was designed to inform the planning and design of two subsequent phases of the study. Study participants were selected by utilizing specific sites providing services to or frequented by the population of interest as done in prior literature. [1] Efforts were made to include a diverse sample based on gender, race, health status, mobility, access to food programs, and urban/rural residence. For Phase I of the study, inclusion criteria were as follows: be an individual age 60 or older or an adult with disabilities, reside in Tennessee, speak English, and be currently connected

with a community provider in Middle Tennessee. Eligible participants were solicited through community providers such as food banks, subsidized housing environments, congregate and home-delivered meals, churches, and senior centers in the middle Tennessee region. Service providers were asked to refer clients considered vulnerable or with a history of nutrition-related problems to participate in the study.

Utilizing referrals from service providers, researchers then recruited older adults and adults with disabilities either in person or on the phone for the purpose of scheduling an interview. Most interviews were conducted in a public location; however, the interview was conducted over the phone when participant was unable to meet in public. Participants were provided a brief description of the research project and fully informed that their participation was voluntary and that the information they provided would remain confidential. Prior to the interview, informed consent and permission to record dialogue were obtained from each participant.

Information was obtained through a semi-structured interview (Appendix) consisting predominantly of open-ended questions. Participants were asked questions assessing their access to food and related services including (1) “Have you ever received supplemental food or meals from outside sources?” (2) “Have you ever gone without food because you didn’t have enough money?” (3) “Have your health problems or physical limitations ever made it difficult for you to eat regularly?” (4) “Have you ever had difficulty getting food because of transportation issues?” Other questions addressed participants’ coping strategies and their experiences when receiving food from government or community agencies. Finally, demographic information was gathered along with levels of family contact and community support. Throughout the interview, participants were prompted to elaborate and/or explain answers. Interviews took approximately

one hour to complete. Upon completion of the interview, participants were given a ten-dollar gift card as compensation for their time.

Each interview was then transcribed verbatim by the interviewer and analyzed using the constant comparative method [4].

Results

The final sample for Phase 1 included 9 males and 21 females with a mean age of 68.6 years. As Table 1 shows, the majority of the sample was white, retired, widowed or divorced and living below the poverty level. There was environmental diversity with some individuals living in an urban setting while others resided in rural areas.

Due to the Phase 1 study design, food insecurity was prevalent within this sample. While a food insecurity score was not calculated for each individual, Table 2 provides a summary of the responses to a variety of food insecurity measures.

Table 2. Food Insecure Measures

Measure (n=30)	N	%
Received food from external sources	(20)	66
Wasn't enough money to buy food	(08)	27
Skipped a meal	(10)	33
Brought cheaper foods to make ends meet	(10)	33
Medicine and other expenditures hindered food access	(10)	33
Didn't feel like eating	(11)	36
Transportation a barrier to food access	(06)	20
Health limited food preparation	(05)	18
Health prevented shopping for food	(05)	18

Qualitative data from the sample of 30 potentially food insecure older Tennesseans were analyzed using the constant comparative method [4]. This method identified two common themes related to participant's experiences of food insecurity and nutrition services: stages of food insecurity and assistance with food insecurity. Consistent with the conceptual framework Wolfe et al. (2003) used to describe the progression of food insecurity among older adults, the four

stages were as follows: (1) Compromised Quality; (2) Anxiety and Uncertainty; (3) Socially unacceptable meals; and (4) Use of emergency food management strategies [2].

Stage 1: Compromised Quality:

An important aspect of older adult food security is diet quality or variety and access to adequate foods for health problems. Some participants indicated that they struggle with gaining access to a variety of healthy foods. Often this was due to lack of adequate financial resources. For some individuals these financial limitations lead to the inability to buy the health foods they desired.

You live in a low income area, then those store they are selling foods that are not healthy, so you get the frankfurters, fried chicken, fried pork chop, fried okra, whatever that they may be selling... When you get older, your body just don't work like it used to. It don't digest like it used to. – Male, Age 64

You would like, you see something that looks so good and other people are snatching it up but it's too expensive, you know? And I can't. But I'd love to be able to have a ribeye every once in a while. But you know, that's not in my budget. –Female, Age 69

Well it's not easy. I've just gotten used to it. When I was at home this person was saying that at least 6 times a month she gets steak. I said you are blessed. I said I didn't even know what a steak tastes like. It's been so long. I used to cry over it, and pray about it. I just don't worry about it anymore. -Female, Age 62

It really was when I got really sick, may be once a month, twice a month. It didn't feel good at all. It meant that I couldn't afford things because I didn't have no money coming in and the little money that I had, had to be put to something else. [when asked about getting food from family, friends, or neighbors] – Female, Age 66

One of the biggest problems, my income is low. I have doctor bills that I'm paying constantly and ... that kind of thing causes me to have to cut down on what kinds of foods I can buy and how many because all I have is social security so financially, oh my goodness. –Female, Age 67

When you go to the store once a month, you only get money once a month and you're trying to get all you can, but somethings you can't get all you need. And you run out of bread, coffee, sugar, and you just don't have the money to get it. And I don't want to ask people here because you don't wanna be begging, so I just go without. Sometimes I run out of bread. – Female, Age 65

Other participants, especially those on special diets, indicated that when money runs low they rely on canned goods and commodities instead of eating fresh fruits and vegetables. As one person commented, “My doctor said I shouldn’t eat canned vegetables. It should be frozen vegetables. Well they’re too expensive. I can’t do that... So I eat what I feel like I can afford.”

Another respondent stated:

I’m diabetic and I try to watch it, be more careful. It’s not that it’s terribly expensive or anything to eat with a diabetic diet, but you are supposed to be more sensible and eat more fruit and veggies and you know, fresh vegetables are not cheap...If you eat properly, it costs something. And of course carbs you’re not supposed to eat carbs whenever you’re on any kind of diet I guess. Carbs are not on it. Starchy things. That’s what you eat when you don’t have all you want. You end up eating spaghetti and beans and things you shouldn’t. –Female, Age 70

Well, I am below poverty level income and don’t get enough Food Stamps and haven’t ever gotten enough Food Stamps for a diabetic diet that I have been on for twenty something years and not having the money to buy the food, I either have had to do without or family would bring food in or neighbors when they would cook a meal, they’d fix a plate for me and take into consideration what I could eat and what I couldn’t and prepare it and bring it in to me. Female, Age 53

For other individuals, limited financial resources meant eating the same foods for several days in a row, especially toward the end of the month when money would run low.

I mean there would be weeks where all I would have to eat might be peanut butter and you know, maybe like I said pinto beans. So I’d have peanut butter for lunch and pinto beans for dinner. —Female, Age 68

It’s basically my husband’s income is gone and I have a lot of bills. I keep praying that I can rid of some of these bills because if I can get rid of some of them, then I can be able to get medicine. I was talking to a friend of mine in Chattanooga and she said that her medicine was \$75. I said ‘yes that’s expensive’. I told her that mine was \$2. She said ‘\$2?’ And I said ‘yea.’ Whether your medicine is \$2 or \$2000, if you do not have the money it’s all the same. We are all in the same boat. So I don’t worry about it anymore. If I can get the medicine fine, and if I can’t fine. I just don’t worry about it. –Female, age 62
For years, I would run out of money and all I would have to eat for say seven or eight days in a row for lunch and dinner would be pinto beans that I cooked. – Female, Age 67

Numerous individuals commented that when they experienced the death of a spouse or retired, their lack of financial resources became more pronounced. As these individuals commented:

Yea cause I ain't used to this. I had a husband and he died, and I always had what I wanted to have when he was living. Like this cable, I had to download it [downgrade] so I can save some money. Each month you have to add up what you're going to spend. Like I like steaks and roast, but then I have to say this month I can't have any, I have to get something else. -Female, Age 65

Going back to when my husband was alive, because I don't have enough to take care of what he and I were able to take care of. I've cut back on a lot of stuff. I shouldn't say this, but like toilet paper. – Female, Age 62

My husband died 5 years ago in August and we never had problems. When he got sick I signed him up for stuff. Now that I don't have his income, it's hard to have enough money for everything like medicine and food. So, you know it's financial. – Female, Age 62

For some individuals the decrease in diet quality was not due to financial limitations. Instead it was due to poor health which contributed to the inability to access food or prepare food independently. As one individual who labeled herself as “mostly homebound” recalled, “I used to love to go food shopping, but I can't make it through a whole store anymore.” Another participant who is receiving in-home physical therapy expressed that she has constant trouble with everyday activities like getting to the bathroom and getting meals prepared.

Oh, the major thing is the shopping, the not being able to really walk and get around the store and take the time to get what I think I need. –Female, Age 68.

It's excruciating to try to stand or try to chop things or stand and do dishes or whatever. I mean you have to do what you have to do but if you can get away from the pain you're going to try not to do that. I wouldn't say I've skipped it, but what I've done is if I was in too much pain, I would have butter and one slice of bread with butter and jelly on it before I went to the diabetes clinic. I don't do that anymore but or I would have a piece of corn bread and a glass of milk or something just to keep from having to get up. –Female, 69

Let's face it, when we get older and especially when our eyesight isn't as good as it should be, as good as it used to be I don't need to be in a lot of traffic that I'm not accustomed to, so I don't go to Kroger very often, but it's a wonderful store, but I don't go there very often. –Female, Age 79

When I eat now, I can't hold the fork good. I drop stuff out of my mouth like I ain't got it sometimes. [I] think I do need help but I'm too humiliated and too embarrassed to ask for anybody to feed me. I'm not going to do that. I'm going to do it as long as I can, feed myself. But I really need help when I eat, and lots of times I'll stop eating. – Male, age 68

Stage 2: Anxiety and Uncertainty;

Older adults who are food insecure are worse off for a wide array of health outcomes including higher rates of diabetes, higher rates of high blood pressure, and limitations in activities of daily living (ADLs). In addition, many individuals reported anxiety or uncertainty about having adequate food.

I worry about I might come down to a place where I can't feed myself and I don't know how I'm going to deal with that. I'll just have to pray and deal with it the best I can. And maybe talk to other people my age and see how they handle the situation. – Male, Age 68

When asked “Do you ever worry about running out of food?”

“Yes. I didn't when I had my Meals on Wheels coming to me because they came every Tuesday and my caregiver was here when they'd come and she's always put it away for me and fix it where it was reachable for me because I've got to where I can't reach high with my arms and I can't bend over low with anything, so she'd always fix it to where I could get it and now I'm just basically here by myself. I don't have anybody that comes and checks on me or calls me to see about me except my mother” – Female, age 53

Stage 3: Socially Unacceptable meals;

Among older adults, the third stage of food insecurity (Wolfe, 2003) is characterized by the consumption of socially unacceptable meals. In this stage of food insecurity, some older adults either skip meals or cut back on their portions. When asked about skipping meals, one older adult stated, “Like fruits and vegetables and the three meals, I just don't have the money for it.” Other participants stated:

Yea, about every month. Once I pay my rent my disability check's gone. You either do without food and pay your rent, or get some food and don't pay rent. - Male, Age 59

There was a long time where I wouldn't ever have breakfast because I would have the pinto beans and I would have that for lunch and dinner and I couldn't stand the thought of having them for breakfast too, so I would go without breakfast. I would still usually have coffee. So I would have coffee and skip breakfast —Female, Age 68

Every Wednesday I get that food. I just have to wait. I guess you just do what you have to do. It don't take that much for me. You know, I can drink coffee or water and fill up on that. If I get one meal a day, I'm good. Some people need three meals a day. – Female, Age 65

For others it was not finances that lead to the consumption of socially unacceptable meals, but rather sadness or depression. Depression is often concurrent, both as a result and a cause of inadequate nutrition [5]. For some food insecurity may lead to depression; for others, depression may lead to skipping meals or experiencing food insecurity.

After my husband passed, I went into a depression and so consequently I was not eating. I may eat one meal, not even a complete meal, just snacking. And then to cook, it was hard for me to get used to cooking for one. – Female, 62

I find myself getting hungrier, so I try to eat twice a day. I didn't eat this morning for whatever reason I was depressed you know. – Male, age 68

Stage 4: Use of Emergency Strategies

Among the 30 individuals interviewed, less than half had used emergency services within the past year. However, most older adults indicated they routinely received food from external (formal and informal) sources. Several in the sample utilized multiple sources such as food banks, commodities, churches, meals on wheels or by participating in a congregate meal program. As Table 3 shows, anywhere from about 20% to 35% of those interviewed were involved in receiving some type of food assistance.

Table 3. Food Resource Assistance

Characteristic	N	%
Food Bank/Pantry	(11)	36
Congregate Meal Sites	(09)	30
SNAP	(08)	28
Meals on Wheels	(08)	28
Religious Organizations	(08)	28
Commodities	(07)	24
Family/Friends	(05)	18

N = 30

Without the use of emergency strategies such as food banks, meals on wheels or other food assistance programs (formal and informal), a significant number of individuals in our sample may experience hunger.

Several individuals also reported receiving assistance from their local faith based organizations:

Up until about, let's see I think it was January or February of last year, I was having to go every Friday or Saturday to a church that gives out food that they get from grocery stores that the expiration date isn't there or something so it's a charity. So I was going there to get food quite often because I couldn't afford everything I needed. –Female, Age 68

I heard about the church that was giving the food away so I would go out there and they would give me lettuce and you know, stuff like that. – Female, Age 67

Perceptions

The second theme that arose from interviews was the perceptions of assistance related to food insecurity. This included perceptions of both giving assistance as well as receiving assistance from family, friends, faith, and specific nutrition programs.

One notable view throughout was the self-reliance and resiliency the participants viewed in themselves and other older adults. The American Psychological Association defines resiliency as “the process of adapting well in the face of adversity, trauma, tragedy, threats, or significant sources of stress,” or the ability to bounce back.¹ Participants often described this characteristic both within themselves and among others.

You know we don't go to agencies or anything. We just see the need. I've helped several times. The person that's not a member of this church. They're outside, but you know God has blessed me, and I'm willing to share. We just go ahead and help. There's plenty situations out there. Because I been in that arena, I can pretty much pick out who, where, even at the grocery store, people who don't have enough money to pay and then they want me to put something back, so whenever I see that then I know that I have some extra money in my purse, then I just go ahead and help pay for it. - Female, Age 76

¹ American Psychological Association. **The Road to Resilience**.
©(2015) <http://www.apa.org/helpcenter/road-resilience.aspx>

This self-reliance and resiliency was also illustrated in the feedback received on utilizing outside sources for food assistance.

Well, the first thing is to look inward at their budget and where is food in terms of their own priority on that budget. Is it a matter of whether they just don't have enough {money}. I mean {they are cutting their budget} already in very cheap rent or paying minimum everything, getting every discount that they can get as far as paying their doctor, garbage, electricity, water, all that stuff. And if there just isn't enough money for the food...I think they would want to try... They would want to do it themselves out of their own budget, so is it a matter that they don't have the right priorities, so in that case you would sit down with them and say well, let's see what we can do. –Male, Age 74

You will find that – and I've seen it so many times – people who are actually in need are embarrassed to admit to the fact that they are in need. It's just that pride that they have, but they are starving to death. I think that comes back to right after World War II when they had the line to feed people and this is a mental block. –Female, Age 74

So you know all of this impact the elderly person because they don't want to; it's humility. So many of them won't say, so you more or less have to pull it out of them and to recognize that they need help and some of them will still say no that's alright and they will try to make do which that cause health issues. –Female, Age 76

It's just something that I really need. Like one time I went to 50 Forward and I needed toilet paper. I needed toilet paper and a few other things. This young lady was going to bring them to me. But you know that's really embarrassing, toilet paper? And some food, to me that's just embarrassing. – Female, age 62

If I need something bad enough, then I'll go and ask someone like my friends or family. But it's embarrassing and so unless I really, really need it, I don't do it. – Female, 62

I don't know. When I was younger I used to take old people food, because I know that they have their pride. You don't want to tell people that you need help, but I would observe and I would just go and buy different things. Now that I'm there I don't know, I guess, people get tired of you asking for help, you know. And the government doesn't really care and sees us a drain. I don't know what the solution is honey. – Female, age 62

Although a majority of our respondents indicated they could rely on their families, many reported that they prefer not to bother family or friends unless necessary. The comment of one older female illustrates these sentiments:

We're all in the same boat. We're all old and don't need anyone hanging on to borrow this and borrow that. I have some close neighbors but yeah, I have found that you know modern old people are pretty self-reliant. These people who live here live here because they want and they're able to take care of themselves, even if they are handicapped, they're very independent and I admire that. They don't rely on their children; they don't have to. Some have good kids and some have families that don't care. Let's face it. They take care of themselves pretty good. I think it's great. –Female, Age 67

Others individuals talked about the role their faith played in relation to food shortages. As one woman responded:

I don't worry about it. No. God. That's my strength. I mean a lot of people don't want to hear that, but you know, sorry. Without Him, you ain't got nothing. I'm blessed. Yeah, He's my everything. What else is there to say? It's the honest God's truth. If you don't pray about nothing' you just forget it. –Female, Age 66

I'm a practicing Christian and I would just pray about it and I would thank God that I had the pinto beans. – Female, Age 67

Other noted specific perceptions, both positive and negative, of specific food assistance programs. For some, SNAP made a difference in meeting their daily nutritional needs.

Individuals made positive comments such as “you can buy lots of meat with \$18 per month” or “it is better than nothing and every little bit helps” when responding to questions about SNAP.

Others noted frustrations with the program:

I tried to get food stamps, but I tell you I am so disgusted with them. When I first went on social security I had no savings. I used to have a 401K and all kinds of good stuff years ago but I had some extreme illness and I had to use everything so I had no extra money. Well, I went on social security and I was, I was hungry. I was having to eat a lot of carbs which my doctor kept saying you've got to limit your carbs, your A1C is creeping up. So I went to try to get food stamps. They figured my income and sent me a card and a notice they would give me \$14 a month. And I call them and I said you got to be kidding this won't even buy milk for an entire month and they said oh well, that's all you qualify for... So I said alright, I'm bring the card back to you because it's not worth the

embarrassment for me to stick this food stamp card out at the grocery store for something that is not really helping me. Female, age 68

I tell you what when people like this SNAP program take your low income social security monthly income when it's below the poverty level and everybody in their right mind knows it and they tell you well we can only help you \$12 or \$14 dollars a month, that causes people to give up and think well, there just isn't any help. And they don't tell you, well try so and so, they'll just say oh well that's all we can do.-Female, age 71

In addition to SNAP, other programs were also mentioned. For example, the senior center permits participants (who would sign a form holding them harmless) to take home leftovers, making a major difference for some individuals. As one senior center client stated:

I'm telling you that (new policy) has been awesome for me because when I have lunch here, if they have leftovers even if it's just extra lettuce, I can take that home, put dressing on it and have that as one of my dishes for dinner and that helps so much with finances and again to be able to have varied food to eat. -Female, age 64

Others simply wished there were more programs and concern for older adults in general.

I think there should be more of them and they should not restrict by zip code. There should be more places like this [church]. There should be something set up in TN, to keep up with all the old people. There should be a system so that all those elderly people can be contacted by telephone. And they should go into their house and see if they are eating. They should not depend on them to come to them they should be able to go to the elderly people. I think it should be government thing where they check on people. -Female, Age 60

Conclusions

Findings within contribute to the understanding of the complexity of food insecurity among older adults residing in middle Tennessee. Our in-depth study provides a more comprehensive conceptualization of how high risk older adults define and confront the food security issue. Similar to other studies, money was a major cause of food insecurity, but other obstacles such as functional limitations and transportation were also viewed as important contributors to the lack of access to a nutritional diet. Based on conversations with this small sample, it is evident for a significant number that they routinely rely on external formal and informal food sources (families, friends, churches, agencies).

While there are limitations with the selection process of this sample, the rich narrative provides valuable insights into the day-to-day realities of how many older adults struggle to maintain an adequate food supply. Future longitudinal cohort studies using a social ecological framework to examine more closely the predictors of food insecurity would make a valuable contribution to our understanding of food insecurity. Such information would be helpful in informing social policy and practice as agencies attempt to increase the efficiency of their programs targeted for the most vulnerable individuals.

Table 1. Phase 1, Study Population Characteristics

Characteristic	n	%
<u>Age</u> (mean)		68.6
<u>Sex</u>		
Females	21	70.0
Males	9	30.0
<u>Race</u>		
White	20	66.0
Black	10	33.0
<u>Marital Status</u>		
Single (Divorced/Widowed)	24	80.0
Married	6	20.0
<u>Education Level</u>		
Less than High School	7	23.6
High School Diploma/GED	13	44.1
Some College	7	22.0
College Degree	3	10.0
<u>Employment Status</u>		
Employed Full-Time	4	12.7
Employed Part-Time	2	6.8
Disabled/Retired	24	80.5
<u>Income Range</u>		
\$0-10,000	14	60.0
\$10,001-20,000	7	30.0
\$20,001-30,000	1	2.0
\$30,001 and above	2	8.0
Missing / Prefer not to Respond	6	6.0

References

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Appendix

Phase 1 Interview Guide

1. Have you gotten food from...
 - a. friends, family, or neighbors?
 - b. the community church or potlucks?
 - c. your garden someone else's garden?
 - d. food pantries or food banks:
 - e. senior centers, meal on wheels
 - f. religious or charitable organizations?
 - g. senior day discounts, coupons, delivery services
 - h. delivery services at a restaurant or grocery stores, food stamps?
 - i. any other government assistance?
2. At times some people have difficulty getting enough to eat for various reasons. Have you ever had this problem?
3. Have you ever gone without food because you didn't have enough money?
4. Can you tell me how much money you spend on food each week?
 - a. Do you think that amount is enough?
5. What would be the ideal amount you might need to eat healthy, well balanced meals?
6. Do you shop for food on a regular basis or just when you are running low?
7. Do you worry about your food and making ends meet?
8. How do you get by when food or money runs out?
9. How has this affected you and your family?
10. Do you think its ok to do without food when money is running low?
11. Have you ever had to buy cheaper foods or less healthy foods in order to make ends meet?
12. Do you ever have to cut back on food purchases because of other expenses such as medicine, housing cost, or transportation?
13. Does anyone ever give you food or help you get food when money is runs low?
14. Is there anything else you would like to share about your financial situation and access to food?
15. Have health problems or physical limitations ever made it difficult for you to eat regularly?
16. Do you worry about your health situation and your ability to eat regular meals?
17. Does your health prevent you from shopping for food?
18. Does your health prevent you from preparing meals?
19. Have you ever skipped meals because you didn't have the foods your doctor says you should eat?
20. Have you ever skipped eating because you did not feel like it?
21. Is there anything else you would like to share about your health and its effects on your getting enough to eat?
22. Have you ever had difficulty getting food because of transportation?
23. Where do you normally shop for food?
24. How far is it from your house?
25. Are you able to drive to the store on a regular basis?
26. Do you ever take public transportation to the store?
27. Do you ever worry about running out of food because you are isolated or live alone?
28. Have you ever skipped meals because you didn't have transportation to get to the store?
29. Do you sometimes run low on food because it's just too far to the store?

30. Do you have family or friends that bring groceries to you when you are unable to get out?
31. Is there anything else you would like to share about your transportation situation and its effect on your access to food?
32. Suppose a friend or neighbor needed help getting food. If they called you and asked you for advice, what would you say to them?
33. What would help you and your household avoid running out of food?
34. What would help you and your household avoid running out of food completely?
35. What suggestions do you have for solving the problem of older adults not having access to the food they need? What do you think need to happen?
36. How do you think organizations can be more effective?
37. How old are you?
38. What race do you identify as?
39. What gender do you identify as?
40. What is your zip code?
41. Do you work?
42. Do you receive Social Security?
43. Do you have other sources of income?
44. Are you married?
45. Do you live with your spouse?
46. Does your spouse have an income?
 - a. If so from what sources?
47. Do you have any children?
48. How close do your children live?
49. Do your children live with you or you with them?
50. How often do you communicate or interact with your children?
51. Do your children contribute financially to your household financially?
52. Do any other family members besides your spouse and children live with you?
53. How much contact or interaction do you have with other family members?
54. Which of the following describes your total household income from all sources?
 - a. Less than \$10,000,
 - b. \$10,000-\$20,000;
 - c. \$20,000-\$30000;
 - d. more than \$30000?
55. How much do you typically spend each month on the following:
 - a. Housing (rent, mortgage, maintenance)
 - b. Utilities (electric, water, gas, phone)
 - c. Health care/medicine
 - d. transportation
 - e. Food
 - f. Other expenses
56. How much education or schooling do you have?
57. Are you involved in church, synagogue or other religious congregation/
58. Are you involved in other community groups, clubs or organizations?
59. Would you say you have a lot of friends, few friends, or hardly any friends?
60. How often do you have contact or interact with friends?
61. How would you describe where you live? Rural, in a suburb, in a city or town?

62. How would you describe your health status?
- a. Excellent
 - b. Good
 - c. Fair
 - d. Poor
63. Would you say you are in better, similar, or worse health than most people your age?
64. So would you say middle towards good or middle towards poor so up or down?
65. What are your major health concerns?
66. How many prescriptions do you take?
67. Are you on any kind of special diet due to your health concerns?
68. Do you have any trouble with mobility or getting around?
69. Do you have any trouble with everyday activities like getting dressed, preparing meals, getting to the bathroom, etc?