Overview

The USC Edward R. Roybal Institute on Aging conducted a community survey to determine the current conditions and health status among older residents in East and South Los Angeles communities. The institute’s survey team completed in-person interviews with 253 older adults, whose average age was 74 years and ranged from 60 to 100. This diverse group was comprised of African-American (55%) and Latino (45%) residents, who lived in neighborhoods with high concentrations of African American and Latino older adults, where the reported household median income was less than $15,000 per year.

Seventy-three of the 253 survey participants lived in affordable independent living senior apartment buildings. We will refer to these as “senior apartments.” This report focuses on responses from these residents, and provides comparisons between their replies and those given by older adults who did not live in senior apartments.

As shown in Figure 1, in our sample, the majority of residents living in senior apartments were women (79%). Similar results were found within the groups not living in senior apartments (67% were women). Forty-eight percent of the senior apartment residents in our survey identified as Hispanic/Latino, while 52% identified as African American.

Perception of Services for the Aged

The difference in mean age of the senior apartment (age 74) population and non-senior apartment population (age 73) was about one year and not statistically significant. The ages of senior apartment residents ranged from 62 to 95.

Among other services, adult day care centers, in-home meal delivery programs and home health care are critical for meeting the needs of older adults who seek to remain self-sufficient as they age in place.1 Funding and program cuts at the state level2 have significantly reduced the level of support provided by these types of services, making it more difficult for older adults to receive the support they need to remain autonomous.

We asked older adults about different services they believed could be improved to help protect their health so that they could continue to live in the community as they grew older. When asked if it was “very important,” “somewhat important,” “not very important,” or “not important at all” for a particular service to be improved, the vast majority of senior apartment residents indicated that improvement was “very important” and “somewhat important.”
This degree of importance was similar for older adults who did not live in senior apartments, but it was generally less prevalent among senior apartment residents. Figure 2 shows the percentages of those living in senior apartments and non-senior apartments who responded “very important” and “somewhat important” when asked about the necessity to improve various services. Senior apartment residents were somewhat less likely than other community residents to say that the need for improvement was “very important” and “somewhat important” for home health care, homemaker services, and delivered meals. The two groups gave equal importance to the need for improvement in adult day care.

Transportation access and mobility are two key challenges facing older adults. While they often have the desire to be engaged in their surroundings, many older adults are restricted in their mobility due to limited transportation options. Some older adults are unable to drive, and as a result must rely on friends, relatives, or public transportation to get around. Ninety-six percent of older adults in senior apartments in our survey said that transportation for the elderly needs to be improved, which is the same as the percentage for other community residents.

Physical Health Conditions

As indicated in Figure 3, hypertension and arthritis/rheumatism are among the most common health conditions suffered by residents in senior apartments.
These percentages are similar to those for survey participants who did not live in affordable independent living senior apartments, as is the prevalence of most other health problems, with the possible exception of circulatory trouble, which is more common among senior apartment residents.

**Depression**

Older adults who experience challenging health conditions and/or mobility limitations show more signs of depression. We asked survey participants how many days over the last two weeks they had “felt down, depressed or hopeless.” Twenty-two percent of residents in affordable independent living senior apartments said that they had “felt down, depressed or hopeless” more than half the days or nearly every day over the last two weeks prior to taking the survey. This differs from the 10% of participants, who did not live in affordable independent living senior apartments, who had “felt down, depressed or hopeless” more than half the days or nearly every day over the last two weeks prior to taking the survey. Overall, however, there was no significant difference found between the two groups when examining the results using a more global measure that included a longer series of questions that measure depression.

**Safety**

In terms of safety, residents in affordable independent living senior apartments were less likely to feel safe in their living environment than older adults who were not residents in that specific type of housing. We asked participants if they agreed with the following statement: “The crime rate in your neighborhood makes it unsafe to go on walks during the day.” Thirty-eight percent of older adults living in affordable independent senior apartments agreed with the statement compared to 22% of older adults not living in affordable independent senior apartments who agreed.

**Conclusion**

Our community survey allowed us to learn more about the present situation of minority older adults living in selected areas of East and South Los Angeles in the wake of the current economic situation. Our hope is that these findings will provide useful insights that will help decision makers determine how to best meet the needs of this population of older adults who have found community in a housing arrangement that is geared toward facilitating their efforts to age in place.
Citations


About the Authors

**La Mikia Castillo** is a Master of Public Policy and Master of Urban Planning graduate from the USC Sol Price School of Public Policy. She was a student assistant for the USC Edward R. Roybal Institute on Aging.

**Donald A. Lloyd, PhD**, is a Research Associate Professor at the USC Edward R. Roybal Institute on Aging. He has worked on several large-scale community-based studies in Canada and Florida. His work focuses on life course processes that are associated with differential risk for mental health and substance-use problems across sociodemographic groups.

**Iris Aguilar, MSPA**, is the Assistant Director of the USC Edward R. Roybal Institute on Aging. With more than 15 years in the field of aging, she has developed a track record for establishing and sustaining strong partnerships with community groups and has experience in research project management, program development, and support group and focus group facilitation.

Funding

The USC Edward R. Roybal Institute on Aging received support from the Southern California Clinical and Translational Science Institute (SC-CTSI) and the USC School of Social Work’s Frances G. and Ernest P. Larson Endowed Fund for Innovative Research to conduct a small community-based survey regarding health and wellness.

**Principal Investigators:**
William A. Vega, PhD and Karen D. Lincoln, PhD

**Co-Investigators:**
Maria P. Aranda, PhD and Donald A. Lloyd, PhD

Contact

USC Edward R. Roybal Institute on Aging
USC School of Social Work
Montgomery Ross Fisher Building (MRF)
Los Angeles, CA 90089-0411
(213) 740-1887
uscroybal@usc.edu
http://roybal.usc.edu