

THE SENIOR CITIZEN POPULATION OF CARY

Wake County, North Carolina

*A Community Diagnosis Including Secondary
Data Analysis and Qualitative Data Collection*

April, 1998

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Completed during 1997-1998 in partial fulfillment of requirements for HBHE
240 & 241

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ACKNOWLEDGEMENTS

We wish to thank everyone who participated in this community diagnosis effort, in particular Kathy Blue, Health Planner of Wake County Human Services, who served as our team preceptor and was a helpful source of information and support; and Jody Lindsay, Senior Program Supervisor of the Cary Senior Center, who, among other things, shared valuable insight about the senior community of Cary, provided meeting space for many of the interviews and the focus group, and hosted the community forum. Thanks, too, to our professor, Sandra Quinn, for her guidance and encouragement throughout this process. Finally, we would like to thank the citizens of Cary, whose generosity and willingness to work with the team contributed greatly to a very positive and rewarding experience.

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INTRODUCTION

The community diagnosis presented in this document is the result of a two-semester academic requirement of first-year Master's students enrolled in the Health Behavior and Health Education Department at the School of Public Health at the University of North Carolina at Chapel Hill. Students in this program conduct a community diagnosis in order to learn to assess and comprehend the needs and resources of a particular community. It is a team effort, allowing small groups of students to work together to understand the many factors that directly or indirectly affect the overall health and quality of life of that community and its residents.

This community diagnosis focused on identifying the needs and interests of the senior citizen population of Cary, North Carolina. Particular emphasis was placed on the strengths and limitations of the community and the potential for resolution of those concerns that are most important. In general, the process involved gathering information from written documents, personal interviews, and community dialogue. The findings of this process are presented as clearly and completely as possible in the following pages. Included are sections about Cary's history, geography, political system, and demographics, as well as an overview of indicators of economic, education and health status of residents. In addition, seven major topics identified by community members -- town growth, transportation, housing, health issues, social isolation, a proposed new senior center, and perceptions of seniors -- are discussed in detail. In the final conclusions section, the major findings from the various parts of the community diagnosis are examined in order to assess general community competence and present some implications for the future.

The authors of this document endeavored to examine the quality of life of the senior residents of the town of Cary throughout the process described above. During the community diagnosis the team gained an understanding and appreciation of the diversity of experiences and opinions of the seniors of Cary, the variety of resources currently available, and the potential for community members to address key concerns. Throughout the document, great care was taken to ensure objective interpretation of all subject matter, opinions, and concerns as they were presented. Although this process began as part of an academic requirement, it is hoped that the community as a whole benefited from the experience and that this document might be considered a catalyst for continued collective action on the part of Cary senior residents.

METHODOLOGY

During the process of assessing the needs and interests of the senior citizen population of Cary, North Carolina, information was gathered from various sources, including population and economic reports, personal interviews with community members and service providers, a senior citizen focus group, and a community forum. For the purposes of this process, “senior” was defined in analysis of secondary data to mean anyone over the age of 65, and was self-defined by the interviewees in the qualitative analysis. Each of these sources provided a useful overview of the population of interest.

Quantitative Assessment

In an effort to compare the demographics, economic situation and overall health of the town of Cary with those of Wake County and North Carolina, the team gathered statistical data from the 1990 U.S. Census and from the Center for Health Statistics, the Wake County Health Department, and the town of Cary itself. A quantitative assessment was conducted focusing on the Cary population in general and Cary seniors in particular. This analysis focused on demographic information, including age, gender and racial population proportions; markers of financial prosperity, including unemployment rates and family income; health factors, including mortality and morbidity; and educational attainment.

During the process two relevant limitations were noted. First, the majority of information used to compare the three population levels was gathered from the 1990 U.S. Census, which is now eight years old. Because of the rapid growth experienced by the town of Cary over the last decade, much of the information proved irrelevant. Recognizing this, the town itself gathered more recent data in 1993 and projected future demographic information, but this more recent

information was not generally available for the county or the state, and therefore, could not be used for comparison purposes.

Second, a lack of adequate morbidity data also presented a limitation, making it difficult to draw meaningful conclusions about the specific health issues experienced by Cary seniors. Morbidity data is only available based on diseases and conditions that are currently tracked by the state. Many of those tracked, such as sexually transmitted diseases, do not strongly impact the senior population. Diseases which do affect seniors, such as dementia, are typically not recorded.

Qualitative Assessment

In order to conduct a qualitative assessment regarding the concerns, perceptions and issues affecting senior citizens of Cary, we conducted more than 30 interviews, including one focus group, and held a larger community forum. Despite efforts to interview as diverse a group of seniors as possible, all of the participants were white, the majority were women, and they ranged in age from 63 to 84. Efforts were also made to choose interviewees who had lived in Cary for various amounts of time (for more detailed breakdown of interviewee characteristics, see Appendix C). Although this sample did not contain an ideal amount of diversity, an interviewee group that appears to over-represent women and white people is actually consistent with the demographics of the senior population of Cary.

Interviews/Focus Group

Two comprehensive interview guides were developed -- one to investigate the perspectives of community members, and one to solicit opinions and information from service providers (See Appendix B). The guides differed more in question form (first person versus third person; “resources used” versus “resources available”) than in general content. Questions asked

about general quality of life in Cary, the town's history, health issues and other relevant concerns of the Cary community. These guides were not intended to be survey instruments, in the strict sense of the word, but were designed to be flexible and allow for individual stories. The questions, therefore, were open-ended and allowed for the provision of information not specifically requested by the interviewer.

Church leaders, administrators of living facilities, and service providers identified individuals for interviewing. The participants themselves were also asked for additional referrals to other seniors and community leaders.

Interviews were conducted over a period of five months, from October 1997 to February 1998. With the exception of the focus group, which consisted of nine participants, only one or two community members were interviewed at a time. In most cases, two team members conducted individual interviews, one of whom acted as the primary interviewer and one of whom acted as the note-taker. The interviews were tape-recorded in order to provide more accurate information. The tapes were not transcribed verbatim, but provided verbal confirmation of relevant information gleaned from the notes. The interviews were conducted in public (town) offices, churches, senior living facilities, and private homes. Several interviews were also conducted by telephone (these were not tape-recorded, and were conducted by only one team member). The focus group was conducted by three team members, and videotaped, as well as audiotaped.

Prior to the beginning of the community diagnosis process, all research procedures received approval from the Institutional Review Board at UNC-CH. At the start of the interviews and focus group, participants were given fact sheets, advised of their option to withdraw at any time, and told their responses were confidential.

An analysis of the qualitative information gathered from the interviews and the focus group produced eight major themes. These themes, or codes, were then prioritized according to frequency of appearance in the interview notes and tape recordings. The themes were used as quality of life indicators themselves, and to provoke further discussion during the community forum.

Several limitations of the qualitative assessment are readily apparent. First, the referral process of selecting interviewees in no way guarantees a random sample of community members. In fact, it is very likely that several groups of seniors were underrepresented in the sample, including isolated older adults, people with mobility or transportation problems, seniors with significant health concerns, and people of color.

Second, the open-ended nature of the questions may have created some difficulty eliciting information. Generally, seniors seemed reticent to talk about health issues that concerned them personally. Reasons for this might include denial of health concerns, confusion about the direction of the question, or general discomfort discussing personal health issues. Regardless, the style of questioning allowed participants to interpret and answer each question in a manner with which they were comfortable, without necessarily addressing specific personal concerns.

Community Forum

At the end of February, the results of the quantitative analysis and interviews were presented to the town at a public community forum. Invitations were sent to the town senior clubs, religious organizations, senior living facilities, town offices, and the Cary Senior Center. Flyers were also hand-distributed at one of the Town Council meetings held in February. In addition, the forum was announced in the local newspaper and on the town web page.

Almost 50 community members and service providers attended the community forum. The event was videotaped, and a local newspaper reporter covered the event. After a presentation of findings, attendees were broken into small groups and asked to discuss the major themes. The groups then reported back to the larger group, and the information from these reports was used to further develop the qualitative assessment of the town. Interested seniors were encouraged to make a commitment to become involved with future efforts to address the issues presented.

Similar to the interviews, the biggest limitation of the community forum was under-representation of specific groups at the forum. Specifically, seniors with limited transportation or health problems that confined them to home were probably unable to attend the forum.

HISTORY OF THE TOWN

Although Cary was officially incorporated in 1871, the town's true beginnings were in the 1850's with the arrival of, first, the North Carolina Railroad, and, second, Francis and Catherine Page. The Pages proved fruitful both in generation of offspring and creation of the enterprises that became the foundation of the town. Frank Page named the town in honor of General Samuel Cary, a temperance orator from Ohio.

In 1884, Cary was described as a "prosperous village," stemming from its economic strength and generally healthy environment. Agriculture and the lumber industry, together with two railroads, the NCRR and the Chatham Railroad, provided the town's economic base. Chatham Railroad, for example, helped put Cary on the map by creating a depot for the distribution of coal and iron. Early on in the town's history Cary developed a reputation as a strong religious community, particularly for Methodists and Baptists, and as a good place to get a strong education. These are assets for which Cary is still known today.

Cary's recent history has been defined by a tremendous growth – in population, institutions, services, and industries – that has been fueled by increasing economic opportunities in the town and surrounding areas. Although after World War II Cary was considered a bedroom community of Raleigh, the Research Triangle Park (RTP), developed in 1957, encouraged rapid industrial development in the town. Between 1945 and 1971, the Taylor Biscuit Company became the largest employer; its successor, Bahlsen, Inc., is still one of the largest. In the 1980s, SAS Institute, Inc., a giant in the computer software industry, became Cary's largest and best-known corporation.

Still anchored by these two large corporations and by IBM, Cary continues to be a fertile market for new and established businesses. Retail sales consistently increased from 1991-1995, and between 1987 and 1992 almost 200 new business establishments were created, representing a 55% increase (Town of Cary Economic Development Report, 1996, p. 5). During the first half of 1996, Cary ranked second among all North Carolina cities and ranked first among local cities for non-residential construction ("Cary Leading Triangle," 1996).

These economic forces formed a base for a matching population growth. In the 1950's and again in the 1960s, the population doubled. By 1971, Cary had about 9,000 people, 85% of whom had arrived since 1945. The population doubled again between 1970 and 1975, and increased sevenfold during the twenty-three year period from 1970-1993. This trend shows no sign of changing and the town's population projection for 1998 is 83,085 (Town of Cary Growth and Development Report: Population, 1997).

Despite this growth, residents' demographics remained essentially unchanged, reflecting an affluent, relatively young population, with higher-than-average median family incomes. Although early in the century African-Americans represented about 30% of the population of Cary, almost all new residents after World War II were white. By 1970, African-Americans represented only 3% of the total population, a figure which grew to only 5% by 1990. Other population changes are also apparent. Although Cary's current overall population remains relatively young, the elderly population increased more than 300%, from 666 to 2,707, between 1980 and 1993.

The extraordinary growth has placed pressure on town government to continue to provide housing for town residents. In order to deal with the rapid expansion in the early 1970s, town leaders, including then-Mayor Fred Bond, began construction of planned unit development (PUD's). The first such PUD, called Kildaire Farms, is thought to be the most significant housing

development in Cary of the 70s. Planned for 2,950 families, it was the first of 22 PUDs to be approved between 1979 and 1992, placing Cary at the head of the list for this type of development.

As another example, the town constructed, on average, two to three new shopping centers per year between 1984 and 1993. Two centers in particular, Cary Towne Center and Crossroads Plaza, in turn fueled the town's economy, helping Cary's total retail sales for 1992 reach a record \$540 million, compared to only \$15 million in 1972.

From its very beginnings Cary is a town that has prospered as it has grown and changed. If history is any indication, the community is likely to continue to meet demands placed upon it by growth and other future challenges.

(Information presented in this section, unless otherwise cited, is drawn from Byrd, T.M. & Miller, J. (1994). Around and About Cary. (2nd ed.).

THE TOWN TODAY

Geography

Cary is one of eleven towns in Wake County and the tenth largest town in North Carolina (NC Office of Budget and Management, Municipal Population, 1995). The town is centrally located in the state, five miles from downtown Raleigh, ten miles from Raleigh-Durham Airport and adjacent to Research Triangle Park. Cary, easily accessible via I-40, Amtrak and commercial bus services, is 377 miles northeast of Atlanta and 261 miles south of Washington, D.C. (NC Department of Commerce, Cary Community Profile, 1993). Cary's residents enjoy a mild climate, with an average annual temperature of 59.9°, and average rainfall and snowfall of 37.3 and 7.6 inches, respectively.

Cary is centered around its historic downtown business district, which encompasses the town hall, public library, senior center and other vital services. This area is surrounded by clusters of tree-lined neighborhoods constructed as Planned Unit Developments (PUDs). Each PUD has its own shopping center, community spaces, and schools. Interspersed within these parts of town are several corporate centers, hospitals and other medical facilities, retirement communities, parks and churches.

One of the defining characteristics of Cary's geography is a recent dramatic increase in land area. Between 1983 and 1997, Cary's land area more than tripled, growing from 13.30 square miles to 40.43 square miles, with most of this growth occurring to the west and southeast of the town center. This growth, however, has not occurred evenly over time. During the 1980s, the annual growth rate averaged more than 14%, with 1981 and 1984 seeing the largest percentage increases. Although Cary is expected to continue to grow, (Town of Cary Population

Report, 1997, p.1-2), the town's growth through annexation during the 1990's has slowed, with an average annual increase of less than five percent. This decrease in growth reflects a general development trend away from large-scale PUDs and toward smaller developments (Town of Cary Annexation Report, 1997, p.2).

Politics and Government

The town of Cary was officially incorporated on April 6, 1871, and is now considered a “council-manager form of government.” The management of the town is the responsibility of an elected Town Council, two of whom are elected at large, and four of whom are elected by voters in districts within the town. A mayor is also elected by the town voters at large, and has the power to vote on all matters before the Town Council. All elected officials serve four-year terms.

Town Government Structure

The Town Council appoints a town manager, who serves as the administrative head of town government; a town attorney, who serves as the legal advisor to the town; a town clerk, who serves as the secretary for town meetings; a town treasurer, who manages the funds of the town; a town accountant, who is in charge of all financial affairs of the town; and a town engineer. The town manager’s office supervises other town departments, including finance, police, fire, development services, public works/utilities, and parks, recreation and cultural resources. The town also manages several public facilities, including the Jordan Hall Arts Center, the Cary Senior Center, the Cary Community Center, the Page-Walker Arts and History Center and the Stevens Nature Center.

Town Council members can serve on Town Council Committees, such as the Planning and Development Committee, the Safety/Public Works Committee, and the Finance/Personnel

Committee. The Town Council is also advised by several town boards or commissions. The meeting information for each of these is available at Town Hall.

The Cary Town Council meets on the second and fourth Thursday of each month in Town Hall, Building A Auditorium at 7:30. Meetings are open to the public. The Cary Town Hall is located at 316 N. Academy Street, and is open Monday through Friday, from 8:00 a.m. to 5:00 p.m.

Current Political Issues

The most visible political issue for seniors in Cary, and one of the most debated issues before the Town Council in general, concerns the building of a new senior center. While the specifics of this debate will be addressed later in this document, it is important to recognize the impact this issue has had on the political organizing in the senior community. As at least a partial result of this initiative, some seniors have demonstrated an extraordinary amount of success making their voices heard in the political arena. Prior to the elections in the fall of 1997, a group of seniors formed an organization called Cary United Seniors. One of several purposes of the group was to promote the election of Town Council members who were outspoken about and supportive of senior citizen concerns. Interviewed members of the organization credit themselves as being instrumental in the election of two such candidates in the November elections.

As the debate over the building of a new senior center has progressed, seniors have continued to participate in the political process, attending Town Council meetings and writing letters to the editor about the issue. Moreover, with the increasing recognition of their political clout, seniors are beginning to explore other issues. As they do this, however, they may be required to navigate a multitude of different political systems, since different issues are managed in different levels of government. Transportation, for example, an issue of great concern to many

seniors, is perceived by some as within the governing bounds of the county, not the town, even though the town had previously funded a special needs transportation program. Another example is illustrated by legislation concerning the health of local residents. The town makes decision about planning and development issues, such as sidewalk construction, low income housing, and zoning for health care facilities, that can directly impact the health of seniors. Yet, the primary governing body for health care services is the county government, and legislation concerning insurance and government benefits is most likely to be made on a state or national level.

The town of Cary has a very structured governing system of its own, but is also bound and governed by larger county, state and national systems. Utilization of political power, therefore, requires an understanding of the various levels of government and their domains for legislation.

THE CARY COMMUNITY

Cary’s status as an officially incorporated town makes examining government collected data about the sociodemographics of a community feasible, since information concerning race, age, gender, employment, income and educational attainment are readily available. In addition, because Cary officials are interested in tracking the enormous population growth in their town, a special 1993 Census was commissioned and future town population estimates were projected, producing a veritable wealth of data for examination. The following information is presented in an attempt to paint as accurate a community profile of Cary as possible.

As the charts below indicate, Cary residents, when compared to the rest of Wake County and the state, are similarly broken down along gender lines, are a little bit younger, and are more likely to be white.

Table 1: Population Distribution by Age

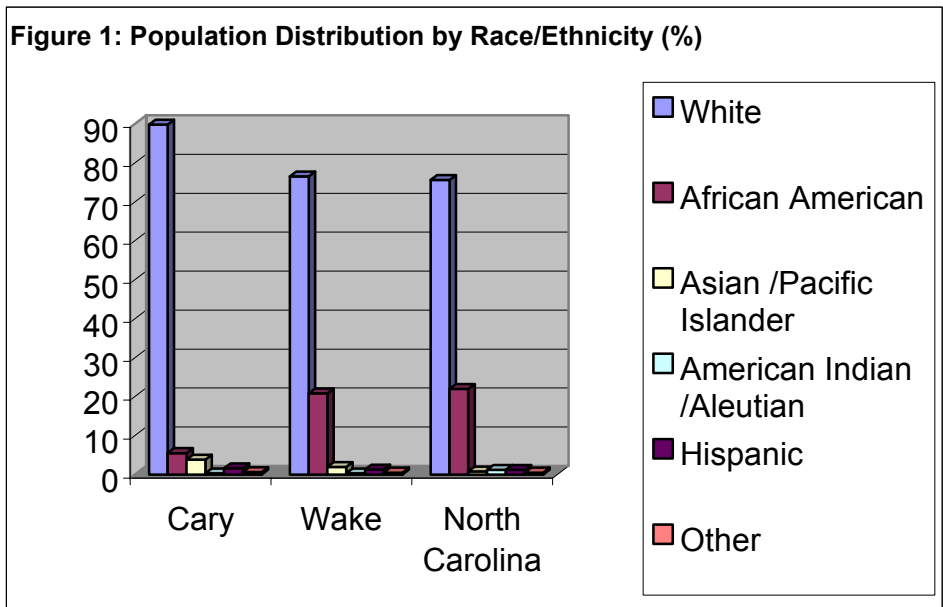
	Cary		Wake		North Carolina	
	N	%	N	%	N	%
< 1	640	1.5	5,366	1.3	80,000	1.2
1 - 14	9,261	21.1	77,571	18.3	1,255,416	18.9
15 - 24	5,631	12.8	70,064	16.6	1,021,786	15.4
25 - 64	16,381	60.2	237,186	56.0	3,437,094	51.2
≥ 65	1,945	4.4	33,193	7.8	804,341	12.1

Source: 1990 U.S. Census

Table 2: Population Distribution by Gender

	Cary		Wake		North Carolina	
	N	%	N	%	N	%
Male	21,653	49.4	207,214	48.9	3,214,290	48.5
Female	22,205	50.6	216,166	51.1	3,414,347	51.5

Source: 1990 U.S. Census



Source: 1990 U.S. Census

White residents make up almost 90% of Cary's population – making the town more white than either the county or state. This difference, however, is accounted for almost entirely by a smaller percentage of African Americans. Asian Pacific Islanders and other races actually account for a larger percentage of Cary's population than they do in the county or state. The percentages of people of Hispanic origin are very similar on the town, county and state levels.

Table 3: Population Distribution by Race/Ethnicity

	Cary		Wake		North Carolina	
	N	%	N	%	N	%
White	39,374	89.8	324,011	76.5	5,008,491	75.6
Af. Amer.	2,417	5.5	88,057	20.8	1,456,323	22.0
A/PI	1,684	3.8	8,177	1.9	52,166	.8
AI/A	119	.3	1,148	.3	80,155	1.2
Hispanic	683	1.6	5,396	1.3	76,726	1.2
Other	264	.6	1,987	.5	31,502	.5

Source: 1990 U.S. Census

The Senior Population

How does Cary's senior population compare to those of the rest of the county and state?

The percent of all residents over the age of 65 in Cary is smaller than the percent of senior residents in the county or state (4.4% in Cary, 7.8% in Wake, 12.1% in N.C.). Despite making up a small part of the population, however, Cary's senior community is growing rapidly. Between 1990 and 1993, the number of people over the age of 65 in Cary increased 39% from 1,945 to 2,707. By 1998, those numbers are projected to increase another 100% to 5,408. With the exception of the population between the ages of 50 and 65, the over-65 population is the fastest growing age group in Cary (Town of Cary Growth & Development Report: Population, 1997). Unfortunately, age-specific data for Wake County and North Carolina are not available, so there is no way to determine whether this trend is matched in the county or state.

Education and Economics

Compared to county and state residents, most Cary residents are both well educated and financially secure. Cary's unemployment rate (1.5%) is lower than the unemployment rates for Wake County (2.2%) and N.C. (4.1%). Similarly, only 2% of Cary families live below the poverty level, in comparison to 5.4% of county families and 9.8% of North Carolina families. Additionally, per capita income is significantly higher in Cary (\$20,595) than in Wake County (\$17,195) and North Carolina (\$12,885) as a whole. Although the county rates are slightly lower, Cary, Wake and North Carolina household home ownership rates are very similar.

Taken collectively, Cary residents are significantly better educated than other county and state residents. As noted earlier, two of the largest employers of Cary residents, SAS, Inc., and IBM, are computer companies that, due to the nature of their businesses, require high levels of education in their employees. The location of these businesses in Cary, along with the proximity of the town to Research Triangle Park, may explain why many highly educated people find Cary an attractive place to live. Additionally, jobs requiring high levels of education often pay more than other jobs, which might account for the higher per capita income found in Cary.

Table 4: Educational Attainment (Percentage of adults who completed)

	Cary	Wake	North Carolina
Elem. + 3 yrs. H.S.	5.1	14.6	30.0
High School (H.S.)	15.0	21.0	29.0
Some College	21.4	20.1	16.8
Associate Degree	9.7	8.6	6.8
College Degree	32.5	24.4	12.0
Graduate	16.3	10.9	5.4

Source: 1990 U.S. Census

Racial Composition

An examination of economic and education statistics by race in the 1990 U.S. Census indicates that Cary’s relative prosperity is not evenly divided among different races. Rates of unemployment and percentages of families living below the poverty level are higher for African Americans and other non-white races than their proportion in the community would predict.

Table 5: Unemployment Rates by Race/Ethnicity (Number per 100 persons in labor force)

	Cary	Wake	North Carolina
White	2.0	2.5	3.5
African American	7.5	6.9	9.0
Hispanic	0	5.0	5.4
Other	3.8	3.55	6.9

Source: 1990 U.S. Census

Beyond the poverty level, all non-white races, with the exception of American Indians, Eskimos and Aleuts (which make up so small a percent of the population that the value of this comparison is questioned), have smaller per capita incomes than do whites. Although whites make up almost 90% of the town population, they make up 93% of those who own their own home.

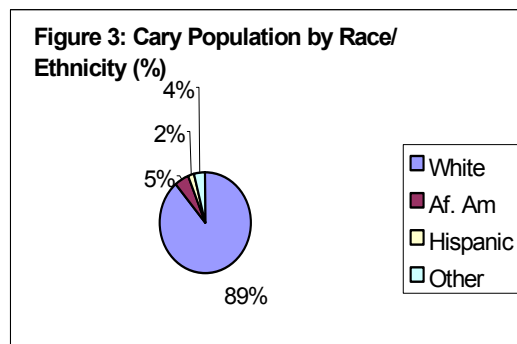
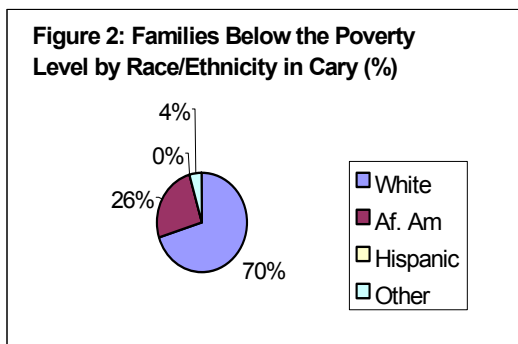


Table 6: Per Capita Income by Race/Ethnicity

	Cary	Wake	North Carolina
White	\$21,069	\$19,331	\$14,450
African American	\$15,296	\$9,827	\$7,926
Asian / Pac. Islander	\$17,697	\$13,522	\$8,097
Amer. Indian / Aleut.	\$24,004	\$14,265	\$11,127
Hispanic	\$16,123	\$13,543	\$7,974
Other	\$13,639	\$9,524	\$9,544

Source: 1990 U.S. Census

**Table 7: Percentage of Households that Own Their Homes
By Race/Ethnicity**

	Cary	Wake	NC
White	93.2	86.3	84.2
African American	3.4	12.2	14.3
Asian / Pac. Islander	.9	.6	.5
Amer. Indian / Aleut.	3.0	1.2	1.0
Hispanic	.2	.2	.4
Other	.2	.1	.1

Source: 1990 U.S. Census

When whites are compared to African Americans and people of Hispanic origin in Cary, they are significantly better educated, being more likely to have graduated high school and college, and have some post-college schooling. One notable statistic is the high percentage of higher education for "other" races in Cary. A more careful examination attributes almost all of these high rates to the educational attainment of the Asian/Pacific Islander population. When measured alone, Asian/Pacific Islanders outpace whites in terms of higher education (62% of Asian/Pacific Islanders vs. 49% of whites have a college degree or more education).

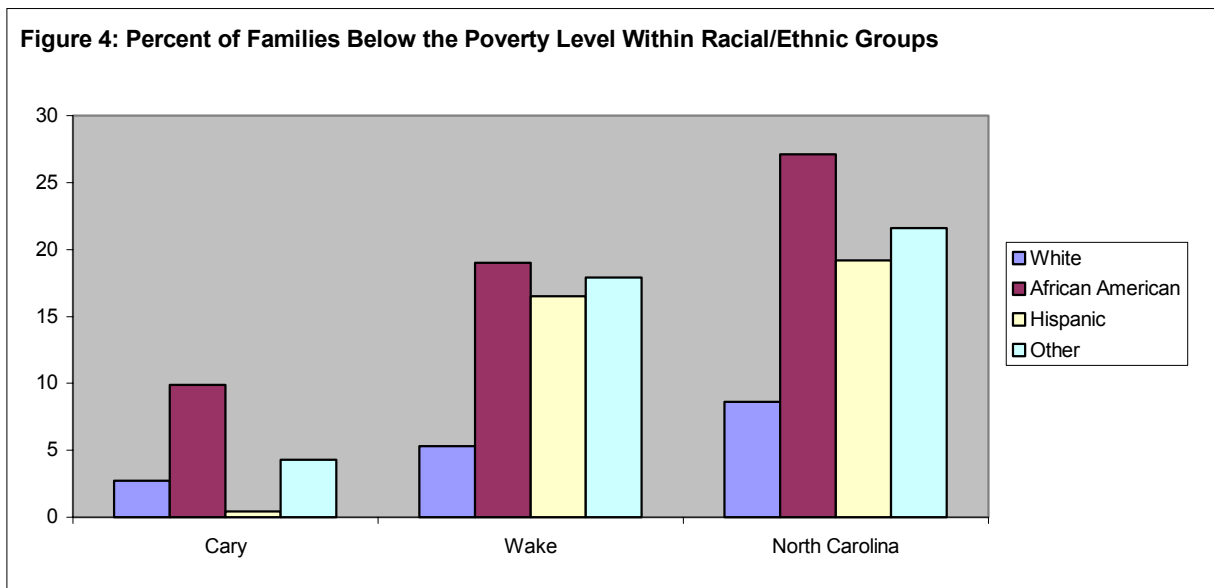
Table 8: Educational Attainment by Race/Ethnicity in Cary (% of adults who completed)

	White	African American	Hispanic	Other
Elem. + 3 yrs. H.S.	4.4	12.3	12.4	9.6
High School (H.S.)	15.0	19.3	9.7	9.6
Some College	21.3	28.3	29.2	15.3
Associate Degree	10.0	5.6	13.1	8.9
College Degree	33.3	25.9	32.0	24.8
Graduate / Professional	15.9	8.6	3.6	31.8

Source: 1990 U.S. Census

While this data on educational and economic attainment by race may be cause for concern to Cary officials, it is also important to examine how well different races fare when compared to those groups in the county and state. When this analysis is done, the situation appears to improve. For instance, while the unemployment rate for African Americans in Cary is significantly higher than it is for whites, it is lower than the unemployment rate for African

Americans in the state as a whole (see previous Unemployment chart). Similarly, although the percent of African Americans living below the poverty level is almost five times the percent of African Americans living in Cary as a whole, African Americans fare better in Cary than they do in the county and state. Less than 10% of African Americans live below the poverty level in Cary, compared with almost 20% in the county and more than 25% in the state.



Source: 1990 U.S. Census

Similar distinctions can be made in terms of education. While racial discrepancies in educational attainment exist on the county and state levels -- including the higher educational attainment of the Asian/Pacific Islander population, all races are relatively more educated in Cary than in the county or state.

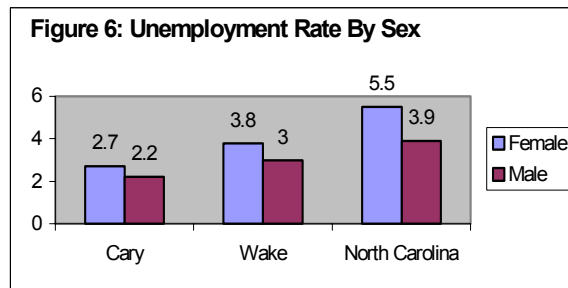
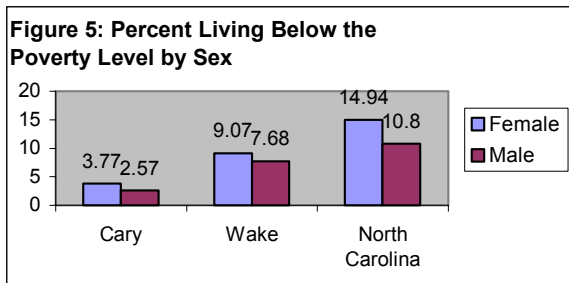
Table 9: Educational Attainment by Race/Ethnicity (% of adults who completed)

C = Cary W = Wake NC = North Carolina	White			African American			Hispanic			Other		
	C	W	NC	C	W	NC	C	W	NC	C	W	NC
Elem. + 3 yrs. H.S.	4.4	10.6	26.9	12.3	32.0	41.9	12.4	21.2	29.0	9.6	14.0	37.9
High School (H.S.)	15.0	20.8	29.2	19.3	24.9	28.8	9.7	13.8	23.6	9.6	12.9	23.7
Some College	21.3	20.7	17.3	28.3	18.6	14.8	29.2	20.5	22.4	15.3	13.1	8.1
Associate Degree	10.0	9.2	7.3	5.6	6.3	5.1	13.1	9.8	7.0	8.9	7.6	5.6
College Degree	33.3	26.9	13.3	25.9	13.7	6.7	32.0	24.7	11.5	24.8	25.2	10.8
Graduate / Professional	15.9	11.9	6.0	8.6	4.5	2.7	3.6	9.3	6.4	31.8	27.3	8.1

Source: 1990 U.S. Census

Gender Distinctions

Although there are more females than males in Cary, females have not benefited equally from the town’s economic prosperity. Women are more likely to be unemployed and more likely to live below the poverty level in Cary. This trend, however, is consistent across the county and state, and in comparison, women in Cary appear to fare well. The percentages of Cary women who live below the poverty level and are unemployed are much smaller than similar figures for county and state women.



Interesting as it might be for analysis, a breakdown of educational attainment or per capita income by gender was not available from the 1990 Census.

Age Factors

Since this document was created to investigate the community and health needs of Cary’s senior population, it is especially important to examine the sociodemographic factors of the 4-6% of Cary residents over the age of 65. This analysis shows that, in comparison to the racial and gender breakdowns in the general town population, seniors are disproportionately white (93%) and female (59%).

Table 10: Population Distribution of Cary Residents Over 65 by Race/Ethnicity (Percent of Population)

	Cary
White	93.0
African American	3.3
Asian / Pac. Islander	3.7
Amer. Indian / Aleut.	0
Hispanic	.52
Other	.01

Source: 1990 U.S. Census

Seniors are also more likely to live below the poverty line and to make a salary of less than \$25,000 per year than are others in the community. Since many seniors have retired, and finance themselves with accumulated wealth rather than income, however, these numbers may

not be particularly relevant. A better examination of the economic state of Cary's senior population is found in a comparison to that of others in similar situations -- seniors throughout the county and state. Members of Cary's senior population are less likely than those of senior populations in Wake County and North Carolina to both live below the poverty level (5.0% in Cary versus 13.9% in Wake County and 19.5% in N.C.) and to make salaries under \$25,000 a year (53% in Cary versus 60% in Wake County and 73% in N.C.) (U.S. Census, 1990).

Even though educational attainments by age are not available from the Census, changes in views about importance and amount of education over the past half-century would make comparisons of educational attainment between younger and older age groups somewhat meaningless. Many seniors, faced with social barriers to higher education, may have sought out information and knowledge through non-formal means. Since the Census does not track non-school education, however, measurement of this is extraordinarily difficult.

Health Statistics

The health of a community's citizens is generally thought to be a good indication of the overall quality of life enjoyed by that community's residents. Given Cary's close location to some of the finest medical facilities in the nation, and the relative prosperity of the community, one might expect that Cary residents enjoy both excellent health care and general quality of life. To a certain extent, and particularly in comparison to the rest of the county and the state, they do. The health of the community, measured in terms of overall mortality, infant health and morbidity, appears strong, and a variety of services – both health and general support – are readily available in or near Cary. The town does, however, have its share of health problems that must be addressed when evaluating existing services and planning for the future health needs of the community. Faced with a growing population, and in particular an increasing number of

seniors, the town may specifically need to focus on improvement of transportation options, affordable housing, comprehensive health care, and mental health services for those aged 65 or older. In order to successfully address current needs, and plan for those in the future, current health indicators need further evaluation.

Mortality

When examining the leading causes of death, it is helpful to compare those of the town of Cary with those of Wake County and the state of North Carolina overall. In general, mortality rates are lower in Cary, probably reflecting the synergistic effects of higher socioeconomic status of the community and availability of good health care. While the leading causes of death are the same at the town, county and state levels, the actual order of those leading causes varies very slightly among the three. Further analysis would be required to determine whether these differences are statistically significant. Since the total numbers of death in Cary are so small, any one death could greatly affect the town’s cause-specific rates. If there is significant difference among mortality rates for the town, county and state, however, an examination of the varying sociodemographic, occupational and health care factors on all three levels might help explain these differences.

**Table 11: Leading Causes of Death All Ages, 1996
Numbers of Deaths (Rate per 1,000 people)**

Cause of Death	North Carolina	Wake	Cary
Heart Disease	19,838 (2.7)	828 (1.5)	75 (0.9)
Cancer	15,170 (2.1)	750 (1.4)	63 (0.8)
Stroke	5,329 (0.7)	265 (0.5)	15 (0.2)
Chronic Obstructive Pulmonary Disease	3,010 (0.4)	99 (0.2)	5 (0.1)
Pneumonia/Influenza	2,523 (0.3)	68 (0.1)	12 (0.2)
Diabetes Mellitus	1,816 (0.2)	78 (0.1)	5 (0.1)
Unintentional Injuries	1,605 (0.2)	87 (0.2)	6 (0.1)

Source: State Center for Health Statistics

A comparison of general mortality figures with those for the population aged 65 or over reveals that the senior population makes up the majority of the deaths from these leading causes, with the exception of unintentional injuries. In particular, seniors make up more than 70% of deaths from heart disease, stroke, chronic obstructive pulmonary disease, pneumonia/influenza and diabetes mellitus. As the senior population continues to grow, issues surrounding these causes of death may become more salient.

Table 12: Leading Causes of Death 65 and Over, 1996 (Numbers of Deaths)

Cause of Death	North Carolina	Wake	Cary
Heart Disease	15,759	661	62
Cancer	10,301	464	42
Stroke	4,599	226	11
Chronic Obstructive Pulmonary Disease	2,503	81	4
Pneumonia/Influenza	2,245	51	10
Diabetes Mellitus	1,291	61	4
Unintentional Injuries	792	38	2

Source: State Center for Health Statistics

It is difficult to accurately analyze the racial and gender differences in mortality without taking into account the differences in population ratios. A comparison of age-adjusted mortality rates by race and gender however, reveals a few trends that warrant further investigation. In general, mortality rates – including those for heart disease, lung cancer, pneumonia, influenza and suicide – for white males in Wake County are lower than those for white males in the state as a whole. The one notable exception is the mortality rate due to AIDS/HIV related deaths, which is considerably higher for white men in the county than for white men in the state (13.9 per 100,000 versus 9.8 per 100,000). This is not surprising, however, since AIDS/HIV incidence

rates are higher in urban areas, and Wake County is home to two of the largest cities in North Carolina. Age-adjusted death rates for white females in Wake County, however, do not strongly differ from those for white females in North Carolina.

The county/state differences for white male cause-specific mortality rates are not replicated when examining the mortality rates for non-white males. The exceptions are rates due to deaths from cancer and chronic obstructive pulmonary disease, which are significantly lower for non-white men in the county than for non-white men in the state. For non-white females, with the exception of heart disease, the other eight leading causes of death have similar rates on both the county and state levels.

Within Wake County, how do mortality rates differ when races and genders are compared? White males and females have lower mortality rates due to heart disease, stroke, cancer, diabetes, unintentional injury and AIDS than do non-white males and females. White males and females, however, have a higher rate of mortality due to suicide. Mortality rates for chronic obstructive pulmonary disease and pneumonia and influenza are similar across racial groups. As for gender differences, males have higher cause-specific rates of mortality for all causes than females do. The causes of these differences are difficult to assess.

Morbidity

Data reflecting rates of morbidity are insufficient to identify diseases specific to the senior population of Cary and Wake County. These rates, however, do point to some areas, not only of concern, but also of success, for the general population. For example, in comparison to the state, Wake County tends to have higher rates of many, though not all, reportable diseases.

**Table 13: Age-Adjusted Death Rates by Race, 1991-1995
Standard 1940 US Census Population; Rates per 100,000 population**

Cause of Death	White Males		White Females		Non-White Males		Non-White Females		Total Population	
	N.C.	Wake	N.C.	Wake	N.C.	Wake	N.C.	Wake	N.C.	Wake
Heart Disease	195.3	153.6	94.6	80.0	268.8	239.4	148.1	117.9	150.1	121.9
Cancer	160.5	141.4	102.8	100.1	241.2	207.9	124.3	118.5	134.9	123.1
Stroke	32.9	31.9	26.3	25.6	66.4	56.5	47.0	39.2	34.0	31.8
Pneumonia & Influenza	17.5	11.9	10.5	9.8	28.0	26.5	11.0	9.1	14.2	11.5
COPD	30.4	24.8	17.2	15.3	26.6	19.4	9.3	8.0	21.3	17.8
Diabetes Mellitus	12.1	9.9	9.1	8.6	29.0	33.9	30.5	33.9	14.0	13.4
AIDS/HIV	9.8	13.9	0.9	0.7	50.4	54.9	12.9	14.9	11.0	12.9
Suicide	20.6	15.5	5.0	3.9	12.6	11.0	2.3	2.1	11.4	8.9
Unintentional Injury	20.1	12.1	7.2	5.1	36.7	34.5	9.8	7.7	15.3	10.9

Source: Wake County Health Department

Many sexually transmitted diseases, including AIDS and gonorrhea, and many forms of cancer, including female breast, prostate, and lung, have higher incidence rates in the county (State Center for Health Statistics [SCHS], 1997). Although the reasons for these higher rates have not been determined, they are likely to be due to the better reporting of disease resulting from good relationships between county field staff and physicians (Kathy Blue, Wake County Health Department, personal communication, 12/3/97). Additionally, the higher urbanization of Wake County could affect some of the social and environmental causes of these diseases.

Despite some areas for concern, there is reason for optimism. Hospitalization from diabetes, motor vehicle injury rates and colorectal cancer rates are all lower in Wake County than

in the state as a whole (SCHS, 1997). Additionally, an examination of Wake County itself reveals some positive trends. For example, case rates for AIDS within the county appear to be dropping, from a high of 18.7 per 100,000 population in 1994 to 10.6 per 100,000 in 1996. Rates for Hepatitis B, gonorrhea and syphilis are also dropping. Case rates of tuberculosis, which were experiencing an upturn in the beginning of last decade due to AIDS and migration into the state, have recently stabilized, hovering around 7.0 per 100,000 for the last three years (Blue, 1997).

One disease that can have a dramatic impact on seniors and others with chronic diseases is shigellosis, which is spread through contaminated water and poor sanitation practices. Wake County case rates for this disease have fluctuated over the past several years, ranging from 5.2 cases per 100,000 people in 1996 to 28.7 cases per 100,000 people in 1995. This fluctuation in rates occurs due to the nature of the disease outbreaks. Outbreaks tend to occur in public places and affect a large number of people, resulting in sporadically high numbers that correspond with the outbreaks. It is therefore difficult to identify meaningful trends (Blue, 1997).

Other Health Indicators

At first, information surrounding births and infant deaths may not appear directly relevant to the health of a senior population. These data, however, are often used as indicators of the general health of a community, because along with reflecting availability of prenatal care and the health of the child at delivery, they provide information about general home environments and the overall health delivery system. Additionally, community efforts to improve these indicators may draw lobbying and funding away from efforts to improve other health related services. There is evidence that Wake County, on both the public and private level, is focusing efforts on mother and infant care. The Wake County Health Department has placed special emphasis on improving early, high quality prenatal care and access to medical and support services, while

encouraging mothers-to-be to lead healthy, drug-free lifestyles (Blue, 1997). In Cary, Western Wake Medical Center has just finished building a new birthing center called the Women's Pavilion. Birth and infant death information, therefore, both as indicators of overall health and as potential sources of competition for resources, warrant mention.

There is some evidence that the emphasis placed on healthy births by the county and area medical facilities has produced positive results. While rates of most risk factors for infant death, including low birth weight, are similar to those for North Carolina, Wake County's infant death rate decreased from 13.2 to 7.5 deaths per 1,000 live births from 1980 to 1996. Even with this overall decrease in infant mortality, however, the rates for whites and non-whites differ dramatically, with the non-white infant mortality rate measuring more than twice that of whites (12.3 vs. 5.7 deaths per 1,000 live births) (Wake County Health Department [WCHD], 1996).

Summary: The Cary Community

The statistics presented here leave little doubt that Cary was a prosperous, well-educated, healthy community at the time of the last U.S. Census in 1990. Although Cary commissioned a local Census in 1993 and provides population projections for 1998, these statistics do not cover specific information about economic and educational status by race, age or gender. Where possible, this document includes the most recent data available, but since most similar county and state information is not available, comparative analysis of the more recent data is limited. This is particularly relevant considering Cary's tremendous population growth over the past decade.

The significant changes in the town's population between 1990 and 1998 call into question the applicability of data from the last Census in understanding Cary today. Population projections can give us a picture of the current size of the town, however, measurement of the

effect of this growth on the educational, economic, health, race and gender status of the town's population, in comparison to those living in the county and state in general, however, may be limited until the next Census in 2000.

With this in mind, what conclusions can be drawn? All groups of residents in Cary, whether taken collectively, or broken down by race, age or gender, have higher levels of educational attainment, stronger health indicators, and higher per capita incomes than similar groups in the county or the state. Unemployment rates and percentages of people living below the poverty level in Cary are similarly lower, regardless of grouping, than those in Wake County or North Carolina.

Clearly, there are certain aspects of the community that hold great appeal for those who are choosing to relocate there. On the other hand, the low overall percentages of seniors and people of color, as compared to the county and state, indicate that there may also be other community elements, such as lack of public transportation and high property values, that have traditionally made Cary an impractical place for these groups to live. Whether prosperous communities are obligated to use their resources to battle some of the inequalities society has created between different demographic groups is a debate for politicians and philosophers, but the fact that these inequalities do exist in Cary should not go unmentioned.

In conclusion, if economic, educational and health factors are indicators of prosperity, Cary appears to be a thriving community. While some attention should be paid to both how resources are distributed and how the town's recent growth may be affecting some of these indicators, it is clear the majority of Cary's residents fare better in these areas than members of Wake County or North Carolina as a whole.

BEYOND THE STATISTICS: LIFE IN CARY

Despite the wealth of information about demographic makeup, economic factors, and education and health indicators in Cary, a full description of the community requires investigation into the town resources and assets and the opinions of the people who live there.

The town of Cary boasts a number of positive features that benefit the town in general and the senior citizen community in particular. There are a variety of systems and services in place that have made Cary an especially attractive place for seniors to live. While many of these strengths will be discussed more fully in other chapters, it is important to briefly describe here the breadth of available community resources. In addition to a strong infra-structure, including excellent schools, medical facilities, and police and fire departments, there are many available social services that address the health and wellness needs of Cary seniors. Specifically, the current senior center, local senior clubs, church organizations, and area non-profit organizations all provide services ranging from social and recreational programs to the provision of transportation, meals, and other forms of tangible aid.

The combination of these resources has created a town where many seniors enjoy a high quality of life. Generally, both seniors and other community members who were interviewed had wonderful things to say about living in Cary.

It's a great town, we love it.

- Woman in her 70s

Quality of life is here in Cary!

- Man in his 70s

Many seniors highlighted the above mentioned resources as reasons for their satisfaction.

Cary is really known for it's progress...known for its schools.

- Woman in her 70s

[Cary has the] best police department in the county...Great response time for both police and fire.

- Man in his 70s

[There are] a lot of cultural programs and things they can participate in.

-Woman in her 70s

While many seniors identified these assets as reasons for liking Cary, seniors who had recently moved to Cary overwhelmingly mentioned two additional key factors that influenced their decision to come to Cary: North Carolina's pleasant climate, and the opportunity to live near their children and other family members.

In addition to these generally positive comments, discussions with seniors, service providers, religious leaders, and town representatives revealed a number of specific topics of particular interest to Cary seniors. The following sections summarize these issues, providing both background and factual information, when possible, as well as the opinions expressed by the individuals interviewed.

Town Growth

As mentioned previously in this document, Cary is currently experiencing explosive population growth, having grown from 9,000 people in 1971 to an estimated 83,000 projected for 1998 (Town of Cary Growth and Development Report: Population, 1997). These changes have presented the town with the task of effectively controlling and managing its growth and development. Rapid increases in town population have a direct impact on employment, housing, transportation, education, provision of services, and cost of living. Whether or not the town is adequately addressing these situations has led to many debates within the community. While the town's rapid growth affects every community member, many seniors were particularly vocal about this issue and its impact on their lives in Cary.

Regardless of his or her opinion about the advantages and disadvantages of the town's growth, each interviewed senior recognized and felt the changes associated with the increase in population. Seniors who were born in Cary, when asked about the difference between Cary then and now, immediately identified growth as the biggest change. Most of the seniors who were not natives of Cary documented their time in the town by remarking on Cary's size and the population at the time of their move to the area.

When we came here there were less than 3,000 people. It was very peaceful.

- Woman in her 70s

When we first came here there was only 18-19,000 people.

- Man in his 70s

It's important to note that the town's population projections indicate that older adults (age 50 and above) are the fastest growing age group in Cary, implying that seniors contribute

greatly to the town's growth. Perhaps realizing their own recent immigrant status, many interviewed seniors expressed their openness to the idea of more older adults relocating to the area.

I'm glad for them to come down and join us.

- Woman in her 80s

Seniors had mixed opinions about the benefits of the town's growth. Several people noted a variety of advantages, including social and economic improvements.

In some instances growth is a good thing. It provided a lot of jobs.

- Woman in her 70s

On the other hand, however, some seniors viewed the change as contributing to a loss of Cary's small town feeling.

It's not the good old days when you knew everyone in the drug store and in the church.

- Woman in her 70s

Now I don't even know my neighbors....

You don't really have neighbors anymore.

- Discussion between two women in their 70s

Not only did seniors' opinions about the advantages of growth differ, but their perceptions of the town's ability to manage the growth and development also varied.

Town Council does a marvelous job in planning to control [growth] as much as they can.

- Woman in her 70s

Most of the development is going on -- but they never have control over it.

- Woman in her 70s

Implications

The town of Cary continues to face many challenges while trying to effectively manage its growth and development. In an attempt to deal with any adverse consequences associated with the growth, community members have formed such watchdog groups as the Citizens for Balanced Growth. As more and more seniors migrate to Cary for retirement, community involvement in town planning committee will be critical to ensure that the town adequately addresses the challenges associated with growth. In fact, many of the concerns identified by the individuals interviewed are either caused by or exacerbated by the rapid growth in Cary.

Transportation

During almost every interview, town residents were eager to talk about transportation. Access to a car or alternative transportation is important in a town such as Cary where the type of development inhibits pedestrian or bicycle travel. Most older adults actually continue to drive for many years (Resources For Seniors [RFS], 1997), and according to 1990 Census data, people aged 65 or older fare better in Cary than in Wake County or North Carolina in terms of access to a vehicle. Almost 90% of Cary seniors had access to one or more vehicles, compared with 80% in Wake County and 78.8% in the state as a whole. When examining this information, however, it is important to note that access does not guarantee utilization. Visual problems or other health-related issues may force seniors to rely on other means of transportation, public and private.

In general, complaints about transportation focused on two issues: increasingly heavy traffic and a lack of transportation for those who are unable to drive.

Traffic

One of the most noticeable impacts of Cary's tremendous population growth has been a significant increase in traffic. The growing number of residents and local businesses has led to heavier congestion on the town's roads and thoroughfares. One woman described the seniors' general feelings toward the issue by simply stating, "Traffic – WOW -- it's just awful." Although this issue may not be specific to older adults, some seniors feel the impact particularly strongly. Many talked of their intimidation and hesitancy to drive now that there are so many cars on the road, especially during rush hour congestion.

You can't make a left turn anywhere... Yes, you have to plan your trip so you can only make right turns.

- Conversation between two women in their 70s

We don't go out -- unless we really have to -- between 4 and 7 o'clock because traffic is unbelievable.

- Women in her 70s

Alternate Means of Transportation

Even though most of the seniors we interviewed either drove themselves, or had another reliable source of transportation, many indicated their concern for friends or neighbors who did not drive, or for their own future once driving became difficult.

I don't know what I'll do... it will be a traumatic experience for me when I won't be able to drive a car.

- Woman in her 70s

Seniors who are unable to drive need transportation for almost all of their most basic needs, as opposed to simply from work to home, which is the case for many younger residents of the town. The layout of the town geography makes walking to grocery stores, hair salons, church and health care facilities a near impossibility for most seniors. One discussion group also explained that even if some of these facilities were located closer to seniors, the heat of the summer or the cold of the winter, and the general lack of sidewalks in the town, still made walking prohibitive to many seniors.

Many of the seniors interviewed expressed concern that the loss of the ability to drive, coupled with the lack of transportation options, leads to a lack of independence. The reliance on others for transportation was seen by some as upsetting, both in terms of the loss of freedom and because of the necessity for having to ask others for help – something which some seniors find uncomfortable to do.

One community member expressed what she saw as the heart of the problem.

Transportation? There is no public transportation.

- Woman in her 60s

In the past the town did sponsor a transportation program called Dial-a-Ride, but it was eventually discontinued due to low utilization. For most seniors, however, Dial-a-Ride was never an option because they did not meet the requirements for usage, which included being unable to drive due to a physical or mental impairment and receiving some type of government financial assistance other than Medicare or social security. According to town officials, the program was eliminated because only 40 Cary residents were eligible for the program, and providing this service for so few was too costly. Although most residents we interviewed had heard about the program, they were not sure what caused its demise. In the words of one woman, “They had a taxi, but that dwindled.”

Although no official transportation system serving all of Cary exists, various forms of transportation are available to town seniors. Several retirement or assisted living homes, like Glenair and Rose Manor, offer transportation for residents as a part of facility services. Many area churches arrange transportation to and from church-related events either through the volunteer efforts of other congregation members or a church-owned vehicle. In addition, the Wake Interfaith Volunteer Caregivers offers transportation to seniors as one of their services.

Since many Cary seniors rely on health services located outside of Cary itself, several organizations provide transportation to and from medical appointments. Resources for Seniors, for example, provides transportation from outside of Raleigh to Wake County doctors, hospitals and nutrition sites. Trips cost \$2.50 in each direction. There are also many cab companies in Cary and the wider county area that offer curb-to-curb service. Some of these companies have wheelchair-accessible vehicles. These choices, however, can be quite expensive. According to one resident, a round trip routine drive within Cary might cost up to \$24, and a local service

provider indicated that vans that are wheelchair accessible are particularly expensive, costing as much as \$44 for a round trip drive to the mall. Additionally, people with specific health problems, such as blindness, often require more assistance than typical taxi services provide.

Additional transportation options may be available through eligibility for a variety of programs such as Medicaid and dialysis clinics. These services include private ambulances and wheelchair accessible vans that provide door-to-door services.

Implications

Despite the existence of these volunteer-run or commercial transportation services, it was obvious from the comments of both seniors and providers that more is required in order to meet the needs of Cary's older adult population.

What we need is transportation for these people.

- Man in his 70s

During the community forum, several ideas surfaced, such as a town sponsored transportation program that could include a computerized system that allowed for multiple pick-ups and the flexibility to accommodate the different levels of need. Alternatively, churches could be encouraged to loan their vans and busses for transportation for senior related services.

One Town Council member who attended the forum indicated that there is hope for a town-based solution to concerns about transportation. He believes that money for such services is available, if the seniors in the community organize themselves to ask for it in an effective manner.

You guys have power... I can't believe you are not going to get four votes for a Dial-A-Ride that you don't have to be on welfare to use.

-Town Council member

As a result of the discussion at the community forum, several other town members and service providers also indicated a willingness to work on other volunteer and community based solutions for transportation problems.

Housing

The growth of Cary's overall population has resulted in a boom in the housing construction market in the town. According to the Cary Chamber of Commerce (1997), construction makes up five percent of all town employment.

Affordable Housing

Although this construction frenzy has resulted in a dramatic increase in the number of new homes, it has not resulted in a comparable supply of low-income housing. The topic has been a source of debate among city residents, some of whom fear a decrease in property values and an overcrowding of schools if low-income housing is built near their homes. A service care provider mentioned that one neighborhood insisted that it would only agree to low-income housing if the development was designed specifically for seniors, who do not attend schools. In the face of such opposition, the town recently denied developers' plans to build a 30-acre complex that would have included low-to-moderate income housing interspersed with market value units. It was apparently the first time the developers, who have built such complexes in 48 communities, were turned down for these reasons (Potter, 1997).

Most seniors interviewed, however, felt the town needed to make more efforts to provide lower-income housing, not just for themselves, but for all community members who may need it.

The community has an obligation to provide housing that will meet the needs of all folks.

- A woman in her 70s

They need more housing to meet the needs of people with lower incomes -- for fireman and teachers.

- Local religious leader

We have the name of being very affluent. We need housing that is affordable even if it has to be subsidized.

- Woman in her 70s

Although most seniors addressed this issue as a general community problem, some noted that for seniors who are retired and/or living on a fixed income, the problem of finding affordable housing is very real. Although there is one subsidized housing development for seniors in town, it is sponsored by another county, and according to one service care provider, the waiting list is rumored to be two years long. In reference to one proposed low-income housing complex, one community member stated:

The cheapest ones are \$550 a month-- well that's no low-income for people with social security.

- Man in his late 70s

Senior Housing Facilities

Both service care providers and community members expressed the need for living facilities that take into account the physical limitations experienced by many older adults. As the senior population continues to grow, a variety of housing opportunities are becoming available. Although some seniors live in state-licensed nursing homes, which provide 24-hour supportive care, others opt for other types of facilities. For those who require care, but do not require the extent of care offered in nursing homes, assisted living developments, where food, housekeeping and personal care services are attractive. Additionally, seniors with fewer direct care needs may choose to live in continuing care retirement communities, which offer a variety of living arrangements, services and amenities. Cary developers have tried to keep pace with the increase in housing needs for seniors; the town now boasts two nursing homes, one privately owned subsidized housing development, and a variety of other options including continuing care and

assisted living facilities. Many of these facilities are now trying to expand their services to accommodate greater numbers of residents.

Despite these options, affordability of senior housing facilities was still a main topic of concern among many community members. Some of these facilities require a large deposit of money which many seniors may not have.

I immediately thought of people I know that could not afford that.

- Man in his 70s

Moving into a retirement home after one is no longer able to take care of themselves is kind of scary -- the cost is so high.

- Man in his 70s

Many of the seniors we interviewed said they lived either with or near other family members, usually their children. According to the 1990 U.S. Census, more than 95% of all Cary residents lived in family households, while only 59% of Cary residents 65 years of age or older did. Almost 25% of Cary seniors lived alone and another 16% of seniors lived in institutions, which in the case of Cary at the time of the Census, refers only to nursing homes.

Implications

Even though Cary hosts a variety of different senior living facilities, most seniors are concerned about the financial affordability of these housing options. During the forum, possible solutions to address the issue included the development of more subsidized senior housing complexes that take into account seniors' physical limitations, and that are strategically placed near shopping centers.

Health Issues

Cary community members were somewhat reticent to talk about their own specific health problems, the health problems experienced by seniors in general, and the connection between those problems and the overall quality of life experienced by older adults. Reasons for this hesitancy may include denial of problems associated with aging, being uncomfortable discussing personal problems, or simply that the questions were not worded clearly, causing confusion for seniors. In general, the seniors interviewed were more comfortable talking about the accessibility of health services than their own specific health problems.

Available Services

Wake County is home to more than 900 doctors, 250 dentists and 5,000 hospital beds (CCC, 1997). The county has a variety of health care facilities that offer both in-patient and out-patient medical care, as well as specialized care programs.

Many of the community members interviewed had positive things to say about the health facilities in and around Cary.

Western Wake hospital has been such an asset for Cary.

- Woman in her 70s

Cary is blessed with good medical care.

- Man in his 70s

Specifically, Wake County is serviced by Wake Medical Center, Columbia Raleigh Community Hospital and Rex Hospital, and their affiliated satellite centers. In addition to providing primary health care services, each of these health care facilities operates specialized centers that are geared toward the senior population. Other hospitals located outside Wake

County that may also serve the senior population of Cary include: UNC Hospitals, Duke Medical Center and the Veterans Affairs Medical Center. Both UNC and Duke hospitals operate treatment centers and provide geriatric evaluation as part of their general health care services.

Western Wake Medical Center, one of four satellites of Wake Medical Center in Raleigh, is the only hospital located in Cary. Situated in the center of Cary, the 80-bed medical center offers a surgery center, 24-hour emergency services, and a recently constructed Women's Pavilion. Despite Western Wake Medical Center's close proximity to the residents of Cary, some seniors prefer to go to Rex Hospital in Raleigh or Duke Medical Center in Durham, since those hospitals place a stronger emphasis on the health care needs of seniors.

In addition to general health care facilities, Wake County offers two psychiatric treatment centers that specialize in geropsychiatry. These centers provide both in-patient and out-patient programs. Within Wake County there are also fourteen other agencies that focus on the mental health needs of county residents in general, and the senior population in particular. These organizations provide a range of services including therapy/counseling, education, support groups and medications (RFS, 1997).

There are also services available for those residents and/or their families who are suffering from Alzheimer's, Dementia, and/or memory impairments. Agencies such as Aging Solutions/Resources for Seniors and the Alzheimer's Association of Eastern North Carolina provide support groups, in-home assistance, information, consultations, care management, referrals and other services (RFS, 1997). (For a complete listing of the services mentioned in this section, see Resources for Seniors' Directory of Resources for Older Adults in Wake County.)

For those seniors who require greater levels of care, there are a number of independent and assisted living facilities, as well as nursing homes and short and long-term rehabilitation centers available both in and around Cary.

Not all health care needs require a visit to a health care facility. For those residents choosing to live at home or with families there are a variety of home health care agencies in Wake County which provide services ranging from health care to general personal care. In addition, local community groups, such as the Wake County Interfaith Caregivers and Cary Christian Community in Action, provide a number of services for seniors, including personal care, housekeeping, shopping, companionship, respite care for caregivers, and transportation.

Accessing Medical Care

Despite the extent of available services, some seniors, and especially those new to Cary, had problems finding physicians who would accept Medicare.

It took me 12 phone calls to find a primary physician. Nobody here will accept new Medicare patients.

- Man in his 70s

While some local agencies, including the Cary Senior Center and Resources for Seniors, provide a listing of local physicians who accept new Medicare patients, many seniors were unaware that this service was available.

Additional issues related to accessibility of appropriate medical care included seniors' concerns that their health plans would require them to go to a physician whom they did not choose, as well as the complaint that physician visits were extremely time-consuming endeavors.

I won't go to [a doctor] I'm not comfortable with.

- Woman in her 70s

I have to wait 3 or 4 hours to see the doctor. You can't plan another thing all day.

- Woman in her 70s

Managing the Costs of Care

The cost of medical care was also mentioned as a major health issue facing older adults in general and Cary seniors in particular. Health care cost for seniors is a particularly important issue, because people over the age of 65 account for one-third of all health care expenditures in the country. Additionally, they make up two-thirds of the disabled population, occupy about half of all critical care hospital beds, and account for almost half of all acute care hospital admissions (Cozzolino, 1994). The burden of paying for these services falls both on federal and state government, and when those resources do not cover comprehensive care, individuals and families must pick up the cost.

Medicare, the federal health insurance program for those over the age of 65, provides insurance to 97% of senior Americans, and 96.2% of senior North Carolinians. In the state, private insurance covers most of the remaining seniors, so that less than one percent of all state residents over the age of 65 are uninsured (North Carolina Health Care Reform Commission, 1996).

Although numbers are not readily available at the town level, most residents of Wake County have some form of insurance. Only 10.9% of residents have no health insurance at all, compared to an overall North Carolina rate of 12.8%. More than 75% of county residents have private insurance, and 9.6% and 5.8% are provided with health care through Medicaid and Medicare, respectively. Compared with the county, the state as a whole has a smaller percentage of privately insured, and a larger percentage of publicly insured residents.

Certain services, however, such as in-home care and prescription medications, are not covered by Medicare and can present a major financial burden to some seniors and their families. Seniors are generally left with three options for financing these gaps in insurance: Medicaid, supplemental insurance packages, and out-of-pocket expenditures. Since most Cary seniors, who

are financially more secure than other seniors in the county, do not qualify for Medicaid, they are responsible for shouldering the financial costs of their health care. Since more than 85% of seniors use at least one prescription drug per year, and costs of long-term care can be extraordinarily high, the health care needs for older adults can rapidly deplete the resources of even relatively wealthy individuals. Cary seniors – even those with middle or upper level incomes – might need to find additional means for covering their health care costs. These expenses can influence housing and health choices for some seniors. For example, the lack of affordability of in-home care may result in a premature move to institutional care.

A lot could stay in their homes if they had more in-home care... Services are so expensive, unless they have that kind of insurance but you have to be on your last toe to get yourself involved.

- Woman in her 70s.

Implications

For the most part, interviewed seniors recognized and utilized the many medical facilities located in Cary or the surrounding area. There were a few exceptions, particularly people who had recently moved to town, who reported some difficulty finding care that suited their needs. The one primary concern that was mentioned repeatedly, however, was the issue of affording health care. Cary community members who attended the community forum believed that these health issues are broader than the local town, and would require changes in county, state or federal legislation.

Several new policy initiatives have been proposed that may improve the picture for older Americans trying to afford prescription medication on moderate or high incomes. Beginning in 1999, some Medicare beneficiaries will be able to participate in a Medical Savings Account (MSA) demonstration that will allow seniors to put aside some money in tax-free accounts for

medical care not covered by catastrophic policy. This program, due to the requirement of very high out-of-pocket deductibles, will for the most part benefit high-income seniors. Additionally, the federal government has authorized two new high-deductible Medicare Supplements plans that would cover prescription drug costs (Harmuth, 1997).

These upcoming improvements in the costs of prescription drugs, however, are not matched with improvements in long term care financing for moderate or high income Americans. Conservative estimates indicate that only 30-40% of people over the age of 65 could afford a private policy that would cover most of their lifetime long term care expenditures – leaving many non-Medicaid-insured seniors in a financial bind. Additionally, many private insurers exclude those patients who might need the most care, including those with a history of dementia, multiple sclerosis, and many cancers, and those with a need for a walker, wheelchair, oxygen, or assisted living (McConnell, 1995).

Although Wake County, and most likely Cary, residents are relatively well insured, the extent to which insurance – public and private – is meeting all of the health needs of Cary's seniors, is questionable. As the senior population continues to grow in the town, issues associated with the cost of health care may become more and more important.

Social Isolation

Although seniors seemed reluctant to discuss specific, personal health concerns, many of the people interviewed alluded to, or directly addressed one issue they felt was affecting many of the seniors in the community –social isolation. Many worried that some seniors were experiencing depression and lack of coping skills often experienced in conjunction with the suffering associated with losing one’s spouse and/or the effects of relocating to a new environment. Community members believed that these difficult life events would be even more difficult to handle without a strong social support network.

If older adults move here and do not begin to relate to other older adults they may begin to feel cut off.

- Local religious leader

Most of them are looking for things to do to, especially the ladies whose husbands have died. A lot of them will be lonely.

- Local religious leader

Additionally, alienation and isolation is likely to be exacerbated by the lack of information about and transportation to community events and services. Even though many of the local support agencies in the community are publicized, some individuals who were interviewed did not realize the extent of the services offered. Also, although many people are willing to pick up friends and neighbors for meetings and social gatherings, there are still people who are missed. As one community member mentioned,

There are some people who are interested in our [senior club], but there’s nobody in our club who lives nearby so they have no transportation.

- Man in his 60s

Implications

When asked what might alleviate feelings of loneliness, many seniors suggested making use of the many opportunities for social support offered in the Cary community.

A lot of people would not suffer depression if they would reach out and be with people.

- Woman in her 70s

One solution for many Cary seniors has been their involvement in the many activities offered at the Cary Senior Center. These programs have been specifically designed to assist and enrich the lives of the town's senior population. As a result of efforts by the Director to provide innovative programs and increased emphasis on activities for smaller groups, attendance has increased over the last year and a half to where approximately 400 individuals per month visit the Center (personal interview, Jody Lindsay, Senior Program Supervisor, Cary Senior Center, October 1997). In addition to running its own programs the senior center provides meeting space and other support services for eight senior clubs. These organizations, which are either sponsored by private citizens or religious or civic groups, provide additional recreational and leisure activities for Cary residents.

Thank God for the Senior Center!

- Male in his 60s

On the county and state level, many organizations exist to offer support and education to seniors and their families on a variety of topics. Resource for Seniors, American Association of Retired Persons, and the North Carolina Division on Aging are just a few examples.

In addition to general leisure and recreational activities, many seniors are taking advantage of the educational opportunities that exist in the Triangle area. Duke and North

Carolina State Universities, for instance, have designed continuing education programs specifically for older adults. For many, these courses provide an avenue for educational advancement that might have been difficult to pursue earlier in their lives. These educational programs are just another example of the variety of activities available to the senior population of Wake County, and to Cary residents in particular.

Last, many Cary seniors regularly spend time with family members in the area. Considering that many seniors chose Cary as a place for retirement specifically with the goal of living near their children, family is a powerful source of support for many older adults in the community.

It appears, therefore, that according to those interviewed, social isolation and depression result not from a lack of available community services, but instead from personal circumstances, that are compounded by the transportation problems in the town and/or a lack of knowledge about those services.

The Proposed New Senior Center

The Cary Senior Center, as mentioned in the previous section on Social Isolation, is considered to be one of the major resources of the town of Cary. In the view of many, however, while the center is seen as successful in its efforts to respond to senior needs, it is also perceived by some as inadequate mainly because of its limited space and resources. People were concerned that the actual space can not house very many people at once (several of the senior clubs can not fit all of their meeting attendees in one room), and that the center did not have the funding or staff to provide services such as adult day care, meals, and transportation. Those interviewed felt the senior center and its staff did a wonderful job within the bounds of their limitations, but wished for a place where more seniors' needs could be met.

Even though the current facilities are not adequate for the activities of senior centers.....Jody's (current Sr. Center Supervisor) wonderful!

- Man in his 70s

As a result of these limitations, a proposal has been put before the town to build a new senior center. The focus of this proposed senior center, as described by one community member, is to “provide recreation and leisure activities for the senior adults of Cary.” Another individual saw the outcome as that of “companionship, fellowship, and friendship.” The concept of a “total life center” was invoked more than once, indicating a desire for a central location that would meet many of the needs of older adults.

Seniors want their own building where they can do what they want to do.

- Woman in her 60s

This proposal has become one of the most hotly debated political topics, not only among seniors, but in the community at large. For most of those involved in the senior center debate, strong opinions tended to focus on three particular issues: (1) need for services provided and what those services should be, (2) funding of the Center, and (3) whether or not the facility should be shared with younger members of Cary.

While almost all seniors who were interviewed felt that a new senior center would benefit the senior community, and believed the proposed programs might be needed in Cary, not everyone believed they would use a new center themselves. In particular, many of the seniors who either lived in a facility designed specifically for older adults, where activities are offered on a daily basis, or who had problems finding transportation did not believe they would go to the proposed center.

Another concern expressed by some is whether building a new senior center would definitely result in more senior participation in community activities. Perhaps the problem lies not in the limitations of the programs offered by the current senior center, but in lack of knowledge about those programs, lack of transportation to the senior center, or simply a lack of interest in community activities.

The proposed facility is a very expensive undertaking, estimated to cost more than two million dollars to build, without accounting for the costs of maintenance. Various funding options have been proposed and investigated, including private donations from community members, a combination of private and public sponsorship, or complete funding from the town. Each issue carries with it ramifications for both the town and individuals, both in terms of cost and governance of the facility. In particular, while many seniors articulated an interest in having control over decisions about the senior center, they were also unsure of their ability to finance the venture.

Even though people want it, they don't want to pay for it. Young people are going to have to be brought into the process. To see what it will do for themselves, for their parents, and for Cary.

- Man in his 60s

From the other point of view, while town officials recognize that the town has the finances to pay for the center, some prefer to only fund programs designed for all members of the community. This is often seen as a general governing rule; for example, these same officials are uncomfortable building a center exclusively for teens.

As a possible compromise to these concerns, an idea to build a center that could be shared by youth and seniors has been proposed. Reactions to this proposal have been divided. Some advocate for the idea, believing the facility could provide opportunities for intergenerational activity, while others feel strongly about the need for separate facilities.

Can't put youth and seniors together. Based on what they've seen in other towns, can't see them in the same building. Like 'water and oil.'

- Woman in her 60s

Implications

In the view of many of the seniors in Cary, the proposed new senior center would provide a solution to some of the challenges currently being acknowledged, challenges borne as a result of the rapid influx of older adults and the unique issues they present. For others it is seen as an unnecessary and expensive addition to a town that already offers an adequate array of resources. Despite all of these debates, however, most interviewed seniors and town officials seemed to believe that a compromise would be found, and that a senior center will be built.

Perceptions of Seniors

The debate about the proposed new senior center elicited more general comments about perceived opinions about seniors in the town. While there were definite feelings by some seniors that other community members were not interested in listening to them, most people, including service providers, believed that the town in general held a great deal of respect for seniors.

I think they're thoughtful of senior citizens.

- Woman in her 80s

Pastors of different churches, along with some members of their congregations, agreed that older adult citizens of Cary were important to the town and expressed their personal gratitude for the presence of seniors. Churches' care-giving programs and pastoral support, including visits to different living facilities, were seen as tangible evidence of church members' concern for the quality of life of the older residents.

I think all churches are becoming sensitive to the need for special services for seniors...they are intelligent, capable... people who can provide leadership for themselves.

- Local religious leader

In our congregation we value seniors. People here appreciate diversity. Younger people are glad to have their parents here.

- Local religious leader

There was some concern, however, particularly from several seniors, that community members do not recognize the benefits of having seniors in the town. Both the contributions made by seniors, and the needs of seniors, were felt to be undervalued.

I think some of the younger people think we're slow and we're in the way.

- Man in his 60s

We don't matter to the town. Seniors have contributed a lot back to the community.

- Woman in her 60s

In particular, and probably somewhat as a result of the debate about a new senior center, several community members perceived lack of support on the part of town officials for the needs of seniors.

One of the things I see is some apathy of the town fathers toward town seniors. This is a very young town, and most of the effort has been toward their children. But I think for older people there is nothing that the town does for senior citizens.

- Man in his 70s

The city government has not been that responsive... because they've [seniors] been such a small part of the population.

- Religious leader

To their great concern, many seniors felt placed in competition with youth for town resources.

We want attention, but we don't want to take it away from anyone else.

-Woman in her 60s

It may not be a lack of willingness to listen, however, that is causing these perceptions, but a breakdown in dialogue between seniors and town officials. The Town Council member who attended to community forum seemed surprised to hear how seniors felt, and mentioned that he had received no phone calls from seniors since taking office. He explained that town officials

were very interested in the opinions of seniors, but that unless seniors approached them with their concerns, those officials would have no way to know that those concerns existed.

Although seniors had mixed feelings about others' perceptions of them, they generally had positive opinions of themselves as a group. It was apparent from the interviews that, with few exceptions, respondents saw themselves as making strong contributions to the town.

We have contributed a lot. If they were to take... all the seniors here and the hours they do, you could not afford them... because they do more volunteer work than any other group.

-Woman in her 70s

Moreover, most seniors repeatedly identified themselves, not only as individuals, but also as being part of a larger group. Whether it was through a volunteer group, senior club, religious organization, political group, or the town in general, seniors have a sense of being a part of a community. These connections were made obvious by the general types of comments made during all interviews. Time after time, seniors articulated a deep interest in the welfare of their fellow seniors, often in the place of discussing topics of personal concern to them.

Implications

While there are some concerns about general community perceptions of seniors, and their value to the community, a general appreciation for seniors, by service providers and other community members, was apparent in the interview information. Even in the area most troubling to many community members, the town government perceptions of seniors, an opening of dialogue at the community forum seemed to provide an avenue for progress in these communications. Most importantly, seniors themselves seemed to hold each other in high regard, and identified themselves as members of a productive and effective community.

Summary: Life in Cary

Through interviews with Cary seniors and other community members, and an examination of background information about town resources and history, seven areas of particular concern were apparent. One of the important things to note from this section is that most seniors preferred to discuss issues that they saw as being important to seniors in general, but not necessarily relevant to their own personal lives. Seniors continually talked about others, or about the senior community in general, and often identified problems that they knew affected friends or neighbors. They were somewhat reticent about discussing personal concerns, particularly in the area of health. Possible explanations for this include being uncomfortable discussing personal needs, prioritizing of the needs of others above their own, or identifying so strongly with a larger community that the distinction between individual and group became blurred.

Also noteworthy is that although seniors differed in their opinions about the specifics of some issues, these seven areas were very consistently reported, regardless of the age, gender, living situation, or length of time living in Cary of the respondent. Service providers also tended to agree with the importance of the issues described.

Despite the length of discussion about the seven described areas of concern, the most repeated thought among seniors was a very positive feeling about living in Cary. Overall, the feelings of most people interviewed was summarized by a woman in her 60s, who said:

We're all here because we love it, but the other things could make it so much richer.

CONCLUSION

The purpose of a community diagnosis is not only to investigate and present the needs and assets of a community, but also to use this information to assess overall community cohesiveness and competence. A combined examination of the political, economic and social systems of Cary, and the participation of seniors in those systems, reveals an older adult community defined not simply by age or location, but also by connectedness and unity.

Assessment and measurement of “community competence” is not a simple process. Recognized dimensions of community competence include *commitment* of community members to invest time and energy into maintenance of the community, ability of the community to effectively *communicate* opinions, *participation* in goal setting and project implementation by community, and the existence of *machinery* for facilitating community member interaction (Sandra Crouse Quinn, Community Diagnosis Professor, personal communication, 3/16/98). The findings from this community diagnosis of Cary provide evidence for each of these dimensions within the senior citizen population.

Throughout this process the *commitment* of seniors to their community was demonstrated time and time again. This dedication is not surprising considering the happiness with their community expressed by seniors interviewed in Cary. Personal satisfaction appears to have manifested itself in a personal investment in community affairs, demonstrated by seniors’ concern for, and actions in support of, other seniors. When asked about the most pressing issues facing Cary seniors most interviewees responded with topics that did not affect them personally, but were concerns for other seniors, such as transportation, social isolation, and affordable housing. Many people indicated that they had taken actions -- driving their neighbors to

meetings, or visiting homebound or widowed community members -- in order to help other individuals. Even beyond issues affecting other older adults, many seniors demonstrated their commitment to the Cary community in general by volunteering their time with children, in their religious organizations, or through other community service. These actions, in turn, help build a stronger community.

When voicing concerns about growth, transportation, and the expenditures of town resources, seniors are clearly beginning to *communicate* their concerns in an effective manner while demonstrating an understanding of the context in which their concerns exist. In interviews, community members often framed their needs within a perspective that recognizes the town's obligations to other groups, such as children, working adults, and businesses. On some level, the election of two Town Council candidates, running on a platform specifically targeted at seniors' concerns, illustrates the ability of the Cary senior community to articulate their concerns to those in power. Certainly some seniors expressed concern that their voices were not being heard by other town residents; however, the participation by several younger community members and town officials in the community forum indicates that to some extent, an interest in the opinions of the senior community has been fostered.

Whether it is in political organizations, social clubs, religious communities, or town-sponsored groups, many seniors in Cary have chosen to actively *participate* in their community. From forming political coalitions that advocate for a new senior center to leading senior clubs or older adult church groups, seniors not only participate, but directly involve themselves in the process of defining goals and implementing projects. Perhaps as a result of their participation, seniors continually identified themselves as being part of a larger community. In general, most interviewees, when asked to introduce themselves, mentioned not only their length of time living in Cary, but also their affiliation with various community groups. Regardless of the topic of

discussion, seniors frequently seemed to speak from the perspective of a collective community instead of one of individual concern.

The relative prosperity and other assets of Cary provide an effective base, or *machinery*, for senior participation in the community. Most seniors, like other town members, have strong educational, financial, and social supports. Combined with an accessible and well-funded political system, a plethora of town and community resources for activity, and extensive, nearby health care facilities, these supports facilitate senior involvement in the identifying and solving of community issues.

In addition to possessing these dimensions, the senior community of Cary is particularly well situated to take action in relation to their primary concerns. The political organizing that has occurred as a result of the senior center debate has resulted in the creation of a political senior organization, and has provided many seniors with advocacy skills that could be used for other issues. The system of senior clubs, religious organizations and senior housing facilities provides a ready mechanism for communication between older adults. Lastly, seniors have already taken the first step in addressing some of their concerns – they have identified possible solutions to the problems of transportation, social isolation, health care access, and housing.

Like all communities, the Cary senior population is by no means 100% competent by these criteria. Seniors highlighted several elements, such as affordable housing, transportation, and reasonably priced comprehensive health care, that are lacking in the community. The absence of these structures certainly can impact the ability of some members of the community to participate in local affairs. Similarly, despite the presence of many area medical facilities, some seniors were unaware of the extent of their options. Additionally, the fact that social isolation was mentioned as the most pressing health issue indicates that many Cary seniors might not feel incorporated into the senior community. Most importantly, however, the general

reluctance of most community members to discuss issues – health related or otherwise – that pertained specifically to them possibly implies a perceived inability of the community to solve these types of problems. In spite of these indicators, however, the overall picture painted by the information recorded in this document is of a senior citizen population that is a coherent, effective and competent community.

Before extrapolating the information presented here to draw definitive conclusions about all Cary seniors, however, it is appropriate to look once again at the limitations of this community diagnosis process for assessing a community. In particular, recognition should be paid to the relatively small, and non-representative sample of people interviewed. More interviews with harder to reach groups, such as those homebound with health problems, probably would have provided a more comprehensive assessment of community competence. Nonetheless, after acknowledging these limitations, there is little doubt that the material gathered through secondary data and community discourse lends credibility to the analysis of the Cary senior population as a competent community.

REFERENCES

- Blue, K. (1997). Wake County Community Diagnosis, 1997. Raleigh, NC: In process.
- Byrd, T.M., & Miller, J. (1994). Around and About Cary. (2nd ed.). Ann Arbor, MI: Edwards Brothers, Inc.
- Cary Chamber of Commerce. (1997). Health Care. [On-line]. Available: <http://www.carychamber.com/health.html>
- Cary Parks Recreation and Cultural Resources. (1997). Town of Cary Senior Programs. [Brochure]. Cary, NC: Author.
- Cozzolino, L., Silberman, P., Snypes, J. (1994). Health Access and Seniors in North Carolina. A North Carolina Aging Services Plan: A Guide for Successful Aging in the 1990s, p.2.
- Harmuth, Susan. (1997). Making Prescription Drugs More Affordable for Older Adults. NC Division of Aging. [On-line]. Available: <http://iff.sowo.unc.edu/Cares/prdrug/index.htm>.
- Jarvis, C. (1996, October 25). Car Thefts Elevate Cary in State Crime Tally. The News and Observer. [On-line]. Available: <http://search.nando.net>
- McConnell, S. (1995, July 13). Medicaid and the Elderly. Testimony presented to the Senate Finance Committee, Washington, DC. [On-line]. Available: <http://www.alz.org/pubpol/fedpol/testimony/5.html>
- North Carolina Department of Human Resources. (1996, March). Increasing Personal Responsibility for Long Term Care. [On-line]. Available: <http://iff.sowo.unc.edu/Cares/doadocs/fed.htm>.
- North Carolina Division of Aging. (1997). Medicaid. [On-line]. Available: <http://www.state.nc.us/DHR/DOA/medicaid.htm>
- North Carolina Health Care Reform Commission. (1996). Status Report: Current Health Care Marketplace, The Final Report. NC: Author.
- North Carolina Office of Budget and Management. (1995). Municipal Populations. NC: Author.
- Potter, K. (1997, October 29). Cary Housing Proposal Dropped. The News and Observer. [On-line]. Available: <http://search.nando.net>

Resources for Seniors. (1997). Directory of Resources for Older Adults. Raleigh, NC: Author.

Spencer, K.Y. (1997, September 7). *Cary Dispute Highlights Affordable Housing Need*. The News and Observer. [On-line]. Available: [http://search.nando.net/plweb-cgi/fastweb? Get doc+nao-daily+nao-stories+6845+16+](http://search.nando.net/plweb-cgi/fastweb?Get+doc+nao-daily+nao-stories+6845+16+).

State Bureau of Investigation. (1996). Crime in North Carolina: 1996 Annual Report. [On-line]. Available: <http://www.jus.state.nc.us/Justice...+/crimenc>

State Center for Health Statistics. (1997). 1996 Leading Causes of Death: North Carolina, Wake County, and Cary. Raleigh, NC: Department of Health and Human Services.

State Center for Health and Environmental Statistics. (1996). County Health Data Book, Wake County. Raleigh, NC: North Carolina Department of Environment, Health and Natural Resources.

Town of Cary Department of Developing Services. (1997, July). 1997 Population Report. Cary, NC: Author.

Town of Cary Planning and Zoning Division. (1996, October). 1996 Economic Development Report. Cary, NC: Author.

U.S. Bureau of the Census. (1990). 1990 Census of Population and Housing. Washington, DC. [On-line]. Available: <http://venus.census.gov/cdrom/lookup/879124425>

Wellington, E. (1996, December 6). *Cary Leading Triangle in Business Construction*. The News and Observer. [On-line]. Available: [http://search.nando.net/plweb-cgi/fastweb? get doc+nao-daily+nao-stories+6845+16](http://search.nando.net/plweb-cgi/fastweb?get+doc+nao-daily+nao-stories+6845+16).

APPENDIX A: EXECUTIVE SUMMARY

Community Diagnosis

Community Diagnosis is a two-semester academic requirement of the first year's Master's students enrolled in the Health Behavior and Health Education Department of the School of Public Health at the University of North Carolina at Chapel Hill. Students in this program conduct a community diagnosis in order to learn to assess and comprehend the needs and resources of a particular community. The process involves gathering information from written documents, personal interviews, and community dialogue in order to create a base of information that can enable community residents to assess their potential and harness already-existing skills in order to approach challenges to the community in a unified and effective manner.

This community diagnosis focused on identifying the needs and interests of the senior citizen population of Cary, North Carolina. Data collection and analysis were conducted from September 1997 to February 1998, at which time a community forum was held to present the findings to the residents of the town of Cary.

Methodology

Community Diagnosis consists of both quantitative and qualitative data collection and analysis in an effort to identify the strengths and resources of a community and any concerns that affect the overall health and quality of life of that community and its residents. For the purposes of this process, "senior" was defined in analysis of secondary data to mean anyone over the age of 65, and was self-defined by the interviewees in the qualitative analysis.

Quantitative data was extracted from written documents and official reports, such as the U.S. Census, county and state health statistics, town reports, and newspaper articles. Interviews and a focus group provided the basis for the qualitative data. The interviews were conducted with approximately 30 community members, town officials, religious leaders and service providers, for the purpose of bringing to light the most salient issues confronting the community. Finally, a community forum was conducted, to provide community residents with the opportunity to discuss the findings of the diagnosis and to look at possible pathways to solutions for the future. The forum also allowed attendees to examine resources present in the community and to identify effective citizen groups and individuals that might aid in the resolution of these challenges.

Limitations

As with any research project, this process had limitations that should be acknowledged. The majority of information used to compare the three population levels was gathered from the 1990 U.S. Census, which is now eight years old. Because of the rapid growth experienced by the town of Cary over the last decade, much of this information proved irrelevant. The town itself gathered more recent data in 1993, but comparable information was not generally available for the county or the state. Inadequate morbidity data presented an additional limitation, making it difficult to draw meaningful conclusions about some of the specific health needs experienced by Cary seniors.

Several limitations of the interview process and community forum are readily apparent. First, the referral process of selecting interviewees in no way guarantees a random sample of community members. In fact, it is very likely that several groups of seniors were under-represented in the sample, including isolated older adults, people with mobility or transportation

problems, seniors with significant health concerns, and people of color. Second, the open-ended nature of the questions may have created some difficulty eliciting information. Generally, seniors seemed reticent to talk about health issues that concerned them personally.

Quantitative Findings

Based on the secondary data for the general population of Cary, compared to Wake County and North Carolina residents, most Cary residents are both well-educated and financially secure. Unemployment and poverty rates are lower and the per capita income is higher in Cary than in the county or the state (U.S. Census, 1990). Looking specifically at the older population of Cary, the majority of individuals are white (93%) and female (59%), and only a small percent live below the poverty line (5%). Additionally, the majority of Cary's older adults live with their family, including their children or their spouse (59%), rather than alone (25%) or in nursing homes (16%) (U.S.Census, 1990).

Qualitative Findings

Many of the older adults interviewed expressed great satisfaction living in Cary. The senior population is one of the fastest growing age groups in the town, second only to the 50 - 65 year old age group. This is at least in part due to the influx of seniors from other parts of the country. The main reasons cited for so many older adults moving to Cary were to be closer to their children and to enjoy the mild North Carolina weather. The town's resources and services, such as the high quality healthcare facilities, the variety of social clubs, and the availability of cultural activities, were also identified as reasons for their decision to become residents of the Cary community.

Through both individual and group interviews, however, a number of issues that may impact the quality of life of the residents were identified. The most frequently mentioned topics were changes due to extraordinary town growth and lack of public transportation. Each of these, either directly or indirectly, contributed to the other identified concerns, which included affordable and senior-specific housing; health issues, such as access to, and affordability of care; social isolation resulting from life changes and a lack of social support; the hotly debated proposal to build a new senior center; and general perceptions of older adults in the town. Despite these concerns, most community members were satisfied with their lives in Cary, felt a part of the Cary community, and were interested in talking about potential strategies for change. This was illustrated at the community forum, where seniors, service providers and town officials participated in an open dialogue about possible solutions.

Conclusions

The commitment of seniors to their community was demonstrated time and time again. This dedication is not surprising considering the happiness with their community expressed by seniors interviewed in Cary. Personal satisfaction appears to have manifested itself in a personal investment in community affairs, demonstrated by seniors' concern for, and actions in support of, other seniors.

Moreover, whether it was in political organizations, social clubs, religious communities, or town-sponsored groups, many seniors in Cary have chosen to actively participate in their community. From forming political coalitions that advocate for a new senior center to leading senior clubs or older adult church groups, seniors not only participate, but directly involve themselves in the process of defining goals and implementing projects.

In conclusion, the information gathered through the community diagnosis process paints a picture of a senior community that is coherent, effective and competent for addressing their current and future needs.

APPENDIX B: INTERVIEW GUIDES

Community Member Interview

1. How long have you lived in Cary?
2. What are the positive things about living in Cary?
3. What are the main issues that Seniors in Cary are facing today?
4. What are the main health issues?
5. We've heard that transportation can be an issue for some Seniors here. What have your experiences been?
6. If there are issues: what would make the transportation problems better for the Seniors in Cary?
7. We know that there has been a great deal of talk about building a new senior center. What are your feelings about this?
8. Has the growth that Cary has experienced in the last few years affected you? The town? In what ways?
9. Generally, we've read that one of the issues in Cary has been affordable housing. Regardless of your opinion as a political issue, do you think this is a specific concern for Seniors? (Finding affordable housing.)
10. Are there things that Seniors (or others) are doing to address these issues?
11. How do you think Seniors are viewed by the members of the Cary Community?
12. Any final strengths or weaknesses that you'd like to tell us about living in Cary?

Provider Interview

1. What services does your agency provide for the elderly residents of Cary?
2. What groups tend to be the most in need of services?
3. What groups tend to be the most difficult for your agency to reach? Why?
4. What other agencies provide services to the elderly residents of Cary?
5. What would you say are the strengths of the community in regard to the elderly population?
6. What would you say are the greatest needs of the community in regard to the elderly population?
7. What kinds of community projects have been attempted for the elderly population?
8. Do you know of any elderly needs not being met by the community? If so, which ones?

APPENDIX C: LIST OF INTERVIEWEES

Service Providers - 15 Total

- 4 Religious Leaders
- 4 Government Officials/Town Workers
- 4 Social Service Agency Staff
- 3 Health/Living Facilities Staff

Community Members – 19 Total

- Female community member, 60s, lived in Cary 3 years
- Female community member, 60s, lived in Cary 15 years
- Female community member, 60s, lived in Cary 22 years
- Female community member, 70s, lived in Cary 8 years
- Female community member, 70s, lived in Cary 20 years
- Female community member, 70s, lived in Cary 35 years
- Female community member, 70s, lived in Cary 41 years
- Female community member, 70s, lived in Cary 48 years
- Female community member, 70s, lived in Cary 55 years
- Female community member, 80s, lived in Cary 5 years
- Female community member, 80s, lived in Cary 84 years

- Male community member, 60s, lived in Cary 5 years
- Male community member, 60s, lived in Cary 34 years
- Male community member, 70s, lived in Cary 3 years
- Male community member, 70s, lived in Cary 4 years
- Male community member, 70s, lived in Cary 4 years
- Male community member, 70s, lived in Cary 11 years
- Male community member, 70s, lived in Cary 12 years
- Male community member, 70s, lived in Cary 17 years

APPENDIX D: FORUM REPORT

The Cary Senior Citizens Community Forum was held on Friday, February 20, 1998, at the Cary Community Center. The purpose of the forum was to present a summary of the quantitative and qualitative findings from the community diagnosis process and to provide Cary seniors with an opportunity to participate in a discussion about issues identified during the interviewing process.

More than 50 people attended the forum, the vast majority of which were senior community members. Others in attendance included service care providers, local religious leaders and local town officials. In addition, the event was attended by a local newspaper reporter.

The forum began with a brief description of the community diagnosis process. This was followed by a description of selected demographic indicators, such as population, economic picture, educational attainment and health status; and a presentation of the qualitative findings from the interviews. Actual quotes from interviews with community members and service care providers were shared to demonstrate individuals' beliefs and attitudes about specific issues. The topics discussed were determined by the frequency of responses to interview questions regarding seniors' health and quality of life concerns. Topics presented included senior citizens' attitudes and beliefs about living in Cary, the town's growth, transportation, social isolation, housing, medical care access, perceptions of seniors, intergenerational issues and the proposed new senior center.

Following the presentation of the findings, the second half of the forum focused on small group discussions designed to generate possible solutions to the presented issues. Each table,

consisting of 5-6 people, was provided with 4 discussion questions on one of the topics. After the twenty-minute discussion time, a volunteer from each group presented his/her table's responses and solutions to the forum. The groups came up with innovative ideas and possible next steps to address some of the issues. Results from the group activity were recorded.

After the completion of the exercise, a brief break was taken to thank and present gifts to the senior center and to the center's program coordinator, Jody Lindsay.

The floor was then open for any additional comments and questions from community members. Town Council Member Glen Lang enthusiastically took the opportunity to address the audience and encouraged the seniors to politically organize as a group in order to more effectively ask the town to address their concerns. In the end seniors interested in continuing the discussion of their needs as a community were encouraged to sign -up on topic sheets. The topic sheets were given to the Senior Center Program Coordinator, Jody Lindsay, who is keeping them for community use.