

Whatcom Prosperity Project

Experiences of Poverty in Whatcom County

September 2007 **SUB-SAMPLE REPORT:**

SENIORS (55+)

Sponsored by:
Whatcom Coalition for Healthy Communities

Research and reporting by:
Cornerstone Strategies, Inc.





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Introduction

The Whatcom Prosperity Project (WPP) was convened initially in summer 2006 by the Whatcom Coalition for Healthy Communities. The goal of the effort has been to bring people together across the different “silos” of service provision to address issues of poverty in Whatcom County and to make action recommendations around policies, resources, service coordination and community engagement and awareness. The process of talking to people about their experiences and needs became a critical first step to making effective recommendations. In response, the group launched a needs assessment project to provide both quantitative type data as well as more in-depth qualitative data. The intent of the study is to provide results of this needs assessment process with low-income families that involved a client intercept paper survey of 610 households (countywide), focus groups and face-to-face interviews with 105 key informants, and an online survey of service providers.

Seniors Report

This report analyzes a sub-sample of the overall WPP survey respondent sample: 108 seniors 55 years of age and older. This sub-sample report was requested by Northwest Regional Council to inform its strategic planning process. This report only contains data on the senior sub-sample. For information about WPP project methodology, goals, and objectives, please refer to the project’s main report, which can be found at: <http://www.whatcomcoalition.org/pdf/wpprpt.presummitdraft.pdf>

Housing

Housing Situations and Tenure

About half of senior respondents (49%) rent their housing (Figure 1). Another 35% are homeowners. The remaining senior respondents currently share housing with another household (3%), live in transitional housing or an emergency shelter (7%), or are homeless (6%).

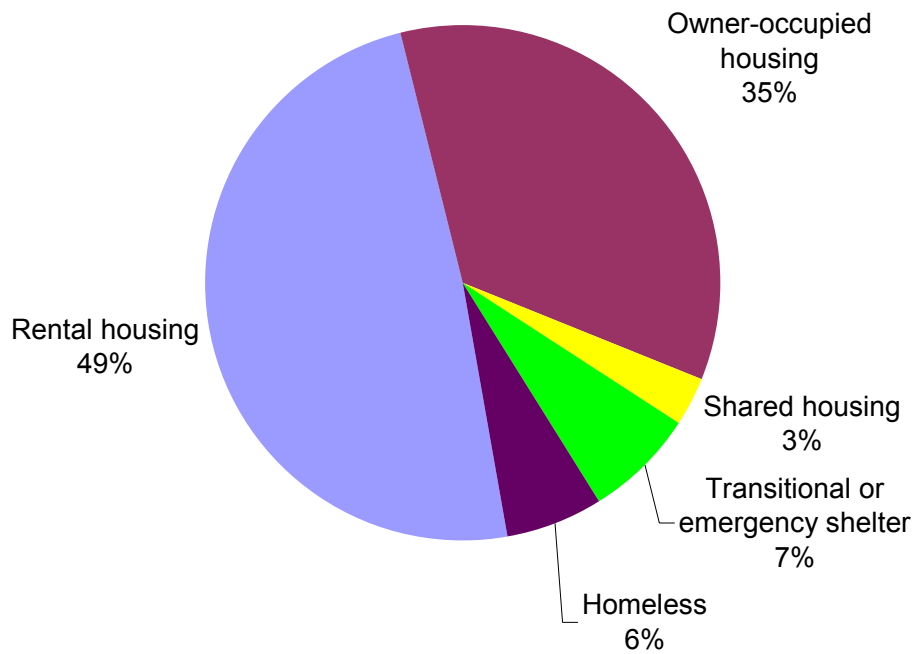


Figure 1 Senior respondent housing type (N=100)

Nearly half of senior respondents said that in the last 12 months they had to choose between paying the rent or mortgage and other basic needs (47%). And one-third (32%) had to share housing with another household to prevent becoming homeless. Many have had to move more than once in the last year (24%) and almost one in five said they relied on an emergency shelter or transitional housing (18%). Fifteen percent had experienced homelessness for more than a week.

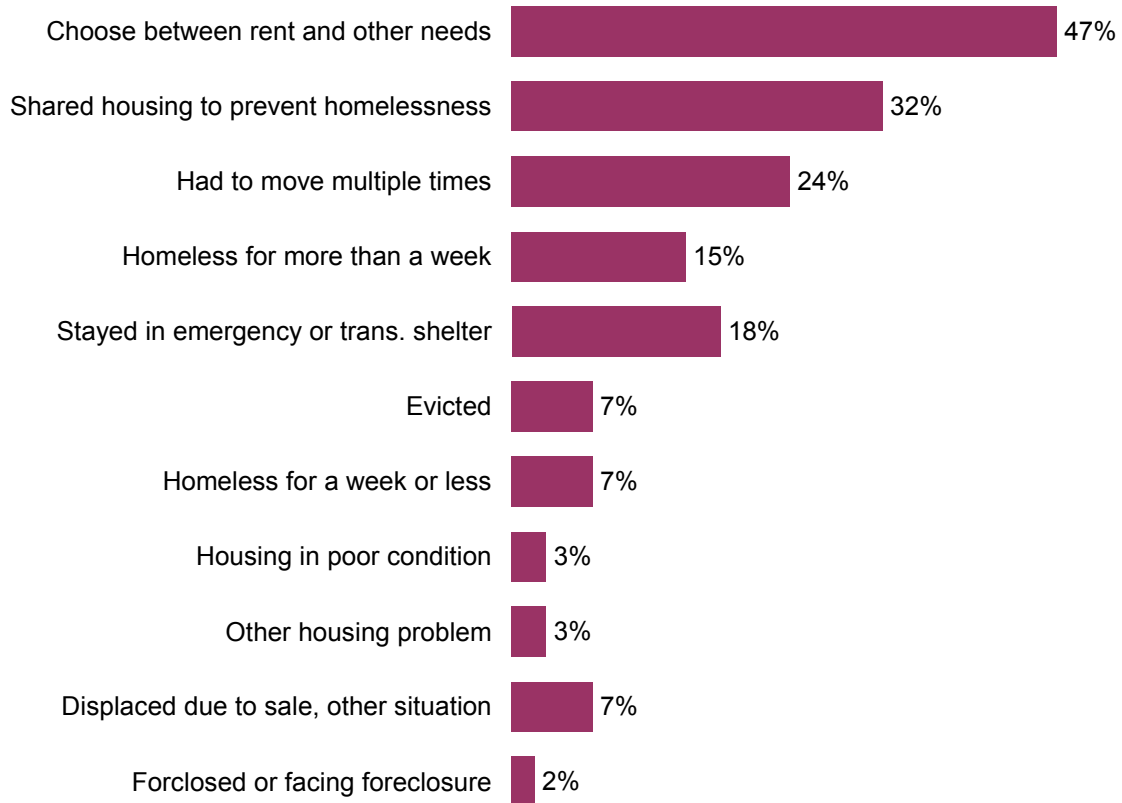


Figure 2 Senior respondent housing situations (N=62)

Housing Cost Burden and Assistance

On average, low-income, senior renter households pay \$373 per month for rent, and low-income homeowners pay \$449 per month for mortgage payments (Table 1). Housing is considered to be affordable when households spend no more than a third of their pretax income on housing costs. Comparing household income to reported rent or mortgage payment, a conservative estimate of the housing affordability rate can be determined for this sub-sample of low-income, senior households. Just over a third (37%) of low-income homeowners and more than half (55%) of renters are spending more than a third of their household income on mortgage or rent payments. The proportion of low-income clients paying more than a third of income for housing costs is certainly higher than what could be estimated with this survey data because the questionnaire did not measure other housing costs such as insurance, property taxes and maintenance.

Table 1 Senior renter and owner cost and cost burden

Household size (persons)	Renters n=61	Owners n=29
Mean monthly cost (rent or mort. pmt.)	\$ 373	\$ 449
Median monthly cost (rent or mort. pmt.)	\$ 300	\$ 330
Mean cost burden (% of income spent on rent)	56%	26%
Median cost burden	35%	23%
Cost burden >30% of income	55%	37%

Housing assistance in the forms of various subsidies for low-income, senior renters (e.g. Section 8 voucher) and homeowners (e.g. down payment assistance) are meant to reduce a household’s housing cost burden. Figure 3 demonstrates this by comparing the average rent and mortgage payments for senior respondents with and without some form of housing assistance. On average, senior renter households without assistance pay \$447 per month compared to only \$244 for renters with assistance.

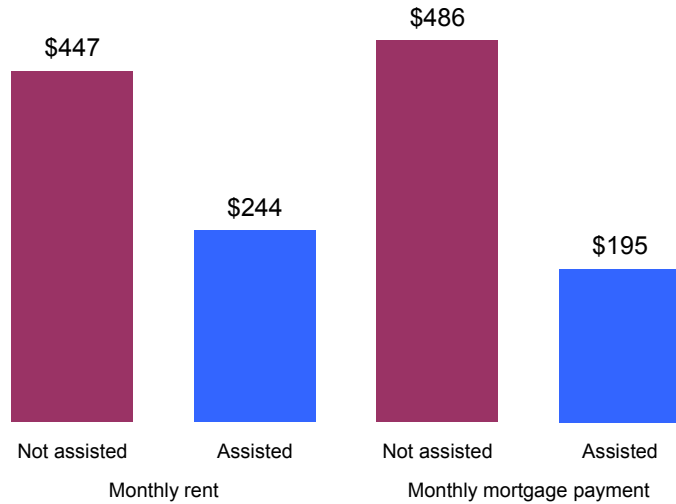


Figure 3 Mean senior renter and owner housing cost for survey respondents with and without housing assistance

Housing assistance has the effect of significantly reducing housing cost burden (Figure 4). With assistance, senior renters spend only 34% of their household income on rent, compared to non-assisted renters who spend 77% on average.

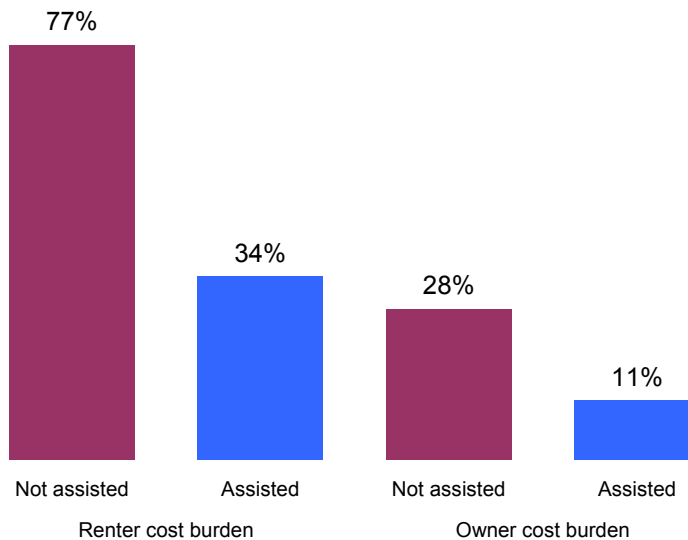


Figure 4 Senior renter and owner housing cost burden for survey respondents with and without housing assistance

Housing Condition

Most senior respondents reported their housing to be in good shape (28%) or needing only minor repairs (47%). Just 2% say that their home is in such bad shape that it is unsafe (Figure 5). It is worth noting that within this sample, there is no association between household income and housing condition. Households in the top third income group (\$1,030/month or higher) are just as likely to say that their housing needs major repairs or is in good shape as those in the lowest third (\$0-623/month).

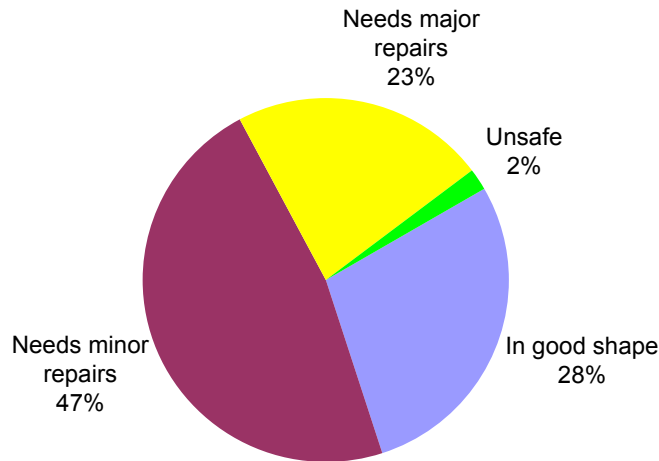


Figure 5 Housing condition (N=102)

Senior homeowners are more likely than renters to say that their housing is in need of both major and minor repair; and they are less likely to say that their housing is in good shape (Figure 6).

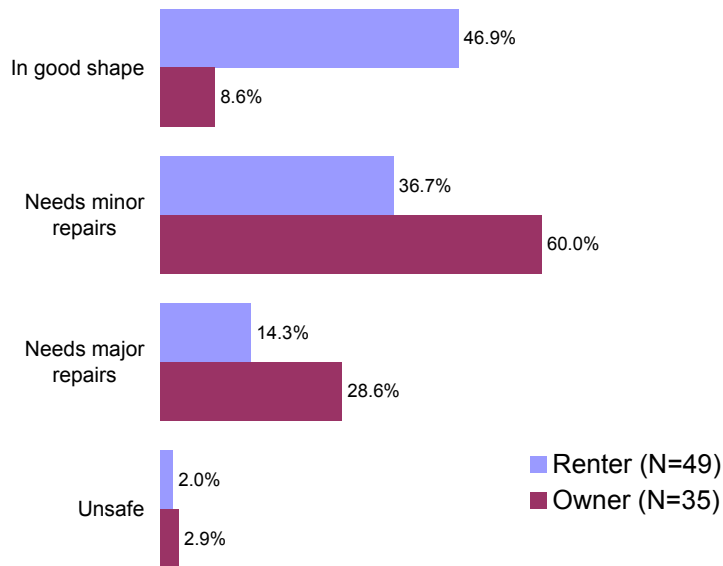


Figure 6 Senior housing condition by tenure

Health and Healthcare

Overall Health Status

Combining several categories of health status (Figure 7), about half of the senior respondents said that, in general, their health was good (34%), very good (10%), or excellent (4%). The other half said their health was fair (35%) or poor (17%). In contrast, during a 2002 countywide health survey of the entire population, 89% of participants said their health was good, very good, or excellent. That survey also found that households with annual incomes below \$20,000 were far more likely to report poor health.¹

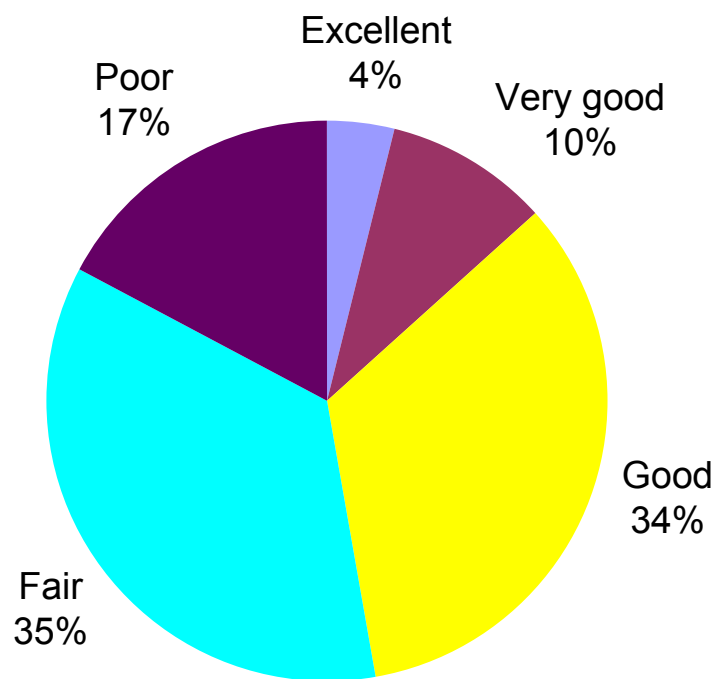


Figure 7 Senior respondent general health status (N=104)

¹ Whatcom County 2002 Behavioral Risk Factor Surveillance System Data Summary, Whatcom County Health Department, June 2003.

Health Insurance

Nearly half of senior respondents (46%) rely on Medicare for medical coverage (Figure 8), and 38% rely on Medicaid. About one in four senior respondents have no medical coverage at all. Commercial insurance plans were divided between those who pay for individual insurance out of pocket (4%) or through a group plan (4%).

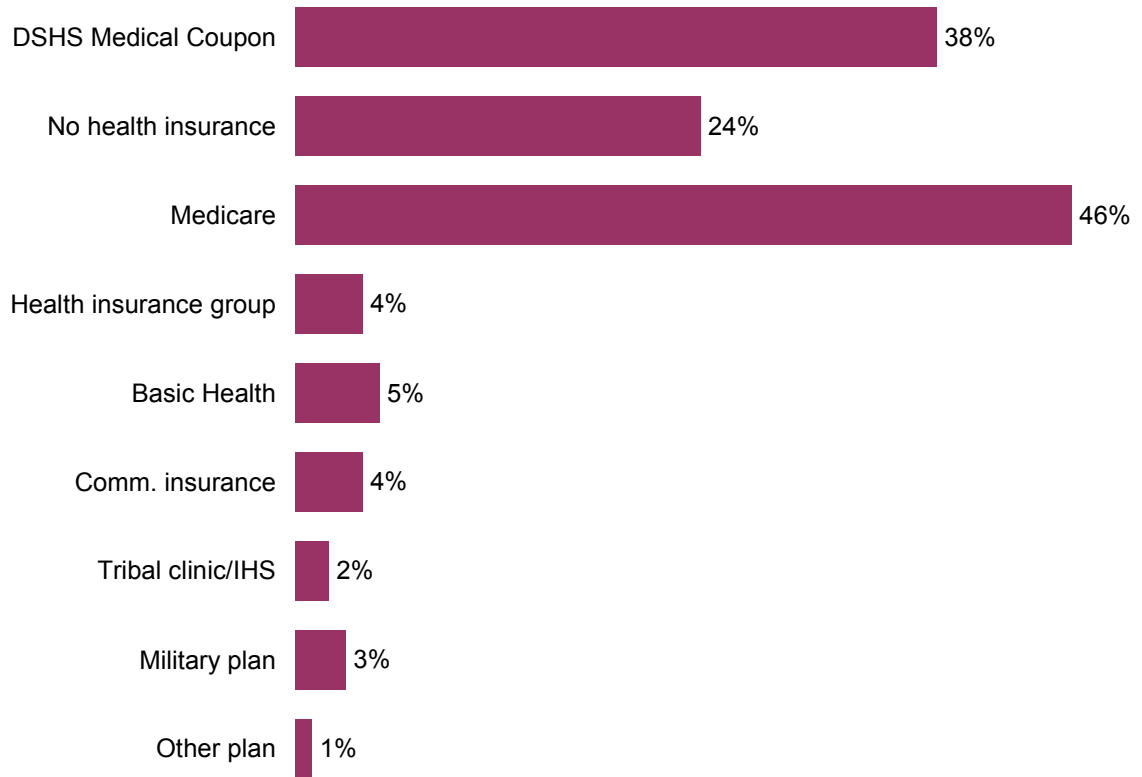


Figure 8 Senior respondent's type of health insurance (N=106)

Senior survey respondents reported that they usually get their medical care from a private doctor's office (40%), a community health clinic such as Interfaith Community Health Center or Sea Mar (43%), or the hospital emergency department (23%).

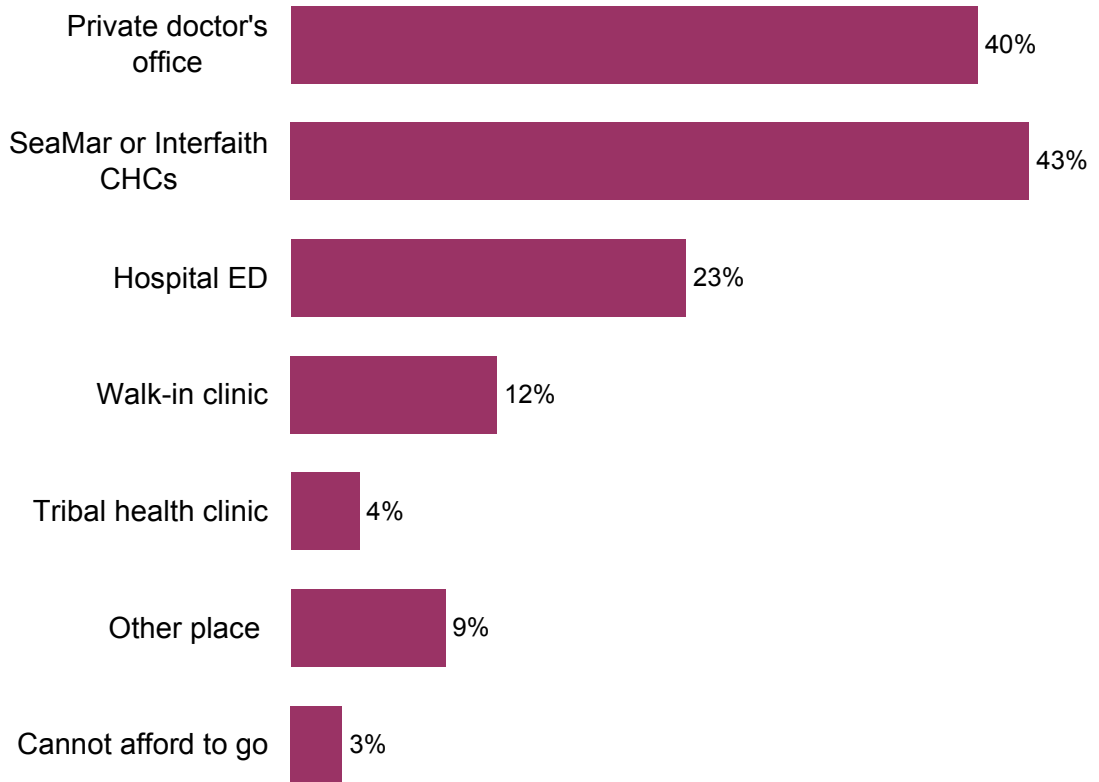


Figure 9 Where senior respondents usually go for medical care (N=102)

Most senior respondents (74%) said they usually go to a doctor or other healthcare professional for advice or information about their health (Figure 10). The next most frequently cited sources of health information friends (22%), the hospital (19%), family (16%), pharmacists (15%), and the internet (14%).

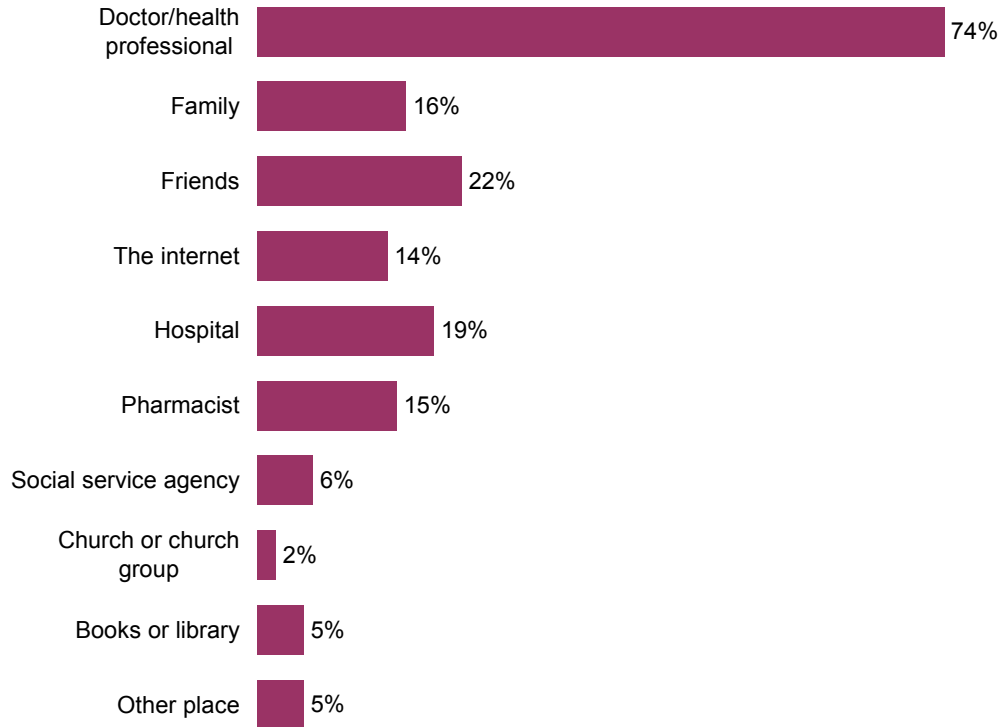


Figure 10 Where senior respondents usually go for advice or information about health (N=103)

Nearly two-thirds of senior respondents said that in the last 12 months, they needed medical, dental, mental health care, or medication, but didn't receive it (Figure 11).

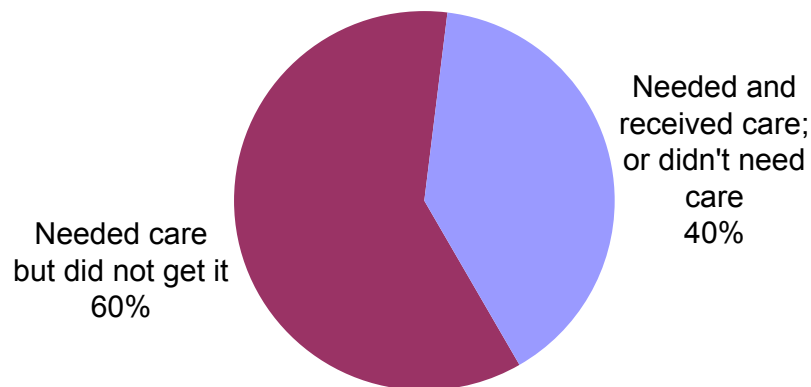


Figure 11 Proportion of senior respondents who needed medical, dental, mental health care or medication in the last 12 months, but did not get it (N=103)

By far, the most common reasons for not receiving any of four types of health care (medical, dental, mental health, or medications) are the high cost and not having insurance (Figure 12). About three in four senior respondents who did not receive needed dental or mental health care cited high cost as a reason.

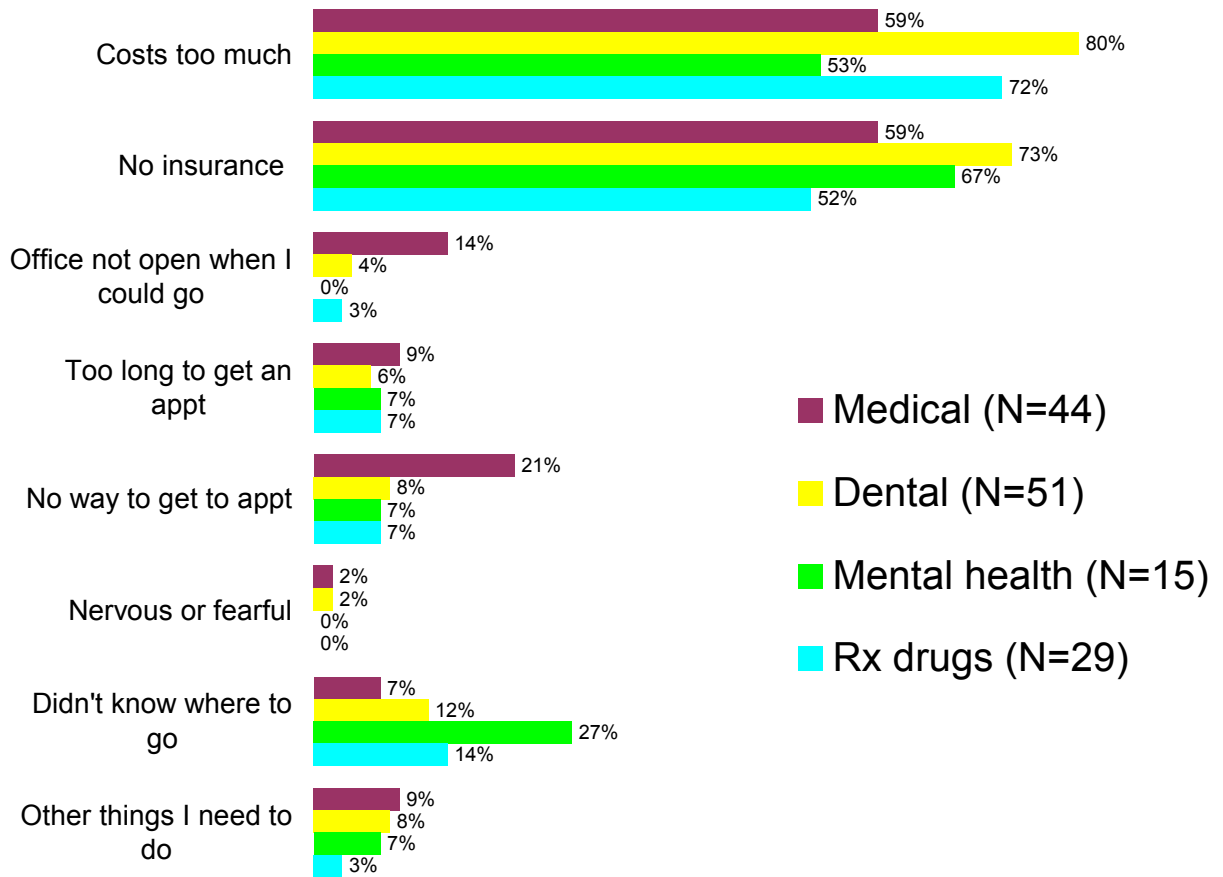


Figure 12 Main reasons for not getting each type of health care

Service gaps analysis

Survey respondents rated both the *importance* and the *availability* of 14 categories of services in Whatcom County to their own household. Below, we examine low-income, senior respondent perspectives on community services as a way to gauge local service gaps to the senior population.

Importance of services. Almost two-thirds of survey respondents say that affordable dental care (66%), housing assistance (60%), and affordable medical care (65%) are extremely important to their households (Figure 13). And more than half rated food assistance (55%) and energy assistance (54%) as extremely important to their households. Almost half said the same about living wage jobs (49%) and transportation (46%).

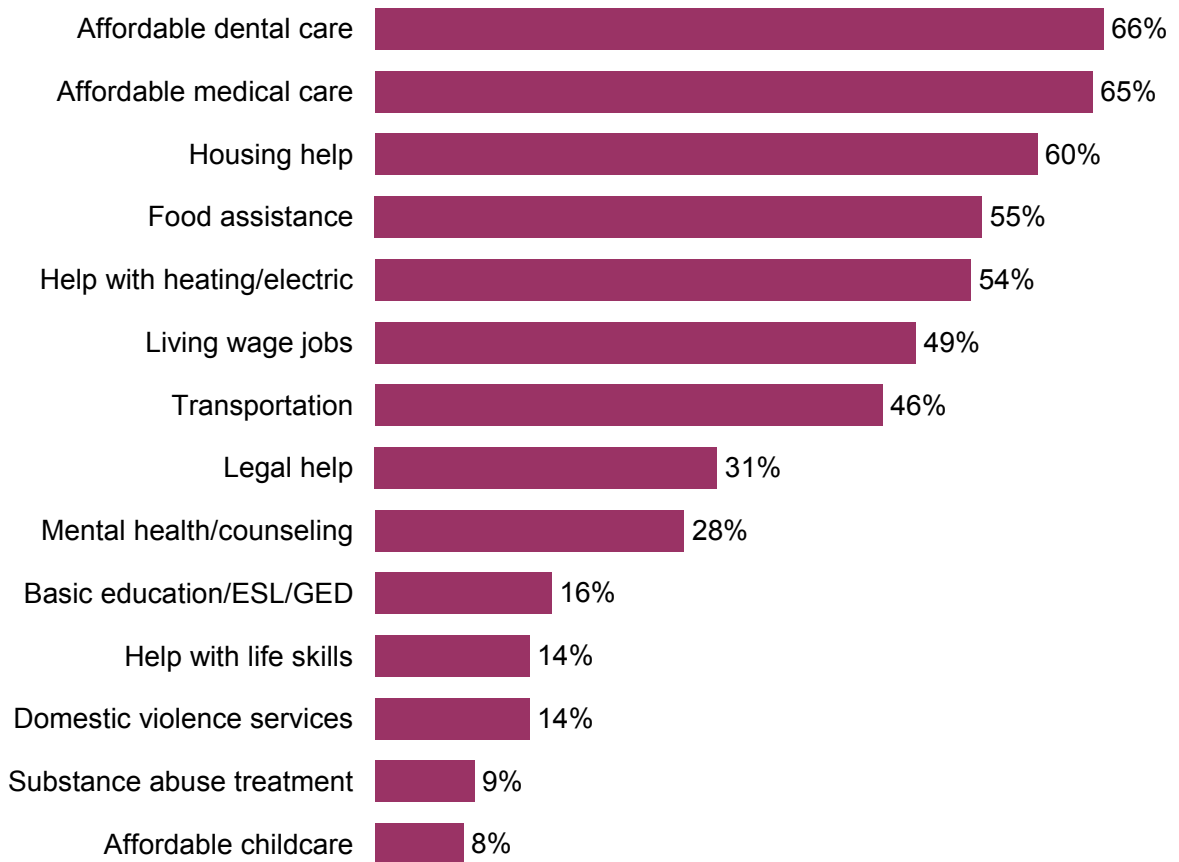


Figure 13 Proportion of senior respondents who rate services extremely important to their households

Availability of services. Significant proportions of survey respondents who had an opinion about service availability agree that some services are “very hard to get” in Whatcom County (Figure 14). More than half report that affordable dental care (56%) is very hard to get. The services next most frequently reported as very hard to get are living wage jobs (51%), and affordable childcare (43%).

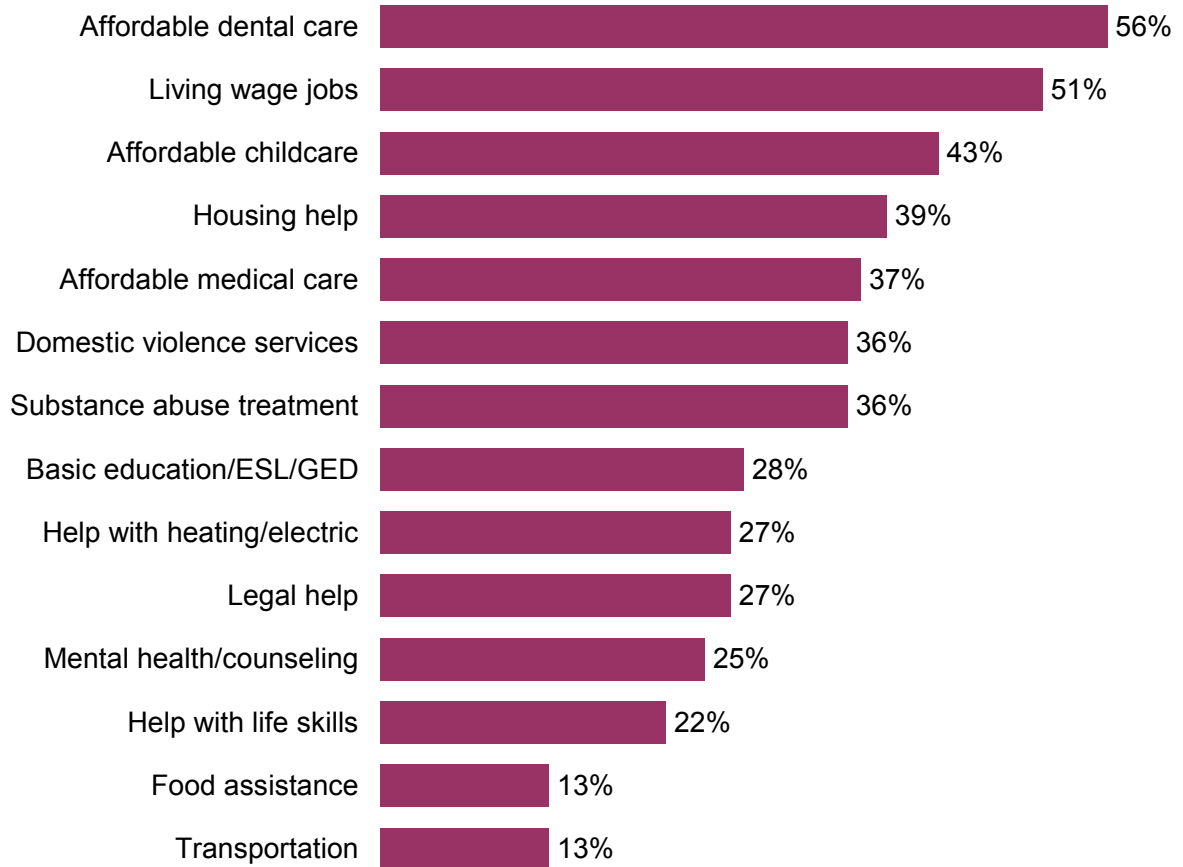


Figure 14 Proportion of senior respondents who rate services “very hard to get”

Services gap analysis using importance-availability index. From an individual household’s perspective, if a social or health service is both “extremely important” to their household and “very hard to get”, there is a perceived extreme service gap for that particular service. Figure 15 presents the proportion of senior respondents who perceive an extreme service gap for each of the 14 services.

Services perceived most frequently as having an extreme service gap are affordable dental care, housing help, affordable medical care, and living wage jobs (Figure 15).

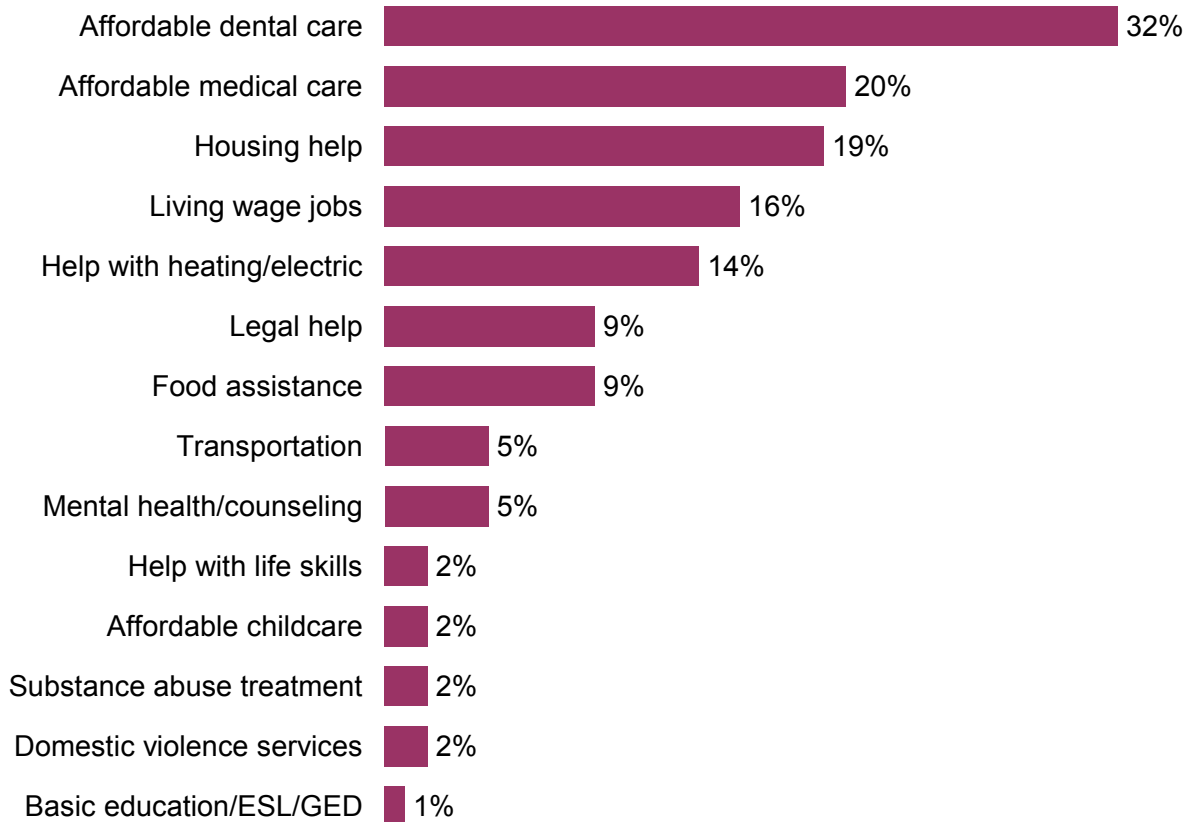


Figure 15 Percent of senior respondents who perceive an extreme gap in their community for the listed service (extreme service gap is defined here as “extremely important” to their household and “very hard to get”)

Services gap analysis using importance-availability coordinate system.

Because senior respondents rated these services on five-point scales,² another way to analyze these data is to calculate the average importance and availability scores for each service. These data form the basis of an “importance-availability” coordinate rating system (Figure 16). The average importance and availability ratings were calculated and plotted on a two-dimensional chart. The lines making up the “crosshairs” of each graph represent the average importance score and the average availability score of all services combined.

The importance-availability charts are divided into quadrants that rate the services as follows:

Quadrant I Services that rank above average in importance, and below average in availability

Quadrant II Above average in importance and availability

Quadrant III Below average in importance and availability

Quadrant IV Below average in importance, and above average in availability

Individuals and organizations planning for future services may want to pay particular attention to the services that appear in the first quadrant (I). These are the services that, on average, are extremely important to low-income households and very hard for them to access. For this report, we constructed an importance-availability chart for the low-income, senior respondents (Figure 16).

For this list of services, *affordable housing, dental and medical care, living wage jobs* and *legal help* appear to be high priority services needing attention. These are services that have a high potential to benefit most low-income, senior household, so it should come as no surprise that these rank high in importance across the whole respondent sample. This finding should not diminish the importance of other services that are needed by a smaller percentage of the population (e.g., domestic violence services are primarily important to respondents who have been affected by domestic violence).

² Importance scale ranged from 1, for “not important” to 5, for “extremely important”; Availability scale ranged from 1, for “very hard to get” to 5, for “very easy to get”

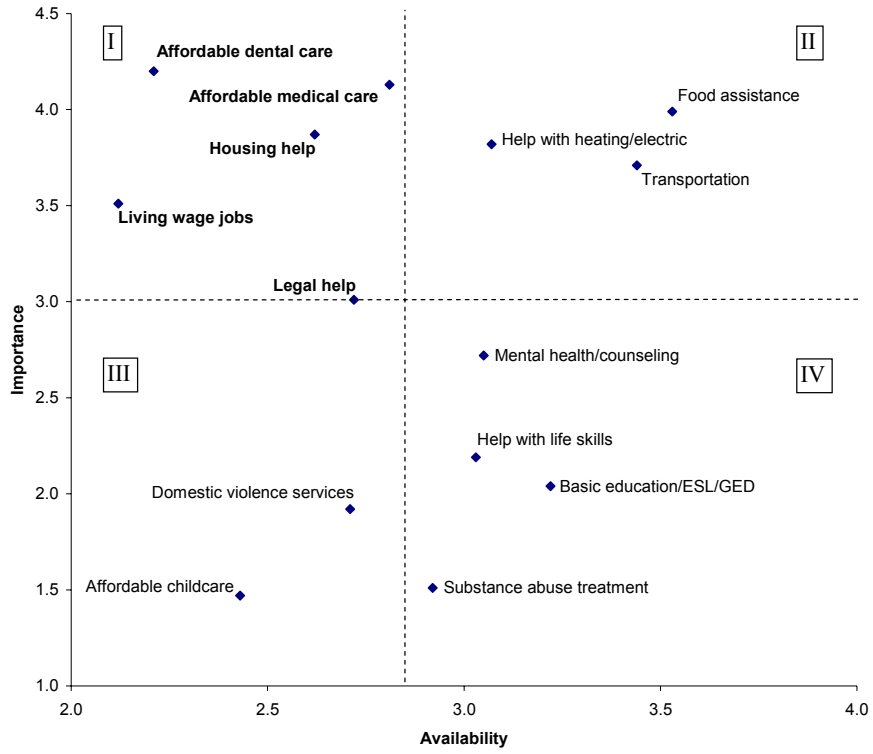


Figure 16 Low-income senior survey respondents' perspectives on services' importance and availability