

**Durham County Socially Isolated Older Adults
Durham, NC**

**An Action-Oriented Community Diagnosis:
Findings and Next Steps of Action**

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I. Executive Summary

Between January and May of 2002, a team of five master's students from University of North Carolina- Chapel Hill, School of Public Health, Department of Health Behavior and Health Education, completed an Action Oriented Community Diagnosis (AOCD) focusing on the socially isolated seniors of Durham County. The goal of the AOCD was to better understand the strengths and needs of the socially isolated senior community. In order to accomplish this, the team further defined the community as, "seniors who are not as connected to services or other seniors as they could or would like to be".

The students secured approval from the University of North Carolina-Chapel Hill School of Public Health Institutional Review Board (IRB). The student team then reviewed secondary data, about Durham County as a whole, and specifically about senior citizens, to better understand the community. The students also attended several meetings with service providers to learn more about the resources available to senior citizens. The team's preceptors provided referrals for both community members and service providers to interview. Other agencies that serve senior citizens, and especially more isolated senior citizens, helped secure the permission of community members to interview.

The students developed interview and focus group guides to collect primary data. The team interviewed a total of 32 individuals. Eight service providers and 16 community members were interviewed individually. Two focus groups were also conducted, one with service providers (five participants) and one with caregivers for seniors (three participants).

An analysis of the interviews showed that several themes commonly emerged in both the service provider and community member interviews. The most common themes were: transportation, crime, economy, physical and environmental hazards, lack of a coordinated referral system for services, race relations, social support, respite care needs, attitudes of seniors, and religion/faith. While senior citizens and service providers agreed upon the main themes, there were differences on the dimensions of some of the themes.

A community forum was organized by the team in order to share findings on the strengths and needs of the socially isolated seniors, to the larger community. Service providers and community members were invited to serve on the forum planning committee in order to have a forum that best met the needs of the community. The community forum, "Seniors and Those Who Care for them: A Dialogue for Action" was held on Sunday April 28, 2002. Approximately 40 participants attended, including the planning committee members. During the forum, the team of students presented the themes that emerged from the interviews. The participants then broke into small groups for discussions and the development of action steps that would improve the quality of life for isolated seniors in Durham County. Finally, each group reported back upon action items they plan to pursue and a closing was delivered by the director of the Council for Senior Citizens. Future actions will be supported by the Keeping In Step/Senior Issues Team (KIS/SIT), a coalition that focuses on improving services for senior citizens in Durham County. Participants at the forum were encouraged to join the KIS/SIT team to work together to build upon the strengths of the community and to achieve change that will benefit the health and well-being of socially isolated seniors in Durham County.

I. Introduction to Community

The definitions of “community” are just as varied and diverse as people themselves. For some a community is defined by geographical boundaries that link individuals together (Borne, et al., 2001). Cheryl Walter suggests that for a community to exist there must be relationships between the people and organizations in the community (Walter, 1997). An Action-Oriented Community Diagnosis (AOCD) is an attempt to assess the condition of a community and evaluate its strengths and weaknesses, and to increase the competence of a community in order to collaborate for change (Eng & Blanchard, 1991). The isolated seniors of Durham County are a community in that, although they are not spatially bound, there are common physical, social, and emotional characteristics that link community members. The term “isolated,” used to specify this community, seemed vague to the team and had many possible dimensions, so it was necessary to further define it. After much deliberation amongst team members and preceptors, the team elected to define the community as seniors residing in Durham County who are not as connected as they could or want to be to opportunities, services, and other community members. Throughout the document the term “community members” refers to older adults in Durham who may or may not identify themselves as socially isolated but who had been referred by someone else as being socially isolated. Yet, as will be described in this report, it became very clear that determining who was a member of this community and who was not was much more difficult than initially anticipated.

II. Methodology

In order to assess the strengths and needs of socially isolated seniors in Durham County, an AOCD was conducted. While some secondary data was collected, the focus of this process was gathering primary data. Both primary and secondary data collection occurred in the spring of 2002. The UNC-Chapel Hill School of Public Health Institutional Review Board (IRB) approved the research project prior to the collection of primary data (see Appendix H).

Secondary Data

Secondary data, or data reported upon from other sources, was used to inform this community diagnosis process. A variety of sources were reviewed by team members, a complete list of which can be found in Appendix A.

Information from these data sources was utilized as background information for the primary data collection process. Reviewing these resources enabled the interviewers to better understand interviewee responses and allowed them to probe for detail as appropriate. The team also utilized resources in the community (including the Keeping In Step/United Way Senior Issues Team [KIS/SIT] Resource Directory) and contacts were made at meetings (including the Social Worker Round Table) to recruit interviewees and focus group participants. One barrier that was identified in gathering secondary data was that while data is available on the general senior community, information on the socially isolated seniors in Durham County is scarce.

Primary Data

Summary

Primary data were collected through individual interviews and focus groups. Thirteen service providers, sixteen community members, and three caregivers were interviewed, totaling thirty-two individuals. These totals include the two focus groups that were conducted. Seniors who live in Durham were categorized as "community members," while paid service providers and caregivers were categorized as "service providers".

Participant Selection for Interviews and Focus Groups

Referrals were the main method of identifying individuals to interview. The preceptors for the AOCD project referred seniors served by their organization. They also contacted the directors of other organizations to refer community member for interviews. Many participants were referred by A Helping Hand, Hopeline, Senior PHARM~~Assist~~, Council for Senior Citizens, Meals On Wheels,

and other agencies. Meals on Wheels placed a flier in their meal deliveries one day, which yielded four interviews.

The team also attempted to recruit interview participants by asking community members to recommend other seniors who could be interviewed. This method was unsuccessful as not a single community member referral yielded an interview. This may be attributed to the fact that socially isolated seniors often lack a network of seniors that they can suggest for interviews.

Service providers were also referred to the team by the preceptors. Many service providers for socially isolated seniors, as well as elected officials, business representatives, and older adults, are members of the KIS/SIT, a coalition aimed at improving quality of life for seniors. These service providers represent many different types of services and non-profit agencies in Durham County including health care, social service, law enforcement, and others.

An array of community members and service providers were interviewed to capture various perspectives. The community members interviewed included four males and twelve females, all older adults. Some seniors were socially isolated by our definition, while others were key informants. Community members represented various levels of socioeconomic status and the two major ethnic groups of Durham County (African Americans and Caucasians). These individuals provided the “community member” perspective on assets and needs of the socially isolated senior community. The service providers interviewed included two males and eleven females, for a total of 13 interviews. They work for a variety of organizations that serve seniors and were interviewed to give the “service provider” perspective. Among all interviewees and focus group participants, four were African American and nine were Caucasian. A general description of participants is found in Appendix B.

Two focus groups were conducted. The service provider focus group included five participants who were recruited from the KIS/SIT Committee. The caregiver focus group included

three participants who were recruited from service providers. The participants in the two focus groups included 6 women and 2 men. They provided valuable information that expanded upon the responses received during individual interviews with service providers.

Development of Interview and Focus Group Questions

A lengthy process was utilized to develop interview questions. Separate interview guides were created for the service provider and the community member interviews. Interview guides from previous years served as models for the original questions. The preliminary interview guides were pilot tested with a service provider and a community member. Based on findings from the pilot interviews, the interview guides were revised. The team thoroughly reviewed the guides after the first couple of interviews. Careful editing was done to ensure that the wording of questions was precise, and that the community was clearly defined, specifically socially isolated seniors, prior to conducting more interviews. Questions that yielded less relevant information were removed. Probing questions were added to gather more detail on salient issues. The interview guides were honed throughout the interview period, between February and April of 2002. Interviewees' responses remained confidential and compensation was not provided for their participation. See Appendix C for a final copy of the service provider and community member interview guides.

The focus group moderator guides were based upon guides developed in AOCD projects from previous years. Two focus groups, one with service providers and the other with caregivers, had different interview questions. Since they occurred toward the end of the interview process, we were able to select those questions that were found to be most salient from the individual interview guides. Focus group participants' responses remained confidential. Monetary compensation was not provided for participation, but snacks and beverages were provided during the sessions. See Appendix C for a copy of the focus group guides.

Interview and Focus Group Methods

All interviews were conducted in pairs, with one student serving as the interviewer and the other as the note-taker. At the start of the interview, the students reviewed the IRB Fact Sheet with the interviewee (see Appendix D). This fact sheet outlined the purpose of the study, what interviewees' participation entailed, and ensured confidentiality of the interviewees' responses. Questions about the process were answered and permission was secured to tape record the interview. All but one participant agreed to be tape recorded during the interview. Two telephone interviews were also conducted, at the request of these seniors. In the telephone interviews, interviewers read the entire Fact Sheet, all questions were answered, and a copy of the fact sheet was mailed immediately after the interview. With permission, these two interviews were recorded using a telephone recording device. Instead of having a note-taker, a second student listened to the interview tape and took notes.

At the conclusion of the interview, interviewees were asked about other community members they would recommend that we interview. Participants were asked to secure permission from the person they recommended prior to the team contacting them. Interviewees were also invited to join the forum planning committee and to attend the community forum. Addresses were recorded and stored separately from the interview notes for the sole purpose of mailing thank you cards and forum invitations.

Focus groups were also conducted with a minimum of two students present. One student served as the focus group moderator and the other as the note-taker. The IRB Fact Sheet was reviewed in the group sessions and each participant received a copy. With the consent of all participants, both focus groups were tape recorded to accurately capture all comments and assist in the analysis process. Addresses were recorded and stored separately from the focus group notes for the sole purpose of mailing thank you cards and forum invitations. A description of focus group attendees is in Appendix B.

Interview and Focus Group Analysis Process

A four-step data analysis process followed each interview. The intention of this process was to reduce interviewer bias by capturing information through field notes and by having a total of three team members hear each interview. This process ensured that nothing would be inadvertently left out of the notes. The process details are described in Appendix E. While this process was time-consuming, the team believed that it thoroughly captured interview information and reduced information bias.

Focus group analysis followed a similar process. The main difference was that two individuals listened to the transcript and added to the notes. This analysis process is also described in Appendix E.

After all interviews and focus groups were completed, themes that recurred frequently were noted. The themes were summarized separately for the “community member” and the “service provider” perspective. Similarities and differences between the two perspectives were noted. Themes were presented at the community forum and are summarized in this document.

Limitations in Data Gathering Process

The AOCD team encountered a few limitations in the data collection process. For secondary data, one major limitation was that no data exists to describe socially isolated seniors. While a lot of data is available regarding seniors in general, there is little on socially isolated seniors. The team speculates that this lack of data is due in part to differing definitions of social isolation. Also, many seniors who are isolated are not identified as such by most agencies. Thus the secondary data in this document is characteristic of all seniors in Durham County, North Carolina and not just those who are socially isolated.

In the primary data collection process, the main limitation of interviews and focus groups was that most participants were referred by agencies. The community members interviewed were

least connected to at least one or two resources, while the team believes that many socially isolated seniors are not connected to any community services. The team also believes that the voices of isolated seniors who do not utilize resources were not well represented in the sample of interviewees. The team found it difficult to identify socially isolated seniors because they do not have personal connections through which they can be readily contacted. This is likely the reason that no community members were referred for interviews by other interviewees.

Bias may also have been introduced during the interview process. For instance, the ethnic background of the interviewers may have influenced participant's responses to questions regarding race relations. Also, interviewers may have biased the information gathered by their interview style and the way they worded and ordered questions. Interviewees may also have reported only socially desirable responses. It is also important to note that many interviewees did not state that they were isolated, even though service providers referred them because they believed they were more socially isolated than other clients.

For the focus groups, the main limitation was low attendance. In one focus group only three out of the six confirmed participants attended. Anecdotal information revealed that scheduling conflicts were the reason for low attendance.

The final limitation is one that is often experienced in a community diagnosis process: lack of time. Given more time, the team could have completed more interviews and hopefully included perspectives of people not represented in the sample, such as seniors and service providers in institutional settings. Finally, with more time the team would have attempted to interview individuals of ethnicities in addition to African-American and Caucasian individuals.

III. Overview of Durham

This community, like all other communities, is affected by the history, economic, political, geographic, demographic, environmental, social, and cultural factors in and around it. Below is a brief overview of these factors.

Geography

Durham County is part of central North Carolina's Piedmont region, an area three hours west of the Atlantic Ocean and east of the Blue Ridge Mountains. The five counties bordering Durham are Person (north), Chatham (south), Granville (east), Wake (southeast), and Orange (west). Durham County is relatively small, stretching across 299 square miles. The city of Durham encompasses most of Durham County, accounting for 215.9 square miles. The location of Durham allows moderate temperature with relatively high levels of humidity (Chugh et al., 1996). The Raleigh-Durham area was ranked by Rand McNally in 1989, as the number one place to live in North Carolina (Greater Durham Chamber of Commerce, 1993).

History of Durham County

The city of Durham was first built as a railroad station on land owned by Dr. Bartlett Durham. Durham County was officially recognized in 1853 taking with it portions of land from Wake and Orange Counties. Soon after, Durham grew and prospered tremendously as a tobacco manufacturing town. Many seniors can remember when tobacco processing was one of the thriving sources of employment and income in Durham County. Today, Durham has evolved from a manufacturing and agricultural town to a nationally recognized city at the forefront of medicine, research, and technology (Chugh et al., 1996; Franklin et al., 2000). Durham has undergone many changes that may affect the lives of seniors in Durham County.

Business and Industry

Before the Civil War, Durham's economy was largely dependent on its place as an industrial center bordering the agriculturally-based Orange County. After the Civil War, the tobacco industry

found its way to Durham and created its greatest economic boost. While Whites were utilizing Durham as an important business center, African Americans were beginning their own path to economic independence. Freed slaves migrated to Durham looking for work and soon were able to organize their own successful businesses. Known as the “Black Wall Street,” several African American financial institutions were founded in Durham. Two of those, the North Carolina Mutual Life Insurance Company and Mechanics and Farmers Bank still operate today. Since then, many of the tobacco companies have left town and have been replaced with scientific and technology based businesses. The Duke University Medical Center, nearby Research Triangle Park, and other similar businesses are major sources of Durham’s economic growth today (Chugh et al., 1996; Franklin et al., 2000).

Demographics

The current population of seniors aged 65 and over in Durham County is approximately 21,574 (U.S. Census, 2000). They comprise 9.6% of Durham County’s total population and 9.4% of Durham city’s population, which is 3.6% male seniors and 6% female seniors. In the state of North Carolina, seniors represent 12.0% of the population (U.S. Census, 2000). Table 1 shows the racial/ethnic breakdown of seniors in Durham County and City in 1990. A more recent breakdown of senior demographics was not found at the time of this report. It is also important to note that these numbers represent the total population of seniors in Durham County and are not specific to isolated seniors. Actual data about isolated seniors is unavailable at this time (Chugh et al., 1996).

Table 1: Durham City and County population Age 65 and Older By Race in 1990

	White		Black		Hispanic		Asian/Pac. Island		American Indian	
Age	County	City	County	City	County	City	County	City	County	City
65-74	7722	5435	3328	3044	51	34	51	40	11	--
75-84	4346	3368	2018	1839	19	15	22	20	7	--

85+	1411	1152	570	522	4	3	--	--	2	--
Totals	13479	9955	5916	5405	74	52	73	60	20	--
Totals	13,479		5,916		74		73		20	

(U.S. Bureau of the Census, 1992 as cited in Chugh et al., 1996)

Although these numbers may indicate that seniors are a small part of Durham's population, the situation of seniors in Durham is at a pivotal point. As is the rest of the country, Durham is facing the "graying of America." In the next 20 years, statisticians estimate that the population of persons 65 and older will increase by 72% as a result of the aging baby boomers (Chugh et al., 1996). The baby boomers represent a major proportion of Durham's, and the nation's, population and as this cohort ages, seniors will have a major influence on services and opportunities in Durham and in the nation.

Approximately 50% of Durham County seniors possess a high school degree. This percentage is slightly higher than North Carolina seniors (43%). However, seniors' educational attainment level is not directly reflected in the income levels of their households. Seniors' income levels range widely from less than \$10,000 to over \$100,000 (Chugh et al., 1996). Statistics indicate that African Americans in Durham County live disproportionately below the poverty level as compared to Whites (U.S. Bureau of the Census, 2000). Seniors' income is a large determinant of their access to services and agencies.

Services Available to Seniors

The Council for Senior Citizens (CSC) in Durham County was established to meet the needs of Durham seniors (J. Pellettier, personal communication, 2002). The Keeping In Step directory was prepared by CSC and KIS/SIT to provide information for seniors regarding finances, healthcare, housing, independent living, legal issues, relief, safety, support groups, transportation, volunteering, and employment services. While this resource guide seems comprehensive, these services may not necessarily meet the needs of isolated seniors. Isolated seniors may not have the

resources needed to access these services and may not know how to acquire a directory. Although there are eight senior centers located around Durham County, isolated seniors may not desire to go, have transportation, or be physically able to access the activities and services available at the centers. However, there are some services, such as Hopeline, cited in this directory that are geared toward isolated seniors. These agencies may provide transportation or communicate via telephone to aid seniors. Seniors may also have problems navigating the system and paperwork necessary to receive services. Appendix F contains an example of how a senior can navigate the system in order to effectively maneuver their way through governmental and agency logistics.

To gain a first hand look at how some services meet the needs of isolated seniors, the team volunteered to deliver noon meals for Meals on Wheels. It was inspiring to see volunteers of all ages taking time to deliver food to persons who may not have other options for meal preparation. The people receiving meals seemed very appreciative. Most of the people we served were elderly, but without having a conversation with them it was hard to determine if they were isolated. It was frustrating to see the conditions in which some seniors live. Some team members saw seniors living in very poor conditions and literally unable to move about in their own homes. There was a situation where an older woman's walker was stuck underneath a piece of furniture and she was not able to get it out to walk with until someone came by with the meal (as outlined in team field notes).

Health Care Services

The city of Durham, also known as the "City of Medicine," has a multitude of health care services available to seniors. The major sources of health care in Durham are The Duke University Health System, Lincoln Community Health Center, Durham County Health Department, and The Durham Center (a mental health facility). There are five hospitals located within Durham County: Duke University Medical Center (DUMC), Durham Regional Hospital, Veteran's Administration

Medical Center (VAMC), North Carolina Eye and Ear Hospital, and Lenox Bakers Children's Hospital.

The DUMC and VAMC each have a geriatric clinic that focuses on the needs of their senior patient population. These specialty clinics provide comprehensive health services and target frail seniors and those with multiple health problems, but the vast majority of Durham seniors do not receive health care from these clinics. The Durham Regional Hospital recently closed a Medicare-only health clinic. This clinic was housed in Northgate Mall, a central and well known Durham location. The clinic's focus was to provide primary and preventive care to seniors through on-site physicians, nurse practitioners, social workers, and nurse educators. Interviews revealed that the closing of this convenient center was a great loss for seniors and service providers in Durham County (G. Upchurch, personal communication, 2002).

Most seniors in Durham receive their healthcare through physicians in private community practice, Duke Outpatient Clinics, and Lincoln Community Health Center. The Lincoln Community Health Center opened in 1970 and has served as a major center of healthcare for Durham County residents, especially African Americans. Approximately, 83% of Lincoln's patients are African American. The Durham County Health Department, located in downtown Durham, only provides home health nursing to a portion of Durham seniors. Seniors who are able to access the Health Department and are eligible for these home health services may receive them at little or no charge. It is the team's belief that isolated seniors may be patients at any one of these facilities.

IV. Service Provider and Caregiver Perspectives

The professionals who provide services to seniors and caregivers of the seniors in Durham County shared their views regarding the needs, concerns, strengths, and assets of the isolated seniors in Durham County. Out of these views, several themes emerged. Complete descriptions of each theme are presented below.

In addition to individual interviews, two focus groups were conducted. One was with senior caregivers and one was with service providers. Although these caregivers could be considered community members, they are also service providers in that they meet the needs of a senior on a daily basis. Caregivers provide services to a loved one that many other people hire an agency to perform. The team felt it was important to include caregivers as part of the seniors' service provider network. After analyzing the caregiver focus group, it was evident that their perspectives closely matched those of other service providers. Their views are included in the discussion below.

Transportation

The issue of transportation was raised during service provider interviews and focus groups. In general, all service providers interviewed believed that there is a serious lack of transportation for seniors in Durham County. Service providers identified certain providers of transportation for seniors, such as church vans, Red Cross (for medical transportation), and ACCESS. Other seniors have to rely upon friends and family to help get where they need to go. Service providers indicated that although Durham has a bus system, this system is not conducive to meeting senior needs. Many bus stops do not have benches or covered waiting areas. This poses a major problem for seniors who are unable to stand for long periods of time waiting for a bus. Another observation by service providers was that the bus system does not run outside of the city limits. County residents are unable to utilize the bus and thus have even less access to available transportation.

Crime and Safety

Service providers indicated that law enforcement services are good for seniors, but seniors remain a target of crime. One interview revealed that Durham County has a special law enforcement task force, TRIAD, which focuses on the perception of crime and on preventing and investigating crimes against seniors. TRIAD is governed by a senior advisory council or SALT (Seniors and Law Enforcement Together) Council. TRIAD consists of a sheriff, the police chief,

and senior leaders in the area. It strives to promote safety through education, law enforcement support, and other resources for Durham seniors.

The major crime-related concerns expressed by service providers, were cons, fraud, violent crimes, theft, and elder abuse. One service provider said that elder abuse is becoming a more common problem among seniors in Durham County. Service providers shared that while crimes against seniors are occurring, many seniors don't tell anyone when they are victimized. Speaking about crimes against seniors, one service provider commented, "Before, seniors were embarrassed to say that people came in and took their life savings...No one believes that elder abuse happens and many senior's won't admit it." Another said that some of the seniors she has contact with are afraid to leave their homes, "They are kept in by the type of activity that is going on around their home and in their community (referring to drugs and gangs)."

Economy/Income

Service providers agreed that while Durham County may receive more grant money for seniors than other less populated counties, it still is not enough to meet agencies' needs. Lack of funding makes it difficult for service providers to reach out to isolated seniors and leaves little money for "non-essential services" such as recreational activities for seniors. Some service providers have noticed that middle class seniors often slip through the cracks in their organizations. These seniors may receive too much money to qualify for free services and too little to pay for those same services. Service providers also recognized that because seniors live on a fixed income they often cannot afford medications that they may need.

Physical/Environmental Hazards

When interviewing service providers about physical/environmental hazards in Durham, many agreed that sidewalks were a major problem. They communicated that there are poor and inconsistent sidewalks around Durham, some that are too high and lack curb cuts, making them

difficult for disabled seniors to negotiate. One service provider expressed that, “you can go a stretch and there is a sidewalk but then all of a sudden you are either walking in grass, or mud or the road.” Another problem is the compatibility of seniors' homes with their needs, such as a ramp for wheelchair access to get in and out of their home. One service provider commented that, “They (seniors) are isolated in their homes due to their own driveway.” Other concerns about hazards included the traffic in Durham being too fast.

Lack of Coordinated Referral System

Service providers believe that volunteers and word of mouth are the major ways the seniors connect with services. Many service providers said that seniors do not know about most services to take advantage of them. They also said that when seniors do discover a service they are often frustrated and confused by the process of accessing the service. A service provider described the barriers for seniors to access services by saying, “every time you need services it is like trying to file your tax returns.”

Race Relations

There was a concern that seniors in Durham engage in self-segregation. Although most seniors of different races get along, they utilize very different services. A service provider observed that, “our seniors were here in segregation days. There is still overt and covert racism that exists. For people who came through the Depression, this greatly impacts how they live today.” Service providers have noticed that “Whites go here and Blacks go there.” Churches, funeral homes, and senior centers are often divided along racial lines. Additionally, some service providers report that seniors express the desire to receive services from same-race providers.

Collaboration/Service Provider Network

Service providers felt strongly that they have a great network for senior issues. They believe that there are many services available, however, there needs to be more collaboration. The KIS/SIT

is a good example of some of Durham County's community groups and agencies coming together to meet the needs of older adults. This type of collaboration is needed across all agencies. One service provider admitted that personal friendships with people at other agencies are the only way he/she is able to get information about a client. There may be a lot of individual contacts and collaboration, but very few at the organizational level.

Social Support

The need for support for seniors was also expressed by service providers. Although homes are more spread out in the county areas of Durham, service providers believed that close relationships exist outside the city limits. According to service providers, some seniors are fortunate enough to have family or friends nearby to encourage and support them. Without these types of relationships, seniors often find themselves unable to problem solve and isolated from the rest of the community.

Respite Care

Respite care is a new service that seeks to support caregivers. Service providers recognize that there are some respite care services available in Durham, but also realize that there are still not enough. Service providers expressed a great need for more caregiver support services, to help all seniors in need. However, they noted that many of these services have received large budget cuts, which will affect them for years to come. Ideally, respite services would not only include supporting those caring for older adults but also helping seniors who are guardians for their grandchildren and seniors who take care of mentally ill children. One service provider described these services as "lifespan respite."

Attitude

Some service providers have a perception that seniors' personal attitudes, opinions, and possible depression contribute to their isolation. They observed that many isolated seniors indulge

in self-pity or are too proud to ask for help. Seniors may either want others to feel sorry for them or want to be able to take care of themselves, perhaps unrealistically. Service providers believed that many seniors become isolated because of their attitude toward their disability and aging.

Role of Religion/Faith

While Durham churches may be segregated into Baptist and Methodist or Black and White, service providers agreed that faith communities are highly influential and positive aspects of seniors' lives. Church activities and membership help seniors stay active and feel supported. Their faith is very important to them and is what sustains many seniors when they are ill. A service provider observed that, "seniors will come down (to senior centers) for Bible Study, but not for lunch or any other activities." Some service providers also noted that African American church members are more likely than White church members to help seniors out with everyday needs. Regardless of race, service providers overwhelmingly believed that seniors' activities are related to their church memberships. Durham Congregations In Action was recognized in our interviews as a strong example of how Durham churches work together to aid seniors.

With the exception of religion, many of the aforementioned themes reflected problem areas in the community, rather than assets. The intention of a community diagnosis is to focus on both strengths and problems areas in a community. Though service providers were asked specifically about assets of this community, many replied that they could not think of any except for religion.

V. Community Member Perspectives

A total of 16 community members were interviewed during the AOCD process. These seniors either deemed themselves to be isolated or service providers felt that they were more isolated than other seniors in the area. These interviews were conducted with the hope of giving a voice to isolated seniors who may not otherwise have a voice in the community. One senior stated, "Seniors are concerned with community. They want their community to be better than what it was..." There

were a number of dimensions to each of the following topics and, because the views of the community members were unique to the individual and his or her experience, opinions differed. The following descriptions attempt to explain the majority of what community members voiced during the AOCD process. Each theme will be outlined below.

Transportation

The ability of seniors to move around Durham County depends, in large part, on their ability to access transportation. Those seniors who can still drive, drive themselves, but they often avoid peak traffic hours. One senior described losing the ability to drive her own car as “a horror.” Losing the ability to drive forces seniors to rely on others, such as family or friends, to take them where they want or need to go. ACCESS vans and Red Cross vans require prior paperwork and advance notice, which hinder the ability of a senior to travel quickly. They have limitations on the number of bags that are allowed on the ACCESS vans, sometimes restricting activities such as grocery shopping. The vans may also compel seniors to wait for long periods of time when they are picked up and/or brought home.

Many seniors felt that the buses in Durham are inaccessible because bus stops are either too far away or there are no seats or covered waiting areas at the stops. In addition, the buses travel through unsafe parts of town and the system may require seniors to switch buses. Seniors expressed that this was difficult for them without someone helping them navigate to the right spot and physically helping them move from one bus to another. Sometimes there are not bus routes close to senior centers. One senior said, “Bus goes everywhere. Why not go here? We’re seniors, we worked and paid taxes.” Most seniors also stated that transportation was too expensive. One senior stated that she spends the majority of her money “paying people to take me places.” She further went on to say that it cost her “\$15 to go any place.”

Physical/Environmental Hazards

Many seniors described barriers such as hazards around the home and in the community, which contributed to a fear of leaving their homes. These barriers kept them more physically isolated than other seniors. Barriers for seniors in wheelchairs included not having doors wide enough to accommodate wheelchairs and not having ramps to facilitate entering and exiting the house. Many seniors who owned their own homes were unable to afford home maintenance or to make repairs on their own. Therefore, porches and steps that needed to be repaired hindered the ability of seniors to leave their homes. Many seniors chose to stay in their homes due to fear of falling. One senior had a fear of being sent to a nursing home if she/he called the police more than four times after having fallen. She stated “if you fall too much, they send you to a home.”

The lack of sidewalks and uneven pavement were also noted as barriers that kept seniors more isolated than others. Not having a location to walk safely made many seniors more likely to stay in their homes. Seniors cited an increase in traffic as another environmental hazard that deterred them from leaving their homes. Whether seniors were walking or driving, the increasing number of cars would “run ya over.” To complicate the situation, many seniors also noted a lack of streetlights, which made them feel unsafe walking outside at night.

Lack of Community Support

Seniors felt that social support was vital to their ability to stay active, and that this support was usually provided by friends and family. A strong network of involved family and/or friends usually prevented isolation. However, seniors noted that people do not help one another like they should “because older people are gone and now it's only younger people and they don't care. Family doesn't care for you like they used to.” Another senior noted, “Strangers are more willing to take care of the elderly than their own people are. Since their own people are not bothering with them, it is causing these older adults to have a real hard time.” The extent to which family or friends

provided social support sometimes differed by race, with family playing a more caregiving role in many minority communities. One senior said, “I did not raise my children to take care of me” where other seniors wanted someone to take care of them. Seniors also expressed a need to interact with people other than seniors because they used to interact with people of all ages and now all their interactions are with older people. Many of the more isolated seniors who did not personally interact with many people on a weekly basis, reported using the phone on a daily basis to speak with others. Many seniors also had pets that provided company and companionship. Many of their activities were solitary, such as watching television and reading.

Seniors also noted signs of a changing society within Durham County that contributed to the sense of lack of community. The growth of Durham County has changed the home that many of the seniors knew when they were younger. This is disconcerting for seniors and exacerbates the feeling of lack of community.

Some seniors had moved here when they were older so they felt disconnected from the area and did not know many people. They never felt attached to their surroundings and did not feel as if they had a role to play in the community.

Many seniors remarked that they would feel like part of a community if they were needed. Some felt needed in a variety of different ways, whether by providing care for a pet or by feeling someone else relied on them. They found solace and a sense of belonging from activities like these. Many seniors also noted group meals and social locations, such as area cafeteria restaurants, as places where they enjoyed seeing familiar faces and socializing. Those who did not have these things felt burdened with a sense of not having any companionship.

Lack of Coordinated Referral System

Another concern expressed by seniors was the lack of understanding on how to navigate “the system.” There is too much separation of the services and many seniors do not find out about

services until they are necessary or it is too late. Those who knew of services often found them through a volunteer or by “chance.” Many seniors were unaware of services that are provided for them, and do not know where or who to approach when they need help solving problems. Unfortunately, seniors are not aware of a coordinated referral system, such as 2-1-1, a phone referral system offered by United Way, which would help facilitate this process. Seniors expressed frustration at calling one place and being referred to another place or repeatedly reaching an answering machine. Several seniors said that “they had been let down by the system.”

Crime and Safety

Many seniors fear leaving their homes, which greatly contributes to isolation. Some stated that they do not participate in activities at night because they were scared to be out past a certain point in the evening due to criminal activity. One senior noted that he/she did not want to return late in the evening because she lived alone. Another senior was scared to let people into her home due to recent break-ins in her neighborhood. One person said he/she moved the ramp that was in the front of his/her house to the back, so that people would not know that a handicapped person lived there. There was also some mistrust of the police. Some seniors said that the police would help, but they were hesitant to call them because they thought they might suffer negative consequences, such as being sent to a nursing home. In general, seniors were concerned about the amount of crime in Durham County and felt vulnerable to it. One senior stated, "It was scary living alone. On TV, I saw that an elderly man was robbed and beaten to death. People are mean." Another senior thought that you have “gotta be careful who you open your door to. Gotta be careful on the phone. Don’t give out your phone number.”

In-Home Services

Interviewees expressed a need for in-home services for the senior community in Durham County. Seniors want to stay in their own homes because they provide familiarity that new housing

may not afford them. Though they may need assistance, they preferred to receive it in their own homes rather than in nursing homes or assisted-living facilities. Dealing with everyday hassles, such as taking out the trash, was extremely difficult for some and many of them needed help with simple chores such as cleaning house. Also, for larger jobs such as moving, seniors need someone to not only move their things, but also to pack them. In addition, the need for respite care was a major concern as well. Many caregivers reported being exhausted and needing a break, but this requires someone to come into the home and take care of the senior. The following are topics of concern that pervade the discussion of themes mentioned above.

Dissatisfaction with Services

Many of the seniors who were more isolated than other seniors in Durham County expressed dissatisfaction with existing services that they are aware of. Several do not like the existing services and do not feel that the activities are geared towards them. Some seniors felt that the activities were not stimulating and they did not want to “play cards or checkers.” Many seniors also stated that they do not want to spend time with other older people. One senior said, "You can't put people all in one place and tell them to be happy." Others noted that many of the activities focused on activities, such as arts and crafts, that females rather than males would enjoy.

Many seniors noted that it was difficult for them to participate in senior center services and activities due to a lack of transportation, and some felt that the senior centers catered to seniors by region. Some seniors expressed skepticism at the intentions of the new Center for Senior Life wondering if it was to be built “for the people or for the politicians.” This general concern about larger governmental or authoritarian bodies applies to other types of services as well. For instance, some seniors felt that they would lose their existing services if they sought new services.

Societal Disregard for Seniors

Many seniors felt that people and society in general, do not value seniors and do not want to take care of them. It is a "philosophical problem that no one believes in old age" and that they "think it happens to other people and won't to them." Some seniors feel that their issues are disregarded or dismissed, especially those that impact budgeting and programming of activities. One senior admitted, "I should have been an activist." Many seniors felt further stigmatized by their disability whether it is vision-related, hearing loss, or being in a wheelchair. Seniors also reported the need for younger people to come and speak with them. One senior stated, "Seniors move slowly, but our brains still work." Some seniors feel like they are treated as if they are not needed, but one senior reminds people that "You have to walk in these shoes to understand."

Attitude

Many seniors identified a need to be self-reliant, as they do not want to be a burden to anyone, especially friends and family. Many times they do not ask for what they need because they are used to being independent, and they do not want to relinquish that independence. One senior stated, "When you're used to doing for yourself, it's hard to ask for help. As I get older, I find myself doing the same thing: doing without, before I'll ask somebody." Some seniors say they get more extreme in their personality traits as they get older, and one senior shrugged and said, "I have always been a solitary person." Many times pride kept seniors from asking for services they wanted or needed. Some seniors choose to be isolated because they have an individualistic attitude about not wanting to rely on others. One senior said, "I go with the flow and if the flow doesn't suit me, I stay at home." A senior stated "I have to figure it out myself" and "I don't like to tell everybody my problems." Some female seniors identified that male seniors had difficulty verbalizing their needs. They felt single men were more isolated because while married men tend to speak to their spouse, those who are not married do not ask people when they need help. These men, however, "need just as much care and attention" as women.

Some seniors felt lonely and also said they felt depressed. Their needs were exacerbated because they felt they were further pushing away people who were close to them by struggling to balance their changing medical needs and their changing personalities. One senior stated, "My kids won't talk to me because I always cry on the phone. I used to never cry and now I never shut up. It is the medicine I take." With no one to talk to, many seniors do not know where to turn to solve problems. When family passes away, is not nearby, or is not involved with the senior, loneliness plays a larger role in the senior's life and subsequently in their will to live. As one senior rationalized, "I don't think you can make old people happy. This isn't a happy time of life."

Race Relations

Durham County has a long history that involves race relations between African Americans and Whites. Many of these seniors grew up during the time of segregation, and most have limited interaction, if any, with races other than their own. Some seniors stated that they "got along with everyone because "when you get older, all cultures are not seen as useful anymore—everyone is old and you all act the same way." However, some seniors alluded to underlying racial tension and outright racist statements, such as attributing Durham's confusing road names to "drunk Indians." However, one senior noted, "Need don't know no color and don't know no age either."

Economy/Income

Most seniors are on fixed incomes and this heavily influences their lifestyles as prices continue to rise. Seniors noted medications as too expensive and dictating what other things were in their budget. One interviewee said, "The problem is that you go to the doctor who writes your prescription, then when you take it to the pharmacy and see the bill, you want to faint." One senior noted having to make the choice of either buying food or buying medication. Another senior noted that you have to "pay a lot to be self-sufficient." Another voiced his frustration when he said, "Nobody wants to beg but the system wants you to beg or do without. Sometimes you beg and do

without.” Another senior stated, "I would love to go to the Arts Center and the Carolina Theater, but I can't afford it...living on a fixed income, you just can't."

Income also plays a part in the housing of most seniors. Many seniors own their own homes while others rent or live in public housing. Many seniors did not want to leave their homes, but were forced to leave due to the inability to maintain their homes, continue to pay mortgages, or take care of themselves. There were differing opinions on public housing. Some liked where they lived, others were indifferent, and others called them “hell-holes." Seniors voiced their frustrations saying, "you never have nothing because if Social Security goes up so does your rent."

Quality of Health Care

Most of the interviewed community members were satisfied with their health care. One senior chuckled as she remembered telling a doctor, "Doctor, you know what, you are the only man on earth that has ever held my heart in his hands." They noted the importance of health care because seniors' health controls their activities. One senior observed "sickness isolates you." Another senior felt that “being assigned to one doctor in a small clinic is much more personal instead of being with a whole assembly line of people. It is much more helpful.” She further explained, “Assembly lines, to me, in health service is like a bunch of pigs trying to get some slop out of a trough. If you get there, you get some. If you don’t get there in time, you don’t get none. You better get your head in that trough while there’s food in there.” Those who did not like the quality of health care that there was a need for more physicians’ assistants and in-home Certified Nursing Assistants. They felt that doctors did not always treat them on a holistic level but treated certain ailments without thinking about all the effects on the person and his or her lifestyle. Others expressed being frightened by the large Duke system and sometimes feeling like part of an assembly line. Another concern centered on the inability to pay for quality medical care.

Role of Religion/Faith

Religion was vital to the lives of many seniors in Durham County. For several interviewees, church was the one activity in which they continued to participate. Many seniors attributed their positive attitudes to the church and church members who instilled strength in them. Seniors expressed an appreciation for existing church outreach programs and their perceived need for more outreach programs. Although some cited transportation as a difficulty that limited their involvement, many noted that church vans were available to take them to services or on trips with the church.

Quality of Service Providers

Seniors valued the quality of service providers in Durham County. Organizations and services such as Hopeline, Meals on Wheels, Lifeline, Senior PHARM~~Assist~~, Council for Senior Citizens, and AARP were repeatedly mentioned. They felt that these organizations were their major link to services throughout the community. Seniors, however, noted the need for more service providers who really cared about them. They supported increasing pay for these service providers and for home health care providers.

Quality of Volunteers

Seniors mentioned that the quality of volunteers was extremely high, but they stated that there were not enough volunteers to do everything they needed, such as daily chores around the house or to just keep them company during the day. Some seniors commented that volunteers from organizations such as Meals on Wheels, Hopeline, and A Helping Hand, linked them to other services. Seniors noted the need for younger people to simply come and talk to them. They mentioned that they did not like being around other seniors all the time because “old people tell ya all about their problems” and “young people keep ya laughin.”

VI. Comparison of Community Member and Service Provider Views

Various themes emerged from both community member and service provider/caregiver interviews. It is important to consider the viewpoints from all these sources, examining the similarities and differences, so that the Durham community can better understand the differing perspectives that may either strengthen or inhibit future actions.

Overall, many areas for improvement were identified by community members and service providers. As previously stated, themes emerging from interviews were very similar, yet the dimensions and opinions regarding nearly every theme differed. Service providers often approached issues from a global perspective rather than focusing on specific individual needs. Community members examined most themes from their individual situation and many acknowledged that they did not feel they could comment on the needs and situations of other seniors. Service providers noted things such as collaboration, budgeting for programs, legislation and health care policy, whereas seniors noted the repercussions of these larger issues on their lives. Caregivers could often see the perspective of service providers, but also identified with the issues of seniors themselves. This is perhaps because many of them are also older adults.

A good example of the differences between community member and service provider perspectives regarded inadequate transportation for seniors in Durham County. Both acknowledged the public bus system in the city, but regarded it as not being conducive to the needs of seniors in a variety of ways. Additionally, cost of transportation was cited as a major barrier to transportation by seniors, given their fixed budgets. Service providers discussed the lack of bus transportation outside the city limits and the lack of any system that would transport seniors across county lines. However, seniors simply noted that they cannot ride the buses to where they want. In addition, both community members and service providers reported that there is a lack of sidewalks in Durham and that in-home factors posed physical hazards to older adults. Community members delved deeper

into this topic area than service providers. They cited increased fast traffic, lack of streetlights, and uneven pavement as possible hazards for them. Service providers did not identify any physical or environmental hazards other than the sidewalks.

Another theme that emerged from both community member and service provider interviews was difficulty accessing services and “the system.” It became apparent that community members clearly felt that they were going around in circles trying to access services. Service providers acknowledged that seniors do not know how to access the system and that it is often very confusing to seniors. Service providers stated that more collaboration between groups was necessary, whereas seniors repeatedly mentioned the need for a single phone number or place to call for the services they need.

Parallels in the viewpoints of community members and service providers arose upon examination of the issue of economy in Durham. Service providers spoke of the lack of funding for programs in general and particularly for recreation and programs that could reach out to more isolated seniors. Community members largely viewed economy in terms of their individual income. So, it is apparent that although both community members and service providers regarded economics as an important factor related to isolation in the senior population, the dimensions of what is important differed among these viewpoints.

Community members and service providers both cited crime and safety as important issues for seniors and issues that influence isolation. Community members' fear of crime was further illustrated by the fact that two community member interviews were conducted over the phone because the interviewees were hesitant to allow the team into their homes. Service providers mentioned that seniors are susceptible to theft as well as fraud. Service providers acknowledged elder abuse as a problem, whereas community members did not mention anything about this.

Service providers also reported that many seniors are hesitant to tell anyone when they are the victims of a crime.

Seniors also cited that changing neighborhoods and lack of social support were important issues in their lives. Community members and service providers both indicated that social support is an important indicator of seniors' well-being. Service providers felt that residents in areas outside of the city limits, although more geographically separate, took better care of each other. Moreover, community members felt strongly that there was a general societal disregard for seniors. Service providers did not specifically voice any major thoughts regarding this issue, whereas it was repeatedly mentioned in community member interviews.

As mentioned above, service providers felt services in Durham were good, although they acknowledged the difficulty seniors have in accessing and navigating them. While both groups of interviewees mentioned respite care as a need, community members also felt that there were other services that were lacking. Many seniors said that they needed help with everyday tasks like taking out their garbage and doing simple chores. Thus, we see that the priorities of community members and service providers seem to differ regarding services in Durham. Seniors noted the need for help a few hours a week, while service providers did not identify these "minor" things that help address the needs of seniors.

Service providers see senior centers as a partial answer to isolation whereas many community members stated they have no interest in using these centers. Most service providers failed to recognize that a possible reason seniors did not use senior centers was that the activities did not appeal to seniors' interests.

Interestingly, community members identified four themes that focused on positive aspects of being a senior in Durham. Service providers only mentioned one of these positive themes. Community members and service providers both spoke of the positive aspects of the role of religion

in the Durham community. Both agreed that religion and churches are very influential aspects of seniors' lives. Often, going to church or church-related activities is seniors' one form of recreation or social interaction.

Community members felt that the quality of health care was one of Durham's strongest points. Some cited this as their reason for moving to or staying in Durham. Community members also felt that those service providers they interacted with were wonderful. Volunteers were also mentioned as a strong point of the Durham senior community. Although they acknowledged that there is the need for more volunteers, many said that volunteers from community agencies had gone out of their way to connect them to services. Service providers mentioned that word of mouth was instrumental in connecting seniors to services, though they did not explicitly mention volunteers. Therefore, we see that in addition to many concerns about their community, seniors are very appreciative of people and things in their lives. Service providers, on the other hand, mentioned some positive things, but the only one that occurred consistently was religion. This demonstrates how service providers saw isolation as the problem whereas seniors saw isolation as a consequence of other problems.

When asked specifically about their thoughts on isolation, community members and service providers again voiced similar ideas but on different levels. Service providers thought that a senior's attitude largely influenced whether or not they were isolated. They said that isolated seniors often were too proud to ask for help. Community members felt strongly that as a senior you wanted to be self-reliant. They spoke of being lonely and often feeling depressed because of their situation, but that they did not want to be a burden to anyone. Interviews with community members, in general, revealed that community members and in this case, caregivers, had very positive attitudes, but they still felt lonely and burdensome if they asked for help. The difference in viewpoints between service

providers and community members here is an important issue regarding isolation and should be reviewed in more detail.

While there is agreement, it is clear that there is a gap in what community members and service providers regard as important issues in the lives of seniors, especially isolated seniors. Those services that service providers deem necessary to prevent isolation differ from those that seniors think are needed. Focus on the strengths of the community was also lacking from the service provider viewpoint, whereas it is imperative that these assets be considered, especially when trying to discuss possible actions to solve some of the readily identified problem areas for community members.

VII. Description of the Community Forum

The culmination of the AOCD was the Community Forum held on Sunday April 28th at the Duke Street Senior Center from 2:30-4:30 pm. The purpose of the forum was to present the findings back to the community and to gather community members and service providers together to take action. Passing ownership of these themes and action steps back to the community is an important step in ensuring future action and problem-solving among community members and service providers.

Forum Planning

Planning for the forum began in February with the organization of a planning committee. All interviewees were invited to participate on the planning committee and several service providers were recruited in this manner. Participants were also elicited from KIS/SIT monthly meetings and Social Worker Roundtable meetings. Though repeated attempts to recruit community members were made, the final committee had no community member representation. Seven to nine service providers, from several different types of agencies, were represented on the planning committee (including the Health Department, GlaxoSmithKline, Duke University, A Helping Hand, Durham

County Sheriff's Department, Department of Social Services, volunteer organizations, as well as others). The planning committee met for 1 ½ hours, once per month. The members provided feedback on forum content and organization as well as help with food, decorations, and set-up at the forum itself. On the day of the event, many committee members provided transportation for seniors so that this would not be a barrier to their participation. Though there were no community members on the committee, the recommendations from the committee were focused on providing a forum that was accessible and applicable to community members.

One key issue that initiated much debate among team members, preceptors and the planning committee was location. The Forest at Duke, which is an upscale, senior living community, was graciously offered as a location for the forum (<http://www.forestduke.com/main.html>). Though it was an ideal setting for a community forum as far as amenities were concerned, it was not representative of the lives of most seniors in Durham, nor was it symbolic for the broad Durham community. Therefore, although with fewer amenities, the Duke Street Senior Center was chosen for its centrality and its connection to seniors in Durham. Though many of the community members interviewed were isolated from services, they were usually familiar with the location of senior centers, if not specifically the Duke Street Senior Center.

In order to ensure that community members would be able to come and participate in the forum, several accommodations were taken into account. As previously mentioned, transportation was one major barrier that needed to be addressed. Since one of the themes at the forum was lack of accessible and affordable transportation, it was necessary to coordinate rides for seniors to get to the forum. Committee members and KIS/SIT members drove approximately six seniors who were in need of transportation. Also, a van and driver from the Council for Senior Citizens were made available to drive community members to the forum, in case there were late transportation requests. No late requests were made so the van was not utilized the day of the forum. Several methods of

advertising were used in order to reach those more isolated seniors. Fliers (see Appendix G) were distributed by planning committee members, as well as through certain organizations that serve isolated seniors (such as Meals on Wheels, A Helping Hand, Council for Senior Citizens, Senior PHARMAssist, and Cooperative Extension) and advertisements were placed in the Carolina Times, The Senior Post, and Senior PHARMAssist newsletter. Approximately 175 invitations were sent to interviewees, elected officials, KIS/SIT members, Social Worker Roundtable members, as well as other relevant organizations (Appendix G). In addition, community members were personally invited by the interviewer the week of the forum and offered transportation. The forum was scheduled on a date comparable to the "Elected Officials Breakfast", normally coordinated by KIS/SIT, to encourage participation from elected officials. Planning committee members identified certain foods that are popular at senior events, and specific foods such as unsweetened iced tea, sugar free cookies, and sandwiches were offered to accommodate those participants with special diets.

Summary

Approximately 30-35 community members and service providers were in attendance at the forum. The majority of the audience consisted of seniors from the community, much to the surprise and delight of the AOCD team. There were several service providers in attendance, and those who were from the planning committee were strategically placed in small groups so they could continue with any action steps emanating from the groups. There was only one elected official in attendance at the forum who then left prior to small group discussion.

The format of the forum was designed to maximize the interaction and participation of attendees. Refer to the outline and timeline of the forum in Appendix D for specific details. Initially participants were asked to sign-in and then were free to eat and view quotes on the walls that corresponded to the six areas for community improvement (Transportation, Crime and Safety, In-

Home Services, Physical and Environmental Hazards, Lack of Coordinated Referral System, Lack of Community Support) as well as the four strong areas (Religion, Health Care, Volunteers, Service Providers). Introductions to the AOCD team, preceptors and the purpose of the AOCD process followed, and participants were referred to a FAQ sheet for additional information (Appendix G). After team introductions, people participated in a short icebreaker in which they were asked to write answers to the following questions, and then share one answer with people at their table:

- What is one thing you like about Durham?
- What is one thing you don't like about Durham?
- What is one thing that would make Durham a better place to live?

Following the icebreaker, the methods and descriptions of the six most common and changeable themes were presented to the large group, in a brief PowerPoint presentation (Appendix G). The four identified strong points were also presented to the group.

Following the PowerPoint presentation, people were invited to choose one of the six areas for community improvement and gather into the small group corresponding to their area of choice. The specific facilitation method for each small group was selected based on the nature of the theme. For those themes where community members and service providers seemed to be in agreement (based on the results of the interviews), Force-field Analysis was chosen. Force-field Analysis is a technique used for, "listing, discussing, and evaluating the various forces for and against a proposed change (Hope et al., 1995)." A complete explanation of how to use Force-field Analysis can be found in Appendix G. For themes which community members and service providers had different views, a more comprehensive dialogue was deemed necessary. Therefore, SHOWED, a facilitation technique used to elicit a more thorough discussion leading to action steps was chosen as the facilitation technique (Wallerstein, 1994). The following table shows which technique was used with each theme.

Table 2: Small-group Themes and Facilitation Techniques

In-home Services	Force-field Analysis
Transportation	Force-field Analysis
Crime and Safety	SHOWED
Lack of Community Support	SHOWED
Physical and Environmental Hazards	Force-field Analysis
Lack of Comprehensive Referral System	Force-field Analysis

Outcome of Small Groups

By using Force-field Analysis and SHOWED, each small group was able to discuss the themes and begin defining action steps. The following is a summary of the identified needs, goals, and action steps identified in each of the small groups.

In-Home Services

Several action steps were identified in this group, which consisted of one service provider, three community members, and one caregiver. After much discussion about current personal problems related to in-home services, the goal of increasing home visitation activities was agreed upon. From this goal several of the participants identified hindering forces such as lack of money, lack of safe and reliable volunteers, and people being too busy. A Helping Hand (an organization providing in-home services) was identified as a helping force towards reaching the goal, as were neighborhood associations. Final action steps agreed upon were:

1. Begin a home visitation matching service between seniors and their neighbors through local neighborhood associations.
2. Contact several neighborhood associations and propose the idea
3. Draft an announcement explaining the matching services.
4. Advertise announcement in neighborhood association bulletins.
5. Conduct trainings for neighborhood volunteers.

Transportation

This group consisted of seven individuals (three service providers, four community members). Group members identified several initial goals including: improving the connection between existing transportation systems, improving coordination among transportation, improving

reliability, and developing an alternate system that meets seniors' needs. The first step in the group's process was to tackle the lack of awareness of the transportation needs of seniors. The group developed a list of action steps proposed to occur in two phases.

Phase 1:

1. Develop a message to communicate the transportation needs of seniors.
2. Compile a list of transportation service providers and elected officials.
3. Write a letter to the elected officials.

Phase 2:

1. Organize a speakers' bureau.
2. Write a newspaper article to run during Older American's month (May).
3. Invite elected officials and service providers to participate in a demonstration illustrating seniors' transportation needs.

Crime and Safety

There were seven people in this group consisting of two service providers, three community members, and two council board members. Several action steps were identified in this group, with the overall goal of increasing awareness of crime and safety issues in the senior community. The group proposed to reach this goal by:

1. Having police education at the senior centers and with senior church groups.
2. Involving neighborhood associations
3. Getting better neighborhood watch programs started
4. Having a media campaign with tips on crime prevention

Lack of Community Support

This group consisted of three service providers, one senior, and one caregiver. Although the group was to be facilitated by SHOWED, Force-field Analysis was used since there were only three service providers to begin the discussion because the senior and caregiver arrived later. This group identified that the Junior League will sponsor a senior-related program for the next three to five years, including a workforce of 32 women in Durham and Orange Counties. Since a representative from the Junior League was present, the group identified specific action areas that could be tackled through the Junior League's project that would foster their identified goal of connecting seniors to their community. Proposed action steps included:

1. Identifying pastors from local churches with whom to collaborate.
2. Contacting the business volunteer center.
3. Providing more neighbor-to-neighbor contact through churches.
4. Initiating a teaching/learning center that would have a quilt building project.

Physical and Environmental Hazards

This group consisted of two community members and two service providers. Since there were many dimensions of this theme, reaching a common goal was a challenge for the group. In hindsight, SHOWED may have been a better technique to use since individuals in the group had many different perspectives. An initial goal decided upon was to get sidewalks in residential areas and on main roads in Durham. From that discussion objectives were identified and translated into action steps as outlined below.

1. Find out who needs to be contacted about sidewalks.
2. Find out what meetings would need to be attended, logistics.
3. Identify areas that are in need of sidewalks.
4. Communicate this information to the seniors so they would be able to participate in the process.

Lack of Coordinated Referral System

The group began with the present situation, “Lack of Coordinated Referral System” and determined the goal to be, “Have a main referral line with a live person on the other end.” Two helping forces that were discussed were Council for Senior Citizens, and the 2-1-1 system, a United Way service. Some of the hindering forces were: time, people don’t have all the information they need to give referrals, and that there are many services to know about.

Participants decided that the goal would be, “To increase knowledge about Council for Senior Citizens (CSC).” The group determined that the present situation is that there is a system in place (2-1-1). Action steps included:

1. Creating fliers about CSC for distribution.
2. Distributing fliers at local churches.
3. Soliciting donations for printing costs.
4. Compiling a list of additional places to distribute the fliers.

Final Outcomes of Forum

The major strength of this community forum was that it provided a voice to many members of the senior community who are not always heard. By simply bringing together socially isolated seniors and service providers, a major obstacle in getting people connected and preventing isolation was tackled. The resource table at the back of the room provided many seniors and caregivers with information for which they identified a need. That in itself provided the beginning of a solution to the problem of people not being aware of services. At the conclusion of the forum, Joan Pellettier, Executive Director of the Council for Senior Citizens, explained the need for all participants to work together and that the KIS/SIT would be assisting people in tackling some of these action steps.

All participants were asked to complete an evaluation of the forum (See Appendix G). Overall the evaluations completed by participants were extremely positive. All feedback expressed the utility of this event and personal satisfaction with the outcome.

VIII. Final Discussion and Future Recommendations

The culmination of a community diagnosis is to turn over the information and action steps to the community. The understanding is that isolated seniors and service providers together are best equipped to make the changes needed. The student team has gained a unique insight into the Durham senior community and those seniors who are more isolated. The opportunity to hear the viewpoints of those people who are service providers and those who are community members is an important measure of where the community stands. Durham's service providers and community members identified many of the same strengths and weaknesses of the community. Yet, it is apparent that there is a discrepancy between the experiences and thoughts of service providers and community members regarding these themes.

As previously mentioned, the level from which a problem was examined differed between service providers and community members. Community members primarily spoke of their

individual situation and everyday needs, whereas service providers spoke at a more global level. Service providers' decisions about their agency's services need to be informed by the needs of the community that they serve. Bridging this gap is the key to making services more accessible and tailored to the actual needs of more isolated seniors. Understanding the everyday needs of seniors may help to streamline the services that agencies are providing. It is important that collaboration between service providers continues and be strengthened to meet a common goal. The KIS/SIT committee is a great example of this and such cooperative relationships need to be continued and strengthened. One of the most interesting findings of the community diagnosis was revealed when the themes from interviews were presented to the planning committee. They said that these issues were the same things that were problematic 10 years ago. Many of these issues were the driving force behind the creation of the KIS/SIT committee and the evolution of the Council for Senior Citizens, however both of these groups are relatively unknown among seniors.

For future actions, it is important that service provider's build on the strengths of the community outlined previously, especially the dedicated service providers, faith organizations, and volunteers. Another real strength of the community is the seniors themselves. Though many of the seniors were described as "socially isolated" by the people who referred them, many expressed interest in having a more active role in the community, and this was demonstrated by their attendance at the community forum, where they outnumbered service providers. However, the input of seniors, especially those who are more isolated, seemed to be missing from services and agencies dedicated to senior issues. The aim of an AOCD is to give a voice to those people who do not normally have one. Most importantly, the community diagnosis team was solicited by service providers in the community who wanted to examine ways to better meet the needs of more isolated seniors in Durham County. Now that these seniors have been given a voice, it is the community's responsibility to provide outlets for them to continue to have input. The upcoming facility and

program development for the new Center for Senior Life is an important opportunity to try to solicit the input of many different seniors in an effort to meet a variety of needs.

It is also important for the community to raise awareness about isolation, as well as lack of services geared towards more isolated seniors, in the senior community. Seniors have a lot to offer others and they can help work to prevent and end isolation in their community.

One major limitation of the community diagnosis was in reaching those seniors who are truly isolated. The use of key informant interviews, such as those that are the basis of a community diagnosis, are difficult for a community with limited social networks. More work needs to be done to identify those seniors who are truly isolated so that more outreach can take place. As evidenced in many interviews and the community forum, many seniors were very upset about their situations and tearful when they spoke about their lives. Because of these experiences, it is the recommendation of the team that future research or programmatic endeavors working with more isolated seniors, be done by groups of people who are a more stable part of the community, not students who are only a part of seniors' lives for a few hours.

The final and most important recommendation is that collaboration between service providers, community agencies, seniors, and the people who care about them continue. Although these people have been met with many barriers, it is their dedication and work that will continue the efforts to prevent and end isolation of Durham County seniors.

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Appendix A: Secondary Data Sources

List of Secondary Data Sources:

- Newspaper articles
- Data collected by local agencies, including United Way, Senior PHARM*Assist*, and Council for Senior Citizens
- Past UNC-CH community diagnosis documents (2000, 2001, 1996)
- U.S. Census Bureau summary reports (U.S. Census Bureau, 2000)
- Medicare brochures
- Senior magazines such as Senior Post and Senior Living Guide
- Keeping In Step/ United Way Seniors Issues Team Resource Directory
- Keeping In Step/United Way Senior Issues Team monthly meetings
- Social Worker Round Table meeting attendance

Appendix B: List of Interviewees

Community Members

Sixteen older adults were interviewed. The table below shows their demographic description.

Gender		Race		
Female	Male	African American	Caucasian	Other
12	4	7	7	2

These older adults were homeowners, renters, public housing residents, married, widowed, public assistance recipients, retired, parents, grandparents, city folk, volunteers, homebound, disabled, active, church-goers, long-time residents, and newcomers of Durham County.

Service Providers

Thirteen service providers and three caregivers were either individually interviewed, or participated in a focus group. The table below shows their demographic description.

Gender		Race	
Female	Male	African American	Caucasian
14	2	4	12

These service providers represented various agencies, such as Council for Senior Citizens, A Helping Hand, Senior PHARM^{Assist}, Durham County Sheriff Department, Meals on Wheels, Durham Regional Hospital, and Triangle J Area Agency on Aging.

Appendix C: Interview/Focus Group Guides

Interview Guide: Service Providers

Opening: read from Interview Consent Form

Hello, my name is _____, and I will be leading our interview today. This is _____, who will be taking notes and assisting me during our discussion.

We will be here today for about one hour to discuss your perspectives on the seniors of Durham County, and more specifically, the more socially isolated seniors of Durham County. By socially isolated, we mean those seniors that are not as connected as they could or want to be. We are interviewing a variety of service providers in Durham County who will all have different points of view about the community, and the purpose of our interviews is to gather these different viewpoints.

Let's go over a few things before we get started:

- There are no wrong answers, just different opinions. If you don't feel comfortable answering a question or don't have an opinion, just let me know.
- We value your opinions, both positive and negative, and we hope you choose to express them during the discussion.
- Nothing you say will be associated or linked directly back to you.
- Throughout the interview, when we say Durham or Durham County, we are referring to the entire county of Durham, including those areas outside of the city limits of the city of Durham.
- Throughout the interview, we will also be using the words seniors and older adults interchangeably.
- We are interested in issues affecting seniors in Durham County, especially those that seem to be more isolated than others, so please keep that in mind as you answer the questions.

Questions:

1. Describe your role as a service provider to isolated seniors in Durham.

- How does your agency define seniors in Durham County?
- What are the most popular services your agency provides to the seniors of Durham?
- Are there any services which focus particularly on socially isolated seniors?
- How did your agency come about (e.g. community demand, etc.)
- What services in your organization are under-utilized by seniors?
- Does your agency understand why these services are not utilized by seniors?
- Who in the community has the most need for your agency's services?
- Who does the agency not reach?
- What types of barriers does your agency encounter in trying to reach socially isolated seniors of Durham (e.g. geographic, transportation, funding)?

- Is there any specific political activity or legislation that either helps or hinders your work with seniors?
- Does your agency provide differing services for caregivers of seniors?
- How do seniors in Durham County get involved in your agency's decision-making?

2. Access, Housing, and Transportation

- Do you live in Durham?
- If yes, for how long?
- Does the city of Durham differ from the areas outside of the city limits? If yes, how so?
- Are there any specific areas where many seniors live?
- What types of housing do many seniors live in?
- How do most seniors pay for their housing?
- How do most isolated seniors of Durham get their groceries or meals?
- What are sources of transportation utilized by seniors in Durham?
- Is the transportation easily accessible and/or affordable to most seniors?
- How do the types of transportation affect life for seniors of Durham?
- What are some of the physical and/or environmental hazards to the safety of the seniors in Durham?
- Are the streets and sidewalks of Durham generally safe for seniors to use?

3. General description of the structure of life in Durham County.

- Describe the history of your community as it relates to the seniors of Durham County.
- Are there any related landmark features in Durham, which are important to seniors (parks, lakes, sculptures, museums, etc.)?
- Does religion influence the activity of Durham seniors?
- How does the economy of Durham affect older adults?
- What types of recreational activities are available for seniors in Durham County?
- Where are the specific healthcare organizations or facilities utilized by seniors?
- Describe how seniors access healthcare.

4. What are some strong points or assets found in the isolated senior community of Durham County?

- Are any of these features specific to the older adults of Durham County?
- What are some of the strengths of the community providing services related to Durham seniors?
- What do you think draws older adults to move to this community or to continue living in this community?
- Are there any organizations (political, environmental, church, etc) within your community, which are positively affecting Durham seniors?
- Are there individuals within the Durham senior community that you feel are positive leaders or role models?
- Are there any strong points in relation to services provided to socially isolated seniors?

5. What are the problems and needs in the isolated senior community of Durham County?

- What do you think are the major problems in Durham County?

- What do you think are common problems specific to the Durham County senior community?
- What activities or facilities would you like to see made available for older adults in Durham County?
- What would make it easier for seniors to live in Durham?
- Do most people get along with people of other races or ethnicities within Durham County?
- Do you perceive any problems among elderly of different ethnic groups?
- Are there any problems that are specifically prevalent for older women in Durham? Specifically prevalent for older men?
- Are there any major health problems that you perceive among the older of Durham?
- Why do you think some seniors become more isolated than others that remain active in the community?
- What do you think can be done to keep them from becoming isolated?

6. What do isolated seniors do to problem solve? Who do they approach? For what types of problems?

- What would you do if you had a problem or a question?
- Who would you contact?
- What would be the process to come to a decision about what to do? Do you make the final decision for yourself?
- How are opinions on the question or problem gathered from community members? Is it representative of minority groups or ethnic groups?

7. Describe the roles of people who provide services to seniors, especially the seniors that are hard to reach, in Durham.

- In your opinion, what are the major responsibilities of service providers?
- Are there any organized activities for seniors?
- Who comes to these activities versus who does not?
- What are the major difficulties that service providers face?

8. Describe the services and businesses that are utilized regularly by the isolated seniors in Durham.

- What are some of the services most used on a daily or weekly basis by older adults in Durham?
- Are there differing services that seniors of different racial or ethnic groups utilize?
- Do the women utilize different services than the men?
- Are there differences in the types of services available to lower income seniors than to the seniors that are financially better off?

9. Are there people or organizations with whom you think I should speak that you would be willing to gain permission for the team to contact?

After obtaining consent to contact potential interviewees:

- Describe the specific people with whom you think I should speak?
 - Why do you think they would be helpful to speak with?
- Describe any specific organizations/ groups with whom you think I should speak?
 - Why do you think they would be helpful to speak with?

10. Is there anything else that you would like to share with us?
11. Would you be interested in being on the planning committee for the community forum?
12. Does the notetaker have any questions or anything that she would like to add?

Interview Guide: Community Members

Opening: read from Interview Consent Form

Hello, my name is _____, and I will be leading our interview today. This is _____, who will be taking notes and assisting me during our discussion.

We will be here today for about one hour to discuss your perspectives on the seniors of Durham County, and more specifically, the more isolated seniors of Durham County. By isolated, we mean those seniors that are not as connected as they could or want to be. We are interviewing a variety of community members in Durham County who will all have different points of view about the community, and the purpose of our interviews is to gather these different viewpoints.

Let's go over a few things before we get started:

- There are no wrong answers, just different opinions. If you don't feel comfortable answering a question or don't have an opinion, just let me know.
- We value your opinions, both positive and negative, and we hope you choose to express them during the discussion.
- Nothing you say will be associated or linked directly back to you.
- Throughout the interview, when we say Durham or Durham County, we are referring to the entire county of Durham, including those areas outside of the city limits of the city of Durham.
- Throughout the interview, we will also be using the words seniors and older adults interchangeably.
- We are interested in issues affecting seniors in Durham County, especially those that seem to be more isolated than others, so please keep that in mind as you answer the questions.

Questions:

1. Please describe aspects of your life, such as family, friends, activities you do, things you would like for your community.

- Tell me about your living situation.
- Do you have family or friends in the area?
- What do you like to do when you are together?
- What do you like to do when you are by yourself?
- Who do you see on a daily or weekly basis?
- Is there anything that you wish that you could do that you do not do?

2. Describe life among more isolated older adults.

- When did you move to Durham?
 - What was Durham like when you moved here?
 - How has Durham changed?
 - Do you enjoy living in Durham?
- Are there any special landmark features of your community, which are important to you? (parks, lakes, sculptures, museums, etc.)
- What is the role of religion within the Durham community?

- How has the economy of Durham affected your life here?
- What different cultural or ethnic groups are you aware of that live in Durham?
 - How would you describe their interactions within the community and/or interactions between cultural/ethnic groups?

3. Housing/ Transportation

- What types of transportation do you or other older adults use to get around in Durham?
- Do you think older adults can easily get around in Durham?
 - How do you think that affects the activities that older adults participate in?
- Is the transportation easily accessible and/or affordable for most older adults?
- How do the types of transportation affect life for senior citizens of Durham?
- What types of housing do many of your friends or other older adults live in?
- How do most older adults pay for their housing?
- Have you noticed any physical/environmental hazards to safety in Durham? (examples are pollution, sidewalks, location of stores)
- Where do most senior citizens of Durham get their food?
- Are there any particular physical markers within the community that Durham's older adults are most likely to identify with?
- Are the streets and sidewalks of Durham generally safe for the older adults to use?
- What types of things do you do for fun and recreation?
 - Do other older adults participate in these type of activities
 - Are there activities that you used to participate in that you no longer are able to do?
- Do you or older adults in your community use the senior centers?
 - Why/why not?

4. What are some strong points or assets found in your community?

- What are some of the strongest features of Durham County?
- What particularly drew you to living here and staying here?
 - What do you think draws older adults to move to this community or to continue living in this community?
- Are there any organizations (political, environmental, church, etc) within your community, which are positively affecting you or your community?
- Are you a member of any community organizations (church, volunteer, etc-), which you feel strongly about?
- Are there individuals within your community that you feel are positive leaders or role models?
 - What makes them important to the community?

5. What are the problems and needs of your community?

- How do you feel about the services offered to you? (police, transportation, health care)
- What activities or facilities would you like to see made available for older adults in your community?
- What would make it easier for you to live in Durham?
- What do you think are common problems for the older adults in Durham?
 - Is there any place or person you feel you could go to on order to solve these problems?

- Do you think other older adults are aware of these services they could use to help solve their problems? Why/why not?
- Do female and male older adults have different types of problems? If so, what are they?
- Do you perceive any problems among older adults of different ethnic groups?
- Are there any major health problems that you perceive among older adults in Durham?
- Overall, what do you think are the major problems facing isolated older adults in Durham County?
 - How do their problems differ from maybe the more active older adults?
- Can you think of some reasons that might contribute to some older adults becoming isolated from their community/services in their community?

6. Problem Solving in the Community

- Who do you rely on in every day situations?
 - For companionship?
 - In emergencies?

7. Describe the services and businesses that are utilized regularly by the older adults in Durham.

- How do you feel about the services offered to you? (police, transportation, health care)
- How could services offered to older adults be more geared towards you?
- What are some of the services most used on a daily or weekly basis by older adults in Durham?
 - Do you think these are the same services used by those older adults who are more isolated?
- What types of services for more isolated older adults do you feel are missing in Durham?
- Are there differences in the types of services available to lower income older adults than to the older adults that are financially better off?
- Are their businesses and /or places that you would like better access to?

8. Is there anything else that you would like to share with us?

9. Would you be interested in being on the planning committee for the community forum?

10. Are there people or organizations with whom you think I should speak that you would be willing to gain permission for the team to contact?

- Describe the specific people with whom you think I should speak? Why do you think they would be helpful to speak with?
- Describe any specific organizations/ groups with whom you think I should speak? Why do you think they would be helpful to speak with?

Focus Group Guide: Service Providers

Opening: read from Focus Group Consent Form

Questions:

1. What is your Physical Orientation to the Community?

Potential probe questions:

- What are sources of transportation utilized by the elderly in Durham?
- Is the transportation easily accessible and/or affordable to most elderly people?
- How do the types of transportation affect life for senior citizens of Durham?
- What types of housing do many elderly people live in?
- How do most elderly pay for their housing?
- What are some of the physical and/or environmental hazards to the safety of the senior citizens in Durham?
- Where do most senior citizens of Durham get their food?
- Are there any particular physical markers within the community that Durham's elderly are most likely to identify with?
- Are the streets and sidewalks of Durham generally safe for the elderly to use?
- Do you live in Durham?
- If yes, for how long?

2. Describe life in your community.

Potential probe questions:

- Describe the history of your community.
- Describe religion in your community.
- What is the economy like in Durham?
- What are the different cultural and ethnic groups? How do they get along?
- What do elderly people do for recreation?
- Can you briefly describe the political structure?

3. What are some strong points or assets found in your community?

Potential probe questions:

- What are some good features about your community?
- What do you think draws people to move to this community or to continue living in this community?
- Are there any organizations (political, environmental, church, etc) within your community, which are positively affecting you or your community?
- Are you a member of any community organizations (church, volunteer, etc-), which you feel strongly about?
- Are there individuals within your community that you feel are positive leaders or role models?
- What do you feel are some of the features that make those individuals or organizations important to your community?
- Are there any special landmark features of your community, which are important to you? (parks, lakes, sculptures, museums, etc.)

4. What are the problems and needs of your community?

Potential probe questions:

- What do you think are the major problems in Durham County?
- What activities or facilities would you like to see made available for the elderly community?
- What would make it easier for you to live in Durham?
- Do you have any concerns about the elderly in Durham?
- Do you get along with people of other races or ethnicities in your neighborhood?
- Are there any problems that are specifically prevalent for elderly women in Durham?
- Are you happy with the activities and facilities available to the elderly community?
- What do you think are common problems in the elderly community?
- Do female and male elderly have different types of problems? If so, what are they?
- Do you perceive any problems among elderly of different ethnic groups?
- Are there any major health problems that you perceive among the elderly of Durham?

5. What is done for Problem-Solving in your community?

Potential probe questions:

- What would you do if you had a problem or a question?
- Who would you contact?
- What would be the process to come to a decision about what to do? Do you make the final decision for yourself?
- How are opinions on the question or problem gathered from community members? Is it representative of minority groups or ethnic groups?

6. Describe the roles of people who provide services to the elderly, especially the elderly that are hard to reach, in Durham.

Potential probe questions:

- What are the responsibilities of service providers?
- Are there any organized activities for senior citizens?
- What are the difficulties that service providers face?

7. Describe the services and businesses that are utilized by the elderly regularly.

Potential probe questions:

- What are some of the services most used on a daily or weekly basis by elderly people in Durham?
- Are there differing services that elderly of different racial or ethnic groups utilize?
- Do the women utilize different services than the men?
- Are there differences in the types of services available to lower income elderly than to the elderly that are financially better off?

8. What are your services and roles with the elderly community of Durham?

Potential probe questions:

- What are the most popular services your agency provides to the elderly of Durham?
- What is your role in relationship to the elderly of Durham?
- What services in your organization are under-utilized by the elderly?

- Who in the community has the most need for your agency's services?
- What types of barriers does your agency encounter in trying to reach the elderly of Durham (e.g. geographic, transportation, funding)?
- Does your agency provide differing services for caregivers of the elderly?
- How does the community get involved in your agency's decision-making?
- How did your agency come about (e.g. community demand, etc.)

9. Is there anything else that you would like to share with us?

10. Would any of you be interested in participating in the planning group for the community forum?

Appendix D: Interview/Focus Group Fact Sheets

Interview Fact Sheet for Durham County Community Members/Service Providers

WHAT IS THIS STUDY ABOUT?

You are invited to participate in this research study, which is a community diagnosis of the elderly community in Durham County. The purpose of the study is to better understand the lives of the elderly in Durham County. You are being asked to participate because we want to gain your perspective on Durham County's strengths and weaknesses.

My name is _____ and _____ is our note taker for today. We are both part of a 5 person team from the UNC School of Public Health that is conducting the study as part of our class requirement. If you have any questions, please contact Katrina Debnam, Graduate Student Contact or Eugenia Eng, Faculty Advisor, whose contact information is included at the end of this form.

WHAT WILL I BE ASKED TO DO?

You will be asked a series of questions. There are no wrong answers, just different opinions. We are looking for different points of view, so just say what's on your mind. If you don't feel comfortable answering a question or don't have an opinion, just let us know. We are interested in your perspective as a service provider/community member in Durham, so please keep that perspective in mind during the discussion.

We estimate that it will take about 45 minutes-1 hour of your time to complete the interview. Your participation in the interview will be one-time only.

During this discussion we are going to record what is said on a piece of paper. If you have no objections, we will also tape record the discussion to make sure we do not miss anything. Only our 5 group members will listen to the tape. Afterwards, the tape will be erased. You can ask for the recorder to be turned off at any time during the discussion. We ask that you talk in a voice at least as loud as mine.

WHAT ARE THE RISKS AND BENEFITS OF MY PARTICIPATION?

You are not likely to experience any risks by participating in this study. Although you may not experience any direct benefits, your participation may be beneficial to community improvement efforts. Your decision whether or not to participate in this study will not affect your relationship with UNC and any of its affiliations.

ARE THERE ANY COSTS?

There will be no costs for participating.

WILL I BE PAID?

You will not be paid for your participation in this interview.

SUBJECT'S RIGHTS AND CONFIDENTIALITY:

If you agree to participate in this study, please understand that you do not have to do it. You have the right to withdraw your consent or stop or your participation at any time without penalty. You have the right to refuse to answer particular questions. You may ask that the recording be stopped at any time.

To protect your privacy, your replies will remain anonymous. Your name will not be linked in any way with what you have said in this interview. The only people who have access to the data are the community diagnosis team and faculty advisor.

Identifying information such as your age, ethnicity, sex, and number of years residing in or working in Durham may be obtained throughout the interview. This information will only be used for summarizing data and will not be linked to any statement you have made.

The audiotapes will be stored in a secure file cabinet at the UNC School of Public Health. The tapes will be erased after data has been summarized.

Every effort will be taken to protect the identity of the participants in the study. However, there is no guarantee that the information cannot be obtained by legal process or court order. You will not be identified in any report or publication of this study or its results.

SAMPLE QUESTIONS

For your information, below are sample questions from the interview:

- Describe life in your community.
- What are some strong points or assets found in your community?
- What are the problems and needs of your community?

If you wish to withdraw from the study or have any questions, contact:

Katrina Debnam, Graduate Student Contact	(919) 966-3919
For long distance calls:	1-866-610-8272
Eugenia Eng, Faculty Advisor	
UNC School of Public Health	(919) 966-3909
307 Rosenau Hall, CB #7400	
Chapel Hill, NC 27599-7400	

This study has been reviewed and approved by the School of Public Health Institutional Review Board on Research Involving Human Subjects. If you have any questions about your rights as a study participant, or are dissatisfied at any time with any aspect of this study, you may contact— anonymously, if you wish—the School of Public Health Institutional Review Board, University of North Carolina at Chapel Hill, CB# 7400, Chapel Hill, NC 27599-7400, or by phone 919-966-3012. You may call collect.

The extra copy of this fact sheet is for you to keep.

AGREEMENT STATEMENTS:

If you complete the interview, then it is understood that you consent to all of the above points unless you state otherwise.

Focus Group Fact Sheet for Durham County

Service Providers

WHAT IS THIS STUDY ABOUT?

You are invited to participate in this research study, which is a community diagnosis of the elderly community in Durham County. The purpose of the study is to better understand the lives of the elderly in Durham County. You are being asked to participate because we want to gain your perspective on Durham County's strengths and weaknesses.

My name is _____ and _____ is our note taker for today. We are both part of a 5 person team from the UNC School of Public Health that is conducting the study as part of our class requirement. If you have any questions, please contact Katrina Debnam, Graduate Student Contact or Eugenia Eng, Faculty Advisor, whose contact information is included at the end of this form.

WHAT WILL I BE ASKED TO DO?

You will be asked to participate in a focus group. A focus group is a discussion between all members of the group. I will serve as facilitator and ask questions that we want all members to have input on and discuss. There are no wrong answers, just different opinions. We are looking for different points of view, so just say what's on your mind. If you don't feel comfortable answering a question or don't have an opinion, just let us know. We are interested in your perspective as a service provider/community member in Durham, so please keep that perspective in mind during the discussion.

We estimate that the focus group will take about 60-90 minutes of your time. Your participation in the focus group will be one-time only.

During this discussion the note taker will record what is said on a piece of paper. If you have no objections, we will also tape record the discussion to make sure we do not miss anything. Only our 5 group members will listen to the tape and summarize the findings. Afterwards, the tape will be erased. You can ask for the recorder to be turned off at any time during the discussion. We ask that you talk in a voice at least as loud as mine.

WHAT ARE THE RISKS AND BENEFITS OF MY PARTICIPATION?

You are not likely to experience any risks by participating in this study. Your participation may be beneficial to community improvement efforts and to the community forum that will be planned. Your decision whether or not to participate in this study will not affect your relationship with UNC or any of its affiliations.

ARE THERE ANY COSTS?

There will be no costs for participating.

WILL I BE PAID?

You will not be paid for your participation in this interview.

SUBJECT'S RIGHTS AND CONFIDENTIALITY:

If you agree to participate in this study, please understand that you do not have to do it. You have the right to withdraw your consent or stop or your participation at any time without penalty. You have the right to refuse to answer particular questions. You may ask that the recording be stopped at any time.

To protect your privacy, your replies will remain anonymous. Your name will not be linked in any way with what you have said in the focus group. The only people who have access to the data are the community diagnosis team and faculty advisor.

Identifying information such as your age, ethnicity, sex, and number of years residing in or working in Durham may be obtained throughout the focus group. This information will only be used for summarizing data and will not be linked to any statement you have made.

The audiotapes will be stored in a secure file cabinet at the UNC School of Public Health, and will be erased after data has been summarized.

Every effort will be taken to protect the identity of the participants in the study. However, there is no guarantee that the information cannot be obtained by legal process or court order. You will not be identified in any report or publication of this study or its results.

In focus groups, you do not need to reveal your name. You may use a fictitious name if you wish. You must agree not to repeat anything you learn about other subjects or other information you hear from group discussions.

SAMPLE QUESTIONS

For your information, below are sample questions from the focus group:

- Describe life in your community.
- What are some strong points or assets found in your community?
- What are the problems and needs of your community?

If you wish to withdraw from the study or have any questions, contact:

Katrina Debnam, Graduate Student Contact	(919) 966-3919
For long distance calls:	1-866-610-8272
Eugenia Eng, Faculty Advisor	
UNC School of Public Health	(919) 966-3909
307 Rosenau Hall, CB #7400	
Chapel Hill, NC 27599-7400	

This study has been reviewed and approved by the School of Public Health Institutional Review Board on Research Involving Human Subjects. If you have any questions about your rights as a

study participant, or are dissatisfied at any time with any aspect of this study, you may contact— anonymously, if you wish—the School of Public Health Institutional Review Board, University of North Carolina at Chapel Hill, CB# 7400, Chapel Hill, NC 27599-7400, or by phone 919-966-3012. You may call collect.

The extra copy of this fact sheet is for you to keep.

AGREEMENT STATEMENTS:

If you participate in this focus group, then it is understood that you consent to all of the above points unless you state otherwise.

Recruitment Consent Form

Purpose of this form:

This is to provide a protocol for community members and service providers to receive permission to release name and contact information of potential interviewees and focus group participants to the Durham Community Diagnosis research team. This information will only be released to: Katrina Debnam, Ingrid Morris, Julie Harris, Sapana Parikh, and Lauren Shirey. This guide will be provided to community members and service providers to read to potential study participants.

“A team of 5 students from UNC School of Public Health are conducting a study of the Durham elderly community. They would be interested in contacting you to participate in an interview or focus group for their study. May I have permission to give your name and contact information to them?”

Appendix E: Data Analysis Procedures

Interview Analysis Process

1. Interviewer records field notes immediately following the interview, using the debrief form.
2. Note-taker types up notes that she recorded during the interview, including words and body language.
3. A third team member listens to the interview tape and modifies/adds to the typed interview notes.
4. Interviewer identifies themes from completed interview notes and debrief form.

Focus Group Analysis Process

1. Interviewer records field notes immediately following the focus group, using the debrief form.
2. Note-taker types up notes that she recorded during the focus group, including words and body language.
3. Two additional team members (who didn't attend the focus group) listen to the focus group tape and modify/add to the typed interview notes.
4. Moderator identifies themes from completed focus group notes and debrief form.

Appendix F: Navigating the System for Seniors

Not available electronically

Seniors and the People Who Care About Them:

A Dialogue For Action

April 28, 2002

2:30 pm – 4:30 pm

Duke St. Senior Center Auditorium

Rear entrance, J. J. Henderson Towers

807 S. Duke St.

“Seniors and Service Providers coming together to
combat isolation.”



For more information: (919) 966-3919 Ext. 2

** Sponsored by UNC-CH School of Public Health, Council for
Senior Citizens, Senior PHARMAssist, and Central Carolina Bank

Seniors and People Who Care For Them: A Dialogue for Action

April 28, 2002 ♦ 2:30-4:30

Forum Agenda

Sign-in & refreshments

Introduction

Small Group Discussions

Themes:

- transportation
- physical and environmental hazards
- lack of community support
- comprehensive point of entry
- crime and safety
- in-home services

Small group report back & future actions

Closing

Presented by: UNC School of Public Health ♦ Senior PharmAssist ♦ Council for Senior Citizens

Sponsored in part by: CCB Bank and Harris Teeter

Durham County Seniors-“A Dialogue for Action”

FAQ Sheet

Q. What is the Durham County Community Diagnosis Team?

- A. We are a team of five graduate students from the UNC-School of Public Health. Joan Pelletier and Gina Upchurch, service providers and community members in Durham serve as advisors to our group.

Q. What is a Community Diagnosis?

- A. The process involves conducting interviews and focus groups with community members and service providers. The goal of this project is to reveal the perceived strengths and areas for improvement in Durham.

Q. How many interviews did the team do?

- A. Service Providers: 13
Community Members: 16
Caregivers: 3

Q. What is the “Dialogue for Action”?

- A. This where we hope to turn ideas into action. The team will present recurring topics that came up in the interviews and focus groups. Then the audience will be invited to join a small group based on the topic that they are most interested in discussing. With the help of a facilitator, these groups will work together to discuss the problem and identify appropriate “action steps”.

Q. When can we see all of the information from this process?

- A. The team is writing a comprehensive document that will be available on-line and in hard copy at The Council for Senior Citizens and Senior PHARMAssist by early May.

PLEASE SEE THE REVERSE SIDE FOR A BRIEF DESCRIPTION OF TOPICS DISCUSSED HERE TODAY.

Q. Who can I contact for more information?

- A. Council for Senior Citizens: 688-8247

Themes Identified for Community Forum Discussion:

APRIL 28TH, 2002

Transportation Issues:

Strengths:

Church vans, ACCESS, Red Cross, Friends, Family members

Weaknesses:

- ❖ Lack of transportation geared towards seniors/ Need services to come to seniors.
- ❖ Lack of benches and/or covered waiting areas for city buses.
- ❖ Unreliable services/Few services outside city limits.

Physical and Environmental hazards:

Weaknesses:

- ❖ Lack of sidewalks or poor quality sidewalks.
- ❖ Homes are inaccessible for wheelchairs and walkers.
- ❖ Excessively fast and unsafe traffic situations.

Crime and Safety Issues:

Strengths:

Police service is good.

Weaknesses:

- ❖ Violent crimes and consumer fraud committed against seniors cause seniors to fear leaving their homes.
- ❖ Law enforcement services geared towards seniors are under-utilized.

Lack of Coordinated Referral System:

Strengths:

Volunteers and word of mouth help connect seniors to services.

Weaknesses:

- ❖ Low access to services because paperwork is too confusing.
- ❖ Lack of knowledge that services exist.
- ❖ Lack of volunteers to get the word out about services.

In-Home Services:

Strengths:

There is some caregiver support available (A Helping Hand, Council for Senior Citizens).

Weaknesses:

- ❖ Assistance for life-long respite care, including, grandparents taking care of grandchildren.
- ❖ Seniors need inexpensive help performing household tasks such as cleaning.

Lack of Community Support:

Strengths:

There is a greater sense of community in those parts of the county surrounding the city.

Weaknesses:

- ❖ Neighborhoods are changing and people are not familiar with their neighbors anymore.
- ❖ Lack of understanding regarding senior issues.
- ❖ Family and friends are not around to rely on.

Force Field Analysis

Force Field Analysis is a method for listing, discussing, and evaluating the various forces helping or hindering a proposed change within a community or group. When you are planning a change, force field analysis helps you look at the big picture by analyzing all of the forces impacting the change, both positive and negative. It helps you develop strategies to reduce the hindering forces and encourage the positive ones. Force field analysis can be used to solve existing problems or to plan more effectively for implementing change.

Use Force Field Analysis to:

- Plan for change in your community or organization
- Keep group members realistic about change and the challenges that may be encountered
- Address your groups' concerns and arrive at a consensus
- Establish action steps and strategies to help you work toward your goals

Types of forces to consider:

- Available resources (money, people, time, power, etc.)
- Traditions
- Organizational structures
- Relationships
- Attitudes of people
- Rules and regulations
- Personal or group needs
- Present or past practices
- Institutional policies
- Values
- Desires
- Costs
- People
- Events
- Agencies
- Services

Once the helping and hindering forces have been identified, ask the following questions:

- Are these forces valid?
- How do we know this?
- How significant is each force?
- What is each forces' strength?
- Which forces can be altered and which ones can not be changed?
- Which forces can be changed quickly?
- Which forces will require a long time to change?
- Which forces, if altered, would produce a rapid change in the situation?
- Which forces, if altered, would change the situation slowly?
- What skills, information, and resources are needed to change the forces?
- How can we get these things?

Once a final goal is established, ask the following questions:

- Which specific forces do we want to change?
- What step should be taken to change these forces?
- Who will be responsible for each step?

Directions:





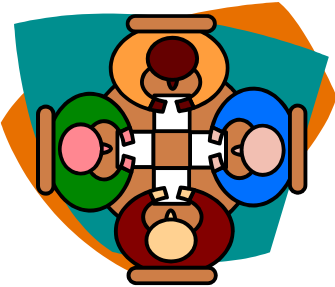







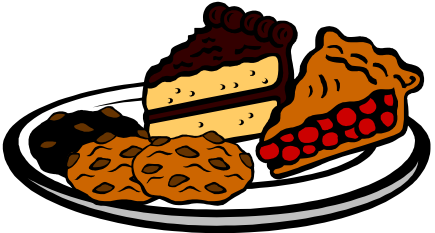



1. In a large group, participants should brainstorm themes or current situations related to the target issue. For example, a target issue may be "Improving Sanford" and different themes might include: Housing, Education, Crime, Recreation, and Growth.
2. Participants should rank the themes – the top 4-5 ranked themes will be the discussion topics for the small group sessions.
3. Participants should break up into small groups according to whichever theme they feel is most important.

Once the participants have split up into small groups, each group facilitator will:

1. Ask the group to discuss the current situation for their particular theme and decide on a goal they want to achieve.
2. Write the goal on the far right side of the paper.
3. Ask the group to state the present situation and write that in the middle of the paper.
4. Next, the group should brainstorm all the helping and hindering forces that affect the present situation.
5. Write the helping forces on the left side of the paper and write the hindering forces on the right side of the paper, between the present situation and the goal.
6. Draw longer and shorter arrows under each helping and hindering force. The length of the arrows indicates their strength. The helping forces arrows are drawn towards the goal, and the hindering forces arrows are drawn away from the goal.
7. Explain that the group can move towards the goal by increasing the helping forces or reducing the hindering forces.
8. Ask the group to choose one helping force they could strengthen or one hindering force they could weaken. (choose only one, not one of each)

9. Using this chosen force as the new present situation, ask the group to identify a new goal regarding this force.
10. Brainstorm helping and hindering forces for the new goal, and draw a new diagram with the new present situation, new helping and hindering forces and arrows pointing towards or away from the goal.
11. Repeat this process until you have established a goal that the group can realistically achieve. Usually you will go through the process 2-3 times.
12. Once the final goal has been identified, ask the group to start listing action steps they can take to achieve the goal. For each action step, decide who in the group will be responsible for completing the action.
13. When you've finished this process, choose a representative to report your goal and your action steps back to the larger group.

FORUM EVALUATION

	<p>Presentation</p> <div style="display: flex; justify-content: space-around; align-items: center;"> <div style="text-align: center;">  I really liked the presentation. </div> <div style="text-align: center;">  I didn't like the presentation. </div> <div style="text-align: center;">  Neither </div> </div> <p>COMMENTS:</p>
	<p>Small Group Discussion</p> <div style="display: flex; justify-content: space-around; align-items: center;"> <div style="text-align: center;">  I really liked the small group. </div> <div style="text-align: center;">  I didn't like the small group. </div> <div style="text-align: center;">  Neither </div> </div> <p>COMMENTS:</p>
	<p>Future Actions Discussion</p> <div style="display: flex; justify-content: space-around; align-items: center;"> <div style="text-align: center;">  I really liked the discussion. </div> <div style="text-align: center;">  I didn't like the discussion. </div> <div style="text-align: center;">  Neither </div> </div> <p>COMMENTS:</p>
	<p>Food</p> <div style="display: flex; justify-content: space-around; align-items: center;"> <div style="text-align: center;">  I really liked the food. </div> <div style="text-align: center;">  I didn't like the food. </div> <div style="text-align: center;">  Neither </div> </div> <p>COMMENTS:</p>

Please write any other comments in the space provided below.

Examples: likes/dislikes, overall format/setting, impact on your beliefs/actions

Are there any more themes that you would have liked to discuss in today's forum?

Forum Power Point Presentation

1. Icebreaker

- What is one thing you like about Durham?
- What is one thing you don't like about Durham?
- What is one thing that would make Durham a better place to live?

2. Methods

- Community Diagnosis is "A process of assessing the strengths and needs of a community."
- 32 Interviews:
16 seniors, 13 service providers, 3 caregivers
- 2 Focus groups:
Caregivers & Service Providers
- Summarized interviews & found themes
Present themes today, prepare a document for future reference

3. What people had to say...

- **Strong Points**
 - Healthcare
 - Religion
 - Service Providers
 - Volunteers
- **Areas for Improvement**
 - Transportation
 - Physical and Environmental Hazards
 - Crime/Safety
 - In-Home Services
 - Lack of coordinated referral system
 - Lack of Community Support

4. Strong Points

- **Religion**
 - Outreach programs
 - Transportation and activities for seniors.
- **Healthcare**
- **Good Service Providers**
 - The service providers people were connected to were positively affecting them.
- **Volunteers**
 - Those connected to volunteers always identified them as great!
 - Connected to services through volunteers.

5. Areas for Improvement...

6. Transportation

- Lack of places to wait for city buses.
 - Social transportation services for seniors are difficult to use.
 - Advance appointments
 - Unreliable
 - Few services outside city limits
- Expensive
 - ***“I spend all my money paying people to take me places, it cost me about \$15 to go any place”***
- Transportation which is generally used.
 - Church vans, Red Cross, ACCESS, Friends, Family members

7. Physical and Environmental Hazards

- Lack of sidewalks
- No curb cuts on sidewalks
- Poor condition of sidewalks
- Traffic
- Homes which are not accessible for wheelchairs and walkers

8. Crime and Safety

- Crime affects seniors in indirect ways.
 - *“In Raleigh they turn away [Meals on Wheels] volunteers while in Durham they cannot get volunteers because the crime rate is so high.”*
- Crimes perpetrated
 - violent crimes
 - consumer fraud
- Law enforcement services underutilized in Durham.

9. In-Home Services

- Seniors indicated a need for people to just come and visit.
- General help doing household chores.
 - ***“Someone needs to just check-in from time to time. When you are used to being independent it is hard to ask someone for something that you need.”***
- Caregivers for seniors also need someone to come in and help out around the house.

10. Lack of Coordinated Referral System

- Unsure of where to go to get necessary services.
- Have to go several places to solve one problem...
 - *The system is very difficult and this creates a barrier to accessing services. “Every time you need services it is like trying to file your tax returns.”*
- Word of mouth is how most people found services.
- Service providers did not know of other programs in Durham they could refer people to.

11. Lack of Community Support

- Neighborhoods are changing and don't really know neighbors anymore.
- Lack of understanding from community.
 - *"Seniors move slowly but our brains still work. Seniors have a rough time, a bit to put up with. You have to walk in these shoes to understand."*
- Lack of family and friends to rely on.
- Outside of the city there is more of a connection to neighbors and community.

12. What to do next...

13. Small Group Topics

- Transportation
- Physical and environmental hazards
- Crime and Safety
- In Home services
- Lack of coordinated referral system
- Lack of community support

Appendix H: IRB Application and Approval Letter

RESEARCH PROTOCOL INFORMATION-

A. Purpose and rationale:

The purpose of this research project is to understand the strengths and weakness of, and to help identify future directions for, the Durham elderly community in Durham County, NC. Community leaders, service providers, and adult community members will be interviewed. Results of the interviews and focus groups will then be summarized and made available to community members.

B. Description of human subjects:

The human subjects for this study include the community leaders and members of the Durham community in Durham County, NC. Only members of this community and those who provide services to the community will be asked to participate in the study. Only individuals who are over 18 years of age who agree to participate will be interviewed and recruited for focus groups. Minority status and sex are not relevant factors in selecting participants.

C. Methods of recruitment:

Community leaders and service providers will be identified using public records or listings and will be contacted about their availability and interest in participating in this study by the research team. Other potential informants (community members and groups of community members) will be identified and contacted by community leaders and service providers. Using the Recruitment Consent form, they will ask the community members if they would be willing to be contacted regarding possible participation in the project. Only after a potential informant has agreed to be contacted will a member of the research team contact that person to request participation in an interview or focus group.

It is anticipated that a total of about 50 community leaders, service providers and members will be contacted for interviews and 1-2 focus groups with 6 participants each will occur.

D. Research Protocol:

Community leaders, service providers, and members will be asked similar, yet slightly different questions during the interviews (see attached interview guide). Katrina Debnam, Ingrid Morris, Julie Harris, Sapana Parikh, and Lauren Shirey will conduct interviews.

If possible, focus groups may also be planned in the community with service providers. They would be facilitated by one of the team members (Katrina Debnam, Ingrid Morris, Julie Harris, Sapana Parikh, and Lauren Shirey), with another team member serving as a note taker. These groups will be tape recorded, with verbal consent of participants prior to taping. Participants will also be informed that they may turn off the tape recorder at any time during the group.

Identifying information will not be linked to statements made by community members and service providers during interviews or focus groups. Only aggregate information or quotes without identifiers will be used. Characteristics, such as age, sex, ethnicity and number of years residing in the Durham community may be used when summarizing data.

E. Compensation and costs:

Interviewees will not be compensated nor given inducements for their participation. The only costs to participants will be the time spent in interviews. These interviews are expected to last 45 minutes to 1 hour. The only compensation for focus group participants may be food and/or refreshments provided at the focus group. Focus groups will last approximately 90 minutes.

F. Risks to subjects:

Physical, psychological and social risks should be negligible. Interviews and focus groups will focus primarily on the strengths, weaknesses and directions for development of the Durham community. Even though service provider focus group participants will remain anonymous, they may know one another. To protect them from any risk of statements being shared outside of the group, participants will be told that they have the option of not answering any question(s) and of turning off the tape recorder at any time.

G. Benefits:

A written summary of the strengths and weaknesses of, and suggested future directions for the Durham community will be made available to the community leaders, community members and service providers. The community forum to share the results of this community diagnosis will be planned to benefit the Durham elderly community.

H. Procedures for obtaining informed consent:

The fact sheet will be read aloud or given to participants to read, detailing the study and their participation. Furthermore, participants will be informed that releasing certain characteristics (such as ethnicity, age, sex, and number of years residing in Durham) will be used only for summarizing data and not linked to any statements they made. They will then be asked if they have any questions, all of which will be answered by the researchers. Participants will be asked to give a verbal consent. A copy of the fact sheet will then be given to participants. The researchers will then proceed with the interview or focus group questions.

Although name and address are collected, these will not be used in any way in the research study or linked to responses. They will only be used for general communications, such as inviting individuals to attend the community forum. Participants may refuse to provide name and address information. Identifying information will not be linked in any way with the data collected in interviews or focus groups. Verbal consent for audio taping will also be secured prior to taping.

I. Confidentiality of data:

Names and other personal identifiers of all participants in interviews and focus groups will be kept anonymous. Information such as age, sex, ethnicity, and number of years residing or working in Durham, would only be used as a summary of data and will not be linked to specific quotes or information provided by that person.

Audio taping is preferred for all interviews and focus groups. Permission will be secured from participants prior to recording, and participants will be informed of their right to turn off the tape recorder. Audio tapes will be erased after data analysis has been completed.

J. Public release of data:

Researchers do not plan to publish data; however, summarized data will be made available to the community through the UNC Health Sciences Library web-site, the Durham community library, and the Durham County Health Department. The purpose of this project is to fulfill course requirements for HBHE 240/241: Community Diagnosis.