

SUPPORT SERVICES AND LIFE SATISFACTION OF
ELDERLY RESIDENTS IN A CONGREGATE
HOUSING FACILITY

By

ELAINE MARSH IMEL

Bachelor of Science in Home Economics

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Thesis Approved:

L. Kay Stewart
Thesis Adviser

Margaret J. Weber

Laurene Keeler

Norman D. Durham
Dean of the Graduate College



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CHAPTER I

INTRODUCTION

For the aging segment of the United States population, housing is a special problem that involves more than the basic need for shelter. Maintaining an independent lifestyle is a concern during the aging process and accentuates the need for housing to provide a supportive environment. In the past, this aspect of aging has not been adequately addressed. Current trends, however, reveal an increased sensitization in planning alternative environments to afford older persons the degree of autonomy desired. According to a recent study by Struyk and Soldo (1980, pp. 7-8), "An adequate standard of living is accepted by society as a special necessity, if not a moral responsibility."

Simple growth in numbers of the older population as a group advocates public awareness of the needs of the elderly. Demographic information indicates a significant increase in the number of persons over age 65 and in the proportion of this group in the total population. In 1970, 20.0 million persons were age 65 or older, and by 1980, this number increased to 25.5 million, indicating a 27.9 percent increase. Proportionally, the elderly constituted four percent of the total population in 1900, compared to 11.3 percent in 1980 (U.S. Department of Commerce, Bureau of the Census, 1980).

Income data in 1981 reflected that 15.6 percent of the elderly population were below the current poverty level. One of the responses by the federal government to assist this elderly population was to target dollars in public housing benefits. In 1981, census data revealed that 949,000 householders age 65 and over were residents of publicly owned or subsidized renter-occupied housing. The median income for this group was \$4,863.00. Those reported to have incomes below poverty level numbered 476,000, or 52.5 percent of the total households residing in public housing (U.S. Department of Commerce, Bureau of Census, 1981). However, even though federal dollars have been targeted, approximately 76 percent of those elderly householders with incomes below poverty level were not receiving housing assistance. This was coupled with the fact that in 1981, "Low income housing received the largest cut in budget authority of any federal program" (Dolbeare, 1982, p. 7). These reductions in the supply of low-rent housing compound the problem of a lack of housing alternatives available to the elderly.

Lifestyle and housing alternatives available to the elderly are further inhibited by other dilemmas encountered in the later years, including reduced income, mobility restrictions, and decline in health. Gutowski (1977, p. 110) found that social services can aid in the expansion of alternatives in housing and further supports the view that "Supportive social services are every bit as vital as location, square footage and the physical amenities of the housing unit itself" He goes on to state:

Social services are required to redress imbalances in an individual's capacity to function independently in society. A full range of social services is needed to support independent living in a home environment. These

services can offer the elderly the support needed to mesh with their own resources in order to maintain household equilibrium and avoid institutionalization (p. 111).

The Problem

With the continuing increase in the elderly population, it is apparent that even if a major emphasis was placed on new federal housing programs there will be vast numbers of elderly with unmet physiological, sociological, and economic needs. These dilemmas heighten the chance of premature institutionalization. The rate of persons over age 65 entering institutions is increasing. The U.S. Bureau of the Census reports an increase from 3.8 percent in 1960, to 4.8 percent becoming institutionalized in 1970 (U.S. Department of Commerce, Bureau of the Census, 1973). An update indicated that between the period of 1976 through 1979, the percentage of elderly population entering institutions was approximately five to six percent, or over one million.

Data were collected by the U.S. Bureau of the Census to provide information on the primary reasons for admission to institutional care. It was found that, in 1976, approximately 79 percent of those over 65 were institutionalized for needed medical and nursing care; 12.7 percent because the family was unable to care for the person, and 7.5 percent for other reasons, including no financial resources to care for the person and committed to a facility (U.S. Department of Commerce, Bureau of the Census, 1978).

Research on the provision for social support services in the public housing living environment will expand alternatives available to older persons. Further study will aid in the development of federal

housing management policies to reach the goal of improving the quality of life for the elderly.

Purpose and Objectives

The purposes of this study were: (1) to evaluate the relationship between the use of a support service program for temporarily disabled or handicapped residents and life satisfaction, and (2) to examine the relationship between life satisfaction and housing satisfaction. The following objectives were guides for the research:

1. To assess change in life satisfaction of elderly public housing residents receiving the Congregate Housing Services Program (CHSP).
2. To assess the relationship between life satisfaction of residents and housing satisfaction.
3. To assess the difference in level of housing satisfaction of residents receiving the CHSP and those not receiving CHSP.

Hypotheses

The following hypotheses were formulated for the study:

Hypothesis One: There will be a significant difference in life satisfaction of residents receiving the CHSP and residents not receiving the CHSP.

Hypothesis Two: There will be a significant relationship between life satisfaction of residents and their perceived satisfaction with housing.

Hypothesis Three: There will be a significant difference in perceived housing satisfaction of residents receiving the CHSP and residents not receiving the CHSP.

Assumptions

The following assumptions were recognized in the study:

Assumption One: It was assumed that a one year time period from program initiation was adequate to measure change in life satisfaction.

Assumption Two: It was assumed that utilizing a personal interview would be the best method to gather information from elderly respondents.

Assumption Three: It was assumed that the CHSP would be effectively administered by staff to afford the greatest opportunity for residents needing services to become participants in the program.

Limitations

The following limitations were recognized in the study:

Limitation One: The sample for this study was not a statistically random sample. One of the reasons was that another evaluation involving interviews, without the researcher's knowledge, was begun at the same time that interviewing started on this project. This limited the number of residents who were willing to participate in two interviews.

Limitation Two: Accessibility to local housing authority records for characteristics of residents was limited.

Definition of Terms

Congregate Housing - Congregate housing is an assisted independent group living environment that offers the elderly who are functionally impaired or socially deprived, but otherwise in good health, the residential accommodations and supporting services they need to maintain or return to a semi-independent lifestyle and prevent premature or unnecessary institutionalization as they grow older (Carp, 1979).

Disabled - This is a term to describe a person who, through disease, illness, congenital condition, or traumatic experience, is impaired in functioning in one or more areas of daily living. This functional impairment causes unusual dependency on one or more other human beings and/or mechanical devices (Conference of the Canadian Rehabilitation Council for the Disabled, 1977).

Elderly - The elderly are persons within the later years of the life cycle. For the purpose of this study, the public housing criteria for admittance will be used. An eligible person must be 62 or older or be handicapped or disabled (U.S. Department of Housing and Urban Development, 1978).

Handicapped - A person with a handicap is one who has a physical impairment which: (1) is expected to be of long, continued, and indefinite duration, (2) substantially impedes his ability to live independently, and (3) is of a nature that such ability can be improved by more suitable housing conditions (U.S. Department of Housing and Urban Development, 1978).

Independent Lifestyle - A lifestyle that provides the individual a sense of personal fulfillment by promoting congruence between the

needs of the individual and the offsprings of the environment (Kahana, 1979).

Life Satisfaction - This term refers to "An assessment of the overall conditions of existence as derived from comparison of one's aspirations to one's actual achievements" (Campbell, 1981, p. 50).

LSI-Z - Life Satisfaction Index instrument, developed by Wood, Wylie, and Sheafer (1969). It is a 13 item modification of the LSI-A instrument developed by Neugarten, Havighurst, and Tobin (1961) to measure life satisfaction.

Public Housing Project - This is a federally aided apartment project administered through local public housing agencies to provide decent shelter for low income residents at rents they can afford.

Support Services - These are services that will enable older persons to live independently or semi-independently and to survive short term crises and long term needs (Harbart and Grinsberg, 1979). The Congregate Housing Services Program (CHSP) includes services such as congregate meals, home delivered meals, housekeeping, and escort services.

CHAPTER II

REVIEW OF THE LITERATURE

Introduction

In recent years there has been a dramatic increase in the numbers of people in the population of the United States that attain old age because of a decrease in the mortality rate linked with a decrease in the fertility rate. Over 25.5 million were reported to be above age 65 in 1980, and population projections expect an increase to 32 million by the year 2000. Population projections also indicate that by 2000 there will be an increase in the very old age group, age 75 and above, to 17 million persons and 5 million age 85 and above (U.S. Department of Commerce, Bureau of the Census, 1980).

Attention is being drawn to these numbers and our society's inability to deal with the quality of life of the elderly. Our current system is not one that is prepared to meet the demands and growing needs of this segment of the population. One researcher identifies three reasons for this inadequacy:

- (1) The lag between stated goals of income maintenance and security and the actual economic situation of large numbers of individuals;
- (2) the failure to anticipate the evolving needs of the aging individual in relation to the home and the community; and
- (3) the emphasis in recent decades upon the environmental needs of 'younger' age groups (Vivrett, 1970, p. 264).

Strategies must be developed to correct these imbalances and afford older persons the desired quality and satisfaction in life.

Perhaps the best strategy is to view research in aging as multidimensional and examine the needs and possible solutions in meeting the needs of this segment of the population.

The focus of this study is on the older residents of a congregate public housing facility. A review of the literature will examine the needs of this target group and discuss factors that may affect the life satisfaction of such a group.

Life Satisfaction

To further clarify the focus of the research, a discussion of life satisfaction is imperative. Satisfaction is defined in the dictionary as a "Anything that brings pleasure or contentment, to fulfill needs" (Webster's New World Dictionary, 1979, p. 529). Life satisfaction has been referred to as "an assessment of the overall condition of existence as derived from comparison of one's aspirations to one's actual achievements" (Campbell, 1981; p. 50).

Several instruments have been developed to measure life satisfaction. The Life Satisfaction Index-A (LSI-A) developed by Neugarten, Havighurst, and Tobin (1961) is a widely used measurement. The instrument contains 20 statements that cover five areas of well-being: "Zest, resolution and fortitude, congruence between desired and achieved goals, positive self-concept, and mood tone" (George and Bearon, 1980, p. 51).

Wood, Wylie, and Sheafer (1969) modified the LSI-A to include 13 of the 20 statements that measure life satisfaction. This modification, LSI-Z, was examined by Wylie (1970) to determine the usefulness

of the instrument with older persons in measuring the program impact on life satisfaction (George and Bearon, 1980).

Human Rights of Older Americans

One factor, because of its potential to affect life satisfaction, that should receive attention is the vulnerability of older persons. In the past, the elderly group has not received the level of status that the younger groups have enjoyed. In 1976, a Bicentennial Charter for Older Americans was developed by the Federal Council on the Aging in an effort to emphasize the basic human rights for older Americans. The rights are as follows:

1. The right to freedom, independence and free exercise of individual initiative.
2. The right to an income in retirement which would provide an adequate standard of living.
3. The right to an opportunity for employment free from discriminatory practices because of age.
4. The right to an opportunity to participate in the widest range of meaningful civic, educational, recreational and cultural activities.
5. The right to suitable housing.
6. The right to the best level of physical and mental health services needed.
7. The right to ready access to effective social services.
8. The right to appropriate institutional care when required.
9. The right to a life and death with dignity (Harbert and Ginsberg, 1979, pp. 232-234).

During the later years, many of the above stated rights are, in essence, denied. The older person is faced with economic, physiological, and sociological adjustments which often determine the ability to

share in the right to independence and to live an independent life-style. The importance of providing supportive environments as part of housing choices becomes evident in view of these adjustments the older person must make.

Housing as a Component of a Supportive Environment

The economic situation of elderly persons is a restricting aspect in the availability of adequate housing. Single-person households who are renting, experience the greatest hardship in an inflationary economy with escalating rents consuming larger portions of incomes. Table I reflects the severity of the overburdening housing costs for those persons living alone.

The federal policy states that acceptable rent payment is not to exceed 25 to 30 percent of the monthly gross income. In view of this, Table I reveals that housing costs are greatly overstepping the older person's ability to pay. Struyk and Soldo (1980) provide an update that, in 1976, 2.3 million elderly spent more than 35 percent of their income on housing, and that nearly two out of every five older renters pay an immoderate amount for housing.

In addition to the economic constraint of housing costs is the limited housing alternatives that provide a supportive environment for older persons. Carp (1979, p. 106) reports that even ". . . facilities designed to meet the needs of applicants are soon 'outgrown' as the original occupants age and as the age structure of the tenant group skews upward." This point is further emphasized in the dilemma faced by administrators of housing that does not provide services.

TABLE I
 PERCENTAGE OF RENTERS 60 YEARS OF AGE AND OVER LIVING
 ALONE WHOSE MONTHLY RENT EXCEEDS 25%
 OF THEIR MONTHLY INCOME: 1970

Income Level of Less Than	Total Household Population of 60+	60-64 Yrs.		65-74 Yrs.		75+ Yrs.	
		Male	Female	Male	Female	Male	Female
\$2,000	96.4	93.5	97.7	93.3	97.5	93.8	97.9
\$2,000-3,999	79.3	60.9	78.9	69.9	85.7	74.0	89.1
\$4,000-6,999	41.8	20.8	39.5	31.1	52.4	42.1	59.3
\$7,999-9,999	14.8	7.0	14.4	9.6	23.7	19.5	31.9
\$10,000	4.2	2.5	5.3	4.1	11.1	6.7	14.6

Source: Census of Housing, "Housing of Senior Citizens," Occasional Papers in Housing and Community Affairs (1977).

Many times the only alternative to a failing resident is referral to a nursing care facility (Byerts, 1979).

Physiological Aspects of Aging

Physiological constraints create a need for a more supportive environment. The older person may experience a decline in mobility and in sensory perception which alters the ability to accomplish necessary maintenance activities. A higher accident rate in the home is a concern among the elderly. Statistics reveal that falls occurring in the home resulting in death for those aged 65 to 74 in a 100,000 population is 15.6 and about 113.2 for those over 75, compared to only 6 in the general population (Vivrett, 1970).

Barrier-free living units can be a supportive system to allow an older person to overcome many of the physical restrictions experienced during the later years. Maximum adaptability is important in making the dwelling unit as livable as possible during the years of good health, as well as during times of deteriorating health (Vivrett, 1970). Byerts (1979, p. 171), in his discussion of specialized environments, corroborates that "rarely is the physical setting designed to be adaptable to individual differences and changes, however. Thus, the mix of service alternatives must try to overcome various environmental barriers."

Sociological Aspects of Aging

The older person may also experience sociological adjustments that may limit the fullness of life desired. Lawton (1975) cites examples of sociological deprivations that may occur:

1. Low income.
2. Inadequate housing.
3. Poor nutrition.
4. Crime-ridden neighborhoods.
5. Lack of public transportation.
6. Enforced retirement.
7. Lack of continued educational opportunities.
8. The steady move of recreational resources to suburbs and resort areas.
9. Centralization of medical resources and their consequently increased distance from the older persons.
10. The concurrent growth of the smaller dwelling units, and the decline of three generation living.
11. Loss of friends through death, lowered mobility, and migration.
12. The youth culture and anti-elderly stereotyping 'ageism' (p. 60).

If several of these social problems occur simultaneously, it can be devastating to the older person, and can jeopardize his ability to cope and maintain independence. The need for a supportive environment becomes imperative to the older person. Lawton (1975) further explains the need for environmental options, which he terms as "prostheses," to support an older person in maintaining independence, yet be life-sustaining. This "prosthesis" may be a physical aid, a person to assist the older person, or any type of service that will help the person overcome social deprivations and provide a support system within the environment.

Social Support Services

The federal response to the elderly group had been minimal until 1965, when the Older Americans Act was passed. This Act enabled countless programs on aging to be created for coordinating and delivering services to the elderly. The funding appropriated in 1965 to the Administration on Aging totaled \$10 million. Thirteen years later, the 1978 budget showed a fifty-fold increase, totalling \$509 million (Rabushka and Jacobs, 1980).

The federal response in housing for the elderly has been provided through the Department of Housing and Urban Development. An encouraging trend was revealed in legislation in 1978 to form an alliance between the Department of Housing and Urban Development and the Department of Health, Education, and Welfare in providing supportive services in public housing projects for the elderly (Byerts, 1979).

Theory Development

Studies have been completed to uphold the theory that a supportive living environment is a determinant in life satisfaction. Several have focused on the residents of congregate housing facilities.

Carp (1975) emphasizes the importance of the living environment as a determinant in life satisfaction in her study of tenants living in Victoria Plaza, a congregate housing facility. Residents were pre- and post-tested for life satisfaction. The eight year study revealed that housing dissatisfactions can be diminished with the provision of a more supportive environment and has an effect upon the quality of life.

One aspect of determining life satisfaction was in the area of health. Residents reported fewer number of days of health problems than their non-resident counterparts. Life satisfaction is viewed as improved, with the congregate living environment reflected in "more favorable perceptions of health status, and lower rates of death and permanent institutionalization" (Carp, 1975, p. 172). This sample studied was reported to be representative of elderly persons and correlates in comparison with census data. Results of the study indicate that "the years of independent living might be extended and the quality of life during those years improved by providing housing and living situations that are physically and socially appropriate" (Carp, 1975, p. 173).

Further research indicates that supportive services are desired by older persons. Tentative results of a study (Lawton, 1969) reveal how older persons view services in terms of their level of priority. Lawton concludes the following in regard to services and effects of services:

1. Medical services are desired by a majority of older people.
2. Other services are desired by fewer people; successful living in planned housing apparently diminishes the felt need somewhat.
3. Medical service is seen as a necessity; other services as amenities.
4. People who utilize medical services tend to be the less healthy; those who utilize meal services tend to be the more sociable.
5. The decision to include services in the housing situation may affect the characteristics of the population which it applies (p. 19).

Summary

The review of the literature focused upon some of the concerns of the older population and possible approaches to be taken to alleviate some of the dilemmas faced during the aging process. The findings indicate that in the past there has been a lack of attention in regard to the older population. However, due to the increasing numbers of the older population as a group, a greater emphasis has been placed on components that could facilitate the desired quality and satisfaction in life for those experiencing the later years.

Information has been provided to describe the concept of a supportive environment and the effects on the quality of life. The studies reviewed indicated a relationship between the availability of services and the older person's ability to live independently and to avoid premature institutionalization. The research also indicates that an appropriate living environment plays a key role in extending the years of independence and quality of life.

The concept of the Department of Housing and Urban Development and the Department of Health, Education, and Welfare joining together in providing a supportive environment, low income, elderly program is relatively new. Pilot programs in public housing projects are being initiated to provide funding for supportive services. However, the concept has not been thoroughly examined to date to discover the effectiveness of such endeavors. In fact, other researchers such as Lawton (1969, p. 15) pose the question as to "Whether housing for the elderly should properly provide housing alone or whether means for serving other basic needs should also be provided under the umbrella of housing." These questions further direct the need for additional

study in the area of the effect of support services provided in a
congregate housing facility on the life satisfaction of elderly
residents.

CHAPTER III

METHOD AND PROCEDURE

Introduction

This chapter describes the population, sample, and methodology used to complete the study. The study incorporated both descriptive and evaluation methods. The descriptive method included gathering information in regard to the housing project studied and the background characteristics of the residents. The evaluation method involved procedures to assess the effect of a support services program to the residents. A pre- and post-survey was used in the evaluation.

The population for this study was elderly residents of a congregate, highrise apartment public housing project in a city in the state of Oklahoma. The housing project was funded by the U.S. Department of Housing and Urban Development, and was administered through a Local Housing Authority. The project was designed to house low-income elderly, handicapped, or disabled residents who could live independently. There are 200 units of housing (one bedroom and efficiency apartments) in the complex. This housing project was utilized in the study because it was selected to receive federal funding for a pilot program entitled "The Congregate Housing Services Program," and research was needed to assess the impact of such a program.

The Sample

The sample which served as a data base for this study was obtained in two phases. The first phase was conducted in the fall of 1981, before the Congregate Housing Services Program (CHSP) began. All 200 residents were sent a letter that explained the research project and requested their voluntary participation in the study. An attempt was made to contact each resident and to complete the first interview prior to any resident's participation in the CHSP. Following is a breakdown of the level of participation at the time of the initial interview:

- 61 - completed interviews
- 15 - partial interviews or completed after resident had begun to receive the services (not valid for the study)
- 11 - were unable to be interviewed due to an illness
- 24 - refused
- 4 - reported as deceased right after the study was in progress
- 5 - reported as moved right after the study was in progress
- 80 - no response after three attempts to contact in person and by letter
- 200 - total number of units in the housing complex in which contact efforts were made for resident interviews

The second contact with participants was made in the spring of 1983. A letter was sent to all residents who participated in the 1981 interview process, informing them that the interviewer would be contacting them in a few days. Following is a breakdown of the final response level:

- 41 - completed interviews
- 9 - moved from the project

8 - no response after three attempts to contact the respondent

2 - were in the hospital

1 - refused

$\overline{61}$ - total number contacted at the initial interview and at the time of the second interview

The sample for the analysis consisted of the 41 respondents with whom both interviews were completed. The researcher acknowledged the high rejection level in the number of participants in the study. One of the reasons was that another evaluation involving interviews was being conducted at the same time as this study.

One researcher, Howell (1979), makes the point that in the past, research in gerontology has involved comparison studies between two unlike groups such as highrise and lowrise building comparisons. Howell (p. 3) reports a breakthrough in gerontological methodology that is "we focus our attention 'within a set' rather than 'across' what appears to be contrasting sets."

The methodology of the study is focused upon the environment and the assessment of the effect of the services program within that environment. The control group used was composed of residents within the housing project who did not receive CHSP.

Instrumentation

This study focused upon the effect of a support service program on the life satisfaction of temporarily disabled or handicapped elderly residents. Then an examination of the relationship of life satisfaction and housing satisfaction was made.

The research objectives and hypotheses served as guides in developing data collection processes and instrumentation. For testing

Hypothesis One, data were needed on: (1) socioeconomic factors of the respondents, (2) respondent's level of life satisfaction prior to the initiation of CHSP, and (3) respondent's level of life satisfaction after CHSP had been in operation for a period of one year. For Hypothesis Two, data were needed on: (1) respondent's level of life satisfaction at initial interview, and (2) resident's perceived level of housing satisfaction. For Hypothesis Three, data were needed on perceived housing satisfaction of: (1) participants of CHSP, and (2) non-participants of CHSP, collected at the initial interviews.

Three instruments were used in the collection of data. The Life Satisfaction Index-Z (LSI-Z), developed by Wood, Wylie, and Sheafer (1969) was used to determine level of life satisfaction at both the pre-and post-interview periods (Appendix A). Construction of a pre-interview schedule was necessary to collect the initial socioeconomic data, level of service participation, and respondent's perceived level of housing satisfaction. The post-interview was necessary to collect information on participation or non-participation in the CHSP.

The interview schedule was pretested in a comparable low income elderly high-rise housing project in the same city. The project used for the pretest was administered by the same Local Housing Authority as the sample project. Six residents participated in the pretest of the interview schedule to determine clarity of the questions. The interview schedule was revised to improve clarity and facilitate ease of administering the instrument (Appendix B).

Data Collection

The first phase of the data collection process began in August of

1981. A letter of introduction was mailed to all residents in the project requesting participation in the study on a voluntary basis (Appendix C). The researcher and two trained interviewers contacted residents for a personal interview in their apartments. The resident was informed at this time about the purpose of the study and was assured that all information would remain confidential.

The second phase of the data collection began in February of 1983. The researcher contacted previous participants by letter, requesting a second interview (Appendix D). The researcher conducted the second phase of interviewing to cover a one year period from initiation of the program. Each of the first and second interview sessions typically took approximately one hour to complete.

Statistical Analysis

The computer software program, Statistical Analysis System (SAS) (Helwig and Council, 1979) was used for the analysis of the data. Frequencies and percentages were used to describe the sample. Hypotheses One was tested by a t-test (Steel and Torrie, 1960) of the means for life satisfaction before and after for the test and control groups. Hypotheses Two and Three were examined by use of chi-square tests (Freeman, 1965).

CHAPTER IV

FINDINGS

Housing Project and Population

The study was conducted at a public housing project for the elderly and handicapped or disabled persons located in a city in the state of Oklahoma. The project is a highrise structure containing 200 efficiency and one bedroom units. Residents are required to pay no more than 25 percent of their gross income for a rental payment.

Each floor contains 20 units and a laundry facility. The ground floor contains an entry lobby area, management office space, vacant rooms to be utilized by visiting health care providers, library, game room, and community room with a kitchen facility. Individual apartments are designed for independent living including a bedroom, bathroom, living space, and kitchen area.

The project is located in a residential neighborhood fairly isolated from grocery stores, shopping, and medical services. Transportation and delivered services are of utmost importance to residents in the project. A number of local service agencies provide services upon request of the resident. In many cases, residents are charged for services on a sliding scale basis according to their income. Table II shows the community services that were available to project residents prior to the initiation of the Congregate Housing Services Program (CHSP), as reported by the Local Housing Authority.

TABLE II
 COMMUNITY SERVICES AVAILABLE TO RESIDENTS PRIOR
 TO COMMUNITY HOUSING SERVICES

Type of Service Provided	Number of Residents Served
Health Support Service	127 annually
Public Health Nursing	3 monthly
Health Care Clinic	123 annually
Nutritional Program for the Elderly	20-25 daily, 5 days/week
Housekeeping Service	40-45 average weekly services
Senior Citizens Transportation	40-45 weekly
Housing Authority Recreational Program	187 annually
Senior Services	207 annually
Retired Senior Volunteer Program	35 monthly
Delivered Meals	15 monthly

Characteristics of the Residents

Preliminary surveys conducted by the Housing Authority provided the following overview of the characteristics of the project residents: There were 207 residents in the project, including nine two-person households and 189 one-person households. Over one-half of the residents were above the age of 70 years. Thirty-two percent of the population were male and 68 percent were female. The racial breakdown

reflects that 72 percent were White, 26 percent were Black, and two percent were Native American.

Health status surveys showed that approximately 60 percent of the residents had health impairments that seriously reduced their ability to maintain an independent lifestyle. The services provided in the community helped by assisting approximately two-thirds of the population with impairments. The Housing Authority reported that there were 30 to 35 residents in need of services at any given month that were not being reached by the community provided support services.

Description of the Congregate Housing Services Program

The philosophy of the CHSP was identified by the Local Housing Authority as providing support service intervention to temporarily disabled or handicapped residents of the project. The goal of the program was to enable residents to reenter the mainstream of project and community life and to coordinate and expand existing community services to create an improved living environment.

The design of CHSP is to ultimately avoid premature institutionalization by providing comprehensive services to a resident experiencing a temporary crisis period. The goal is to assist the resident through the spectrum of: (1) living independently, (2) needing a minimum level of services, (3) needing comprehensive CHSP services, (4) less need and reducing the level of services, and (5) living independently without support services.

The CHSP program provided for a case coordinator staff person to manage the program. A Professional Assessment Committee (PAC) was

formed to review program goals and monitor progress. The Committee included six professionals involved in housing management and service providing organizations as well as a project resident.

In order to assess the effect of the CHSP, a second interview was conducted. The 61 respondents from the first phase were contacted by a second letter requesting continued participation in the study. The interviewer then visited each respondent and asked for the second interview. The final sample included 41 respondents.

Socioeconomic Characteristics

The sample size did not permit statistical analysis in regard to differences between socioeconomic characteristics of CHSP participants and non-participants. However, the characteristics do provide background information to describe the respondents as exhibited in Table III. The information collected was gathered during the initial interview as provided directly by the respondent.

Use of Community Services

Data were collected on respondents' participation in available services and activities at the initial interview phase prior to the start of CHSP. Table IV reflects the total number of respondents participating in each service or activity and the breakdown of those who were later to become participants and those who were non-CHSP participants.

The following services were to be provided by CHSP:

1. Meal Service - Meal service would include two meals daily to 30 (at any given time), handicapped and temporarily disabled residents

TABLE III
CHARACTERISTICS OF THE SAMPLE
(N=41)

Characteristics of Respondents	Percentage of Total Respondents
Age:	
75 and under	43.9
76 and above	56.1
Sex:	
Male	19.5
Female	80.5
Race:	
White	73.2
Black	26.8
Handicapped/Disabled:	
Yes	24.3
No	75.7
Marital Status:	
Widowed	70.7
Divorced	19.5
Single	7.3
Married	2.5
Level of Education (Attended or Completed):	
Grades 1-6	36.8
Grades 9-12	42.1
College or Technical School	21.1
Level of Annual Income:	
Less than \$4,000	34.1
\$4,000-\$6,999	65.9

TABLE IV
SERVICE AND ACTIVITY PARTICIPATION BY
CHSP AND NON-CHSP RESPONDENTS

Services and Activities	Total Participating	CHSP Group	Non-CHSP Group
Meals Services ¹	10	5	5
Homemaker Services ²	10	8	2
Health Services ³	4	2	2
Transportation ⁴	32	15	17
Assistance from Significant Others ⁵	20	10	10
Inside Activities ⁶	37	18	19
Outside Activities ⁷	34	16	18

¹Meals Services: Includes Meals on Wheels, Home Delivered Meals, and congregate meals outside of the project.

²Homemaker Services: Includes provider services and housekeeping Assistance.

³Health Services: Includes city/county health and nursing services.

⁴Transportation: Includes city bus, transportation specifically for the elderly and handicapped, mini-bus service, and private escort services.

⁵Significant Others: Assistance from family and friends.

⁶Inside Activities: Includes all activities carried out within the respondent's apartment or within the project, such as reading, watching television, arts and crafts, bingo, socials, tenant meetings.

⁷Outside Activities: Includes activities such as shopping trips, community volunteer activities, church and committee meetings, dining out, visiting family, and taking group tour trips.

for as long as necessary to enable them to maintain their own apartments.

2. Homemaking Service - Housekeeping and personal care services would be contracted out to service-providing agencies to assist residents identified as CHSP participants.

3. Escort Service - Transportation service to CHSP participants.

4. Counseling - Limited individual and family counseling would be provided to identify needs and coordinate services to CHSP participants.

The CHSP was funded by the Federal Department of Housing and Urban Development to be administered by the Local Housing Authority. The funding was allocated to cover a five year period. Notification to proceed with the program was given in the summer of 1981.

Tests of Hypotheses

Of the 200 introductory letters requesting resident participation and follow-up door to door attempts to contact residents, 61 residents participated in the initial interview. The response level was not as great as expected because at the time of interviewing there was another series of interviews being conducted at the project for another evaluation. Residents were not as willing to participate in two interview sessions.

Life Satisfaction Index

The Life Satisfaction Index-Z (LSI-Z) was administered during the initial interview session prior to program initiation and then a second time after the program had been in progress for one year. The method of scoring follows:

0 points for each wrong answer (low satisfaction)

1 point for question mark or no response

2 points for each right answer (high satisfaction)

The scores were totaled from the 13-item list of statements to obtain a range of scores from 0 (lowest level of satisfaction) to a possible score of 26 (highest level of satisfaction).

Hypothesis One

Hypothesis One stated that there will be a significant difference in life satisfaction of residents receiving the Congregate Housing Services and residents not receiving the services. A t-test of difference between CHSP and non-CHSP groups in terms of LSI-Z scores was conducted. A summary of the procedure is presented in Table V.

The findings indicated an improvement in the LSI-Z score from pre- to post-period for both CHSP and non-CHSP groups. However, the t-test results indicated no significant difference between CHSP and non-CHSP groups for either the pre- or post-scores.

For further evaluation, a variable was created by subtracting pretest LSI-Z scores from posttest LSI-Z scores and a t-test of difference conducted to evaluate change in the score for the entire sample or for either sub group. No significant change was indicated. A summary of the procedure is presented in Table VI.

Housing Satisfaction

Section A of the initial interview included a series of questions on the resident's perceptions of the housing project and the resident's

TABLE V
T-TEST OF DIFFERENCE OF LSI-Z SCORES BETWEEN
CHSP AND NON-CHSP GROUPS

Groups	N	Mean	Std. Dev.	Std. Error	T	DF	Prob. T
<u>Variable: LSI-Z Pre Score</u>							
CHSP	22	12.91	6.41	1.36	-1.1762		
Non-CHSP	19	15.37	6.98	1.60		39	0.2466
<u>Variable: LSI-Z Post Score</u>							
CHSP	22	14.00	6.70	1.42			
Non-CHSP	19	16.70	5.29	1.21	-1.4343	39	0.1595

TABLE VI
T-TEST OF DIFFERENCE OF LSI-Z POST SCORE
MINUS LSI-Z PRE SCORE

Variable	N	Mean	Std. Dev.	T	Prob. T
<u>Total N</u>					
DIFFLSI-Z	41	1.22	5.48	1.42	0.16
<u>CHSP Participants</u>					
DIFFLSI-Z	22	1.09	5.32	0.96	0.35
<u>Non-CHSP Participants</u>					
DIFFLSI-Z	19	1.37	5.81	1.03	0.32

level of satisfaction with living in the housing project (Appendix B). Table VII provides a summary of the responses given by the residents.

Hypothesis Two

Hypothesis Two stated that there will be a relationship between life satisfaction of residents and their perceived satisfaction with housing. Chi-square analysis was used to test for differences in the level of housing satisfaction in relation to the level of the respondent's initial life satisfaction score. A summary of the procedure is presented in Table VIII. There was a significant difference in that the higher the satisfaction with housing scores, the higher the Life Satisfaction scores (LSI-Z).

Hypothesis Three

Hypothesis three stated that there will be a significant difference in perceived housing satisfaction of residents receiving the Congregate Housing Services and residents not receiving the Services. Chi-square analysis was used to determine if there was any significant difference in level of satisfaction with housing between the CHSP and the non-CHSP groups. The level of satisfaction of housing was determined at the initial interview only. The differentiation between the CHSP group and the non-CHSP group was not made until the time of the second interview. A summary of the procedure is presented in Table IX. There was found to be no significant difference between the two groups.

TABLE VII
RESPONDENT'S PERCEPTIONS AND LEVEL OF SATIS-
FACTION WITH THE HOUSING PROJECT

Responses Given by the Residents in the Sample

Years of Residence in Project:	6 yrs. or less-----48.8%
	Between 7 & 13 yrs.-----51.2%
Resident's Perceptions of Housing Costs:	Costs were: Very low-----34.2%
	Low-----14.6%
	Average-----41.5%
	High-----9.7%
Resident's Perception of Age Segregated Living:	Preferred living with own age group-----75.6%
	Preferred living with other age groups-----24.4%
Resident's Overall Level of Satisfaction with the Housing Project:	Satisfaction Level:
	Very satisfied-----51.2%
	Somewhat satisfied-----22.0%
	Dissatisfied-----26.8%
Three most common responses on items liked best about the project:	
1. Companionship	
2. Safety of the building	
3. Privacy afforded the resident within the apartments	
Three most common responses in items liked least about the project:	
1. Poor maintenance and repair service	
2. Residents not properly screened for admittance	
3. Poor security	
Three most common responses on suggestions given for changing the project:	
1. Improve the quality of management and maintenance	
2. Require a more selective criteria for resident admittance	
3. Provide a 24 hour safety guard to protect the residents and reduce vandalism	
Three most common reasons given that would cause the resident to move:	
1. Opportunity to transfer to another low-rent housing	
2. Move in with family members	
3. Severe health problems	

TABLE VIII
 SATISFACTION WITH HOUSING BY PRE-LSI-Z SCORES

Satisfaction With Housing	LSI-Z Pre-Score Level			Total
	Low	Med.	High	
Not Satisfied	9 64.29%	2 13.33%	0	11 26.83%
Satisfied	3 21.43%	4 26.67%	2 16.67%	9 21.95%
Very Satisfied	2 14.29%	9 60.00%	10 83.33%	21 51.22%
Total	14 34.15%	15 36.59%	12 29.27%	41 100.00%
Chi-square = 18.236 df = 4 Prob. = 0.0011				

TABLE IX
 SATISFACTION WITH HOUSING BY CHSP PARTICIPANTS
 AND NON-CHSP PARTICIPANTS

Satisfaction With Housing	Groups		Total
	CHSP Participants	Non-CHSP Participants	
Not Satisfied	8 36.36%	3 15.79%	11 26.83%
Satisfied	6 27.27%	3 15.79%	9 21.95%
Very Satisfied	8 36.36%	13 68.42%	21 51.22%
Total	22 53.66%	19 46.34%	41 100.00%
Chi-square = 4.267 df = 2 Prob. = 0.1184			

CHAPTER V

CONCLUSIONS AND RECOMMENDATIONS

Conclusions

Three hypotheses were formulated to evaluate the effect of the Congregate Housing Services Program (CHSP) on residents of a public housing project designed for the elderly and handicapped or disabled. Hypotheses One and Three were not substantiated by the statistical tests. Hypothesis Two was substantiated in that significant differences were found in life satisfaction as related to housing satisfaction. Observations can be made in view of the results of the evaluation.

Hypothesis One was not substantiated because there was no significant difference in life satisfaction of residents receiving services from CHSP and those residents not receiving the services. Several points can be theorized in explaining this outcome as well as the lack of substantiation for Hypothesis Three in that there was no significant difference of perceived housing satisfaction of residents receiving CHSP and residents not receiving the Program.

One point for consideration is that, even though CHSP was provided to a resident experiencing a health or mobility difficulty, it may be that the problem itself reduces a person's life satisfaction and sense of well-being to the point that CHSP may not be able to counteract. The addition of CHSP may, however, provide the capability

to the older person to at least maintain the same level of life satisfaction and not further lower the scores. This is indicated by the life satisfaction scores increasing slightly from the initial interview to the second interview.

Other considerations can be found in reviewing the overall administration of the program which could not be controlled for in the study. The following observations were made that could have impeded the impact of the program:

1. The staff position of Case Coordinator assigned to directly administer CHSP was dropped from the Program. This reduced the ongoing contact with residents and their needs and placed more of the burden on the resident in need to initiate the application and qualification process to receive the program. Since the interviewing sessions revealed that residents felt inhibited about asking for help, it may be theorized that residents truly in need of services were not being accommodated.

2. It appeared that in the initial stages of the program the intent of the guidelines were being met. Individuals experiencing temporary illnesses and disabilities were receiving CHSP. However, at the time of the second interview, it could be observed that once on the program, residents were able to receive continually the services. The goals of providing services temporarily while encouraging the resident to regain his/her independence were not being met. Turnover was minimal, so CHSP services were not available to many of the residents.

3. The second phase of interviewing revealed a general lack of awareness of CHSP and the availability of the services. Information did not seem readily available or prominently advertised.

4. Personnel changes within the Local Housing Authority hampered the continuity and accuracy of record keeping and the level of cooperation in the study. This precluded the possibility of making an in-depth evaluation.

It is possible that other factors also affected the potential of the CHSP. One factor that could not be controlled for was the actual amount of help received by significant others, including family members and close friends. It would be extremely difficult to keep adequate records of an actual amount and type of all services provided by significant others for a period of one year.

Recommendations

Since the older population continues to rise, there will increasingly be a need to evaluate programs that provide services to determine their validity in reaching the goal of promoting the ability to maintain an independent lifestyle for as long as possible, or as desired. Engaging in this study for a period of over one year facilitates the researcher in the development of the following recommendations for further study:

1. An important factor in planning housing for the elderly is to consider the residents in the total environment. Older residents are typically less mobile in terms of reduced numbers of moves from dwelling to dwelling. Therefore, the average age in a project will continue to move upward. The environment should be designed to be

responsive to the changes in level of needs as the resident requires without forcing a premature institutionalization.

A recommendation for study would be to keep records of actual numbers of institutionalizations, hospital stays, and length of hospitalizations to evaluate changes of level of needs and the effect of a supportive environment in meeting those needs without premature institutionalization.

2. In this study, the administration procedures and record keeping could not be controlled for. Further research should be completed in the area of evaluation of administrative procedures in public housing projects in terms of projects such as CHSP. One method would be to research other projects receiving CHSP and examine and compare administrative procedures and their possible effect on the Program.

3. Another recommendation for study would be to evaluate the effects of CHSP in a project that was receiving CHSP exclusively without the factor of other services being available to all residents. Perhaps an evaluation such as this would provide more clear cut answers in the validity of the program in meeting the needs of elderly persons.

4. A repeat evaluation such as the one conducted in this study could be completed at the end of the five year contract of the program to further evaluate the effect of CHSP over the long term period of the program.

5. A case study of individuals receiving the CHSP could be a source in providing a more in-depth evaluation of the program and its effects.

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APPENDIXES

APPENDIX A

LIFE SATISFACTION INDEX Z

Respondents Code No. _____

LIFE SATISFACTION INDEX Z

Here are some statements about life in general that people feel differently about. Would you read each statement on the list, and if you agree with it, put a check mark in the space under "AGREE". If you do not agree with a statement, put a check mark in the space under "DISAGREE." If you are not sure one way or the other, put a check mark in the space under "?." Please be sure to answer every question on the list.

- | | AGREE | DISAGREE | ? |
|---|-------|----------|---|
| 1. As I grow older, things seem better than I thought they would be. | | | |
| 2. I have gotten more of the breaks in life than most of the people I know. | | | |
| 3. This is the dreariest time in my life. | | | |
| 4. I am just as happy as when I was younger. | | | |
| 5. These are the best years of my life. | | | |
| 6. Most of the things I do are boring or monotonous. | | | |
| 7. The things I do are as interesting to me as they ever were. | | | |
| 8. As I look back on my life, I am fairly well satisfied. | | | |
| 9. I have made plans for things I'll be doing a month or a year from now. | | | |
| 10. When I think back over my life, I didn't get most of the important things I wanted. | | | |
| 11. Compared to other people, I get down in the dumps too often. | | | |
| 12. I've gotten pretty much what I expected out of life. | | | |
| 13. In spite of what people say, the lot of the average man is getting worse, not better. | | | |

APPENDIX B

INTERVIEW SCHEDULE

INTERVIEW SCHEDULE

Date _____ Interviewers Code No. _____
 Respondents Code No. _____

Location of Interview _____
 Length of Interview _____

Section A: Housing

First, I would like to ask you some questions about your housing.

- A-1. How long have you lived in this apartment complex?
 a. _____ number of months c. _____ (years)
 b. _____ one year or less
- A-2. Thinking of your costs to live in this apartment such as rent and any utilities you must pay, are the costs very low, low, average, high, or very high?
- A-3. Could you tell me what you like best about living here?
- A-4. Could you tell me some things you don't like about living here?
- A-5. If you could, what would you change about Pioneer Plaza?
- A-6. What do you think about a project such as Pioneer Plaza that is restricted to people who are 62 or over?
 a. _____ Do you enjoy living with people of the same age group, or
 b. _____ Do you wish people were not all of the same age group
- A-7. Can you think of anything that might happen in the future that would cause you to consider moving from Pioneer Plaza?
 a. _____ yes
 b. _____ no
- A-8. If yes, what are these things?
- A-9. Overall, how satisfied are you living in Pioneer Plaza?
 a. _____ very satisfied c. _____ somewhat dissatisfied
 b. _____ somewhat satisfied d. _____ very dissatisfied

Section C: Activity Participation

Now lets talk about some activities you participate in Pioneer Plaza and in the Community.

Location	Type of Activity	Frequency of Participation				
		Less than once a week	Once a week	2 - 5 times a week	More than 5 times a week	Other
In Apartment	A. Reading					
	B. Watching television					
	C. Craifts					
	D. Having visitors					
	E. Other					
In Project	A. Tenant meetings					
	B. Ceramics					
	C. Art lessons					
	D. Other craifts					
	E. Bingo					
	F. Bridge and games					
	G. Bible study					
	H. Exercise class					
	I. Special programs					
	J. Socials, coffees, covered dish dinners					
	K. Other					
Out of Project	A. Church activities					
	B. Social clubs					
	C. Senior center					
	D. Community councils or meetings					
	E. Shopping trips					
	F. Exercise or physical activities					
	G. Trips to visit family/friends					
	H. Museums, art galleries, concerts					
	I. Dining out					
	J. Other					

Section C: Activities, Organizations, and Spare Time

C-1. Are there any activities that you would like to become involved in?
 _____ yes _____ no

C-2. If yes, what are they?

C-3. What keeps you from doing these things?

- a. _____ Financial
- b. _____ Lack of time
- c. _____ Health
- d. _____ Domestic responsibilities
- e. _____ Inconvenience of travel
- f. _____ Facilities not available
- g. _____ No one to do things with
- h. _____ Other _____

C-4. With whom would you prefer to engage in leisure time activities:

- a. _____ Family
- b. _____ Friends
- c. _____ Both family and friends
- d. _____ Group activities with new acquaintances
- e. _____ Neighbors
- f. _____ Alone
- g. _____ Other _____

C-5. Overall how satisfied are you with the ways you spend your time?

- a. _____ Very satisfied
- b. _____ Somewhat satisfied
- c. _____ Somewhat dissatisfied
- d. _____ Very Dissatisfied

C-6. How often do you have time on your hands that you don't know what to do with, quite often, just now and then, or almost never?

- a. _____ Quite often
- b. _____ Just now and then
- c. _____ Almost never

Section D: Personal Information

Apartment No. _____

Age _____ Sex: M F (circle)

Marital Status: (check) Single _____ Married _____ Divorced _____
 Widowed _____

Disabled or Handicapped Yes _____ No _____ Race W _____ B _____ MA _____
 AI _____ Other _____

Annual Income: a. _____ 3,999 and under
 b. _____ 4,000 to 5,999
 c. _____ 6,000 to 7,999
 d. _____ 8,000 and over

Highest grade completed in school _____

APPENDIX C

SUBSEQUENT INTERVIEW SCHEDULE

SUBSEQUENT INTERVIEW SCHEDULE

DATE _____ INTERVIEWERS CODE NO. _____
RESPONDENTS CODE NO. _____
LOCATION OF INTERVIEW _____
LENGTH OF INTERVIEW _____

1. How long have you lived in this apartment?
2. Have you been hospitalized in the past year and a half? Approximately what date?
3. Have you had any help with meals, housekeeping or health? If so, could you give an approximate date?
4. If you have received any services, would you like to make any comments about the quality of the services? How satisfied were you with the services?

APPENDIX D

CORRESPONDENCE

August 29, 1981

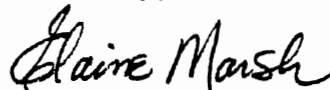
Dear Resident:

Hi! My name is Elaine Marsh. I am a student attending Oklahoma State University in Stillwater, Oklahoma. My main interest is in studying different types of housing and services available to you.

I would very much like to visit with you about your needs, interests, and activities as a resident of Pioneer Plaza. In the next several weeks, beginning Sunday, August 30, 1981, either myself or another student will be stopping by to chat with you. Should it be inconvenient for us to drop by, feel free to let us know as your participation is voluntary.

I am looking forward to our visit!

Sincerely,

A handwritten signature in cursive script that reads "Elaine Marsh".

Elaine Marsh
Oklahoma State University
Stillwater, Oklahoma

February 4, 1983

Dear Resident:

Hi! My name is Elaine Marsh Imel. I am a student attending Oklahoma State University. It is hard to believe that it has been since Fall, 1981, that I visited with you. At that time, we talked about interests, activities, and services that you had as a resident at Pioneer Plaza. As you recall, I said I would be back in about a year to talk to you again about these same things.

I am planning to stop by your apartment and visit with you sometime between February 9th through the 18th. All information will remain confidential, and should it be an inconvenient time, please feel free to let me know, as your participation is voluntary.

I am looking forward to our visit!

Sincerely,

Elaine Marsh Imel
Oklahoma State University

VITA 2

Elaine Marsh Imel

Candidate for the Degree of

Master of Science

Thesis: SUPPORT SERVICES AND LIFE SATISFACTION OF ELDERLY RESIDENTS
IN A CONGREGATE HOUSING FACILITY

Major Field: Housing, Design, and Consumer Resources

Biographical:

Personal Data: Born in Joplin, Missouri, November 15, 1954, the daughter of Dr. Lee and Marjorie Marsh.

Education: Graduated from C. E. Donart High School, Stillwater, Oklahoma, in May, 1973; received Bachelor of Science in Home Economics degree from Oklahoma State University in 1977; completed requirements for the Master of Science degree at Oklahoma State University in December, 1983.

Professional Experience: Housing Agent and Specialist, Oklahoma Housing Finance Agency, Summer of 1977; Housing Coordinator, City of Stillwater, Oklahoma Community Development Department, 1977-81; Housing Manager of Public Housing Authority, 1981-82; Acting Director of Public Housing Authority, 1982, Stillwater, Oklahoma.

Professional Organizations: National Association of Housing and Redevelopment Officials (NAHRO); Vice-President for Housing for State Chapter of NAHRO; Regional NAHRO Housing Representative, Omicron Nu; Vice-President for the Association of Student Housers; Southwest Society on Aging.