

A STUDY OF THE EDUCATIONAL  
OFFERINGS AVAILABLE FOR  
THE OLDER ADULT IN  
TULSA, OKLAHOMA

By

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## CHAPTER I

### INTRODUCTION

The 1980's will see a trend toward lifelong education and a resulting shift in educational emphasis to educating older people (Drotter, 1981). This is virtually inevitable as the older population shift continues to grow, resulting in more older people than at any other time in history. The United States Census Bureau (1978) has projected a population of 41 million people over the age of 60 by the year 2000, based on projected mortality rates for those now living (Williams, 1982). Currently there are 24 million people over 65 years of age in the United States according to the latest census. This figure is approximately 15 percent of the total population now and, by the year 2000, will be approximately 20-25 percent of the total population. There are 15,000 people in the United States over 100 years of age (Lawson, 1982). Of all the people in the United States 65 or over, half are older than 72 (Texas A&M Extension Services, n.d.).

People who are 60 years old have a good part of their life ahead of them; especially women, who tend to live seven to 10 years longer than men. The future older population will live 15 to 20 years longer than the current older population. In Tulsa, the 75+ age group increased 38 percent from 1970 to 1980 (Lawson, 1982).

Although stereotypes about learning ability and the value of

education in later life may have prevented the development of programs and the enrollment of older people in the past, contemporary research has clearly shown the continuing intellectual potential of older people (Schaie and Parr, 1981; Peterson, 1981a) and the values that education has for individuals in this stage of life (Peterson, 1978; Peterson, 1981a). Education can be used to alleviate some of the problems facing older people; it can enrich their lives through continuing personal growth and exposure to new areas of knowledge; and it can prevent difficulties and decline if it is well designed and undertaken at appropriate times (Birren and Woodruff, 1973; Peterson, 1981a). Therefore, educators and all others who may have an impact on the quality of life older people experience need to recognize the importance of developing relevant, quality programs and services for these older people. With education having the potential to assist and maintain older people, it is of prime importance for educational programmers and human service providers to understand the reasons underlying participation and nonparticipation among the current older population and to use this knowledge to maximize future participation (Thorson, 1978; Peterson, 1981a).

#### Statement of the Problem

There have been relatively few studies conducted in Tulsa, Oklahoma concerning the educational needs and subsequent services provided the older adult population. This information is vital to implement and maintain relevant and accessible educational programs for the older adult.

### Purpose of the Study

The purpose of this study was to determine educational service areas by assessing the services that were available to comparison to the location of the older adults in Tulsa, Oklahoma. It is hoped that the need to initiate new services and/or to expand present services will be possible.

Achievement of the purpose was accomplished by answering these questions:

1. What are the educational needs of older adults in Tulsa, Oklahoma?
2. What educational services are available to older adults in Tulsa, Oklahoma?
3. What educational services need to be made available to older adults in Tulsa, Oklahoma?

### Assumptions for the Study

The following assumptions were made for this study:

1. The older adult population will continue to grow.
2. Adult education will continue to expand services to the older population.
3. Those interviewed for this study will give true and accurate responses.

### Limitations and Scope of the Study

The following were limitations of this study:

1. Educational needs will not be assessed through the population of older adults.
2. This study only reflects educational services available in the city of Tulsa, Oklahoma.
3. Those reporting available educational services will be those currently working in the agencies, organizations, and centers serving the older population in Tulsa.
4. Assessment of educational services will be confined to those places older adults frequent.

#### Definition of Terms

The following are definitions of terms; as they were used in this particular study:

Adult Education - The process by which men and women (alone, in groups, or in institutional settings) seek to improve themselves or their society by increasing their skill, their knowledge, or their sensitiveness. Any process by which individuals, groups, or institutions try to help men and women improve in these ways (Houle, 1972).

Aging<sup>1</sup> - A general term used for various biological, psychological, and social processes through which an individual acquires the socially defined characteristics of old age (Williams, 1982).

Aging<sup>2</sup> - A developmental process which is sequential, cumulative, and irreversible (Texas A&M Extension Services, n.d.).

Andragogy - The art and science of helping adults learn (Knowles, 1980).

Educational Activity - Any general pursuit of learning that is

achieved through a sequence of progressive tasks or actual experiences (Hiemstra, 1975; Ralston, 1981).

Educational Offerings - Educational activities or services for older adults provided by agencies, organizations, or senior centers.

Educational Services - Educational activities or offerings for older adults provided by agencies, organizations, or senior centers.

Elderly - Any person over age 65.

Expert - A person who is very skillful or highly trained and informed in some special field (Guralnik, 1970).

Geriatrics - The study of diseases of the older body (Lawson, 1982).

Gerontology - The scientific study of the process of aging and of the problems of aged people (Guralnik, 1970).

Location - The 12 service areas that were interviewed in this study.

Older Adult<sup>1</sup> - Any person over the age of 55.

Older Adult/Older Person<sup>2</sup> - An individual in the later maturity or old age stages of the life cycle (Williams, 1982).

Pedagogy - The art and science of teaching children (Knowles, 1980).

Senior Citizen - Any person over age 55.

Senior Citizens Center - A voluntary organization for older people which offers its members a range of services (recreation, nutrition, education, transportation, referral, etc.) and which has a specific facility for this purpose (Williams, 1982).

Site - All service areas referenced other than those interviewed.

## Organization of the Study

Chapter I introduces the study, presenting the problem, purpose, research questions, assumptions, limitations, scope, and definition of the terms used in this study. Chapter II includes a review of literature in the areas of educating the older adult, educational needs of the older adult, model programs and specific programs, and similar studies regarding information on Tulsa specifically. Chapter III describes the methodology used, including selection of educational service areas to be assessed, development of the instrument, and procedures for analysis of the data. Chapter IV discloses the results of the study. Chapter V includes a summary, conclusions, and recommendations.

## CHAPTER II

### REVIEW OF THE LITERATURE

#### INTRODUCTION

The role of education has not previously been to serve the older adult population. Information concerning education and the older adult is vital to implement and maintain relevant and accessible educational programs for the older adult. A review of literature was conducted in the following areas pertinent to the research problem:

1. Educating the older adult,
2. Educational needs of the older adult,
3. Model programs and specific programs,
4. Basic information on Tulsa, Oklahoma.

#### Educating the Older Adult

##### Adults and Adult Education

Groombridge (1982) states aging is a lifelong process, and so is education. The impact of education, formal or informal, on "successful aging" begins in childhood and continues throughout life. Human growth is characterized by stages rather than chronological ages. Aging is affected far less by physiological factors than by socio-cultural factors. Aging can be managed; individuals are capable



of directly affecting their own mental and physical aging process through continuous learning and activities established at earlier ages. Learning is a personal process of growing awareness, consciousness, and experience. Groombridge (1982) further states that for education to develop such a concept of learning it cannot be restricted to formal transmission of knowledge and skills. To match the wide scope of learning, education of older people cannot be restricted to institutions and classes, but rather should make use of a wide range of resources available in society. Older people themselves are an essential source of education both for each other and for the rest of society.

Groombridge (1982) states that many believe education of an older population is a waste because it does not increase productivity in society as education for younger adults often does. Educating the older population greatly benefits society in other ways. Groombridge (1982) cites the following points as those of major importance in this area:

1. It can develop the self-reliance and independence of the elderly, by enhancing their self-esteem and strengthening their mental as well as their physical health, thereby, reducing demands on public and private resources.

2. Education has the potential to enable older people to cope with many of the practical and psychological problems which living in a complex and changing world can present.

3. Education for and by older people themselves strengthens their actual or potential contribution to society.

4. Self-awareness by older people and the communication of their experience to younger generations develops balance, perspective, and understanding which is valuable in a rapidly changing world.

5. Education is crucial for many older people who strive for expression and learning and who look forward to the fulfillment of their dreams and aspirations that were not met earlier in their life. Groombridge (1982) also states that education should emphasize the importance of manual dexterity and practical creativeness as well as "survival" or "coping" skills for individuals and communities. Education of this type is a means of widening and deepening the educational experience of older people.

Knowles (1970) and Jones (1979) state that older people will respond best to methods of adult education which seek to motivate learners by involving them in interaction, by encouraging self-expression and activity, by appealing to them through practical matters, and by using language which is familiar and acceptable. However, Knowles and Jones state that there are areas of education for the older adult which require special attention:

1. Strengthening the self-confidence and self-reliance of learners;

2. Developing social interaction skills; and

3. Providing opportunities for exchange of skills and ideas.

Older adults can be helped to diagnose their own needs for learning and they can evaluate their own progress toward their learning goals. The life experience of adults is also an important aspect to be considered in the education of adults; adults bring tremendous knowledge outside the traditional learning text into the classroom. The

instructor's role in adult education is one of a facilitator or resource person, not a transmitter of knowledge (Knowles, 1970; Jones, 1979).

### Diversity

The older adult population is a very diverse one. Peterson and Orgren (1982) have identified three primary subgroup differences which are especially relevant to older adult education: living arrangements, age, and educational level.

Older people live in a variety of settings: urban, suburban, rural; with families, in specialized housing projects, and alone. Educational programs are predominately found in areas with high concentrations of older people. Many of those who could benefit most from educational programs: the rural, homebound, and isolated, are not served well. These people experience unique problems in survival and socialization.

The age range for the older population covers a number of years. Older people are usually divided into two categories: the young-old: 55 to 70; and the old-old: 70 and over. Most educational programs are directed at the young-old, leaving the old-old underserved. (Neugarten, 1975; Okun, 1982).

In general, the older adult's educational level is lower than the younger population but there is also a great deal of variance within the older population itself. Those adults with higher levels of education are more likely to participate in programs, using any method of instruction, while those with lower levels of education, who could

possibly benefit the most, are less likely to participate (Okun, 1982).

### Educational Participation

Peterson (1981a) states that the level of formal education is generally accepted to be the most important predictor of participation in adult education. At every age, income, and occupational level, those who have spent more years in school are more likely to participate in adult and continuing education activities. Because adult education has not been widely available in the past and because most older adults did not finish their full-time schooling, many older adults in the current population did not have the opportunity or inclination to begin adult education early in their lives. As a result, they were less likely to begin attendance with each subsequent decade. Riley and Foner (1968), Birren and Woodruff (1973), Hooper and March (1978), and Peterson (1981a) state that, currently, younger adults are much more likely to begin continuing education and maintain that involvement throughout adulthood and old age. Therefore, the number of participants in adult education can be expected to increase in the future years. The older population will continue to grow until 2030. Because of this, there will be more older people to be served by adult education than at any other time in history. Participation is expected to increase not only because of growing numbers of older people, but also because older people of the future will have higher levels of formal education, higher socio-economic status, and better health; all of which contribute to increased participation in educational programs (Palmore, 1976; Peterson and Orgren, 1982).

According to Peterson and Orgren (1982), at present, most educational programs center around those who voluntarily participate. As long as this continues, the educational gap between the highest socioeconomic level and the lowest will widen. Education will then serve the elite rather than the disadvantaged (Peterson and Orgren, 1982). Older people with lower income and status with current pressing needs are not likely to participate in education to meet these needs; while older people who have high incomes and status are more likely to engage in education, not to meet any needs, but to continue their personal growth, and to have an enjoyable experience (Marcus, 1978).

Low educational participation rates by older people do not necessarily mean that adults are uninterested in learning or that their learning ability is impaired, only that they are choosing other means of meeting their learning goals. According to research by Tough (1979), people of all ages and backgrounds participate in independent learning projects. Tough defines a learning project as a highly deliberate effort to gain or retain certain definite knowledge and skill or to change in some other way.

#### Instruction and Instructors

Because modern societies have segregated education, work, and leisure into different parts of the life cycle, the older adult has not previously been considered in the development of continuing education programs (Waskel, 1982). Educational institutions are becoming more responsive to the educational needs of the older adult because of changing societal values about lifelong learning and

because of the declining number of children and young adults (Peterson and Orgren, 1982). Also, technological change has created professional and job obsolescence for many older workers causing a need for new job training and career transitions (Cross, 1981; Okun, 1982).

Generally, many of the courses taken by older adults are loosely organized, nonacademic, and usually carry no credit. Older people frequently are found enrolled in courses offered by churches, continuing education agencies, senior centers, senior housing projects, government agencies, Young Women's - Young Men's Christian Associations (YW-YMCA's), universities, colleges, industry, labor unions, correspondence-type courses, and workshop-type learning experiences offered by libraries, special interest groups, or independently as self-directed learners (Harris, 1975; Waskel, 1982). Older adults are less likely to use educational institutions, and more likely to use unconventional locations; less likely to be seeking credit; and are more likely to prefer alternative methods of instruction to classes and lectures (Arbeiter, 1976/1977; Okun, 1982.)

Research has shown that older adults both enjoy and learn from instructors of all ages (Rindskopf, 1974; Peterson and Orgren, 1982). The use of older adults themselves as instructors has been found effective. Depending on their own personal backgrounds, their years of experience may qualify them to teach certain subjects better than the traditional instructor. In addition, this show of confidence will heighten the older adults self-esteem (Peterson and Orgren, 1982).

#### Instrumental and Expressive Education

Adult and continuing education programs may be categorized into

two areas: instrumental education and expressive education. Expressive courses bring immediate enjoyment and gratification to participants. Examples of expressive education include bridge, arts and crafts, languages, and creative writing (Havighurst, 1976; Waskel, 1982). Instrumental courses tend to improve the quality of life. They are a means of deferred gratification (Havighurst, 1976; Waskel, 1982). The goal of instrumental education, for the older population, is to enhance life with the development of four primary skill areas: financial, health care, work, and family (Londoner, 1971; Graney and Hayes, 1976). Examples of instrumental education include pre-retirement planning, career development, and consumer-type courses (Havighurst, 1976; Waskel, 1982). Older people may tend to see instrumental education as expressively rather than instrumentally useful. Therefore, offering courses designed to meet the practical needs of the aging, in addition to those that are primarily for enjoyment should result in increasing the extent of educational participation (Marcus, 1978).

#### Educational Barriers

There are certain barriers to education which can be classified into three areas: situational, institutional, and dispositional. Situational barriers include lack of transportation, prohibitive costs, and lack of available time. Institutional barriers include location and scheduling of the course, the complexity of admission and registration, the type and level of instruction, lack of awareness of the course offerings, and instructor behaviors and stereotypes. Dispositional barriers include learning anxiety, belief that learning

is impossible, lack of interest in learning, or a belief that learning is not for adults and older people (Cross, 1979; Peterson, 1981).

### Intelligence

The belief that older people are less intelligent than younger people has been reinforced over the years by early research studies. Bolton (1978) states that one of the best known early researchers was Weschler (1939, 1955). Weschler defined and measured adult intelligence from a person's performance on tests of intellectual ability. Age was an important factor in the measure of intelligence. If an older person and a younger person made the same score on Weschler's Adult Intelligence Scale (WAIS), the younger person was assumed to be more intelligent. Perhaps one of the reasons why adults consistently did poorly was that most of the early studies of adult intelligence involved the use of timed tests; therefore, speed was an important factor in intelligence measurement. When speed was not a factor in such testing, the intellectual abilities showed much less decline and in some instances showed an increase (Bolton, 1978).

Recently, new theories have evolved which suggest that general intelligence is composed of two major forms, each of which is affected by factors of visual and auditory perception, speed, and short-term and long-term memory retrieval. This theory of general intelligence presents and describes two major sets of components: crystalized and fluid intelligence. Crystalized intelligence is an acquired characteristic composed of general knowledge and special experiences. Fluid intelligence is unspecialized and is a natural gift of innate general cognitive ability. Verbal abilities and the components of crystalized



intelligence seem to be most resistant to the aging process (Bolton, 1978).

### Memory

Research has indicated that memory is affected by aging in differing degrees depending on the type of memory involved. Very short-term memory involves retrieval of information after a few seconds. Short-term memory is retention for a few seconds to several minutes. Long-term memory involves information retained over a period of minutes to several years. Age does appear to influence the ability to retrieve information from memory; and short-term memory seems to be more susceptible than long-term memory. Memory decline does not occur at a given rate and will vary a great deal among individuals. The use of cues has been found to be effective in memory retrieval. A cue is a hint or signal indicating the nature of something to be recalled. Verbal as well as visual cues will aid in recalling written or spoken material (Bolton, 1978).

Arenberg and Robertson (1975) and Bolton (1978) state that various kinds of interference appear to have an influence on older people during the memory and learning process:

1. Interference from prior events such as previous learning, while helpful in many instances, may be a disadvantage to the learning of new material if it involves unlearning. Although this is true for younger people, it is a greater problem for older people. Older adults need to be reassured of their abilities; the relevance of the new skill or information should be pointed out and the new learning should be related to the old as much as possible.

2. Interference from concurrent events involves various kinds of distractions during a task. Fast pacing, divided attention tasks, and response interference are particularly distracting to older people. The most effective way to reduce this type of interference is to pay particular attention to the surroundings in which the learning takes place.

3. Interference from subsequent events refers to the interfering effects of learning a second task on the recall of the first task. Even though the tasks may be related, differences should be stressed, and where appropriate, practice should be provided to reinforce the uniqueness of each task.

### Motivation

Motivation is a process which leads learners into new experiences, compels, focuses attention, and helps move students toward more distant goals. These steps are especially difficult for the older learner. New experiences and the energy they require may seem too large a demand for some and they may give up on the learning task prematurely (John, 1981).

John (1981) states there are specific areas that can be used as motivators: independence - the desire to remain mentally alert and self-sufficient; social acceptance - the interaction with other learners while gaining their respect and approval; beneficial - the feeling of usefulness and need; curiosity - the desire to be knowledgeable; and the goal of being an independent thinker.

The discovery method of teaching has been found to be particularly effective in working with adult learners. In discovery

learning, the individual attempts to find his or her own solution to a given problem or task. This type of learning is an activity-oriented approach that involves the learner in formulating a strategy with a minimum of direction and demonstration from the instructor (Bruner, 1961; Bolton, 1978).

Havighurst (1965) and Bolton (1978) state that many older people suffer from overmotivation to learning situations; although this has not been found to be the result of the aging process. Anxiety toward education is reinforced by the fact that many older adults are poorly educated by today's standards (Havighurst, 1965; Bolton, 1978). Studies of brain waves and reaction time data have suggested that older adults actually tend to be underaroused. Autonomic nervous system (ANS) measures indicate that the older adult has shown overarousal during serial learning and other stressful tasks (Woodruff and Birren, 1975; Sakata and Fendt, 1981).

#### Reduction of Speed

Reduced speed is probably the most noticeable of the abilities that decline with age. The older person may respond less rapidly to new learning stimuli and may need additional time to gain the most from a new idea (John, 1981). Older adults do poorly on rapidly paced learning tasks because of insufficient time to respond rather than as a result of learning ability that is impaired (Woodruff and Birren, 1975; Knox, 1977; Sakata and Fendt, 1981).

The loss of speed influences psychomotor abilities and retrieval from long- and short-term memory. Educational programs which offer opportunities for self-pacing and reductions in the speed of learning

are the best way to compensate for this decline. Two programs of this type which have been found effective are programmed instruction and modular learning. Programmed instruction uses a systematic presentation of the content to be learned in small steps, which require the learner to make responses, upon which the learner is given immediate knowledge of results. A learning module is a self-contained instructional unit that includes objectives, assessments, and learning activities (Bolton, 1978).

### Sensory Loss

The ability to receive and transmit information includes the functions of hearing, vision, speech, taste, smell, and touch. Presbycusis is a lessening of hearing acuity. The ability to hear soft sounds and high frequency sounds starts to decline by adolescence, continuing until the fifties when the rate increases greatly, until about age 70 when hearing loss is even more extreme. The speed of hearing also decreases with age. Women tend to lose power for hearing sounds of low frequency; while men tend to lose power for hearing sounds of high frequency (Knox, 1977). Hearing loss has more serious effects on rigidity of emotions, vocabulary, and perceptual organization than does impaired vision (Palmore, 1978; Lawson, 1982).

Knox (1977) states that, with increasing age, there is a gradual reduction in the quantity and quality of vision. In the 55-59 age category, 82 percent of the population have visual problems; while in the 60 and older age group, 94 percent of the population have visual

problems. Common eye problems developing early in life are near-sightedness (myopia), farsightedness (hyperopia), and irregularity of the lens that typically blurs the image along an axis (astigmatism). Presbyopia is an eye condition that affects many people at middle age and beyond. The afflicted individual must have larger print and brighter light to see. Other factors affecting vision, with increasing age, are glare, color, diseases such as arteriosclerosis, glaucoma, cataracts, and tumors. Also, depth perception and peripheral vision are affected. It may take more time for an older person to focus on distant objects and then shift focus back to nearer objects. Also, the time required for the eye to adjust from light to darkness and back to light increases. Overall, the speed of seeing decreases.

As a person grows older, there are certain aspects of speech which are affected. The rate of speech tends to slow down. There is often some hesitation before speaking. Speech problems are worsened by loss of hearing. Most of the changes in taste sensitivity occur after age 50. Sensitivity to smell begins to decline after age 40. The sense of touch increases until about age 45, and then begins to decline (Knox, 1977).

#### Educational Gerontology: The Profession

Any discussion about education and the older adult's needs should recognize the profession, educational gerontology, which is committed to this segment of society. Educational gerontology is a term that has come into existence during the past decade. It refers to the study and practice of instructional methods for and about the aged and

aging. Educational gerontology is a part of the major developments in education, health, social services, and leisure time usage. Educational gerontology is an attempt to expand and apply what is known about aging and education in order to lengthen and improve the quality of life for older people. This field may be credited with improvements in social adjustment, psychological growth, better physical health, improved economic productivity, positive role transitions, intellectual stimulation, and preservation of individual dignity.

Educational gerontology may be instructionally categorized into three areas:

1. Instruction of older people;
2. Instruction of general or specific groups about aging; and
3. Instruction of persons who work with or on behalf of older people (Peterson, 1980).

Peterson (1980) has identified six components of educational gerontology. These components are instructional gerontology, senior adult education, social gerontology, advocacy gerontology, gerontology education, and professional gerontology. Each is discussed in more detail below.

Instructional Gerontology. Instructional gerontology includes research and theory designed to improve instructional methods of older people. Research conducted in this area would include:

1. Developing a greater understanding of the environmental content in which older people function;
2. Interests and needs of older people that can be addressed through education;

3. Educational desires and wants of older people;
4. Values and roles that education has for older people;
5. Factors that motivate older people to engage in education;
6. Cohort differences in levels of formal education;
7. Effects of formal education on participation and success;
8. Changes in intelligence over the life-span;
9. Coping devices for the older adult;
10. Effectiveness of various instructional methods;
11. Philosophy and attitudes of students and teachers that affect instruction; and
12. Program models and delivery system characteristics in the education of the elderly.

Senior Adult Education. Senior adult education is the practice of instruction of older people. It includes the planning and implementation of educational services for older people with the purpose of increasing their knowledge and skills. This is the function most people mean when they refer to educational gerontology. This area includes:

1. Assessment of the needs of potential older participants;
2. Determination of the interest and support of the local community;
3. Recruitment and training of competent faculty;
4. Establishment of curriculum and course offerings;
5. Determination and acquisition of necessary resources;
6. Assessment of appropriate levels of instruction for individual classes and programs;

7. Design of effective delivery systems and marketing of the instructional program;
8. Determination of instructional strategies to be used;
9. Instruction of older adults; and
10. Program evaluation and reporting.

Social Gerontology. Social gerontology involves the study about older people. This category includes research on:

1. Roles of older people in contemporary society;
2. Stereotypes and myths about aging;
3. Attitudes and perceptions about aging generally held;
4. Program models for changing attitudes and perceptions; and
5. Use of the mass media to help educate people about growing old.

Advocacy Gerontology. Advocacy gerontology deals with the practice of instruction about older people. Its primary function is to inform the public about older people and to improve the conditions under which older people live. This instructional practice involves:

1. Designing and implementing programs to increase public awareness;
2. Identifying areas where increased information could be of use to the public;
3. Using the mass media to change public attitudes and stereotypes;
4. Providing information and skills to family members;



5. Sensitizing and training persons who regularly interact with older people;
6. Informing policy makers;
7. Developing programs in the public school system to sensitize young people; and
8. Producing materials and using them for specific groups.

Gerontology Education. Gerontology education involves the study of instruction of professionals who are preparing for employment in the field of aging. This study includes:

1. Identifying the outcomes of professional and paraprofessional instruction;
2. Promoting an understanding of curriculum development;
3. Identifying the most effective means of faculty development;
4. Identifying those skills and knowledge that will be the most useful in conducting gerontology education;
5. Assessing the need and value of accrediting programs and requiring minimum credentials for personnel;
6. Designing program models with internal consistency;
7. Determining and applying evaluation strategies; and
8. Assessing the most pressing issues that face gerontology education.

Professional Gerontology. Professional gerontology involves the practice of preparing professionals and paraprofessionals for work with and in behalf of the elderly. Instructional programs of this type typically involve activities such as the following:

1. Identification of the content regarding aging and the current state of the older population;
2. Assessment of the attitudes of students; development of positive and appropriate attitudes and values for professional service;
3. Identification of those skills that are needed for direct service, program planning, and administration;
4. Development of strategies for working with the community; and
5. Encouragement of professional commitment to the field.

#### Research

Research on higher education and the older adult may be grouped into three categories: Functional needs assessment, market analysis, and theory building. Functional needs assessment involves expert opinion derived by deductive reasoning from expert knowledge about the major educational needs of the older population. Market analysis involves a study of what older people are most interested in learning and what their opinions of higher education are. Theory building combines some aspects of both functional needs assessment and market analysis dividing educational needs into the areas of instrumental and expressive (Graney and Hayes, 1976).

#### Educational Needs of the Older Adult

The older population of the United States has been growing both in numbers and in proportion since the turn of the century. The majority of older people are women, over age 65. There are 69 males

for every 100 females. Consequently, most men are married and live with their wives, while many women are widowed and live alone. At age 65, on the average, there is a remaining life of 13.4 years for men and 17.6 years for women. Income, education, and health are major factors that contribute to the quality of life in those remaining years (U.S. Bureau of the Census, 1976; Heisel, 1980).

### Laws Affecting the Older Adult

In response to these demographic changes in society, there have been several laws passed on behalf of the older population in the United States. The Older Americans Act was passed in 1965. The act recognized the fact that vocational knowledge and skills acquired in early years must be renewed during the course of the working years and that many older adults sought career transitions and new employment on a part-time basis after retirement (Edelson, 1978).

The 1973 Amendments of the Older Americans Act included Title III to provide grants for state and local programs on aging, Title V to provide financial assistance for the establishment of multi-purpose senior citizens centers, Title VI to provide a nutrition program for the elderly, and Title IX to establish community service employment programs for older Americans. Other important laws include the Adult Education Act (P.L. 89-750) to provide grants to improve life for the elderly, Comprehensive Employment and Training Act of 1973 (P.L. 93-203) (CETA) to provide services to senior citizens by employment of persons to work in services for the elderly, and the Higher Education Act of 1965 (P.L. 89-329) to provide special programs for the elderly through education (Older Americans Act of 1965, as Amended, and Related Acts cited in Gottsch, 1979, p. 14).

### Senior Citizens Centers

Perhaps one of the best known focal points for the older population is the senior citizens center, serving their needs

exclusively. A senior citizen center is a formal community organization established to provide services for senior citizens (Gottsch, 1979). The first center was established in New York City in 1943 and today more than 5,000 centers have been established throughout the United States (Maxwell, 1962; Gottsch, 1979). Senior citizens centers can be grouped into two classifications: single-service centers and multi-purpose or multi-service centers. In single-service centers there is usually only one service provided. Multi-purpose centers deal with a broader range of needs. Multi-purpose centers are an effort to coordinate community services for senior citizens and provide a focal point for the community (Laense and Wagner, 1963; Gottsch, 1979).

#### White House Conference on Aging

During the 1971 White House Conference on Aging, several long-range goals of education for older people were recommended for action:

1. To help older people reach their full potential, thereby, assuring the means necessary for a comfortable and happy life;
2. To assist older people in developing the abilities they have acquired from their life experiences, and to assist in society's utilization of these experiences;
3. To help older people serve as models for the guidance of future generations;
4. To help society understand the needs and provide the support for quality lifelong education;
5. To provide specialized programs to meet the particular needs

of the older population in the areas of mental and physical health, adequate income, adequate housing, better family relations, leisure time usage, and for preretirement education;

6. To make special provisions for delivering educational programs to "hidden populations" of older people, usually nonparticipating and isolated from the mainstream of community services (Schulz cited in Edelson, 1978).

The primary objective of these educational goals are to help senior citizens acquire information, skill, and competencies in order to deal effectively with the requirements of living (Edelson, 1978). Education and information should become not only a program of "knowledge for survival," but a program of "knowledge for better living" for the older person (White House Conference on Aging cited in Edelson, 1978).

#### Functional Needs

McClusky (cited in Graney and Hays, 1976) has proposed a "theory of margin." This theory relates "load," or the demands placed on an older person, to "power," or various resources the elderly person can draw on to deal with life's demands. From this, McClusky has developed a list of functional needs ranked in their order of importance:

1. Coping needs:
  - A. "Three R's" (reading, writing, computation),
  - B. Physical needs (nutrition, exercise),
  - C. Economic self-sufficiency,
  - D. Legal, housing, and leisure needs;
2. Expressive needs (activity for its own sake);
3. Contributive needs (service, altruistic uses of knowledge);

4. Influence needs (political education and participation);
5. Transcendence needs (to rise above the limitations of old age) (Graney and Hays, 1976, p. 345).

#### Twelve Problems of Aging

Williams (1982) has identified 12 problems of aging as suggested by a panel of experts on aging. These 12 problems include education, exercise, nutrition, health care, housing, social interaction, role transition, self-concept, retirement, recreation, fixed income, and transportation.

Education. Older people with less than a high school education see lack of education as being a serious problem for themselves, and education seems to influence older people's image of their own mental capacities much more than income does (Harris, 1975; Heisel, 1980). As society has grown more complex, minimal competencies in reading, writing, and computation have come to be considered essential prerequisites for coping in society. The illiterate population of the United States as a whole seems to be aging and people 65 and older compromise an extremely large segment of illiterates. Assessing functional literacy requires an understanding of the term literacy. This is difficult because literacy is made up of many subskills. Also, one might be considered literate in a particular area, but not in another. The concept of functional literacy implies emphasis on adequate performance of reading tasks directly related to real world experiences. It is a continuous process of applying specific skills to specific tasks. Functional literacy has also come to include many

skill areas other than reading, therefore, the definition of literacy ranges from the ability to read at a minimal level to the ability to fulfill basic social functions (Courtenay, Stevenson, and Suhart, 1982).

Educational programs provide an opportunity to address current needs and offer the potential for continued growth and development (Waskel; 1982). Location of older adult classes should be as convenient as possible; usually senior centers, churches, and senior housing complexes are the best sites. Classrooms should have comfortable seating and a minimum of noise distraction. Daytime classes, meeting once a week, are usually preferred by older people (Carlson, 1974; Yeo, 1982).

Exercise. Most of the major health problems of old age are a result of disease (Williams, 1982). Most age-related diseases begin at age 75; the age when the immune system starts breaking down (Lawson, 1982). Many of the causes of health problems lie outside the aging process. Poor living habits established early in life, inadequate diet, and too little exercise are the causes of many of the diseases of old age. Disuse of the body results in decline (Keelor, 1976; Williams, 1982).

Exercise is beneficial to the older adult because it helps maintain good health, improves circulation and respiration, reduces stress, preserves a sense of balance, promotes body flexibility, and induces better sleeping patterns (Williams, 1982). About half of the aged have decreased physical capacities, but the other half have no significant decrease (Palmore, 1978; Lawson, 1982).

Nutrition. In addition to lack of exercise, poor nutrition is a cause of ailment in older people. Causes of poor nutrition include inadequate income, difficulty in preparing well balanced meals for one person living alone, loss of teeth, difficulty in food shopping, and lifelong poor eating habits (Brody, 1974; Williams, 1982).

Health Care. Palmore (1978) and Lawson (1982) state that few of the normal aged have much concern about, or plan for, future illness. The hypochondriac aged tend to be younger, less active, and more often females and of lower socioeconomic status in comparison to aged who deny their illness. In contrast, two thirds of the aged are fairly realistic in evaluating their health and tend to be consistent over time in their evaluation. Older people with lower socioeconomic status have more physical impairments and more vision problems, arteriosclerosis, cardiovascular disease, high blood pressure, pulmonary disease, arthritis, and neurologic impairment than older people with higher socioeconomic status. When comparisons are made for age and socioeconomic status, the physical capacity of the normal aged does not differ significantly between the sexes or races (Palmore, 1978; Lawson, 1982). About 80 percent of the aged are healthy enough to carry out their normal activities (Palmore, 1977).

Housing. Carp (1976) and Williams (1982) have found that housing is a problem for many older people, varying in degree, depending on the location and type of housing they have. Many of the changes that occur with aging may find the home that the older person has occupied for many years no longer suitable for their needs. The increasing cost of hiring home repair is a financial burden for many, in addition



to the rising cost of maintaining the home.

Many urban older people who have lived in their homes for many years live in areas near the inner city which have deteriorated over time and are now areas of high crime. When a depressed area is no longer primarily a residential area, many services which are essential to the older adult, such as public transportation and convenient shopping locations, are discontinued or relocated elsewhere (Carp, 1976; Williams, 1982). Fear of crime is a widespread concern of many older people; virtually making them prisoners in their homes. Many are afraid to leave home for fear of burglary of their home or robbery of themselves while they are away (Clemente and Kleiman, 1976; Williams, 1982).

According to Lawson (1982), for those older people who choose to give up their home, it is now being discovered that in retirement communities there is a high suicide rate, enormous amount of drug usage, and alcoholism. It is felt this comes from living in an area where there is so much death and constant moving out. Five percent of people over 65 are now living in nursing homes. Ten percent of the people in nursing homes are there because they have no place else to go. Fifteen percent live there as long as 10 years.

Fifteen percent of people over 65 are living with their children or close relatives. Many times this is accompanied by heavy stress, financial burdens, and sometimes, anger and frustration among family members. Such transitions are easier when the family is able to maintain an adult to adult relationship. When an older person moves in with the family, there should be some sort of agreement for the sharing of the responsibilities (Lawson, 1982).

Social Interaction - Role Transition - Self Concept. Lawson

(1982) states there are problems of tight, too densely populated areas versus older people living by themselves. Older people living alone are often deprived of sensory input to the point of dementia. They become self-isolates without social interaction (Lawson, 1982). Declining activity usually causes declining life satisfaction, while increased activity usually increases or maintains life satisfaction (Palmore, 1978; Lawson, 1982).

Depression among the aged is primarily related to the loss of self-esteem which results from declining social roles (Palmore, 1978; Lawson, 1982). Older people are asking for a reason for living, or a reason for their life. They want to know how they can be useful, what they are supposed to do, and what they are supposed to be. Older people's roles are not clearly defined. They develop a negative self-concept without anything productive to do. This is equated with uselessness and no purpose in life. Older people feel they have lost some of the controls in their lives (Lawson, 1982).

Self-concept determines all of the beliefs and attitudes people have about themselves. Some aspects of self-concept are more central and, therefore, more valuable. Self-concept is learned. Significant change in self-concept is difficult because it is so central to a persons total being. Self-concept is the single most important factor affecting behavior (Canfield and Wells, 1976).

Retirement. Retirement is the most drastic social change faced by older people (Texas A&M Extension Services, n.d.). Retirement may comprise a fourth and many times as much as a third of a lifetime. To

be successful, retirement must be planned to meet individual needs. Retirement should be viewed as retirement to meaningful activities rather than from work. The factors of successful retirement are the same as those for other stages of life. If retirement is approached optimistically, there is a greater chance for satisfaction. If retirement is approached with a negative viewpoint, adjustment will be more difficult (American Association of Retired Persons, 1979).

Recreation. Contemporary values view leisure as freedom, an opportunity to grow and develop however the individual chooses. If begun early and continued throughout life, leisure education can help individuals maximize leisure time throughout their lives, and especially during retirement when use of leisure is most prevalent. Due to the many changes encountered during a lifetime, preretirement leisure education should concentrate on the development of a wide variety of process skills such as problem solving, planning, and decision making; rather than on specific recreational activities (Weiner, 1982).

Fixed Income. Socioeconomic status is the primary social influence on activities and attitudes of the normal aged (Palmore, 1978; Lawson, 1982). The income of older adults is substantially lower than that of other age groups (Heisel, 1980). Gottsch (1979) states that many older Americans have developed a false sense of economic security because of a misunderstanding of the purpose of the Social Security system. Gottsch further states:

Social Security was never intended to provide total retirement income. It was intended to supplement private

savings and pension plans and to guarantee that no retired worker would enter the retirement years without enough financial resources to survive. Many, however, have failed to provide additional sources of funds and now find themselves in retirement years with so little income that they cannot enjoy life in a manner they expected, so they feel cheated by a system they helped to build (p.13).

Transportation. Aged drivers have fewer accidents per person than drivers under age 65 (Palmore, 1977). Of those who no longer drive, a reliance is placed on public transportation, taxies, and special transportation services provided for the older population; in addition to family members and friends.

#### Model Programs and Specific Programs

##### Educational Orientation

Price and Lyon (1982) conducted a study in an attempt to measure specific educational attitudes and the influence they have on participation in educational activities by older adults. The data for this study were developed from the responses of 172 people who lived in Franklin County, New York. They were randomly selected from the mailing lists of 10 senior citizens centers in the county. The researchers developed a 16 item Educational Orientation Index. From this, the perceived ability to learn, interest in education (as a concept), perception of educational needs, desired availability of educational opportunities, and the use of free time were identified as the five areas that comprise educational orientation. The locus of control, or feelings of control over one's environment, were also examined.

Price and Lyon (1982) found that:

Examination of a person's perceived ability to learn showed no reliable relationship to interest in education, perception of educational opportunities, or use of free time. However, perceived ability to learn was directly related to a feeling of control over one's environment. Competent learners viewed themselves as having an internal locus of control (p. 478).

Concerning whether one's interest in education (as a concept) was related to other educational perspectives, two reliable relationships were found. Interest in education was very significantly related to an interest in seeing more educational opportunities made available. Also, the relationship between interest in education and use of free time proved highly reliable. People with high interest were more educationally oriented in the use of their free time. Perception of educational needs and locus of control in relation to interest in education showed no reliable relationship (p. 478).

Older respondents viewing themselves as having educational needs were more interested in having educational opportunities made available to them and were educationally oriented in the use of their free time. No relationship was found to exist between the perception of educational needs and locus on control (p. 478).

The interest in educational opportunities and the use of one's free time showed a direct relationship. People interested in the availability of educational programs had a stronger educational orientation concerning the use of their free time. No reliable relationship was found to exist between interest in educational opportunities and locus of control or between use of free time and locus of control (pp. 478, 480).

A second part of the study consisted of potential barriers the respondents identified as possibly preventing them from participating in educational activities and programs. The most commonly cited barriers were: cost, transportation, lack of someone to go with, health, location of performance or event, not knowing about the activity in advance, few opportunities offered in neighborhood area, and weather conditions (Price and Lyon, 1982).

### Educational Needs and Senior Centers

Ralston (1981) conducted a study of the relationship between older adult's educational needs and activities and the degree to which senior citizen centers successfully met those needs. The study was conducted during the summer of 1978 in Champaign-Urbana, Illinois. The total population was 90,000 of which 6,300 were age 65 or older. Questionnaires were sent to the directors of five senior centers. In addition, a sample of 110 older adults were randomly selected from a list of 2,600 homeowners, age 65 and older, who had applied for property tax exemption under the Homestead Act.

Ralston's (1981) study revealed that the older adults were interested in self-improvement or personal development topics, learning activities which centered around age-related problems, and home and family related areas; but, while senior center offerings in self-fulfillment were adequate, other needs were not being adequately met. Although some senior citizens centers are doing better than others, overall, there appears to be an incongruence between the educational needs and activities of the older adult and the educational offerings in senior center programs (Ralston, 1981). There may be inconsistencies between the educational needs of older adults and offerings of senior center programs (Eklund, 1969; London, 1970; Peterson, 1976; Ralston, 1981). Also, inconsistencies have been found between what senior center directors perceive as the educational needs of the older population and what the older population themselves perceive as their needs (Smith, 1977; Ralston, 1981). Ideally, senior centers should provide recreation, adult education, health services,

counseling and other social services, information and referral services, and community and voluntary services (Frankel, 1966; Moro, 1967; Ralston, 1981).

#### Educational Needs in Illinois

The Education Network for Older Adults in Illinois has compiled information in an effort to determine the educational needs of the older adult population (age 50 to 70) in the state of Illinois. It was found that similiar studies had focused largely on the urban and metropolitan areas, leaving the rural areas neglected. Because of this, the study focused on the downstate area with data from the city of Chicago used to both contrast and compare the educational needs of older adults statewide. Vocational and occupational as well as academic needs were assessed (Schwartz, 1981).

Six objectives were specifically addressed in this pilot study:

1. To identify the location of the older population (age 50-70) in Illinois, with data by regions.
2. To identify the institutions, organizations, and agencies that provide services to the older citizens; and to describe those major services.
3. To list the educational agencies that provide programs for older citizens.
4. To identify the needs of the older citizens for adult basic education and vocational training.
5. To identify the barriers older citizens encounter in obtaining part-time or full-time employment and barriers in gaining access to educational programs.
6. Provide a profile of the older adults who participated in the study (Schwartz, 1981, p. 3).

The study consisted of two phases. First, an attempt was made to gather state-wide demographic characteristics of the older adults and

to identify the agencies and organizations which provide educational services for older adults. Second, interviews were conducted with 509 volunteer older adults. Two types of volunteers were sought: individuals who were currently enrolled in a class or those who expressed a strong interest in educational activities and those who had no interest in educational activities. Of the 509 individuals who participated in the study, 382 were female and 127 were male; 158 were age 50-65, 218 were age 65-75, and 115 were over the age of 75 (Schwartz, 1981).

The general conclusions about the educational and employment needs of the older adults who participated in the study can be summarized as follows:

1. The older adults who are currently employed are more interested in academic credits, job training for upward mobility, and degrees, than non-employed people.
2. The oldest adults in the sample enrolled in classes to gain knowledge, to acquire recreational skills, and to meet new people. People in retirement homes were less interested in academic learning and more interested in learning for leisure.
3. Those adults who had higher educational levels had a desire for further learning. Socioeconomic status also appeared to influence interest in educational activities.
4. Although colleges and universities offered a wide variety of subjects, they had time schedules which were too rigid and requirements which were too restrictive for senior citizens.
5. Senior centers and the like which offered educational activities, had very flexible time schedules and often coordinated



their offerings with other centers in order to expand the diversity of offerings.

6. Transportation, personal constraints (either due to employment, family commitments, volunteer work, club meetings, etc.), lack of information, and general disinterest were the major barriers to educational activities.

7. Poor health, fear of failure, and competition also were indicated as reasons for not participating in learning activities (Schwartz, 1981).

#### Seattle's Volunteer Joiners

Sadowski and Schill (1979) conducted a study involving members of senior citizens centers in Seattle, Washington to determine their potential participation in community college programs. The researchers approached the study from the viewpoint that there was probably a greater chance of educational participation in college classes on the part of the senior center members, over other older adults, because they had exhibited a voluntary effort to join and attend an organization for their benefit. The sample consisted of 100 people, 60 years of age or older, who were on the senior center membership lists. The mean age was 72.79 years with a range from 61 to 93 years. Females comprised 76 percent of the sample and males 24 percent.

The study involved the analysis of certain factors which related members of Seattle's six senior centers to their reasons for joining groups. The results indicated that the major reason members of Seattle's senior centers joined groups was to gain new information.

This factor was followed in order of importance by desire for stimulation, need for assistance, and the desire to make social comparisons. For the sample studied, joining groups to become anonymous or joining groups to reduce anxiety, uncertainty, fear, or individual risk were not important factors. Many joined because they expected to see friends there. As a result of their findings, the researchers recommended establishment of college classes at the senior centers, and, possibly for a senior center to be established at the college itself (Sadowski and Schill, 1979).

#### The Life Enrichment Program for Older Adults

Moody (1976) and West and Ernst (1981) have outlined the development of educational programs for older people in terms of modal patterns. There are four major patterns or stages of educational development. Stage I is rejection. This stage begins with the isolation of the nuclear family and mandatory retirement. It emphasizes the unimportance that society places on the older adult. Education has previously been for the young only, enabling them to contribute economically, politically, and socially to society; therefore, education for the older adult has not been considered a worthwhile investment.

Stage II concerns social services. This stage is an attempt by society to alleviate problems caused by Stage I; although it does not actively work at correcting the problems, only making coping with them easier. A built in assumption of this stage is that the older population prefers this means of fulfilling their needs. The educational philosophy of this stage emphasizes leisure time that is

spent doing busy work to keep people entertained. Because this type of behavior is not the norm in society, older people become passive consumers of leisure, which segregates them from the mainstream of life and from goal-centered activities.

Stage III involves participation. This stage is an attempt to take the dependent older population and mainstream them back into society. Efforts are made to correct the causes of the problem. The focus is on education for positive change, advocacy, and leadership.

Stage IV centers around self-actualization. This stage focuses on those aspects of life that are only possible in older life; those areas which are unique to the older segment of society. Personal experience is the basis of this stage.

West and Ernst (1981) report that the Gerontological Services Administration Program at the University of Texas Health Science Center at Dallas began a project, entitled the Life Enrichment Program for Older Adults, designed to fit Moody's Stage IV framework. The program's philosophy was built on a belief that the appropriate learning environment allows older people to experience personal growth without a major emphasis on instrumental accomplishment. In addition, the life enrichment program also made attempts to contribute to mental, physical, and spiritual growth as well.

The life enrichment program sought to enable older people to meet their educational needs in the areas which McClusky (1974) and West and Ernst (1981) have identified: coping, expressive, contributive, influence, and transcendence. Based on these identified needs, five objectives were formulated which centered around development, exploration, and awareness rather than absorption of knowledge,

skills, and attitudes. The objectives of the life enrichment program were:

1. (a) The development of an awareness of optimum functioning in the later years and (b) the identification of personal goals in this awareness;
2. The exploration of avenues for unique contributions to society that the vantage point of age offers;
3. The development of an awareness of the realities of later life and the formulation of a personal plan of action;
4. The development of a social network that will serve as a support system during the later years; and
5. The ability to transcend the boundaries of body and ego (West and Ernst, 1981, p. 262).

The participants included 18 older adults who volunteered for the training without being randomly selected. They ranged in age from 57 to 81; 10 were over the age of 65, six were over the age of 70; 12 were women, eight of whom were widowed, and six were men.

The curriculum consisted of three phases. Phase I offered activities in personal development, which included physical fitness, intellectual stimulation, social interaction skills, mental health, and spiritual maturity. Phase II stressed the development of leadership and counseling skills. Phase III was an internship program for continuation of the program.

In the area of personal development, physical fitness was considered one of the most important aspects to be stressed during the program. Lectures concerning various aspects of aging were presented. Improvement of mental health was stressed by emphasis on self-awareness through transactional analysis and values clarification, stress management, adaptation techniques for personal losses, and personal goal setting through the use of the life review process.

Improvement of interpersonal relations was facilitated through skills training in active listening, assertiveness training, and communication feedback. Spiritual well-being discussions included the meaning of life, appreciation of traditional faiths, and death and dying.

Evaluation of the life enrichment program consisted of three parts. The first was conducted through pretests and posttests designed to measure knowledge of aging, morale, purpose in life or the meaning for one's existence, and locus of control or the extent to which an individual feels either externally or internally controlled by life's events. The second part of the evaluation also consisted of pretests and posttests to determine physiological changes that occurred among participants in the areas of weight, blood pressure before breakfast, pulse rate before and after stress, percent of body fat and assessments of ability to perform agility tests. The last part of the evaluation consisted of 25 in-depth interviews with participants, dropouts, and people who had inquired about the program. Opinions regarding the organization and operation of the program were sought.

Those who made inquiries about the program, but did not attend, stated that the main reason they did not attend was the cost of the program (\$150.00) and the amount of time required. This group did not perceive of the program as being something of personal benefit. The dropouts did not like the content or the organization of the program. Although this group could see a potential personal benefit in the program, most felt it was just not for them. These people tended to be satisfied with their life as it was and did not see a need for change. Most of the participants joined because of an emotional need; which was usually loneliness or depression. Most stated that they

participated because they saw the program as an opportunity to expand their own psychological or sociological world. The participants stated the program was successful in meeting their needs and in improving self-image.

The physiological condition of the participants improved as a result of the better nutrition habits and physical exercise the program emphasized. A slight decline in pulse was found after a stressful experience. Significant changes occurred in systolic blood pressure, although there was not a significant change in diastolic blood pressure. All participants stated that their level of well-being had greatly improved as a result of the program.

Results of the program indicated that knowledge of aging and purpose in life had positive changes, although not enough to be statistically significant. Morale and locus of control showed significant improvement. Participants perceived themselves as people of worth, with control over their own lives (West and Ernst, 1981).

#### Community College Program for Elderly Texans

Rappole (1977) reports that in 1974, the Governor's Committee on Aging appropriated funds for development of the Community College Program for Elderly Texans. Fifty-two colleges were asked to contribute to the development of an educational program plan for the older adult population.

From this, 10 major criteria were identified:

1. Classroom studies - a wide selection, from the fine arts to language skills, from nearly every academic department.
2. Informational lectures - topics ranging from Social Security and employment to nutrition and consumer education.

3. Transportation provision - a range from volunteer drivers, private autos, to using college and church buses for on-campus programs.

4. Coordination - a wholehearted collaboration with other community groups serving the elderly.

5. Publicity - presenting program activities through all forms of media, including newsletters specifically prepared for program participants.

6. Planning - establishing advisory committees representing older residents for current and future activities.

7. Accessibility - taking programs off-campus to other locations in the community, and opening campus functions and facilities to those enrolled in the program.

8. Volunteers - securing volunteers as workers and instructors in the program.

9. Counseling - providing staff members and retired professionals for counseling individuals and groups in fields such as personal finances, housing, and medical care.

10. Recreation - developing social activities from appropriate sports to dances and games (Rappole, 1977, p. 42).

Sixteen community colleges and approximately 25,000 participants were actively involved in the Community College Program for Elderly Texans. Programs for each region were structured around the needs and interests of that particular areas older population.

Academic classes had lower enrollments than other areas. This was not believed to be a result of disinterest, only that there were many other program offerings competing for participant enrollments.

Personal needs and services programs for the older adult were offered by all colleges. Topics covered were Social Security Administration rules and regulations, physical fitness and diet, nutrition, tax regulations affecting the older adult, consumer education, legal problems including wills, estate planning, and

contracts, medical and health problems, Medicare/Medicaid, defensive driving and home maintenance including gardening, houseplants, cooking, food freezing, and canning.

A few of the colleges offered counseling and guidance services. There were several courses offered that provided training in new skills or the renewal of long-unused skills in such areas as auto mechanics, woodworking, and typewriting.

Every college offered recreational, social, and cultural activities; with arts and crafts being the most popular. Clothing and doll making, ceramics, leathercraft, macrame, crocheting, embroidery, crewel, knitting, needlecraft, lapidary and mineral crafts, sand casting, quilting, decoupage, candle making, bread dough art, and oil and watercolor painting. Music lessons, choral singing, and square dancing were offered. Board games, table tennis, shuffleboard, bicycling, exercising, tennis, golf, archery, swimming, volleyball, and basketball were popular with the more active. Many colleges set aside time each week for those who wanted to use the physical education facilities. Cards and dominoes were popular with the less active. Trips to historical areas of Texas, museums, garden and horticultural exhibits, plays, sports, and musical events were arranged by many colleges with costs paid for by those participating.

Vans and buses with volunteer drivers were used for transportation to classes and off-campus locations. The off-campus classes that were based in areas of high elderly population provided the best solution to transportation difficulties.

Many colleges provided training and workshop programs for the people in their communities to increase awareness of the college's



programs and the needs of the older population. In addition, newspapers and radio stations were utilized to increase public awareness of available programs for older adults. One of the factors contributing to the success of the program was the involvement of the older population in the planning and development of activities. As a result, many other community colleges have made plans to begin such a program. It was found that social isolation does not have to exist in old age (Rappole, 1977).

#### Philadelphia's Project on Services to the Aging

Lynch and Brawley (1981) report that in 1974 the Community College of Philadelphia began research on possible educational services that could be offered to older adults. The project was funded by a developmental grant of \$20,000 from the Pennsylvania Department of Public Welfare under Title IV-A of the Older Americans Act.

The goals the college established for the Project on Services to the Aging were:

1. To help stimulate interest and support for the aging among the general community;
2. To encourage senior citizens to remain active and contributing members of the community;
3. To develop a variety of educational services for the aging to be offered both on and off campus;
4. To develop training programs for professionals and paraprofessionals;
5. To develop constructive working relationships with local organizations, governmental agencies, businesses, and educational institutions that have an interest in serving the aging;

6. To incorporate content on aging or gerontology within the overall instructional program at Community College of Philadelphia (Lynch and Brawley, 1981, pp. 328-329).

In response to these goals, two major programs were initiated by the college. The Off-Campus Education Centers Project served approximately 500 older adults. The project sought to facilitate communication between all the senior centers throughout the city of Philadelphia, utilize all available resources from the college, and to use volunteer instructors over the age of 55. The goal of The Curriculum Development Project was to develop training programs to upgrade the job skills of people employed by agencies and organizations serving the aged and to prepare others for careers in the field of aging. Curriculum recommendations were made in the areas of introduction to social gerontology, interpersonal skills for those who work with the elderly, advocacy on behalf of the elderly, the psychology of aging, and the socioeconomic and physical-medical aspects of aging (Lynch and Brawley, 1981).

This project took three years to become fully operational and was considered a success in the Philadelphia area. Lynch and Brawley (1981) state:

If the initial grant had been used simply to conduct a study of needs and to develop a plan to meet these needs, the program would probably have been much less successful. The decision to respond immediately to needs as they emerged, actively seeking the necessary resources to do so, generated a level of community political support for the program that was invaluable (p. 336).

#### Union College Senior Citizens Studies Center

According to Fishtein and Feier (1982), traditional education is

space bound, time bound, and custom bound. Education for the older adult must be broadly and nontraditionally defined. Emphasis should be on variety. Programs should meet the needs and interests of the older adult learner. Coordinated efforts should be established between institutions and agencies who offer services and programs for the older adult population (Fishtein and Feier, 1982).

In an attempt to fulfill this philosophy, a joint research project of Union College, a two-year college in New Jersey, and the Rutgers University Institute of Aging was planned; with Union College serving as the field test for the program. The college wanted to know why, in any semester, no more than 40 of the 80,000 older adults in Union County had registered for classes. Results of this inquiry found deep seated psychological reasons for the lack of attendance. Fear of competition, inadequate educational backgrounds, and fear of the unknown were common responses. Other problems centered around transportation to the school, class scheduling, and lack of money (Fishtein, 1980; Fishtein and Feier, 1982).

In response to this, The Union College Senior Citizens Studies Center program was established. Eight credit courses from regular college offerings were selected. Recruitment and registration was conducted in the community; with enrollment approximately 200. Classes were held at easily accessible areas such as senior housing complexes, Young Men's Christian Associations (YMCA's), churches, and social centers. Subjects consisted of painting, ethnic history, psychology, and communications. The second semester sixteen credit classes were offered with 430 enrollments. Additional subjects offered were music appreciation, American History, art appreciation,

and film studies. Locations of classes grew to cover a larger area of the community.

Most all of the older students were enrolled in the credit classes under an audit status, but state-mandated academic requirements still had to be met. Also, the credit courses did not seem to meet all of the psychological and psysiological needs of the older students. Ten noncredit courses in nutrition, law, conversational Spanish, communications, and choral singing were instituted. Credit classes were taught by either adjunct or regular faculty of the college with their salaries paid through regular state funds. The noncredit classes were taught by adjunct faculty of the college or by people with life experience and a strong academic background. They were paid through Comprehensive Employment and Training Act (CETA) funds until government funding was withdrawn; at which time, private foundation contributions were sought. Teacher training workshops, seminars, and individual instructional sessions were offered frequently as a means to fucus on improving teaching skills and to differentiate between the younger and older learner.

It was found that the older learners are more concerned with qualitative learning; as most did not take classes as credit toward a degree. Quantitative aspects such as the amount of material to be covered, test scores, grade point averages, and class rank were of little importance.

The Union College Senior Citizens Studies Center currently conducts 31 classes in 16 academic and life enrichment subjects. There are 25 credit classes in 10 subjects, with an enrollment of

almost 600 and nine noncredit classes in six subjects, with an enrollment of 200. Classes are held at 15 community locations (Fishtein and Feier, 1982).

#### New York's Homebound Educational Program

A combination of six educational institutions, including three universities, two community colleges, and one four-year college located in New York's urban and suburban areas (in addition to many social service agencies) developed a program of continuing education courses for elderly homebound individuals. It was believed that these individuals probably would not normally have become involved in educational programs. There was a deliberate effort to involve isolated, minority, and low-income individuals who were living in inner-city, low income areas because it was believed their exposure to educational offerings was probably limited even before they became homebound.

The program trained older adults who were associated with a senior citizens center or a social service agency to become learning companions. A learning companion was defined as an ambulatory older person who agreed to share information from a non-credit course with a homebound elderly person who was unable to leave home without assistance. They enrolled in 10-week college courses that met for two hours a week out in the community. In between the weekly classes, the learning companions visited the homebound participants to relay what was covered in class. The following week, the learning companions returned to the classroom setting with questions and discussion contributions from the homebound students. The first year of the

program was 1978-79; a total of 336 learning companions were trained in 40 courses to reach 428 homebound elderly. The content of the classes was developed and presented to the learning companions by a qualified teacher in the relevant subject area. In addition to the learning companions, the classroom instructors visited many of the homebound students to evaluate the effectiveness of the learning companion's efforts.

Most course assignments and discussions relied on television programs that the homebound students, learning companions, and teachers all watched. Assignment sheets were handed out for each class to provide structure for the classes; so that everyone followed approximately the same format to maintain continuity. Courses were offered in Sociology, Psychology of Everyday Living, Gardening, History, Critical Analysis of Television, Drama, Introduction to Literature, Comparative Religion, Current Social Issues, The Power of the Tube, Human Relations, Relaxation Techniques, History of the American Family, Human Behavior, Creative Writing, Visions in Poetry, The Middle East, and The Influence of Television on Our Lives (Joseph and Delaloye, 1980).

#### Basic Information on Tulsa, Oklahoma

##### Overview of Tulsa

Tulsa is considered second in livability among the nation's 50 largest cities (Blakey et al, 1979). In Tulsa, the 75+ age category increased 38 percent from 1970 to 1980 (Lawson, 1982). The total population of Tulsa County increased from 399,982 in 1970 to 470,593

in 1980 for a 10 year rate of 17.65 percent or a compounded annual rate of 1.64 percent. Net in-migration, which averaged about 3.5 new families per day for that period, accounted for approximately one-half of this increase. From 1970 to 1980, Tulsa County's minority population registered a gain of 46.49 percent, a compounded annual rate of 3.89 percent. Today, minorities are approximately 15 percent of the county's population (Cannon, 1982a).

Occupied housing units in Tulsa increased from 133,856 in 1970 to 181,620 in 1980, a rate of 35.68 percent or a compounded annual rate of 3.10 percent which is twice as fast as population growth. This reflects the national trend toward smaller households. One person households recorded an increase of 92.06 percent from 1970 to 1980 for a compounded annual growth rate of 6.74 percent (Cannon, 1982a).

The personal income of Tulsa County residents increased substantially since the last census. In 1969, the median family income in the county was \$9,652; in 1979, it was \$21,125. This represents a nominal gain of 119 percent and a real compounded annual rate of growth over one percent (Cannon, 1982b).

Tulsans are much better educated today than they were 10 years ago. In 1970, 61.4 percent of the population 25 years old and over were high school graduates; in 1980, the figure was 75.7 percent. In 1980, 19.7 percent of this age group were college graduates as compared to 12.9 percent in 1970. In 1980, 39.3 percent had at least some college education which is an increase of nearly 50 percent since 1970 (Cannon, 1982b).

### Services for the Older Adult in Tulsa

There are numerous agencies, organizations, and centers offering various services and programs for the older adult in Tulsa. The Tulsa Area Agency on Aging is the local planning agency for senior citizen's services in Creek, Osage and Tulsa counties. The Tulsa Area Agency on Aging was established under the Older Americans Act of 1965, and is operated by the City of Tulsa through a grant from the Special Unit on Aging, Department of Human Services. The objectives of the agency are to remove barriers to economic and personal independence and allow the elderly to remain in their home environment. Major areas of concern include health, nutrition, transportation, housing, and economic security (Tulsa Area Agency on Aging, n.d.b).

Tulsa Senior Citizens Centers are for anyone over the age of 55. Each center has a monthly schedule of activities and services which include volunteer work, recreation, information and referral, education, companionship, and transportation (Tulsa Senior Citizens Centers, n.d.).

The Tulsa County Senior Outreach program is a team effort of outreach workers who are specially trained to help older people in Tulsa County resolve problems and meet their needs. Some of the services provided include visitation, home repairs, hot meals, help with paperwork, transportation, personal care, recreational opportunities, medical services, housekeeping, financial advice, dental work, and companionship (Tulsa County Senior Outreach, n.d.).

Eldercare is a comprehensive program of health and social support services designed to help the elderly remain independent within their



homes and communities. Services include information about available public, private, and voluntary services within the community; an assessment of the situation and an evaluation of the health and social support needs; an individualized, coordinated plan for obtaining the services needed, including referral and service monitoring; and a periodic evaluation to insure that the service plan is continuing to meet the needs of the older person (Oklahoma State Department of Health, n.d.).

The Tulsa Coalition for Older People strives to improve the lives of older people by informing government officials, legislators, and private organizations of the impact of legislation, policy, and practice on older people, and of their needs and requirements (Tulsa Area Agency on Aging, n.d.a).

The Tulsa County Elderly Nutrition Program began in 1973 through funding of the Older Americans Act. The major objective of the congregate meals program is to provide hot, nutritious meals to elderly people in group settings to promote social interaction. Additional meals are delivered daily to homebound elderly people. Meals served in the program are certified to meet the recommended daily allowance of nutrients for people age 60 and over. A registered dietician plans menus and provides programs of nutrition education at each site. In addition, each nutrition site provides social service information and recreational activities; including games, crafts, ceramics, quilting, physical fitness programs, and music (Tulsa Community Action Agency, n.d.a; Tulsa Community Action Agency, n.d.b; Department of Human Services, Special Unit on Aging, n.d.).

The Creative Living Center is an adult day care center which provides a range of activities and services; including comprehensive assessment by a registered nurse, occupational therapist, and social worker; an individualized treatment plan of structured, rehabilitative activities to improve or maintain the older person's capacity to remain independent and self sufficient; temporary relief for family members who care for the older person; supervision, stimulation, motivation, and reality orientation for those who may be confused or disoriented; medication monitoring; individual, family, and group counseling; education and information; and interaction with staff volunteers and other older people. A hot noon meal and snacks are also provided (Tulsa Senior Services, Inc., n.d.).

The Retired Senior Volunteer Program (RSVP) was established in 1971 by the Tulsa Metropolitan Ministry and has since become an independent organization which is affiliated with ACTION, a federal volunteer agency. The purpose of RSVP is to help reduce the loneliness and isolation of senior citizens and to improve their self-image by providing them with opportunities to participate in the community through volunteer service. This also benefits Tulsa by providing volunteer help for nonprofit and governmental agencies (Retired Senior Volunteer Program, n.d.).

The Mental Health Council, Inc. provides services in the areas of planning, coordination, and program development, crisis stabilization, and consultation and education. The Mental Health Association in Tulsa provides services in the areas of information and referral, support groups, and education and advocacy (Mental Health Association in Tulsa, n.d.).

Sunshine Home Health Services, Inc. is a voluntary, non-profit agency which provides in-home health care and related social and supportive services to assist elderly and handicapped individuals to remain living in their homes in the community for as long as they are able and desire to do so. Their goal is to prevent premature and unnecessary institutionalization of the individual. Skilled nursing services, home health aid services, homemaker services, social work services, and volunteer services are included in the Sunshine Home Health Services program (Sunshine Home Health Services, Inc., n.d.).

The Tulsa Community Schools offer senior citizens special programs. Whitney and Thoreau community schools operate a senior citizen nutrition and activities program. A variety of classes, activities, and trips are planned each month. In addition, all other community school activities are open to senior citizens. Most courses in which the enrollment fee is more than \$1.00 will be offered to senior citizens who are age 65 and over, or retired on disability, at one-half the regular fee rate (Tulsa Community Schools, Spring, 1983).

Transportation services for older and handicapped people in Tulsa are provided by Metropolitan Tulsa Transit Authority (MTTA) through regular bus, mini-bus, and taxicab service, the Native American Coalition of Tulsa, Moton Health Care Center, Tulsa Center for the Physically Limited, American Cancer Society, American Red Cross, Society for Crippled Children and Adults, Retired Senior Volunteer Program, Salvation Army, Senior Citizen Centers, and Tulsa Human Services Agency (City of Tulsa Department of City Development and the Tulsa Area Agency on Aging, n.d.b).

In addition to these specialized services, educational offerings are available through the University of Tulsa, Oral Roberts University, Tulsa Junior College, Tulsa Area Vocational-Technical School, and the University Center at Tulsa (UCAT). UCAT is a combination of several state universities who share educational offerings in the Tulsa area. There are also numerous private business and technical schools in the Tulsa area.

#### Summary

The review of literature chapter has attempted to focus on those areas central to the older adult; areas which have the most profound impact on this older population. Basic educational theory and practice concerning the older adult were covered. Additionally, the educational needs and problems older people face were discussed. Many of the attempts to fulfill educational needs and alleviate many of the problems of aging were also outlined. The last part of the chapter focused on the research location, Tulsa.

## CHAPTER III

### METHODOLOGY

The purpose of this study was to determine educational service areas by assessing the services that were available in comparison to the location of the older adults in Tulsa, Oklahoma. To accomplish this purpose it was necessary to determine what the educational needs of the older adult in Tulsa, Oklahoma were; identify the locations of the agencies, organizations, and centers that provide services to the older adult in Tulsa, Oklahoma; identify resource people at each service location; prepare an interview instrument to assess available services at each service location; identify the locations of the older population in relation to the location of services provided to them; describe how the data was analyzed; and to report the results. This chapter discusses the methodology of the study by presenting data in the following sections: population and sample, development of instrument, collection of data, and analysis of data.

#### Population and Sample

The location of the study was limited to the City of Tulsa, Oklahoma. Data from the 1980 census were used to determine the location of the older adult population in Tulsa, in addition to population numbers for each census tract. Twelve service locations, including senior citizen centers, park and recreation centers,

community schools, churches, nutrition sites, and senior housing complexes, believed to provide the greatest range of services were interviewed. These included:

Locations:

Crosstown Center

Turner Center

Turley Center

Central Park Center

Boston Avenue United Methodist Church

East Side Center

First United Methodist Church

Reed Center

Southminster Center

McClure Center

Thoreau School

Shadybrook Retirement Community.

Additionally, other service sites were referenced. These included:

Sites:

Salvation Army North Mabee Center

Springdale Center

First Baptist Church North

North Osage Center

First Presbyterian Church

University Methodist Church

Pioneer Plaza Center

St. Paul's Center

Salvation Army West Mabee Center  
Harrison Methodist Church  
Oklahoma Methodist Manor  
University Village Retirement Center  
Maxwell Center  
Glenwood Apartments  
Whitney School  
Hale School

#### Development of Instrument

The data for this study were collected by use of a structured interview questionnaire. The questionnaire was constructed from 12 problem areas of need as identified by a panel of experts on aging and referenced by Williams (1982). Those specific areas to be assessed included: education, exercise, fixed income, health care, housing, nutrition, recreation, retirement, role transition, self-concept, social interaction, and transportation. The interview instrument is presented in Appendix A.

To insure validity, the initial interview questionnaire was field tested for simplicity and clarity of content by a selection of five people working in the fields of aging, adult education, business, and social services. The field tests were conducted during the month of April, 1983. Appointments were made a few days in advance, with the researcher going to the employment locations of the interviewees. The time of each pilot interview was approximately 30 to 45 minutes.

As a result of the field test, major revisions were made in

format; basic content remained virtually the same. Initially, open-ended questions were asked with no predetermined list of answers given. This resulted in lengthy, detailed answers that were difficult to tabulate. By altering the structure of many of the questions to predetermined lists of answers, from which the interviewee selected his/her response, it was possible to produce simple, short, easy to tabulate answers without changing the basic content or meaning of the question. In addition, all interviews were taped to insure that no information was omitted in error by the researcher when recording the interviewee's answers.

#### Collection of Data

The geographic areas of Tulsa having the highest concentrations of older people were contrasted to the geographic locations of the service areas. In addition, the extent of services offered by each location was considered. This was accomplished through the use of census information obtained through the Department of Economic and Community Affairs, Oklahoma State Data Center, Oklahoma City, Oklahoma. This information included age data per census tract in Tulsa. A census tract map was obtained from the Economic Development Division, Department of City Development, City of Tulsa, through a publication entitled Census Facts for Business: Tulsa County Abstract and Atlas (Cannon, 1982a; Cannon, 1982b).

The directors of four senior citizen centers who were funded by the Area Agency on Aging were surveyed. These centers included the Crosstown Center, East Side Center, Southminster Center, and the Turley Center. The Turley Center is also a nutrition site. The



retirement community, Shadybrook Apartments, and the park and recreation centers which offered special activities for seniors were surveyed. These included Central Park Center, Turner Center, McClure Center, and Reed Center. Reed Center is also a nutrition site. The community school of Thoreau, in addition to larger local churches known to provide services for the older adult were surveyed. These included Boston Avenue United Methodist Church and First United Methodist Church. A listing of interview locations with accompanying addresses, telephone numbers, and interviewee names is presented in Appendix B.

Final interviews for the sample were conducted during the month of May, 1983. The knowledge concerning the appropriate centers, agencies, and organizations was obtained from the local telephone book, literature received from the Area Agency on Aging, and the local newspaper, The Tulsa World. Each Sunday, a special section entitled "Seniors" lists all information and activities concerning the older adult population. From these selections, calls were made and interview appointments arranged. The researcher then went to each service location and interviewed the director, or next responsible person in charge of the location. Each of the interviewees was told of the 12 needs involving older adults and how they had been identified by the panel of experts on aging created for Williams' (1982) study. The 12 needs were education, exercise, fixed income, health care, housing, nutrition, recreation, retirement, role transition, self-concept, social interaction, and transportation. Interview times ranged from 15 minutes to one hour.

### Analysis of Data

Data from the interviews were compiled using percentages and frequency counts. Census data are presented in tables.

## CHAPTER IV

### PRESENTATION OF FINDINGS

The purpose of this study was to determine educational service areas by assessing the services that were available in comparison to the location of the older adults in Tulsa, Oklahoma. This chapter discusses the results of the study by presenting data in the following sections: census data, locating the services, results of interviews, comparison of census and services, and finally, the researcher's observations.

#### Census Data

According to the Oklahoma State Data Center (1982):

Census tracts are small, relatively permanent areas into which metropolitan and certain other areas are divided for the purpose of providing statistics for small areas. When census tracts are established, they are designed to be homogeneous with respect to population characteristics, economic status, and living conditions. Tracts generally have between 2,500 and 8,000 residents. Geographic shape and areal size of tracts are of relatively minor importance. Tract boundaries are established with the intention of being maintained over a long time so that statistical comparisons can be made from census to census (p. 3).

The Oklahoma State Data Center (1982) also states:

The general concept of a metropolitan area is one of a large population nucleus together with adjacent communities which have a high degree of economic and social integration with that nucleus. The standard metropolitan statistical area (SMSA) classification is a statistical standard, developed for use by federal agencies in the production, analysis, and publication of data on metropolitan areas. Each SMSA has one or more central counties containing the

areas main population concentration: an urbanized area with at least 50,000 inhabitants. An SMSA may also include outlying counties which have close economic and social relationships with the central counties. The outlying counties must have a specified level of commuting to the central counties and must also meet certain standards regarding metropolitan character, such as population density, urban population, and population growth (p.9).

Age information was asked of everyone on the 1980 census. Only the information regarding month and year of birth were read into the computer. The age classification is based on the age of the person in completed years as of April 1, 1980. The data on age represent the difference, as calculated by the computer, between date of birth and April 1, 1980 (Oklahoma State Data Center, 1982).

There are 110 census tracts in the City of Tulsa. Census data per tract are available by age group in the following categories: under five years, five to nine years, 10 to 14 years, 15 to 19 years, 20 to 24 years, 25 to 34 years, 35 to 44 years, 45 to 54 years, 55 to 64 years, 65 to 74 years, and 75 years and over. For the purposes of this study, older adult was defined as age 55 and over, therefore, the age categories used were 55 to 64 years, 65 to 74 years, and 75 years and over. The number of older adults for each census tract is presented in Appendix C. It is believed the 1980 census data used for this study represented an accurate indication of the older adult population in Tulsa today, as the census was conducted only three years prior to this study.

According to census data from the Oklahoma State Data Center (1982), the total population of the City of Tulsa is 355,444; of this, 72,573 are age 55 and over. This older adult population represents 20.42 percent of the total population. Of the 110 census tracts in Tulsa, 34 have an older adult population of over 800 per tract. This

represents 30.91 percent of all census tracts in Tulsa. Twenty-one of the 34 tracts have older adult populations of over 1000. This represents 19.09 percent of the 110 tracts. The 13 tracts with between 800 and 1000 older adults per tract represents 11.82 percent of all census tracts in Tulsa. The average number of older people per tract was 660. Census tract 39 had the highest older population with a total of 1,858; while, tract 58.02 had the lowest with a total of 2. It was the intention of this study to concentrate on those census areas having the highest concentrations of older population, therefore, totals above the mean were desirable. The number 800 represents a 21.21 percent increase over the mean of 660 per tract. The number 1000 represents a 51.51 percent increase over the mean of 660 per tract. The location of census tracts in Tulsa containing more than 800 older adults per tract and those tracts containing more than 1000 older adults per tract is presented in Figure 1.

#### Locating the Services

The knowledge of the locations of the service areas within Tulsa was obtained by talking to the Area Agency on Aging and obtaining their related literature. This information provided the locations of nutrition sites and those senior centers funded through the Area Agency on Aging. Also information about services city-wide were obtained. Nutrition sites also provide activities and services, in addition to their nutritional programs. Additionally, each Sunday the local newspaper, The Tulsa World, has a special column entitled "Seniors" in which many centers and related organizations list the weekly activities and services they offer. It was felt this was a good source because it was intended as information on which senior

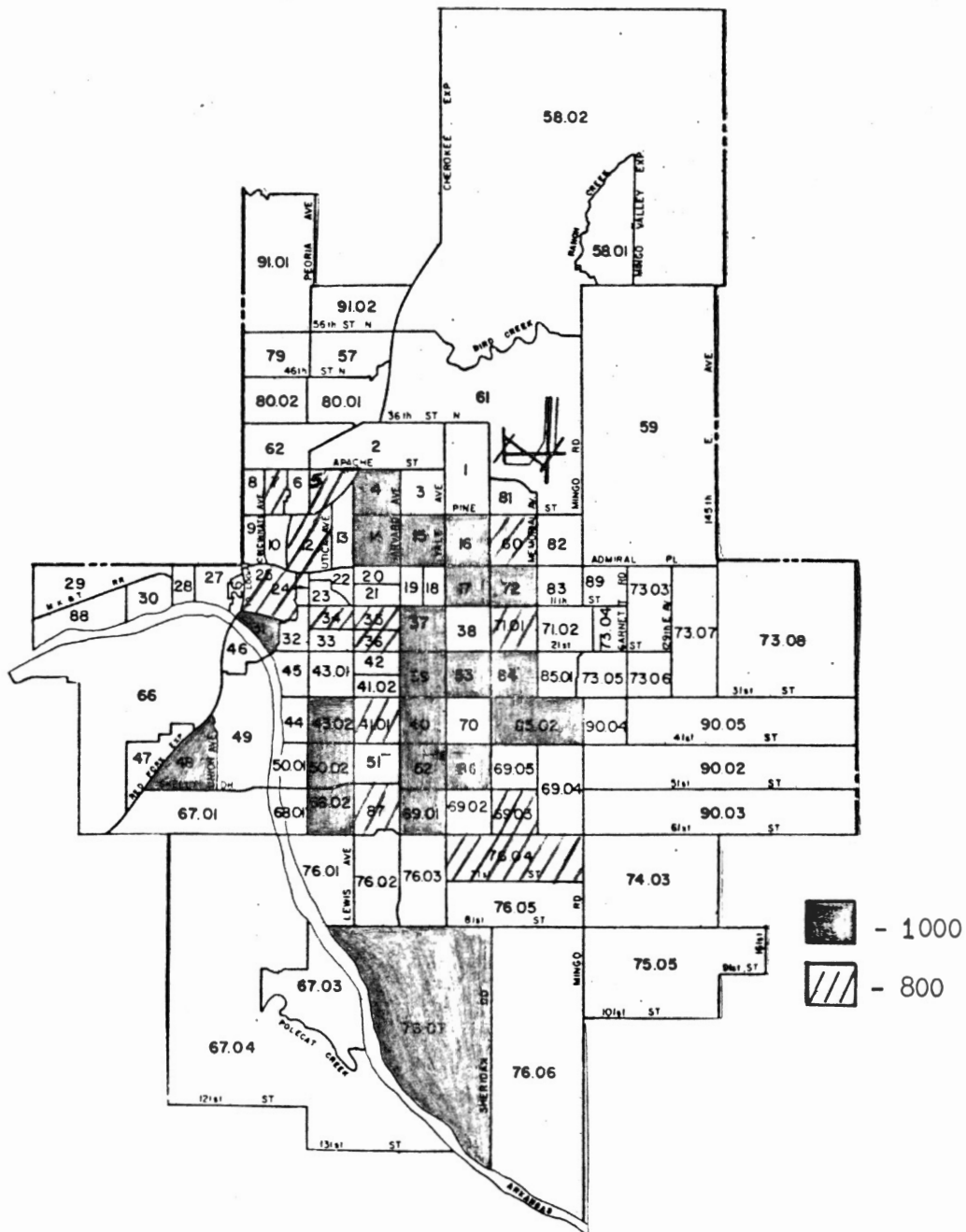


Figure 1. Location of Tulsa Census Tracts With Over 800 and Over 1000 Older Adults

citizens would base decisions about where they should go to fulfill their needs. Many of the park and recreation department centers and community schools offering special senior programs were listed here. The location of retirement communities and special housing projects were obtained from the local telephone directory. Many of the housing locations offer activities and services within their complexes. The churches located were chosen because of past history concerning the educational programs and services they have been known to offer. The location of all service areas including both those interviewed and those not interviewed are presented in Figure 2.

#### Results of Interviews

The 12 locations that were selected for interviews were chosen both because of interview availability and because they were believed to provide the greatest range of senior services. The 12 interview locations is presented in Figure 3.

Certain distinctions had to be made for clarification of terminology. "Location" refers to the 12 places that were interviewed, while "site" refers to all other service areas referenced. Additionally, other distinctions had to be made as all answers were not yes or no, but rather gray areas in between the two. One location only dealt with an area informally, while another actually provided a service. "Occasionally" refers to a cyclical basis or periodic intervals, such as once a year, once a week, or as needed. It refers to a service that is offered, but not at all times. "Minimal" refers to a service that is offered, but in a very limited way. The service may be restricted, on a referral basis only, informal help, or of poor

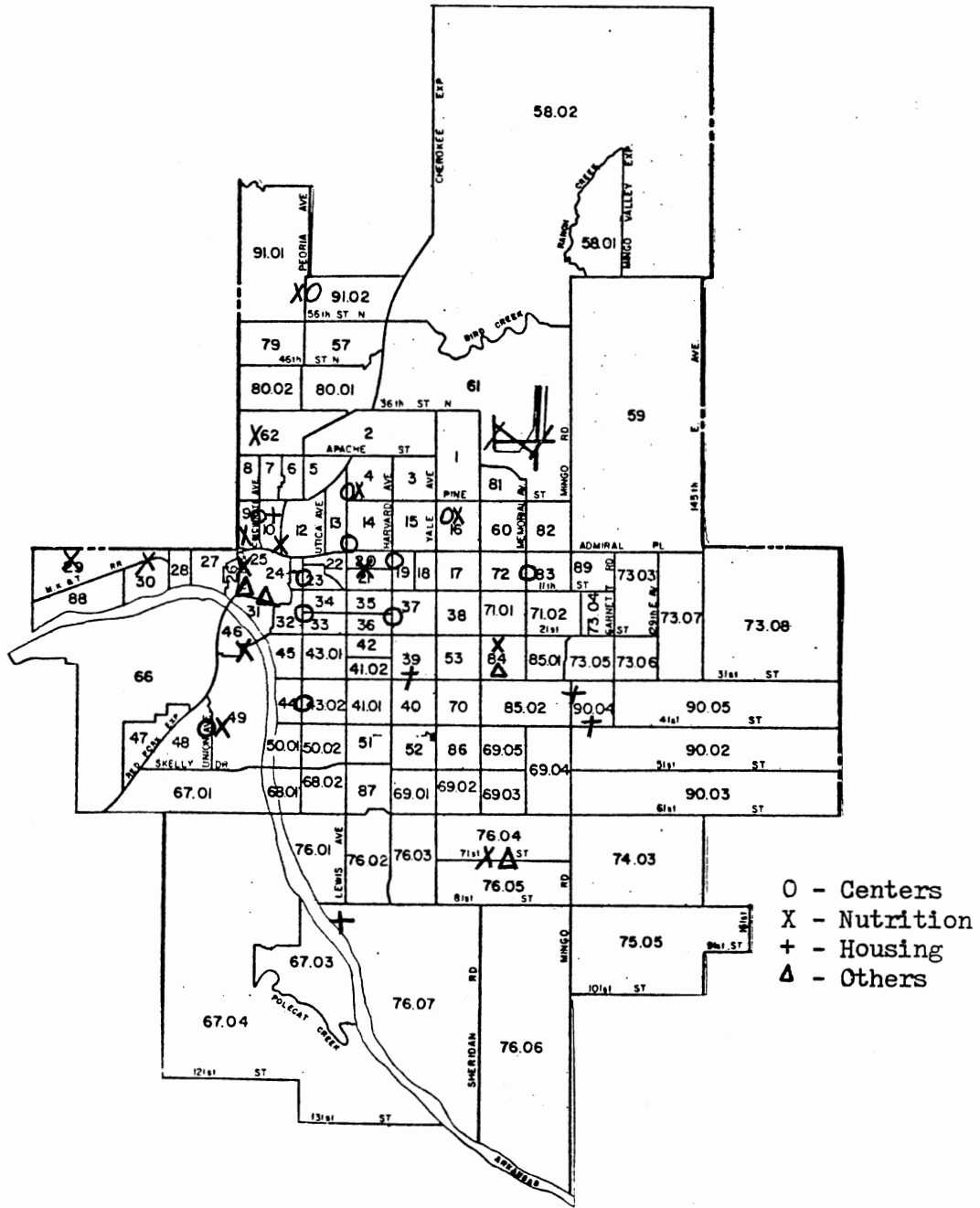


Figure 2. Location of Senior Service Areas by Category



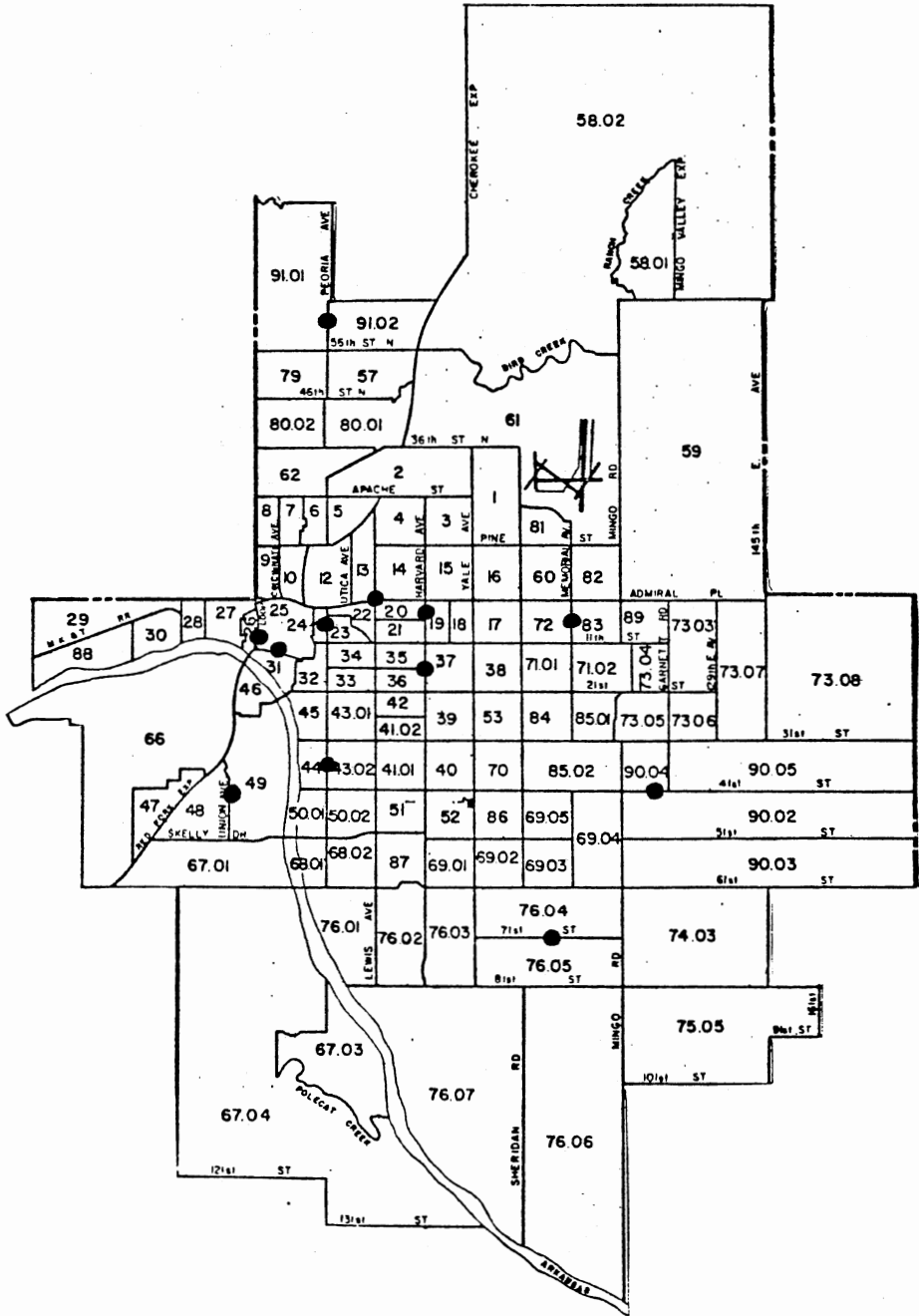


Figure 3. Twelve Interview Locations

quality. The term "non-applicable" implies that because of a previous answer to another question the second question is void. Although many interview locations did not address a particular area formally, they were still able to answer some of the questions regarding that topic. The extent to which the 12 areas of need are addressed by interview locations is presented in Table I. Other general information concerning the 12 interview locations is presented in Table II.

### Education

Of the 12 locations, five stated they provided educational services, two provided minimal services, while five stated that they did not provide educational services. The educational programs provided consisted of Christian education, exploration of various interest areas, personal safety and home security, cultural enrichment, social service information, writing courses, legal aid and information through lawyers and probate judges, speakers from Widowed Persons' Services and genealogy information. For many of these areas, outside speakers and resource people were utilized. When asked about future educational services that they might expect to provide, only one center had plans to do this, through a music class. Identification of the greatest educational need of the older adult varied from retirement transition, death education and the loss of a spouse or adjustments to living alone, personal growth and interests, continuing education, social interaction or learning to be a part of a group.

### Exercise

Nine of the 12 locations provided some type of fitness or

TABLE I  
THE TWELVE AREAS OF NEED AND THE EXTENT TO WHICH THEY ARE  
ADDRESSED BY INTERVIEW LOCATIONS

Issue	Yes N	Extent Occasionally N	Minimally N	No N
Education	5	--	2	5
Exercise	9	1	1	1
Fixed Income	--	5	2	5
Health Care	9	--	--	3
Housing	1	--	3	8
Nutrition	3	3	1	5
Recreation	12	--	--	--
Retirement	2	2	2	6
Role Transition	1	1	2	8
Self-Concept	--	1	3	8
Social Interaction	11	--	--	1
Transportation	5	--	4	3

TABLE II  
 RESPONSES TO QUESTIONS CONCERNING GENERAL INFORMATION  
 ABOUT INTERVIEW LOCATIONS

Question	Number *
<b>Funding</b>	
Federal	4
State	2
Local	4
Private	2
Charity	4
Fees and Memberships	3
Other	2
<b>Impact of Economy</b>	
Growth	3
Stagnation	3
Cutbacks	3
No Change	3
<b>Personnel</b>	
Experience	1
Education	1
Combination	10
<b>Other Similar Studies</b>	
Yes	3
No	9
<b>Interaction</b>	
Yes	9
No	3

\*Numbers may represent more than one response per person.

exercise program regularly, one did occasionally, one minimally, and one did not provide a service. These programs ranged from aerobics, round dancing, square dancing, walkercise, swimming, tennis, horse-shoes, shuffleboard, swimnastics, slimnastics, table tennis, basketball, jogging, and calisthenics.

#### Fixed Income

Regarding fixed income, five of the locations addressed the topic of fixed income occasionally, two did minimally, while five did not. Some of the services and information included tax assistance, double homestead exemption, Medicare assistance, and circuit breaker. To qualify for a circuit breaker a person had to be age 65 or older and have an annual income of \$7,000.00 or less. A one percent refund on home taxes would be available up to a maximum of \$200.00. To qualify for double homestead exemption, income had to be \$500.00 or less per month. Seven locations reported that money was no more a problem for the participants there than for anyone else. The other five responses were non-applicable. Two of the locations attempted to meet financial needs through their organization, while the remainder were non-applicable, or referred services. Services were referred to the Welfare Department, Neighbor for Neighbor, local churches, the Social Security Administration, credit counseling, local utility company senior discount programs, and Outreach. Unknown to all were the number of older people who applied for financial assistance of some type and did not qualify.

### Health Care

All but three of the locations addressed health care in some way. Those health care services provided ranged from blood analysis, blood pressure check, flu shots, glaucoma testing, diabetic screening, pulse rate check, and hearing check to support and referral of Health Fair. Health Fair is an annual health screening program dedicated to the preservation of wellness and to the prevention of accidents and illness (American Red Cross, 1983). Also provided were speakers from the Health Department and the Red Cross. Additionally, many locations taught Cardiopulmonary Resuscitation (CPR), had weight control programs, first aid courses, and information concerning prescription drugs. Assistance and information was also provided concerning Medicare.

### Housing

One location assessed housing assistance, while three provided minimal service, and eight were non-applicable because they did not address the issue. The public libraries' Senior Citizens Information and Referral Service, Jobs for Older Tulsans, and Outreach were suggested as referrals. The number of housing programs for predominately older populations, the number of older people who receive housing assistance, those who apply for housing assistance and do not qualify, and whether or not older people have trouble completing the assistance forms due to complexity were all unknown to all of the interviewees. There was one exception, a senior housing complex, in which all seniors received housing assistance through Housing and Urban Development (HUD) subsidized rent.

### Nutrition

Regarding nutrition and dietary practices, three locations addressed the area, three did occasionally, one minimally, and five did not. Only two locations taught any type of food preparation or preservation. Three of the locations were nutrition sites and served congregate meals every day. The other locations had either catered luncheons or covered dish luncheons once a week, in which members either brought a covered dish or made a contribution toward the main entree provided by the center. There were no profits to the organizations, as the meals were offered on a break-even basis. The cost to the elderly ranged from the encouragement of a 25 cent donation to \$2.50 maximum. The majority of locations did not offer a Meals on Wheels. Only two areas, one of them minimally, offered the program at an unknown cost.

### Recreation

All locations offered recreational opportunities, with the majority (10) reporting mutual activities, but with women tending to be in greater attendance. Recreational activities included pool, shuffleboard, horseshoes, bingo, sewing, music groups, quilting, ceramics, china painting, oil and watercolor painting, needlepoint, choral singing, making lap robes, crocheting, dominoes and card games. Two places required some type of fee, three required fees sometimes depending on activity, while seven did not require a fee. Three locations charged for supplies they provided, while at three others people acquired supplies on their own, two locations were an equal division among charges and acquiring supplies on their own, depending

on activity, and one answer was non-applicable.

### Retirement

Six locations addressed the issue of retirement or pre-retirement planning, while six did not. Of those who did, two stated the service was occasional and two stated the service was minimal. Programs usually consisted of lectures, seminars, films, slides, and questions and answers. Four felt the program was helpful, while others were non-applicable.

### Role Transition - Self-Concept

One location reported addressing the issue of role transition, while two other locations dealt with the issue in a minimal way, and one addressed the issue occasionally. Three locations addressed the issue of self-concept in a minimal way, one did occasionally. Only one organization reported its members to have a negative attitude about themselves, while 11 said that their members had a positive attitude about life and themselves.

### Social Interaction

All but one location offered social activities, which included a bridge club, round dancing, square dancing, pot luck dinners, trips (one day, overnight, extended), shopping, museums, special events, plays, movies and dinner, positive thinking rallies, theater, concerts, and city-wide events. Five locations stated many of the activities were an equal mix between day and night. Most of the activities at the other seven locations were in daytime. All



locations reported memberships mostly consisting of married couples, widowed women, and widowed men; with widowed women usually in higher attendance.

#### Transportation

Transportation services were available at nine of the 12 locations, with four of those minimal. Report of costs varied from unknown to zero for the agency. The cost to the senior citizens varied from the encouragement of donations to 50 cents. Two of the locations had intercity transportation.

#### General Information

Other general information questions were asked regarding funding, economic conditions, personnel, participation in other similar studies, and interaction with other similar agencies, centers, or organizations. Many locations had more than one source of income. Four locations had federal funding, two had state funding, four had local or city funding, two received private contributions, four received charity funds, three gained income from fees and memberships, and two reported other sources of income. Regarding the present economic conditions and future plans of the organization: three reported growth, three reported stagnation, three reported cutbacks, and three reported no significant changes. All but two organizations stated that the criteria their personnel were hired by were dependent both on education and experience in combination, while one stated experience only, and one, education only. Nine locations stated that they had never participated in any other similar studies of this

nature, while three stated they had. Three locations did not interact with other similiar organizations, while nine did. Of those who did, many said interaction was dependent on the event or issue. The recreation centers usually interacted with other recreation centers within their district. There are three park and recreation districts in Tulsa. Senior centers interacted with other senior centers occasionally. Those that were nutrition sites interacted at annual programs. The community schools all interacted together; while the churches usually stood alone and created most of their own programs and services.

#### Comparison of Census and Services

For the purposes of this study, Tulsa was divided into four geographic quadrants. The divisions consisted of Twenty-First Street dividing the north and south sections and Yale Avenue dividing the east and west sections. These were chosen in order to have the quadrants as nearly equal in size as possible. The quadrants were labeled I, II, III, and IV. The total older population for the four quadrants containing over 800 and over 1000 older adults per census tract was 37,517 or 51.70 percent of the city-wide total older population of 72,573. When all quadrants were combined, there were 13 tracts containing older populations of more than 800, for a total of 11,673, or 16.08 percent of the city-wide total older population. When all quadrants were combined, there were 21 tracts containing older populations of more than 1000, for a total of 25,844, or 35.61 percent of the city-wide total older population. Those census tracts with over 800 and over 1000 older adults per tract and all the service areas are presented in Figure 4.

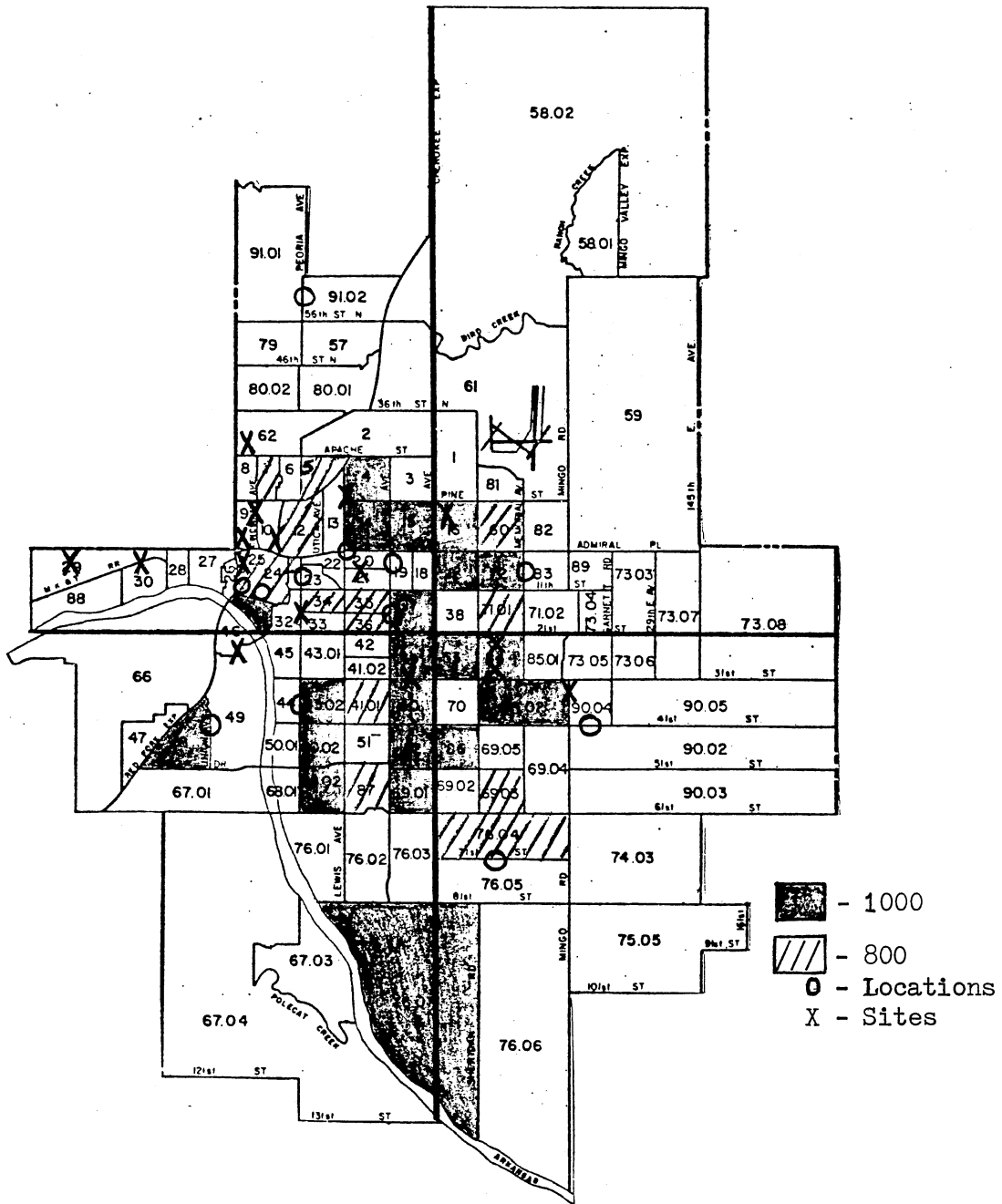


Figure 4. Census Tracts With Over 800 and Over 1000 Older Adults Per Tract and All the Service Areas

### Quadrant I

Quadrant I is bordered on the south by Twenty-First Street and on the east by Yale Avenue. Quadrant I contained seven of the 12 interview locations. Additionally, there were 10 other service sites, some of which offered more than one service. The total older population for Quadrant I was 12,276, which was 32.72 percent of the total for all quadrants (37,517). Quadrant I contained seven tracts with older populations of more than 800, for a total of 6,298, or 16.79 percent of the total for all quadrants. There were five tracts with older populations of more than 1000, for a total of 5,978, or 15.93 percent of the total for all quadrants.

Education. Four of the seven locations addressed the area of education, one of those in a minimal way. Educational services consisted of Christian education, resource people for various areas of interest, continuing education in a variety of subjects, social service information, legal information through a probate judge and speakers from Legal Aid, Medicare information, speakers from Widowed Persons' Services, and genealogy information. There were no additional services anticipated for the future. The greatest educational need of the older adult ranged from retirement transition, death transition related to the loss of a spouse, exploration of various interests, and social interaction: getting out of the house and meeting people.

Exercise. Six of the seven locations offered exercise and fitness programs, one minimally, and one occasionally. Some of the

offerings consisted of slimnastics, swimnastics, walkercise, table tennis, aerobics, and tennis.

Fixed Income. Three locations addressed the area of fixed income occasionally, while one did minimally. Some of the services included tax assistance, double homestead exemption, circuit breaker, and financial seminars. Money was viewed as no more a problem than for anyone else by all interviewees. One location attempted to meet short term problems with financial assistance through a provident fund. For more on-going problems, a finance committee offered counseling. Other centers referred assistance to the Welfare Department, Neighbor for Neighbor, local churches, the Social Security Administration, credit counseling, local utility company senior discount programs, and Outreach. It was unknown to all how many older adults applied for financial assistance and did not qualify.

Health Care. Four locations addressed the need of health care through blood pressure check, flu shots, and blood sugar analysis. Other known areas of similiar health care included Health Fair Neighbor for Neighbor, and a local clinic offering physical exams for \$25.00. Health education involved cardiopulmonary resuscitation (CPR) training, first aid, and speakers concerning prescription/non-prescription medications.

Housing. Two locations addressed the area of housing minimally through referral to Outreach or subsidized housing complexes. All other issues involving housing were unknown. Additionally, there was one housing site within Quadrant I.

Nutrition. Three locations addressed nutrition, of those, two were on an occasional basis, while the other was a nutrition site. The nutrition site taught food preparation and preservation, in addition to serving congregate meals. The other two locations offered covered dish luncheons and benefit luncheons. Costs varied from the encouragement of a 25 cent donation to \$1.25 or more, depending on the type of luncheon, and whether or not a dish was brought. Approximate cost to the center for the main entree in a covered dish luncheon for 60 people was \$50.00. The nutrition site also offered a Meals on Wheels, which was minimal in service because the service was usually provided by another organization. Costs to the location for both the congregate meals and the Meals on Wheels were unknown. Additionally, there were eight other nutrition service sites within Quadrant I.

Recreation. All seven locations offered recreational activities. All but one said they were mutual activities, with three of those stating women were in higher attendance. One location stated that most of its activities were for women. One location assessed a membership fee of \$3.00 for registration in a maximum of five activities. Two locations provided supplies and charged for them. One answer was non-applicable. Three locations sometimes charged for supplies they provided, otherwise, people acquired them on their own, depending on activity. At one other location there was not a charge for supplies, if the crafts were made and sold for the good of the center; otherwise, there was a charge, or people acquired supplies on their own. Additionally, there were four other recreation service sites within Quadrant I.

Retirement. Three locations did not address the area of retirement, while four did, two of those were occasionally, and one minimally. Programs usually consisted of lectures and seminars, films and slides, and handouts and pamphlets. Estate planning and wills were often covered. Three centers felt the information provided in such programs was helpful, while others were non-applicable.

Role Transition. One location addressed role transition, two others also did, one occasionally, and one minimally. The topic was usually addressed through seminars and lectures, and handouts and pamphlets.

Self-Concept. One location addressed self-concept occasionally, two minimally, while four did not. All stated that the majority of people they dealt with at their location had a positive attitude about themselves.

Social Interaction. Social activities were offered at six of the seven locations. Activities ranged from trips (one day, overnight, extended), square dancing, round dancing, plays, positive thinking rallies, theater, shopping, museums, movies and dinner, musicals, picnics, bridge clubs, and pot luck dinners. Three locations stated the activities were about equally divided between day and night, while the remainder stated most activities were in the daytime. Five locations reported close to equal divisions among married couples, widowed women, and widowed men. Another location stated most members were married couples, or widowed women, with the last location stating that there were some married couples, but most attendants were widowed women.

Transportation. Transportation was addressed at two locations, addressed in a minimal way at four locations, and not addressed at the seventh. Intercity transportation was provided at one location. "Intercity" was defined as necessary trips to places other than for entertainment purposes. Costs varied from no cost to encouragement of donations set at around 50 cents. At the location providing intercity transportation the option of paying a \$2.00 membership fee for the center's mini bus was available. This fee entitled a member to have a say about the bus and where it went, although membership was not a prerequisite for riding.

General Information. Two locations received city funding, two locations received income from private funding, and fees and memberships, one location received federal and charity funding, while two others were supported by charity. Three areas reported growth, two reported cutbacks, and two stated that the economy had not affected them. Personnel were hired by a combination of experience and education at five areas, while one location reported experience only, and another, education only. Two centers had participated in other similar studies. Five of the seven locations interacted with other similar organizations. The degree of involvement was usually dependent on the particular event or issue.

## Quadrant II

Quadrant II is bordered on the north by Twenty-First Street and on the east by Yale Avenue. Quadrant II contained two interview locations. Additionally, there were three other service sites. The



total population for Quadrant II was 14,060 which was 37.48 percent of the total for all quadrants (37,517). Quadrant II contained two tracts with older populations of more than 800 for a total of 1,872 or 4.99 percent of the total for all quadrants. There were nine tracts with older populations of more than 1000 for a total of 12,188 or 32.49 percent of the total for all quadrants.

Education. One location addressed the issue of education and one did not. Educational services consisted of legal information and a writing class. An additional class in music was planned for the future. The greatest educational need of the older adult was thought to be learning to share, working together as a team, and adjusting to living alone.

Exercise - Fixed Income. Exercise programs ranging from calisthenics, walking, and jogging were offered at both locations. Fixed income was addressed minimally at one location and occasionally at the other. These services consisted of income tax assistance, double homestead exemption, and Medicare information and assistance. Money was felt to be no more a problem than for anyone else. The location that referred did so through Outreach. It was unknown how many older people apply for financial assistance and do not qualify.

Health Care. Both locations provided health care services through blood pressure checks, flu shots, and hearing checks. Weight control was addressed in health education.

Housing. One location did not address housing in any way, while the other did minimally by referring the service to the public

libraries' Senior Citizens Information and Referral Service, and Jobs for Older Tulsans. All other issues regarding housing were unknown. Additionally, there were two housing sites within Quadrant II.

Nutrition. Both locations addressed the area of nutrition, one of those occasionally. Neither taught food preparation or preservation. Both served congregate meals, with one in a minimal capacity. For covered dish luncheons there was a \$2.00 charge to those without a covered dish and a \$2.50 charge for catered meals. Both meals were offered on a break even basis. The other location was unsure of cost. One location provided a Meals on Wheels for those who were homebound, while the other did not. Additionally, there was one nutrition service site in Quadrant II.

Recreation. Both locations offered recreational activities. One location offered mostly mutual activities, while the other offered activities mostly for women. Membership fees were required for some activities at one location, while a \$3.00 charge per year covered the cost of programs at the other. At both locations charges were assessed for some craft supplies provided, while participants acquired some other supplies on their own.

Retirement - Role Transition - Self-Concept. The topic of retirement was addressed at one location through lectures and seminars presented in a question and answer format. Legal aid, presented in a workshop format, was provided once a month for estate planning and wills. These programs were assessed as helpful to the participants. Other areas of role transition or self-concept were not addressed at either location.

Social Interaction - Transportation. Social activities were available at both locations. These usually consisted of short trips both in and out of town. Activities were usually in the daytime, with mostly widowed women, widowed men, and some married couples attending. Transportation was provided at one center at an unknown cost.

General Information. Funding consisted of federal, state, charity, and fees and memberships. The economy had produced stagnation at both locations. Personnel were hired by a combination of both education and experience. Neither interviewee had participated in any other similar studies. Both interacted with other organizations similar to theirs. It was believed the mutual exchange of information was beneficial to the center as a whole and to the participants individually.

### Quadrant III

Quadrant III is bordered on the south by Twenty-First Street and Yale Avenue on the west. Quadrant III contained one interview location. Additionally, there was one other service site, which offered more than one service. The total population for Quadrant III was 4,869 which was 12.98 percent of the total for all quadrants (37,517). Quadrant III contained two tracts with older populations of more than 800 for a total of 1,729 or 4.61 percent of the total for all quadrants. There were three tracts with older populations of more than 1000 for a total of 3,140 or 8.37 percent of the total for all quadrants.

Exercise - Health Care - Recreation - Social Interaction. This location addressed only the areas of exercise, health care, recreation, and social interaction. Exercise and fitness programs consisted of round dancing, aerobics, and walkercise. Health care services provided were blood analysis and blood pressure check. This location was aware of other services provided at a nearby location, which was a nutrition site. Health education concerning weight control was addressed through exercise. Recreational activity consisted of arts and crafts. If classes were taught by volunteers there was no charge, otherwise, fees were charged for paid outside instructors. There was a charge for supplies sometimes, and other times, people acquired supplies on their own, depending on activity. Examples of social activities available were round dancing and a bridge club. Other than dancing, most activities were in the daytime. Attendants were an equal mix between married couples, widowed women, and widowed men. Additionally, there was one site offering nutrition and recreation services within Quadrant III.

General Information. The primary funding source of this location was local or city. For fee classes, the instructor received 90 percent and the center received 10 percent of the fee. The economy had produced stagnation for this location. Enrollment in fee programs was down. Personnel were hired by a combination of education and experience. The interviewee had not participated in any other similar studies. Interaction occurred primarily between other centers within the same district.

#### Quadrant IV

Quadrant IV is bordered on the north by Twenty-First Street and Yale Avenue on the west. Quadrant IV contained two interview locations. Additionally, there were three other service sites. The total population for Quadrant IV was 6,312 which was 16.82 percent of the total for all quadrants (37,517). Quadrant IV contained two tracts with older populations of more than 800 for a total of 1,774 or 4.73 percent of the total for all quadrants. There were four tracts with populations of more than 1000 for a total of 4,538 or 12.10 percent of the total for all quadrants.

Education. Both locations provided educational services, with one a minimal service. Information was provided about aging and Medicare through speakers. Notification was given about other workshops and seminars as they were available elsewhere. At the location that addressed education fully, there was a wide range of curriculum topics and services offered to seniors at half price. Neither location had plans to provide any additional educational services in the future. One location felt continuing education was the greatest educational need of the older adult, while the other felt there was no need for secular education for older adults. Additionally, there was one educational service site in Quadrant IV.

Exercise. Both locations offered exercise and fitness programs. These consisted of an exercise class in water and a general exercise class for older adults.

Fixed Income. One of the two locations addressed fixed income in

a minimal way, while the other did not. The location addressing fixed income did so through the very nature of the organization: Housing and Urban Development (HUD) subsidized rent. Questions were answered about insurance, Medicare, and the like to clarify lack of understanding. Other needs were referred to the proper agency. Money was felt to be no more a problem for the older people seen there than for anyone else. Because of reduced rent, no one was felt to be truly needy. It was not known how many people applied for outside financial assistance and did not qualify.

Health Care. Both locations addressed health care. Services provided included speakers about different topics in a question and answer format, and registration and coordination of transportation for seniors to attend Health Fair. Visiting nurses from the Health Department regularly check blood pressure, test for glaucoma, provide diabetic screening, and check pulse rate. A cardiopulmonary resuscitation (CPR) class was held at one location, although it was not designed specifically for seniors. Both locations offered seminars and lectures about weight control.

Housing. One location addressed the issue of housing assistance totally and the other did not. As a senior housing complex, subsidized by HUD, a resident must be age 62 or over, on Social Security, and meet income requirements. It was not known exactly how many housing programs were for older populations within Tulsa. All people who lived there received housing assistance. It was not known how many older people applied and did not qualify for housing assistance elsewhere. The complexity of form completion was non-applicable, as

the office personnel completed the forms. Additionally, there was one housing site within Quadrant IV.

Nutrition. One location addressed nutrition totally as it was also a nutrition site, while the other addressed it in a minimal way by providing transportation to the nearest nutrition site. At the nutrition site interviewed, nutrition and dietary practices were taught as well as food preparation and preservation. Congregate meals were also served. The meals were offered on a break even basis with the cost to the seniors at \$1.35. Neither location offered a Meals on Wheels service. Additionally, there was one nutrition service site in Quadrant IV.

Recreation. Mutual recreational opportunities were available at both locations. There were membership fees for some activities at one location. Depending on activity, some supplies were furnished with a charge, while people provided their own supplies for other activities. The other location was for resident participation only, in which they formulated their own projects and activities. The complex provided picnic areas with charcoal grills, a swimming pool, a horseshoe area, shuffleboard, recreation and entertainment rooms containing televisions, a piano, and pool tables.

Retirement - Role Transition - Self-Concept. One location addressed retirement, role transition, and self-concept in a minimal way, while the other did not. Both locations reported that the majority of the people they dealt with had a positive attitude about themselves.

Social Interaction. Both locations provided social activities through trips (one day and overnight), shopping, museums, plays, city-wide events, concerts, operas, and theaters. Most of the activities were equally divided between day and night. The majority of the people were widowed women followed by married couples.

Transportation. Transportation was provided for both locations. The cost to the organization was unknown. The cost to the riders ranged from 25 cents to one dollar, depending on event and type of transportation provided.

General Information. Funding was federal, state, and local. The economy had produced no change at one location and critical cutbacks at another. Personnel at both locations were hired by education and experience in combination. One had participated in other similar studies, while the other had not. One organization interacted with other similar organizations, while the other did not.

#### Researcher's Observations

During the course of the study the researcher made the following observations: Initially, there was a problem of finding the proper information or service location. While most agencies, centers, and organizations were listed in the "Seniors" section of the newspaper, they were intertwined with city-wide services as well as nursing home activities. There was the problem of distinguishing, for example, a retirement community from a nursing home that used the term center instead of nursing or convalescent home. For example, Riverside Center and Southminster Senior Citizen Home: In this case Riverside



Center is a nursing home and Southminster is a senior center, located in a church, funded through the Area Agency on Aging. Other similar situations required calling to determine what type of organization a particular place really was, or looking in the telephone book. The telephone book was also ambiguous, as nursing homes were listed under retirement communities as well as under nursing and convalescent homes. Additionally, there was the implied message that those places that did have a listing in this special column for seniors would provide more extensive services than possibly some that were not listed. The researcher found some locations providing only minimal services to meet the 12 needs. In general, this was a helpful column since it provided a beginning for locating service areas; but an older person could be put in the position of not knowing where to go for a particular need or service, such as educational activities, for example. In conducting the interviews, it was found that many of the interviewees had trouble categorizing their services or knowing the full extent of them.

## CHAPTER V

### SUMMARY, CONCLUSIONS, AND RECOMMENDATIONS

This final chapter contains an overall summary of the study, conclusions that may be drawn from the study, and recommendations for practice and further research.

#### Summary

The purpose of this study was to determine educational service areas by assessing the services that were available in comparison to the location of the older adults in Tulsa, Oklahoma. This purpose was accomplished through three research questions. Initially, a basis of comparison was needed for assessment of educational needs. This was accomplished through the identification of 12 problems of aging (Williams, 1982). The location of senior service areas within Tulsa were identified. Additionally, census data were used to determine the geographic locations of the majority of the older population in Tulsa. Comparisons were then drawn between available services and the location of the older population. The instrument used to collect this information consisted of a structured interview questionnaire, submitted to 12 service locations.

#### Findings and Conclusions

The findings and conclusions of this study indicated that:

1. Quadrant I had the second largest population with 12,276. Quadrant I had a large majority of the service locations and sites, although they were not very diversified. It appeared that the areas of need involving education, fixed income, housing, retirement, role transition, and self-concept need to be strengthened for the proportion of the older population that Quadrant I has. Nutrition and recreational services appear to serve Quadrant I sufficiently.

2. Quadrant II had the largest older population with 14,060, but substantially fewer service locations and sites than Quadrant I. It appeared that the areas of education, fixed income, retirement, role transition, and self-concept were especially lacking in Quadrant II. It appeared that other needs were addressed, but not to the extent they should have been, in proportion to the population.

3. Quadrant III had the smallest older population with 4,869 and offered the fewest service locations and sites. Services appeared to be inadequate in the areas of education, fixed income, housing, retirement, role transition, self-concept, and transportation. Recreation appeared to be adequately served in Quadrant III.

4. Quadrant IV had the third largest older population with 6,312 and had many more service locations and sites than Quadrant III, with only 1,443 fewer people. The areas that appeared to be underserved in Quadrant IV were retirement, role transition, and self-concept. In proportion to the population, Quadrant IV appeared to be sufficiently served in the areas of education, nutrition, and housing. Of all the quadrants, it appeared that this quadrant had an adequate overall diversity of services.

5. When all quadrants were combined, the areas of retirement, role transition, and self-concept appeared to be lacking sufficient services city-wide.

6. Although the present economy appears to be producing cut-backs and difficulties for the overall population, the interviewees saw money for the older population in Tulsa as no more of a problem than for anyone else. This finding is in conflict with Williams' (1982) study in which fixed income was regarded as the most important problem of the 12 problems related to aging.

7. The instrument used to collect the data was effective, although further refinement might make compilation of data easier and possibly reduce interview time.

#### Recommendations

Several recommendations are presented as a result of this study. The recommendations for practice are as follows:

1. Administrative personnel responsible for implementation of senior services should be aware of the findings of this study when considering the initiation of new services, or expansion, or cutbacks, of present services.

2. The information produced from this study could be used by those service areas involved as a means to improve and/or expand, or to initiate new services that are not addressed in the 12 needs, or that are inadequately addressed.

3. The "Seniors" section of The Tulsa World should be continued as a public service, but with categorizations made between service areas, so as to prevent confusion.

4. Those service locations and sites in Quadrant I should expand services in the areas of education, fixed income, housing, retirement, role transition, and self-concept.

5. Those service locations and sites in Quadrant II should expand services in the areas of education, fixed income, retirement, role transition, and self-concept.

6. Those service locations and sites in Quadrant III should expand services in the areas of education, fixed income, housing, retirement, role transition, self-concept, and transportation.

7. Those service locations and sites in Quadrant IV should expand services in the areas of retirement, role transition, and self-concept.

8. The information produced from this study could be used as a basis for addressing broad scale needs of older adults through the initiation of training programs for those people who work in the field of aging or in age-related professions.

9. Service locations and sites should increase transportation services to their areas and/or transport their services and programs to the older population.

The recommendations for further study are as follows:

1. A study should be conducted in which the older adults of Tulsa are interviewed to see if they are satisfied with the services provided for them.

2. A study should be conducted in which those service areas not assessed in this study are interviewed.

3. A study should be conducted using 1990 census data, when available, to draw comparisons between population size and quantity

and quality of service areas.

4. A needs assessment study should be conducted with the older population in each quadrant surveyed.

5. A needs assessment study should be conducted with the service locations and sites in each quadrant surveyed.

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APPENDIXES

APPENDIX A

INTERVIEW INSTRUMENT



1. A. Does your agency/organization provide educational services to the older adult?

Yes \_\_\_\_\_  
Minimally \_\_\_\_\_  
Occasionally \_\_\_\_\_  
No \_\_\_\_\_  
N/A \_\_\_\_\_

- B. If so, what do these services consist of?

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- C. What additional educational services do you expect to provide in the future?

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- D. What do you feel is the greatest educational need of the older adult?

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2. A. Does your agency/organization offer exercise/fitness programs for the older adult?

Yes \_\_\_\_\_  
Minimally \_\_\_\_\_  
Occasionally \_\_\_\_\_  
No \_\_\_\_\_  
N/A \_\_\_\_\_

- B. What type of exercise programs are offered?

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3. A. Does your agency/organization offer a personal financial counseling program tailored to the limited, fixed income, older adult?

Yes \_\_\_\_\_  
 Minimally \_\_\_\_\_  
 Occasionally \_\_\_\_\_  
 No \_\_\_\_\_  
 N/A \_\_\_\_\_

- B. How great a problem do you feel money is to most of the people you see here?

No more a problem than for any one else \_\_\_\_\_  
 Somewhat of a problem \_\_\_\_\_  
 A great problem \_\_\_\_\_

- C. Do you refer needy people to the proper agency for financial assistance \_\_\_\_\_ or do you attempt to meet that need through your agency/organization \_\_\_\_\_?

Yes \_\_\_\_\_  
 Minimally \_\_\_\_\_  
 Occasionally \_\_\_\_\_  
 No \_\_\_\_\_  
 N/A \_\_\_\_\_

- D. If you refer, where do you usually refer?

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- E. Approximately how many older people apply for financial assistance and do not qualify?

Percentage \_\_\_\_\_  
 Unknown \_\_\_\_\_

4. A. Do you provide health care services at this agency/organization for the older adult?

Yes \_\_\_\_\_  
 Minimally \_\_\_\_\_  
 Occasionally \_\_\_\_\_  
 No \_\_\_\_\_  
 N/A \_\_\_\_\_

B. If so, what type of health care services do you provide?

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C. Are you aware of other health care services provided by other agencies/organizations of a similar nature?

Yes \_\_\_\_\_  
No \_\_\_\_\_

D. If so, which agencies/organizations and what services do they provide?

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E. Do you provide health education in such areas as

CPR \_\_\_\_\_  
Weight Control \_\_\_\_\_  
Prescription/non-prescription drug interactions \_\_\_\_\_  
Any other areas \_\_\_\_\_

5. A. Does your agency/organization assess eligibility for housing assistance \_\_\_\_\_ or do you refer \_\_\_\_\_?

Yes \_\_\_\_\_  
Minimally \_\_\_\_\_  
Occasionally \_\_\_\_\_  
No \_\_\_\_\_  
N/A \_\_\_\_\_

B. If you refer, where do you refer?

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C. How many housing programs are for predominately elderly populations within Tulsa?

Amount \_\_\_\_\_  
Unknown \_\_\_\_\_

- D. What is the approximate number of people you see who receive housing assistance?

Percentage \_\_\_\_\_  
Unknown \_\_\_\_\_

- E. Approximately how many older people apply for housing assistance and do not qualify?

Percentage \_\_\_\_\_  
Unknown \_\_\_\_\_

- F. Do older people seem to have problems completing the assistance forms due to complexity?

Yes \_\_\_\_\_  
No \_\_\_\_\_  
Unknown \_\_\_\_\_  
N/A: Others complete the form \_\_\_\_\_

6. A. Does your agency/organization teach nutrition and dietary practices?

Yes \_\_\_\_\_  
Minimally \_\_\_\_\_  
Occasionally \_\_\_\_\_  
No \_\_\_\_\_  
N/A \_\_\_\_\_

- B. If so, do you teach food preparation and preservation?

Yes \_\_\_\_\_  
No \_\_\_\_\_

- C. Do you serve congregate meals?

Yes \_\_\_\_\_  
Minimally \_\_\_\_\_  
Occasionally \_\_\_\_\_  
No \_\_\_\_\_  
N/A \_\_\_\_\_

- D. If so, what is the approximate cost of such meals?

To your agency/organization \_\_\_\_\_  
To the elderly \_\_\_\_\_  
Unknown cost \_\_\_\_\_

E. Do you offer a Meals on Wheels for those who are homebound?

Yes \_\_\_\_\_  
 Minimally \_\_\_\_\_  
 Occasionally \_\_\_\_\_  
 No \_\_\_\_\_  
 N/A \_\_\_\_\_

F. If so, what is the cost of such meals?

To your agency/organization \_\_\_\_\_  
 To the elderly \_\_\_\_\_  
 Unknown cost \_\_\_\_\_

7. A. Are recreational opportunities for the older adult available at your agency/organization?

Yes \_\_\_\_\_  
 Minimally \_\_\_\_\_  
 Occasionally \_\_\_\_\_  
 No \_\_\_\_\_  
 N/A \_\_\_\_\_

B. What activities are available?

\_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_

C. If so, are they:

Mostly for men \_\_\_\_\_  
 Mostly for women \_\_\_\_\_  
 Mutual \_\_\_\_\_

D. Is there a membership fee for people to join your agency/organization's activities?

Yes \_\_\_\_\_  
 No \_\_\_\_\_  
 Sometimes \_\_\_\_\_

E. Is there a charge for supplies required of different activities \_\_\_\_\_ or do people acquire these supplies on their own \_\_\_\_\_ or both \_\_\_\_\_?

8. A. Does your agency/organization offer pre-retirement or retirement planning?
- Yes \_\_\_\_\_  
 Minimally \_\_\_\_\_  
 Occasionally \_\_\_\_\_  
 No \_\_\_\_\_  
 N/A \_\_\_\_\_
- B. If so, what does the program consist of?
- Films and slides \_\_\_\_\_  
 Lectures and seminars \_\_\_\_\_  
 Financial counseling \_\_\_\_\_  
 Other \_\_\_\_\_  
 All of the above \_\_\_\_\_
- C. What is your assessment of the benefit of such programs?
- Helpful \_\_\_\_\_  
 Somewhat helpful \_\_\_\_\_  
 Not helpful \_\_\_\_\_  
 N/A \_\_\_\_\_
9. A. Does your agency/organization offer programs concerning the role transitions older adults face?
- Yes \_\_\_\_\_  
 Minimally \_\_\_\_\_  
 Occasionally \_\_\_\_\_  
 No \_\_\_\_\_  
 N/A \_\_\_\_\_
- B. If so, are these mostly:
- Seminars and lectures \_\_\_\_\_  
 Counseling \_\_\_\_\_  
 Group sessions \_\_\_\_\_  
 All of the above \_\_\_\_\_
10. A. Does your agency/organization offer counseling, etc. to maintain or improve the mental well-being of older adults in such areas as self-concept?
- Yes \_\_\_\_\_  
 Minimally \_\_\_\_\_  
 Occasionally \_\_\_\_\_  
 No \_\_\_\_\_  
 N/A \_\_\_\_\_
- B. Of the majority of the people you see, do most have a negative \_\_\_\_\_ or a positive \_\_\_\_\_ attitude about themselves?

11. A. Does your agency/organization offer social activities for the older adult?

Yes \_\_\_\_\_  
 Minimally \_\_\_\_\_  
 Occasionally \_\_\_\_\_  
 No \_\_\_\_\_  
 N/A \_\_\_\_\_

- B. If so, what type of social activities are available?

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

- C. If so, are most of the activities in the daytime \_\_\_\_\_ or at night \_\_\_\_\_ or both \_\_\_\_\_?

- D. Are most of the people you see:

Single women \_\_\_\_\_  
 Single men \_\_\_\_\_  
 Married \_\_\_\_\_  
 Divorced women \_\_\_\_\_  
 Divorced men \_\_\_\_\_  
 Widowed women \_\_\_\_\_  
 Widowed men \_\_\_\_\_

12. A. Do you provide transportation to this agency/organization, or to its events?

Yes \_\_\_\_\_  
 Minimally \_\_\_\_\_  
 Occasionally \_\_\_\_\_  
 No \_\_\_\_\_

- B. If so, what is the cost of the transportation?

To your agency/organization \_\_\_\_\_  
 To the riders \_\_\_\_\_  
 Cost unknown \_\_\_\_\_

- C. Do you provide intercity transportation?

Yes \_\_\_\_\_  
 Minimally \_\_\_\_\_  
 Occasionally \_\_\_\_\_  
 No \_\_\_\_\_  
 N/A \_\_\_\_\_

## General Information

13. What is the primary source of your funding?

Federal \_\_\_\_\_  
 State \_\_\_\_\_  
 Local \_\_\_\_\_  
 Private \_\_\_\_\_  
 Charity \_\_\_\_\_  
 Fees and memberships \_\_\_\_\_  
 Other \_\_\_\_\_

14. With regard to the future plans of this agency/organization, what has the present economy produced?

Growth \_\_\_\_\_  
 Stagnation \_\_\_\_\_  
 Cutbacks \_\_\_\_\_  
 No change \_\_\_\_\_

15. What are the criteria your personnel are hired by dependent on?

Experience \_\_\_\_\_  
 Education \_\_\_\_\_  
 Or a combination of both \_\_\_\_\_

16. A. Do you know of, or have you participated in, any other similar studies of this nature?

Yes \_\_\_\_\_  
 No \_\_\_\_\_

B. If so, please specify.

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17. A. Does your agency/organization interact with other agencies/organizations of a similar nature?

Yes \_\_\_\_\_  
 No \_\_\_\_\_



B. If so, which in particular?

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APPENDIX B

INTERVIEW LOCATIONS WITH ADDRESSES, TELEPHONE  
NUMBERS, AND INTERVIEWEE NAMES

1. Boston Avenue United Methodist Church  
1301 South Boston  
Tulsa, Oklahoma  
Reverend Harold Reynolds,  
Minister of Education
  
2. Central Park Recreation Center  
1028 E. 6th Street  
Tulsa, Oklahoma  
918/587-1391  
Ellie Donakey,  
Director
  
3. Crosstown Senior Citizens Center  
Memorial Christian Church  
2501 E. Archer Street  
Tulsa, Oklahoma  
918/834-1432  
Lorraine Davis,  
Coordinator
  
4. East Side Senior Citizens Center  
East Side Christian Church  
1427 South Indianapolis Avenue  
Tulsa, Oklahoma  
918/744-6760  
Opal Crosser,  
Coordinator
  
5. First United Methodist Church  
1115 South Boulder  
Tulsa, Oklahoma  
918/587-9481  
Reverend Doug Burr,  
Associate Minister
  
6. McClure Recreation Center  
7440 East 7th Street  
Tulsa, Oklahoma  
918/838-9546  
Nancy Thompson,  
Recreation Leader

7. Reed Recreation Center  
4233 South Yukon Ave  
Tulsa, Oklahoma  
918/446-2855  
Bruce Paige,  
Recreation Leader
  
8. Shadybrook Apartments  
4203 South 109th East Avenue  
Tulsa, Oklahoma  
918/663-6013  
Pauline Pennington,  
Manager
  
9. Southminster Senior Citizens Center  
Southminster Presbyterian Church  
1120 East 34th Street  
918/749-2623  
Connie Barnhouse,  
Coordinator
  
10. Thoreau Community School  
7370 East 71st  
Tulsa, Oklahoma  
918/252-7882  
Judy McClure,  
Director
  
11. Turley Senior Citizens Center  
Turley United Methodist Church  
6050 North Johnstown  
Tulsa, Oklahoma  
918/428-2433  
Helen Loney,  
Coordinator  
Melvina Carroll,  
Nutrition Site Manager
  
12. Turner Recreation Center  
3503 East 5th Place  
Tulsa, Oklahoma  
918/834-1376  
Katherine Moon,  
Recreation Leader

APPENDIX C

TOTAL NUMBER OF OLDER ADULTS IDENTIFIED  
BY EACH CENSUS TRACT IN  
THE CITY OF TULSA

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Tract Number	Numbers by Age Group			Total
	55-64	65-74	75+	
1	295	218	123	636
2	236	220	168	624
3	394	188	59	641
4	485	334	184	1003
5	358	335	135	828
6	218	248	190	656
7	315	332	205	852
8	239	171	131	541
9	287	235	147	669
10	166	257	194	617
12	344	318	222	884
13	333	261	175	769
14	583	557	311	1451
15	521	411	228	1160
16	644	323	118	1085
17	444	382	208	1034
18	247	306	179	732
19	256	236	185	677
20	220	285	225	730
21	137	139	143	419
22	199	242	196	637
23	80	76	63	219
24	62	46	34	142
25	332	304	302	938

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Tract Number	Numbers by Age Group			Total
	55-64	65-74	75+	
26	135	102	101	338
26	135	102	101	338
27	256	168	142	566
28	88	89	47	224
29	102	69	38	209
30	326	243	135	704
31	319	374	486	1179
32	169	142	109	420
33	263	314	411	988
34	294	237	259	790
35	252	281	313	846
36	269	321	372	962
37	355	491	339	1185
38	296	209	118	623
39	668	705	485	1858
40	630	465	450	1545
41.01	415	333	236	984
41.02	173	169	121	463
42	219	299	223	741
43.01	262	231	206	699
43.02	450	414	318	1182
44	265	238	191	694
45	276	244	242	762
46	164	218	173	555

Tract Number	Numbers by Age Group			Total
	55-64	65-74	75+	
47	217	148	91	456
48	625	434	370	1429
49	197	134	56	387
50.01	274	236	110	620
50.02	599	385	252	1236
51	350	216	105	671
52	607	382	142	1131
53	833	396	184	1414
57	274	122	60	456
58.02	1	-0-	1	2
59	153	88	41	282
60	550	242	62	854
61	127	95	79	301
62	348	237	150	735
66	45	39	29	113
67.01	196	118	52	366
67.03	17	7	3	27
67.04	157	56	20	233
68.01	250	193	82	525
68.02	718	421	238	1377
69.01	701	373	221	1295
69.02	371	104	52	527
69.03	635	221	74	930
69.04	279	85	29	393



Tract Number	Numbers by Age Group			Total
	55-64	65-74	75+	
69.05	286	167	90	543
70	362	153	138	653
71.01	486	244	145	875
71.02	224	83	47	354
72	593	305	123	1021
73.03	402	131	57	590
73.04	276	151	117	544
73.05	373	99	49	521
73.06	183	71	35	289
73.07	237	110	44	391
73.08	237	91	41	369
74.03	54	26	7	87
75.05	10	5	1	16
76.01	257	97	129	483
76.02	457	156	56	669
76.03	547	151	62	760
76.04	489	146	209	844
76.05	362	178	110	650
76.06	82	28	12	122
76.07	485	233	417	1135
79	406	204	113	723
80.01	129	103	49	281
80.02	229	110	147	486
81	119	56	21	196

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Tract Number	Numbers by Age Group			Total
	55-64	65-74	75+	
82	209	104	30	343
83	265	101	42	408
84	588	268	182	1038
85.01	285	111	188	557
85.01	766	214	89	1069
86	529	276	213	1018
87	486	285	117	888
88	304	207	119	630
89	341	125	47	513
90.02	105	124	136	365
90.03	17	16	4	37
90.04	166	99	85	348
90.05	351	117	39	507
91.01	8	6	4	18
91.02	7	3	2	12

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VITA

Sandra Kay Mitcherson-Andrison

Candidate for the Degree of

Master of Science

Thesis: A STUDY OF THE EDUCATIONAL OFFERINGS AVAILABLE FOR THE OLDER  
ADULT IN TULSA, OKLAHOMA

Major Field: Occupational and Adult Education

Biographical:

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