

DETERMINATION OF NEED FOR A DAY CARE CENTER
FOR THE ELDERLY IN STILLWATER, OKLAHOMA,
UTILIZING A NEEDS ASSESSMENT SURVEY

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CHAPTER I

INTRODUCTION AND STATEMENT OF THE PROBLEM

Introduction

Attempts to understand aging in contemporary society have led to an acute awareness of the complexities in the relationship between social change and individual change with the passage of time. Variables that contributed to social changes affecting the aging population are readily identified and are deeply rooted in the advances made in modern technology. Individual change over time with regard to the aging process is, however, less clear. Although physical atrophy and death are existentially unavoidable, the complexities of the impact of this knowledge on interaction and social functioning are not yet fully realized. It is the purpose of this chapter to indicate several societal changes that have brought about the conception of old age as a social problem and to briefly review some aspects of current social gerontological theory that attempt to integrate social and individual change. From the latter, a general theoretical prospectus from which the present research application will be based is presented.

Age as a Social Problem

Although the conception of aging as a social problem is recent, it is not new. Maddox and Wiley (1976:4) remark that:

As early as the 1930's, the personal troubles commonly associated with late life were being described frequently as a social problem and the aged as a problem group in the United States. . . . A core idea of the social problem perspective is the perception of unnecessary human suffering which threatens prevailing social values and is remediable by collective action. . . . The changing demographic structure of populations in western industrial societies . . . was the common point of departure for those who initially viewed with alarm the social implications in increasing life expectancy and an increasing number of older persons whose health and welfare needs would obviously strain existing social arrangements.

Blau (1973:4) argues that the emergence of this conception of aging has, at its source, "modern society's technological and social innovations." This becomes apparent when several demographic characteristics of the aging population in the United States are examined. For instance, the variables of fertility and mortality have changed dramatically in this century as a direct result of medical technology. A newborn baby in 1900 had a life expectancy of 47 years, while the newborn baby in 1970 had a life expectancy of 71 years, with the lowered infant mortality rates in this century enabling larger proportions of children to survive past adolescence and into old age (Cutler, cited in Davis, 1973). As a result, the age stratification structure of this country's population has been altered significantly. In 1900, 4.1 percent of the population (3 million people) in the United States was 65 years of age or older; by 1971, 9.9 percent of the population (20.5 million people) was 65 or over (Loether, 1975).

Other and more unique social changes have been borne out of the changing demographic nature of the American population. The notion of changing age status systems deals with the aging from a social problems orientation. Neugarten and Moore (1968:19) historically trace the changing awareness of age groups, with special reference to the aging:

It may be said that, with the growing differentiation that characterized modern society, there has been increasing awareness on the part of the American public of age differences and of special needs of various age groups. Historically, it has been children, then adolescents, and now the aged that have been singled out for attention. . . . By 1932 the aged had taken their place alongside children as an age group widely recognized as having special needs and as creating special problems for the society at large.

Similarly, the concept of age strata, developed principally by Riley, Johnson, and Foner (1972) views social change as it affects aging, and lends itself to a perception of aging as problematic, primarily because of continuous changes in demographic characteristics and historical circumstances of different age groups within a given society. Riley (1971) proposes the conceptualization of age stratification as analogous with class stratification in society. The usefulness of this type of framework for understanding the nature and problems of aging is apparent when the following questions are addressed: "How does an individual's location within the changing age structure of a given society influence his behavior or attitudes?" "Is there an inevitable gap between generations?" or "Do the elderly constitute a disadvantaged minority group, regarded with prejudice by the majority?" (pp. 80, 82). By utilizing the body of information on aging in this manner, Riley (1971:87) submits a possible solution to some of the problematic aspects of age:

We suggest a review of aging and of the succession of births and deaths as integral parts of societal process and change that follow their own rhythm and that in themselves constitute imminent strains and pressures toward innovation. Such a sociological review can, we submit, help to explain old age and aging and can at the same time suggest potential solutions to some of the problems of great immediate concern.

Government activity and the expenditure of governmental resources identify the aging population as a growing social concern. Kerschner (cited in Davis, 1973) has reviewed the increase in legislation from

the passage of the Social Security Act of 1935 as the first formal acknowledgment of federal concern for the growing problems of the elderly. Since that time there has been the development of the Administration on Aging, the outgrowth of the Older Americans Act of 1965 which was to provide assistance in the development of new or improved programs to help older persons through grants to the states for community planning and services, and for training through research, development, or training project grants, and to establish within the Department of Health, Education, and Welfare an operating agency to be designated as the Administration on Aging. Changes in the structure of the Act have now incorporated Area-Wide Agencies on Aging to deal with services to the elderly at the local level.

Finally, a general reading of gerontological literature indicates the problematic nature of growing old by the aspects of age that are selected for research. A substantial amount of research effort has been expended on attempts to understand the effects of a myriad of variables (measured under the rubric of health, housing, income, employment-retirement, transportation, and the like) on the general well-being of the elderly (measured in terms of morale, activity, purpose-in-life, and life-satisfaction). Such research priorities are consistent with the dominant theme in recent theories of age and aging "that social integration in late life is not only possible but also probable and that social integration predicts morale (or mental health or life-satisfaction)" (Maddox and Wiley, 1976:13). Hence, the identification of obstacles to such integration has served the purpose of taking inventory of the problems encountered with age as a prelude to social policy that would insure a richer life not only in the middle years, but in later life

also. And, that this sort of development has occurred in the field of social gerontology, evidence is seen in the descriptive nature of much of the early work in the area, with the condensation and organization of general characteristics of the American Elderly becoming widely circulated since 1960. (Illustrations of such inventories include Tibbitts (ed.), 1960; Riley and Foner (eds.), 1968; and more recently, Binstock and Shanas (eds.), 1976.)

However, in the search for identifying and understanding the etiology of the aging process, be it at the physiological, economic, historical, psychological, or sociological level, there appears to be a chasm between research and action; how this new knowledge can be incorporated into the world of policy-making and social planning to alleviate the present discrepancy between knowledge of and solutions for the elderly in our society. Schwartz and Proppe (1970:228) indicate the nature of this problem and one possible avenue through which a more generic approach to the study of aging can be achieved:

It is clear that scientists document in embarrassing detail the deficits and degradations of the elderly. At the same time, gerontologists appear unable to translate current research into the kind of broadscale action needed to make life better for the older person. . . . Most traditional and much contemporary research on aging seems to be engrossed with either (a) the machinery of research, or (b) investigating processes in the aged person (mainly physiological but also psychological) occurring over time or associated with late maturity. Unquestionably, such studies are valid and frequently not only are interesting but also useful. Nevertheless, their relevance to the critical needs of the aged remain, at best, problematic. Certainly we cannot resolve the problem of achieving a successful late maturity by insisting, even implicitly, that we pursue the genetic or biological search for "the secret of aging." There will be no moratorium on the steadily declining circumstances of the aged while we take up Ponce de Leon's quest. We frequently hear people ask what "causes" aging. What they are really asking is that we do something about all the deficits and decrements associated with old age. The study of environmental factors contributing to the incompetence of the aged constitutes a more pertinent inquiry.

This call for a "person/environment" transactional approach to research in the field of social gerontology is not new, but is often lost in the quest for the "universal" characteristics of the aging process. The search for such universal statements is embedded in current gerontological theory and there is a good deal of disagreement concerning the nature of social aspects of aging, as is explicated in the classic statements of the activity and disengagement theorists. Several developments in the social psychology of aging have clarified a number of critical limitations of these earlier theoretical statements, and can be seen both as attempts to delineate more generic theoretical frameworks, as well as to possibly begin to redirect gerontology toward an aim of "reversing the blighted, polluted, and degraded circumstances of the aged" (Schwartz and Proppe, 1970:232).

Theoretical Implications: A General Prospectus

Despite the accumulation of facts indicating the problematic health, economic, and environmental status of older persons in American society, the present fragmentation of theory and absence of theoretical continuity have failed to provide a conceptually satisfactory answer to the question what happens to people socially as they age. Maddox and Wiley (1976:17) remark that:

Systematic development and application of theory are activities which, for the most part, have been and continue to be strikingly absent in the social scientific study of aging. Until recently, social scientific research has tended to be indifferent to theory . . . concentrating instead on the description of behavior in late life or on the social contexts within which the aged live and the aging run their life course.

Several reasons for the lack of an encompassing theoretical framework have been suggested.

Bengtson states that social gerontology "is a relatively young scientific area" (1973:42), with the first social psychological undertaking in aging credited to Havighurst and Albrecht (1953). In contrast, the development of research activity in the area has been seen by Gubrium (1973) to be the attempt to achieve paradigmatic dominance, and that the competition has thus prevented any serious attempts at theoretical integration. Schwartz and Proppe have suggested that the fragmentation of theory and research in the field is the result of a "kind of gerontological reductionism," whereby each discipline has defined for itself the problems of the elderly in terms of its own interest, leaving the question of responsibility for action in diminishing the problems of aging unanswered by any given discipline.

To date a number of disparate theoretical statements have been made, and research, until very recently, has been conducted under the aegis of the varying competing statements. The concern now will be to look at the two major competing theoretical orientations in American gerontology, and view them in light of other current work which may offer a more holistic framework in which mechanisms are incorporated for altering the oppressive structural conditions which have been instrumental in producing the current blight of the elderly.

The theoretical competition which Gubrium alludes to can be seen as the function of two conflicting dominant assumptions held by social scientists regarding age and aging. The first assumption has been the traditional basis of most theorizing in recent gerontology. It is stated implicitly in the work that has become known as activity theory. Essentially the assumption is that the general happiness, morale, or life satisfaction of an aging individual, or the satisfactory adjustment of

individuals to old age, is dependent on the level of social involvement, activity, or continued contact with the environment. Maddox (cited in Neugarten (ed.), 1968) is clear on this point when he states that "with few exceptions, research in the United States has consistently supported the hypothesis that, among the elderly, maintenance of contact with the social environment is a condition of maintaining a sense of life satisfaction (181). Although its proponents view this perspective as an explicit set of theoretical propositions, the assumptive nature of its propositions are problematic.

Gubrium (1973) has outlined some of the major problems of the activity approach. Two are particularly relevant to the development here, and are illustrative of a general critique of the approach, that is, the lack of regard for environmental factors that influence the behavior and attitudes of the aging. The first problem is theoretical, as Gubrium (1973: 10-11) suggests:

One of the primary theoretical problems of the activity approach to aging hinges on the implicit assumption it makes about the relationship between people's actions and roles. If we define roles to be active patterns of socially expected behavior, then activity theorists assume that persons largely control the types of roles that are available to them as well as the performance of them. Persons, from their viewpoint, are quite free. They assume that it is within any normal person's capacity to construct and develop an adjusted set of active aged roles. . . . The limits within which it is safe to make the activity assumption on personal action and roles are narrow enough to pose rather severe explanatory problems for activity theory. These limits are not solely physiological ones. The narrowness for the aged is also a function of poverty and diminishing significant social contacts through deaths.

Hence, activity theorists have argued that the best available estimate of how active older persons are at any age is based on well-established patterns of learning and social role activities, and that it is only with the understanding of one's previous life style that a prediction

about the degree of engagement or disengagement can be made. Such a prediction based on past experience with clear occupational, marital, and family role activities, coupled with the notion that freedom and control of role activities is readily available to any normal older person, is severely limited in scope when such previous role activities are not available or non-existent. There are a plethora of contingencies to account for in determining how activity (and specifically, what forms of activity) is predictive of engagement, morale, or life satisfaction. And the assumption that people are free to choose role activities as well as their performance of them is seriously challenged.

In conjunction with difficulties at the theoretical level, there is the existence of evidence contrary to the results that activity theory predicts, revealing the lack of universality in the relationship between activity and adjustment. Gubrium (1973:15) cites "at least two documented types of cases of aging [which] do not support the basic proposition of activity theorists that maintenance of a relatively high level of activity leads to adjustment with concomitant high morale." One is the instance of low levels of activity with high levels of morale, found in "age-concentrated environments in which the behavior or activity expected of persons is relatively low." The other type of case deals with the aging who are isolated. The argument here is that these persons have had a long history of social inactivity, and that if they had been relatively happy with this lifestyle previously, there would be little reason to alter such a lifestyle with increased age.

Although the numerical incidence of these two types of cases is not known, the inability of the activity approach to encompass them (as well as any non-active-like behavior of the aged which is often the result of

environmental obstacles and lack of service accessibility rather than morale) indicates the need to pursue a conceptualization of aging which deals not only with aspects of personal stability and change, but also with concomitant social structural change to accommodate changing personal needs with age. Bengtson (1973:42-43) reveals some of this inadequacy in a summary of the activity approach.

Activity theory suggests that the relationship between the social system and the personal system remains fairly stable as an individual passes from the status of middle age into the status of old age. The sources of satisfaction, his self concept, and life style, are not expected to change much from what they were in the middle years. . . . In short, despite some changes in the social system, the activity theory of aging emphasizes the stability of personal system orientations as individuals grow older, and deemphasizes the need for social structural alterations of any significant magnitude.

Competing with the assumption of continued activity as a critical need for good adjustment in late life is the notion of a mutually satisfactory withdrawal between individual and society. Cumming and Henry (1961) suggest in a theoretical statement of disengagement that when given good health and minimal economic security, aging is a matter of mutual withdrawal between the aging individual and society at large. At the culmination of this process, Cumming (1963:377) asserts that

When disengagement is complete, the equilibrium that existed in middle life between the individual and society has given way to a new equilibrium characterized by greater distance, and a changed basis for solidarity.

At the theoretical level then, the scope is grand, and at least three universal characteristics of the aging process are posited: mutuality--mutual disengagement is normatively defined; inevitability--system needs as opposed to personal needs are being fulfilled in the disengagement process; and universality--all social systems operate to disengage from

the elderly, this being a functional prerequisite to social stability (Gubrium, 1975:21).

Gubrium, in his discussion of the theory of disengagement, has outlined the tautological nature of such an approach, with the explanation for disengagement being derived from what is to be explained. Rose (1964:50), in an earlier critique, questions the universality and inevitability stated in the theory, and believes it to be the result of ethnocentrism within the functionalist perspective.

With this approach, one largely ignores history, with its pointing up of trends from past to present and from present to future, and even minimizes cross-cultural variations by emphasizing the universal "functional prerequisites of culture" which Cumming extends to include the necessity of society to pre-adjust to death. The approach of the functionalist is to start with a certain observation about social life, in this case disengagement, exaggerate it so it seems to be characteristic of all persons in the category observed and then seek to demonstrate why it inevitably "must be" and cannot be changed. The functionalist's assumptions that "whatever is, must be" merely ruins an initially valid observation by exaggerating it and denying any possibility of countertrends by declaring its inevitability.

Statement of the problem

Even in light of this brief and general criticism of the activity and disengagement theories, it is apparent and generally agreed upon that neither of these theories of aging can be universal in scope, applicable to all aging persons, or offer simple solutions to the problem of successful aging. However, both theories view aging as an adaptation process, which has served as the focal point in recent attempts to obtain a more generic conceptualization of aging in the social realm. Havighurst (1968:70) has attempted to look further than both theories by suggesting a de-emphasis of the importance of assumptions that either disengagement or activity leads to successful patterns of aging. Instead of such

initial assumptions, he urges that successful aging means "successful adaptation," and states that

When there is a close "fit" between the personality, the social environment, and the physical organism, the adaptation will be relatively easy and aging will be successful. In general, the goodness of fit is maximized when:

- (1) The personality is strong and flexible.
- (2) The social environment is supportive.
- (3) The body is vigorous.

Hence, there is the growing acknowledgment that there is an array of satisfactory life styles and adaptation mechanisms for the aging person.

With this perception in the social sciences that optimum life styles for the aging are the key in dealing with the problems of age, and that such life styles are presently at a premium, one critical development in the social psychology of aging becomes relevant. Kuyper and Bengtson's (1973) model of normal aging, as expressed in "The Social Reconstruction Syndrome" (Figure 1, Appendix A), is an attempt to incorporate the adaptation mechanisms and a supportive social environment to assist in the maintenance of independent living by older individuals when the body becomes less vigorous, and constraints are placed on personality flexibility. The rationale for this "cycle of increasing competence" is provided by Kuypers and Bengtson (cited in Bell (ed.), 1976:87):

The premise in this view is that regardless of the specific nature of valuing and of social-ecological conditions, persons must possess the equipment to perceive their world realistically and must be able to cope with its demands . . . while we would not minimize the importance of this individual approach to adaptation, it seems that, too often, this approach has ignored the importance of decreasing the noxious elements of one's environment, those aspects that often require extreme coping measures, and which severely strain existing adaptive strengths. In other words, . . . substantial effort must also be directed toward lessening the variety of debilitating environmental conditions, especially those of poor health, poverty, inadequate housing, dehumanizing institutional treatment, etc.

Here then is a potentially viable theoretical model accommodative of the growing concern among social gerontologists to practically cope with the "noxious elements" of an aging individual's environment. This is accomplished in one or both of two ways: input through intervention by practitioners or the political order (Bengtson, 1973:49). Finally, it is consistent with the main theoretical thrust in contemporary gerontology to enhance successful aging through successful adaptation.

Purpose of the Study

The major purpose of the study is threefold:

1. To describe the characteristics of perceived need of the elderly population in Stillwater, Oklahoma. The extent of the need will be determined by:
 - a. Present housing and living arrangements, and adequacy of such arrangements.
 - b. Present mode of transportation, and accessibility of transportation services in the community.
 - c. Access to medical agents in maintaining physical health.
 - d. Present nutritional levels, and ability to maintain adequate nutritional levels.
 - e. Extent of involvement and satisfaction with present religious activities.
 - f. Level of involvement and present satisfaction with retirement roles and activities.
 - g. Present financial status and adequacy of present income in covering living expenses.
 - h. Perception of need for day care services in the community.

2. To describe and investigate the concept of day care for the elderly as a feasible intervention service, providing an alteration of environmental conditions to meet the needs of the elderly population in Stillwater, Oklahoma.

3. To evaluate day care service for the elderly as an empirical application of Bengtson's social reconstruction model.

CHAPTER II

REVIEW OF LITERATURE

Introduction

This chapter provides the historical development of the day care for the elderly as an intervention service. The review will provide the rationale underlying the evaluation of day care for the elderly as an empirical application of Bengtson's social reconstruction model. The first section of the review will deal with the history and early political support for day care for the elderly, and the second section will examine day care for the elderly as has been practiced in the United States.

The Review

History and Early Political Support

Day care service for the elderly is of very recent origin. By November, 1973, there were only 15 health day centers operating in the United States, exclusive of psychiatric day care centers (Department of Health, Education, and Welfare, 1973, informal listing). Its historical antecedents have been traced to as far back as 1942, with service related almost exclusively to psychiatric treatment (Lorenze et al., 1974; Mehta and Mack, 1975; Trager, 1976). Mehta and Mack (1975:281) offer a summary statement of the early development of the day hospital, and what is

believed to be the first use of the day hospital for services to the elderly:

The beginnings are somewhat vague. All of the well known initial programs were concerned with psychiatric care. The first day care program is believed to have been established in Russia in 1942. The first program in an English-speaking country started in Montreal in 1946. Later that year, Great Britain set up its first program in London in the form of an independent institution known as Marlborough Day Hospital. In 1947 the Menninger Clinic in Kansas established a "day hospital," and Yale University set up a similar "day care clinic" in 1949. These programs were concerned with psychiatric treatment. Day care services for geriatric patients are believed to have started at the Crowley Road Hospital in Oxford, England, in 1958.

Since the establishment of the geriatric day hospital in Oxford in 1958 there has been an explosion of day hospitals, day centers, day shelters, and the like such that, by the end of 1970, there were 119 day hospitals in Great Britain (Bagnall, 1974). However, in the United States it is only in this decade that embryonic development of such services have been realized (15 day health centers for the elderly by 1973). The philosophy of day care for the elderly will perhaps shed light on the lateness of its arrival in American health care.

A generally accepted conception of geriatric day care in Great Britain is that it is part of a continuum of caring situations by which the physically, mentally, and socially disabled aging individual can benefit, with the function of day care to "maintain and restore activity and morale and prevent disengagement" (Hall, 1974:302). This is part of a larger cultural attitude toward health and social care whereby community resources are expected to provide for a range of health and social needs, especially for the aged and other chronically ill members of the population. Trager (1976:9) clearly identifies this cultural attitude that enabled the "day care movement" to sweep through Great Britain:

In other industrialized countries which still have their roots deeply imbedded in concern for the protection of family and community relationships, the deemphasis on institutional approaches and the development of community services probably represent a continuity of cultural understanding of, and interest in, the preservation of these aspects of individual life Community efforts have, in other countries, been directed toward the replication of what may previously have existed for the individual: the home, as a natural base which supports personal identity; . . . participation in the broader aspects of social and community life. The use, in these approaches, of such a replication in a variety of organized community, individual, and group care services is thus intended to support or restore individual identity, physical, psychological, and social ideology in public policy. . . .

The community oriented nature of adult day care surfaces then as the primary cause for the lack of attention given to it as a viable health care related service in the United States. The United States Senate Special Committee on Aging (1976) documents "the need for community services," acknowledging that the ideology on which such services rest exists in the United States, but that it is confused by the excessive interest in the efficiency of institutional care, and the unalterable belief in the decreasing productivity of individuals as they grow older. A number of attempts have been made to sensitize social gerontologists to the ill effects of institutional care, and the proclivity to assume decreased individual productivity as an invariant form of human obsolescence.

As an indication of the interest in efficiency of institutional care for the elderly, Maynard and Kart (cited in Kart and Maynard, 1976:418) have found in viewing the increasing institutionalization of the elderly that

between 1910 and 1940, the percentage increased by 15 percent; between 1940 and 1970, by 108 percent. The difference seems clearly linked to the beginnings of social welfare programs for the elderly: the establishment of Social Security and Old Age Assistance in the 1930's; and the subsequent expansion of these programs, in addition to the development of Medicare and

Medicaid in the 1960's . . . the greatest changes have occurred between 1940 and 1950 and between 1960 and 1970.

Sensitizing work extolling the ill effects of institutional care has been expanding. Goffman (1961) alludes to some of the dehumanization of individuals in the total institution, while Gubrium (1975) shows that patterns of clientele life in nursing homes bears a good deal of resemblance to the clientele life of other total institutions such as prisons and mental hospitals. At another level Atchley speaks of the "social institution of retirement," and concern with the impact on the elderly at this level of institutional life is seen in the proliferation of theory and research on retirement in the last two decades in gerontological literature. Finally, the assumption of decreased individual productivity as an invariant form of human obsolescence has been consistently challenged under the rubric of both activity theory and continuing research in the physiology of aging.

The upshot of these activities in gerontology has been the increasing and often intimidating awareness that some action be taken, something be done to alleviate the "plight of the elderly" (as reflected in the discussion in Chapter I). In practical or applied gerontology a number of modes of action have been entertained. Services such as senior citizens' centers, meals on wheels, home health care programs, day care for the elderly, retirement villages, and the like have received increasing "press" in the literature, suggesting that such aides have been effective in establishing some structural basis encouraging adaptation to aging in order to achieve the larger cultural goal of successful aging. That these services exist at all serves as some encouragement that the social ideology of community organization does indeed exist in the United States,

and that increasingly this type of ideology might prove beneficial in the long run in dealing with the problems of aging.

The growing realization of a need for services that enhance successful adaptation to aging has been expressed initially and most frequently by agencies that have traditionally been close observers of aging and its associated problems, those in the health care system. These agencies have grown acutely aware of the inadequacies of institutional care as a panacea for the elderly, albeit medically excellent. Cutler (1973:417) speaks to the growing disenchantment with the restricted institutional conception of health care, and provides the direction to be followed for a more comprehensive health care system:

The issue is the restructuring of our health delivery system. It is suggested that the first step is establishing the goals of our health system. The health field is projecting, through comprehensive health legislative proposals, a continuation of its concentration on the quantity of life to the exclusion of the quality of life. The goal of efficient and effective services is being pursued through these proposals without confronting the ultimate purpose. If the current disease-oriented approach to health is continued as the single approach, then the needs of the elderly will be unmet. On the other hand, if a functional as well as a disease orientation is to be the basis of a comprehensive health care program, then legislative proposals must reflect a balanced health system which integrates augmented health social services with reorganized medical institutions.

Thus, the proposed marriage between social and health care related services is perceived to be critical if a genuine desire to meet the encompassing needs of the elderly is held.

This attitude that comprehensive health care delivery is necessarily dependent upon social services to effectively meet the needs of the elderly has been interpreted in practice to be very similar to the British concept of health care discussed earlier. No doubt, with regard to services to the elderly at least, the equation of comprehensive health care with

community based programs for the elderly (Leonard and Kelly, 1974) has functioned as a cleansing agent in clearing up the confusion in the United States as to what needs of the elderly are to be met. It is now recognized that not only physical and mental health needs must be met, but that social needs also must be accommodated, especially in light of the increased vulnerability of the aging to medical losses in social, psychological, and physiological functioning (Butler and Lewis, 1973). The increasing attractiveness of day care for the elderly has thus been primarily in response to the knowledge of inadequacies of institutional and disease-oriented care of the present health care system in providing total care for the aging, and the realization that a more comprehensive and community-oriented approach is available.

An immediate consequence of this knowledge has been the addition of research in gerontology focusing on the analysis of day care for the elderly as an ancillary service included in a more comprehensive health care system for the elderly. Brody (1973), in an analysis of comprehensive health care for the elderly, also maintains that successful delivery of comprehensive health care for the elderly should not only provide medical and health care, but those support services that enable the physically and mentally impaired elderly to utilize such resources. Brody (1973:415) suggests that five components of health-social services for the elderly are essential: personal services, supportive medical services, personal care, maintenance, counseling and linkages (outreach services). In another evaluation of health care for the elderly (Weiler et al., 1976), adult day health care for the elderly was evaluated. It was found that differences did exist between a day care group and a community group studied in the following areas: a greater percentage of

day care group participants improved or maintained previous levels of physical or mental health, whereas the community group was only maintained or regressed; the majority of the community group became less satisfied with services for the elderly, while the majority of the day care group maintained the same degree of satisfaction with services during the research; the day care group was assessed to be functioning at a lower level than the community group at the outset of the study, but had improved to a higher level of overall functioning than the community group at the end of the study. On the basis of the study, it was concluded that "cost of services can be reasonably justified on the basis of the effect they are having on the participants attending the center" (708).

Research on day care as a feasible alternative to institutionalization of the elderly has tended to collaborate work done evaluating day care as part of a more comprehensive health care delivery approach. Cohen et al. (1975:71) places day care for the elderly as an alternative to institutionalization in this perspective:

The traditional method of dealing with the increasing numbers of the disabled elderly in this country has been confinement in a hospital or nursing home setting. Experience has shown that, given a satisfactory home setting and appropriate support services, persons equally as disabled as many currently confined to institutions can be managed without institutionalization. Day care centers . . . have been operating effectively in England for over 25 years. The scarcity of proper facilities for the expanding elderly population, the skyrocketing costs and the unwillingness of families and individuals to accept institutionalization as the only solution have motivated the search for alternative care systems in the United States.

More specifically, in a working paper from the United States Senate Special Committee on Aging (1976:82, 84), a rationale for operational research in geriatric day care in the United States shares a similar focus:

In recent years, sharply accelerated interest has been focused on the potentials of geriatric day care . . . as modalities of care for shortening, delaying or preventing the need for institutionalization, especially for the long term patient. . . . As early as 1963, the federal government provided support for day care experiments. More recently, legislation was passed specifically requiring additional research. Public Law 92-603 (Social Security Amendments of 1972) mandated that experimental programs be developed to provide day care services for individuals eligible under the medicare and medicaid provisions of the Social Security Act.

The passage of this legislation has produced seven experimental studies and federal funding that have provided the first intensive analysis of the effectiveness of day care for the elderly in the United States. The next section will discuss some results of this analysis and describe how day care for the elderly has become defined, the goals of day care, and the types of services offered by adult day health care services in the United States.

Day Care for the Elderly as Practiced in the United States

A generally acknowledged definition of day care for the elderly in the United States is offered by the Department of Health, Education, and Welfare (1974):

"Day Care" is a program of services provided under health leadership in an ambulatory care setting for adults who do not require 24-hour institutional care and yet, due to physical and/or mental impairments are not capable of full-time independent living. Participants in the day care program are referred to the program by their attending physician or by some other appropriate source such as an institutional discharge planning program, a welfare agency, et cetera. The essential elements of a day care program are directed toward meeting the health maintenance and restoration needs of participants. However, there are socialization elements in the program which, by overcoming the isolation so often associated with illness in the aged and disabled, are considered vital for the purposes of fostering and maintaining the maximum possible state of health and well-being.

Utilizing this definition as the basis for a study of day care programs for the elderly, Weissert (1976a) compared 10 United States adult day care programs (known as the Transcentury Report). In a report of the findings (1976b) two models of day care were discerned. The identification of the first type of program, Model I, adult day care was confined to physical rehabilitation. In the second, Model II, additional services of social rehabilitation maintenance, alleviation of social isolation, nutrition, recreation, and health care were offered. It was concluded that

Model I geriatric day care appears to present a prima facie case that it serves participants who might otherwise be institutionalized. . . . Model II geriatric day care does not immediately present such a conclusive case. . . . Both models require further participant outcome studies, and Model II programs also require further research to determine whether or not the heterogeneity of their populations and their multipurpose objectives result in inappropriate care (426).

The Transcentury Report also classified the major goals of adult day care programs into three types (cited in U.S. Senate, 1976:10):

- (1) Rehabilitation Goals: These goals emphasized services that would rehabilitate and restore, because a pathological condition of the population had shown the potential for improvement of functional capacities if medical therapy was provided regularly.
- (2) Maintenance Goals: These goals emphasized services that would enable the maintenance of individuals in a community, as well as to offer more access to recreational facilities, where the population had shown only a slight possibility of improvement of functional capacities.
- (3) Combined Goals: These goals emphasized services to a population that included both of the above types of client needs.

The effectiveness of any of these goal orientations is dependent on the identification of "target populations" among the elderly in various communities. Indeed, the identification process itself becomes critical in goal selection. For instance, in most communities there is an unknown

number of disabled and chronically ill aging individuals who could well be able to manage their daily lives in the community given the ability to reach needed resources for health care. Or, there are individuals who can reach needed health resources, and have access to other aspects of community life, but cannot consistently manage the task of getting adequate nutrition several times a day every day.

Finally, the variety of services provided by adult day care centers has been identified under three major areas (U.S. Senate, 1976:12):

- (1) Health Care Services: Medical, nursing, diagnostic, pharmacy, psychological, physical therapy, occupational therapy, speech therapy.
- (2) Supporting Services: Social work services, recreation, food, diet counseling-related paraprofessional services (activities of daily living, health education, assisting in the pursuit of hobbies, field excursions, and social activities).
- (3) Supportive Enabling Services: Special needs transportation, home health services, home delivered meals.

The provision of such services is dependent on the knowledge, availability, and accessibility to the elderly of parallel services in a community; and the best indicator of "gaps" in existing health care-supportive related services would be the assessment of needs and the satisfaction of present services received by the elderly population in a community.

Descriptions and evaluations of existing adult day care centers in the United States that express the scope and range of day care for the elderly as outlined above have become extensive in the literature. Several of the well-known centers have served as models for the development of more effective centers to meet the prominent needs of different community elderly populations. The Levindale Adult Treatment Center has been extensively described and evaluated (Cohen, 1973; Cohen and Cohen,

1975; Kostick, 1972, 1974; McCuan and Levinson, 1975). On Lok Senior Day Health Center has also been well documented (Kalish, 1976; Lurie et al., 1976). Other types of adult day health care programs of a more limited nature are abundant as well (Koff, 1974; Lorenze et al., 1974; Mehta and Mack, 1975; Turbow, 1975; Weiler et al., 1976). A partial bibliography of day care for the elderly literature covering a myriad of aspects of day care has been provided by Koff (see Appendix B).

In the literature to date, the present existence of day care centers for the elderly has been tailored to meet varying needs of communities for effectively serving the elderly. It is the goal of this research to identify and describe the needs of one community's elderly population in order to evaluate the feasibility of a day care for the elderly program. The questions are then, what are some of the environmental needs of such a population, and what, if any, type of day care model would facilitate a more comprehensive approach to better meet existing needs?

CHAPTER III

METHODS OF THE RESEARCH

Research Sample and Setting

The population of this study included persons 55 years of age and over in Payne County, Oklahoma. At this local level, Payne County was estimated to have a population of 50,654 in July, 1976. Of this number, 17.7 percent or 8,990 persons were people over the age of 55 (COEDD Health Commission, 1976). Stillwater's elderly population (those persons over 65) was 2,023 in 1970 (United States Bureau of the Census, 1973). This figure represents 7 percent of the total population of Stillwater. It has been projected that by 1980, the number of elderly persons over 65 residing in the Stillwater area will be approximately 2,392 (City of Stillwater, 1973).

The sample for the present research was selected purposively. Since a general indication of personal/environmental need was desired, it was decided because of time and cost considerations that a sample taken from all agencies, social clubs, and referral services comprised of persons over the age of 55 in the Stillwater area would indicate the gross areas of need and the proposed "target population" for possible consumers of a day care service for the elderly. (See Appendix C for clubs, agencies, and services compiled for the Stillwater area.) In addition, to gain a greater degree of representativeness, a snowballing of the original sample was conducted by means of a three-by-five card added to the

instrument for respondents to register names of friends or acquaintances also to receive the instrument (McCall and Simmons, 1969).

Development and Description of the Needs Assessment Instrument

Initially, a large pool of possible items for inclusion in the survey instrument was created from existing literature. A rough draft was developed through a series of discussions with the writer's academic committee and graduate student Jerri Bernd, the selection of items from several recent needs assessment surveys (Tulsa Area Agency on Aging, 1976; and consultation with faculty members in the Departments of Family Relations and Child Development, and Housing Design and Consumers Resources [Powell, 1977; Stewart, 1977]). This instrument was then pre-tested with a sample of persons 55 years of age and older ($N = 10$), with five men and five women, five of whom were between the ages of 55 and 70, and five of whom were over 70 years old. Each of the members in the pilot group completed the survey in an individual interview with the investigators. A number of items which lacked clarity were identified and re-worked, and the consensus by the group was that it was too long. Efforts were made to eliminate several questions from each section. The final draft was approved by the writer's adviser and academic committee.

Theoretical Connections

The design of the research instrument was to generate a description of general environmental and socio-emotional needs as perceived by the local elderly, and to serve as an indicator of specific areas of needs not being met presently by community resources. The writer worked on

the development of the instrument with another graduate student in the Sociology Department, using the data for a related thesis. As a result of this joint effort, there were a number of questions on the instrument that the writer has left unexamined, as they were not specifically relevant to the purposes of the research. The selection of variables examined in the next section represents an attempt to utilize Bengtson's social reconstruction model (see Appendix A; for a discussion of the model, see Chapter I) in the evaluation of the need for a day care center for the elderly.

Description of the Variables

In an attempt to operationalize the concepts of Bengtson's model, three variable groupings were designated:

1. Areas of present environmental need and dependence: These areas were identified with questions regarding housing, transportation, nutrition, health, and financial status to reflect environmental susceptibility and dependence.
2. Areas of socio-emotional need: These areas included the identification of present involvement and satisfaction with religious, retirement, and social contact activities, to reflect the present level of coping skills.
3. General psychological well-being: This variable was identified through the use of the Affect Balance Scale (Moriwaki, 1976) as an indication of Bengtson's internal locus of control concept.

In addition to the variable groupings were several questions to identify perceived need and desire for a day care center for the elderly in the Stillwater area.

Data Collection and Coding Procedures

The final draft of the survey instrument (Appendix D) was duplicated and sent with a cover letter by the department chairman and an associate professor in Sociology to a group of nine undergraduate students in Sociology for distribution to the clubs, agencies, and referral services dealing with the aged in the Stillwater area, under the supervision of the writer. The undergraduate students were instructed to explain the purpose of the student and the instrument to individuals in the clubs and agencies, and to assist by answering questions about the instrument and clarifying any perceived difficulties with questions. Each agency and club was visited at three different times within a three-week period for distribution and completion of the instrument. When this was completed, the undergraduate students followed up on the names of persons referred by the respondents at the clubs and agencies, locating and distributing the instrument to the referred persons in their homes. A total of 127 surveys were returned, with 108 completed and able to be used in the analysis.

The survey schedule was designed so that all data could be numerically coded to facilitate analysis through the use of the IBM computer. The data were analyzed with a SAS 76.2 software program. Simple frequency tables were obtained for all variables. Two-way contingency tables with chi-square tests were performed for selected variables. Spearman correlation coefficients were also computed for selected variables.

Methodological Limitations

There are two major methodological limitations accruing from the

study. The first limitation arises from the use of a nonrandom sample. The sample selection procedure was discussed above. To defend the use of this sample requires the acknowledgment of the purpose of the study. The purpose of the study was not to infer from this sample to any larger population, but to describe the characteristics of the sample in order to discover information regarding the feasibility of a day care center for the elderly, and the indication of the possible characteristics of a "target population" for further research and possible implementation of such a facility. Hence the limitation is not as critical as it would have been if the purposes of the study were different.

A second methodological limitation follows from the first, in that because of the nonrandom nature of the sample, and the sampling target--the elderly--there was some inevitable confusion and misunderstanding of parts of the instrument, and there were often very low cell frequencies in the analysis of the data, especially with a variable containing more than three attributes. These limitations should be recognized in any interpretation of the results of the study.

CHAPTER IV

PRESENTATION OF RESULTS

Introduction

This chapter will present a demographic description of respondents and an analysis of the data according to the ten areas of expressed need. Following this will be an analysis of the relationships between variables and a discussion of the implications of the results for what, if any, type of day care service for the elderly could be recommended in the Stillwater community area.

Description of Sample

A description of the characteristics of the 108 respondents is presented in Table I. The sample was largely female (82.4%) and virtually all white. Fifty percent of the sample was over 70 years of age, with the largest single grouping falling in this age category. Almost half of the sample was married (47.2%), and a third of the sample was widowed (32.4%). Marital living arrangements were the most common, with 46.3 percent of the respondents married. The median length of residence in the Stillwater area was 30 years, with a range of 72 years.

Slightly over two-thirds of the sample reported to have had at least some college education, while 20 percent were not high school graduates. Over 23 percent of the respondents held graduate degrees.

TABLE I
SOCIO-DEMOGRAPHIC CHARACTERISTICS OF THE SAMPLE

Characteristic	Categories	Number Responding N = 108	Per- cent
Sex	Male	19	17.6
	Female	89	82.4
Race	White	107	99.1
	Black	1	0.9
	Indian	0	0.0
	Other	0	0.0
Age	Under 55	6	5.6
	55-59	9	8.3
	60-64	15	13.9
	65-69	24	22.2
	70-74	23	21.3
	Over 75	31	28.7
Marital Status	Single	17	15.7
	Married	51	47.2
	Divorced	4	3.7
	Widowed	35	32.4
	NR*	1	0.9
Living Arrangement	Live Alone	48	44.4
	Live with Spouse	50	46.3
	Live with Children	4	3.7
	Live with Other Relatives	1	0.9
	Live with Friends	3	2.8
	Other	2	1.9
	Length of Local Residence	0-10 Years	19
11-19 Years	14	11.1	
20-29 Years	17	15.7	
30-39 Years	26	24.1	
40-49 Years	16	14.8	
Over 50 Years	17	15.7	
Education	Elementary School	18	16.7
	Some High School	4	3.6
	High School Graduate	13	12.0
	Some College	25	23.2
	College Graduate	22	20.4
	Master's and/or Doctoral Degree	25	23.2
	NR	1	0.9

TABLE I (Continued)

Characteristic	Categories	Number Responding N = 108	Per- cent
Employment Status	Employed Full-Time	10	9.3
	Employed Part-Time	14	13.0
	Retired	63	58.7
	Housewife	17	15.7
	Other	4	3.7
Length of Retirement	5 Years or Less	30	27.8
	6-10 Years	22	20.4
	More than 10 Years	28	25.9
	Not Applicable	21	19.4
	NR	7	6.5
Source of Income Other than Social Security	None	6	4.6
	Private Pension	33	25.2
	Interest on Investment	46	35.1
	Job	20	15.3
	Other	23	17.5
	NR	3	2.3

*No response.

Fifty-eight percent of the sample was retired, whereas 22 percent reported to be employed in some capacity. Almost 5 percent received no income other than Social Security. Sixty percent of the respondents said they received either private pensions or interest on investments.

Indicators of Environmental and Dependence

A summary of percentages of responses to questions about some of the environmental needs, and dependencies on the physical environment of the elderly, is presented in Table II. The environmental variables include housing, transportation, nutrition, physical health, and financial status.

Housing and Transportation

To get an indication of any housing needs of the elderly in the sample, the respondents were asked if they had any major housing repairs that needed to be done, and if they perceived any difficulty in getting the repairs done. Forty-one percent of the respondents reported needing major house repairs, and one-third reported difficulty in getting the repairs done.

Transportation need and dependence was indicated by the questions reporting car ownership and difficulty in finding transportation. Eighty-eight percent of the sample reported owning a car, and the percentage of those expressing a need for transportation was generally confined to those who did not own a car, as is indicated by the 15.7 percent expressing a transportation need.

When asked what specific transportation needs were not presently being met, 62 percent of the respondents reported no area of need (Table

TABLE II
 PERCENT OF EXPRESSED NEED AND DEPENDENCE
 FOR ENVIRONMENTAL VARIABLES

Variable	Characteristic of Need*		Response [†]	
			Yes	No
Housing	Need Major House Repairs	(107)	41.2	58.8
	Difficulty Getting Repairs Done	(108)	32.4	67.6
Transportation	Own a Car	(108)	88.0	12.0
	Difficulty Getting Transportation	(108)	15.7	84.3
Nutrition	Presently Require a Prescribed Diet	(108)	25.0	75.0
	Income Prevents Getting a Proper Diet	(108)	9.3	90.7
Physical Health	Ill Enough in Past Year to Receive 24-Hour Care	(108)	17.6	82.4
	Income Prevents Doctor Visits	(108)	13.9	86.9
Financial Status	Income Prevents Covering Living Expenses	(102)	12.0	88.0

*Number of cases in parentheses.

[†]Numbers are percentages.

III). Transportation for medical purposes, visitation, and shopping were the areas of largest need. Fifteen percent of the sample was dependent on some mode of transportation other than their own car.

Physical Health, Medical Need, and Nutrition

The frequency and percentage of the types of physical problems characteristic of the sample are presented in Table IV. Arthritis was the most frequent health problem, with 31.4 percent of the sample reporting it. One-fourth of the sample reported to be free of any health problems, and 62 percent had only one or two problems. Seventeen percent of the respondents reported having been ill enough in the past year to receive 24-hour care, and income as an obstacle to seeing a doctor was indicated by only 14 percent of the sample (Table II). Over 80 percent of the respondents have their own doctor and both an eye doctor and a dentist (Table V). A medical doctor had been visited in the past year by 88 percent of the sample, and over 60 percent had seen an eye doctor and a dentist as well.

Nutritional needs of the sample were indicated by the response given to the question of whether individuals were on a prescribed diet and if income prevented keeping a proper diet (Table II). Income was given by 9.3 percent of the sample as a reason for not being able to keep a proper diet, while 25 percent were presently on a prescribed diet. The meal preparation practices of the sample are given in Table VI, which shows that the largest single preparation procedure is preparation of the meal in the home daily (88.9%). Sixty-two percent of the sample ate out at a restaurant several times a week or less, suggesting that practice of meal preparation was largely recreational. The percentage of individuals

TABLE III
 FREQUENCY AND PERCENT OF INDICATORS OF
 TRANSPORTATION NEED AND DEPENDENCE

Variable (N = 108)	Characteristic of Need	Frequency	Per- cent*
Type of Transportation Needs Not Presently Being Met	For Medical Purposes	11	8.7
	For Shopping	9	7.1
	For Visitation and Civic Activities	11	8.7
	For Church	6	4.8
	For Entertainment	4	3.2
	For Other	7	5.5
	None	78	62.0
Type of Trans- portation Relied On	Own Car	91	84.3
	Friend's or Relative's Car	5	4.6
	Taxi or Senior Mini-Bus	11	10.2
	None Available	1	0.9

*Numbers are percentages of responses made to the question (respondents could have checked more than one).

TABLE IV
 FREQUENCY AND PERCENT OF TYPE OF
 PHYSICAL HEALTH PROBLEM

Variable (N = 108)	Characteristics	Frequency	Per- cent
Physical Health Problems	Eye Problems	25	16.3
	Hearing Problems	17	11.1
	Stroke, Heart Disease	22	14.4
	Cancer	3	2.0
	Diabetes	7	4.6
	Arthritis	48	31.4
	Dermatological Problems	7	4.6
	Intestinal Problems	20	13.1
	Orthopedic Problems	4	2.5
Number of Physical Health Problems	0	26	24.0
	1 or 2	67	62.0
	3 to 5	14	13.0
	More than 5	1	1.0

TABLE V
 FREQUENCY OF UTILIZATION OF MEDICAL AGENTS
 IN THE COMMUNITY

Variable	Characteristic	Have a Doctor		Have Visited a Doctor in Past Year	
		Frequency	Percent	Frequency	Percent
Medical Agents	Medical Doctor	105	97.2	95	88.0*
	Eye Doctor	90	83.3	67	62.0
	Dentist	88	81.5	70	64.8
	Chiropractor	15	13.9	8	7.4

*Numbers are percentages of persons having doctors.

TABLE VI
FREQUENCY AND PERCENT OF RESPONDENTS' MEAL PREPARATION PRACTICES

Variable	Characteristic	Frequency											
		Daily		Several Times a Week		Once Every Two Weeks		Once a Month or Less		Never		No Response	
		Freq.	Per- cent	Freq.	Per- cent	Freq.	Per- cent	Freq.	Per- cent	Freq.	Per- cent	Freq.	Per- cent
Meal Preparation Practice	Prepare own meal at home	96	88.9	7	6.5	0	---	0	---	0	---	5	4.6
	Have meal prepared at home by someone else	3	2.8	1	0.9	1	0.9	2	1.9	23	21.3	78	72.2
	Have prepared meal brought to the home	1	0.9	0	---	0	---	0	---	28	25.9	79	73.2
	Eat at a restaurant	4	3.7	17	15.7	28	25.9	22	20.4	3	2.8	34	31.5
	Eat at a relative's or a friend's home	1	0.9	1	0.9	13	12.1	32	29.6	4	3.7	57	52.8

who were dependent on someone other than themselves (having a meal prepared for them in the home, brought to the home, or eating at a relative or friend's home) was 6.4 percent. The large number of nonresponse to this question was most probably the result of the format in which the question was asked (see Appendix D).

Financial Need

The respondent's ability to cover general living expenses was asked to indicate any general financial need on the part of the respondents. Twelve percent of the sample indicated they were unable to meet general living needs financially (Table II). Lack of income for meeting nutritional, physical health, or general living needs was cited by 35.2 percent of the respondents.

Indicators of Social Contact and Socio-Emotional Need

As indicators of social contact and socio-emotional need, frequencies and percentages of responses to questions regarding retirement activities, and the time spent either seeing or talking to relatives or close friends were given. These questions were intended to identify the respondent's sociometric patterns to locate areas of possible social isolation.

Retirement and Religious Activity

Table VII shows the retirement activities of the sample both inside and outside of the home. For retirement activities inside the home, housekeeping and maintenance were engaged in most frequently, with 75

TABLE VII
 FREQUENCY AND PERCENT OF RESPONDENTS' RETIREMENT ACTIVITIES

Variable (N = 108)	Characteristic	Frequency	Per- cent
Retirement Activities in the Home	Housekeeping and Maintenance	81	75.0
	Hobbies	42	38.9
	Reading	75	69.4
	Entertaining Friends	28	25.9
	Gardening	39	36.1
	Watching Television	75	69.4
	Talking on the Phone	40	37.0
	Writing Letters	44	40.7
	Going for a Walk	42	38.9
	Other	14	13.0
Retirement Activities Outside the Home	Cultural and Educational Activities	41	38.0
	Travel and Sightseeing	36	33.3
	Volunteer Activities	42	38.9
	Visiting Others	40	37.0
	Church Activities	64	59.3
	Retirement Groups	22	20.4
	Senior Citizens Center Activities	28	26.0
	Veteran Groups	4	3.7
	Civic Clubs or Political Organiza- tions	31	28.8
	Sports or Hobbies	19	17.6
	Movies	0	0.0
	Shopping	48	44.4
	Other	9	8.3

percent of the sample reporting it. The second most frequent activity reported was both watching television and reading, with 69.4 percent of the sample reporting such involvement. These activities were followed in reported frequency by writing letters, hobbies, talking on the phone, gardening, and entertaining friends.

With activities engaged in outside of the home, church activities were reported most frequently, with 59.3 percent of the respondents engaging in it. Shopping, volunteer activities, and cultural and educational activities were the next most frequent activities respondents were involved in. Only 26 percent of the sample reported senior citizen activities as a retirement activity outside of the home.

Measures of religious activity utilized in the survey instrument consisted of two common indicators of formal religious involvement, church membership and church attendance. In an attempt to identify the extent of religious involvement, questions pertaining to knowledge of church services for the elderly were included. A summary of the frequencies and percentages of these characteristics of religious activity and knowledge is presented in Table VIII.

With the two indicators of formal religious activity, 82.4 percent of the respondents held a church membership and 78.7 percent replied that they attended church on a regular basis (weekly or once or twice a month). Just over 20 percent of the sample rarely or never attended church, with only one respondent physically unable to attend. The no response frequencies indicate roughly the same percentage of respondents who rarely or never attended church (between 19 and 23%).

The characteristics of religious activity that provide information regarding the knowledge of church members about specific services offered

TABLE VIII
 FREQUENCY AND PERCENT OF INDICATORS OF RELIGIOUS ACTIVITY

Characteristic (N = 108)	Fre- quency	Percent	NR*
Hold a Church Membership	89	82.40	1
Church Sponsors Older Adult Groups or Programs	66	74.20 [†]	21
Church Provides for Trans- portation or Visiting for Older Members	76	85.40 [†]	23
Church Clergy is Easily Accessible for Help	88	98.90 [†]	19
Church Attendance			
Weekly	74	68.50	
Once or Twice a Month	11	10.20	
Rarely	16	14.80	
Never	66	5.60	
Physically Unable to Attend	1	0.90	

*No response.

[†]Numbers are percentages of individuals claiming church membership.

TABLE IX
 FREQUENCY AND PERCENT OF RESPONDENTS' SOCIAL CONTACT ACTIVITIES

Variable (N = 108)	Characteristic	Frequency				
		Daily	Weekly	Monthly	Yearly	Never
Type of Social Contact	See relatives or close friends	54.6*	31.5	8.3	5.6	0.0
	Talk by phone to relatives or close friends	60.2	26.9	12.9	0.0	0.0

*Numbers are percentages.

to the elderly by churches give some indication of the respondent's extent of involvement in religious activities. Virtually all of the respondents who claimed church membership also indicated they felt the church clergy was easily accessible for help (88 of the 89 claiming church membership). Of the 89 individuals claiming church membership, 66 (74.2%) reported that their church sponsored older adult groups or programs, and over 85 percent of those claiming church membership said that their church provided either transportation or visiting for its older members. It was felt that this type of information would be known only to those individuals who were fairly active in their churches. Hence, over 70 percent of the respondents who were church members were active in some way in their respective churches.

Social Contact Activity

In order to obtain a measure of the elderly's frequency of interaction with others, two characteristics of interaction were included in the survey instrument. The first measure was the frequency of seeing relatives or close friends. Table IX lists the frequencies and percentages of this type of social contact. Over 85 percent of the respondents reported seeing a relative or close friend every week, and 5.6 percent reported having only infrequent contact.

The second measure of social contact, talking by telephone to a relative or close friend, yielded a slight increase in contact. None of the respondents reported conversations less than monthly, and 87 percent visited at least weekly.

Description of Relationships Between Variables

In the evaluation of basic areas of need and dependence, it would be helpful to locate those special characteristics of individuals expressing a need or dependence in one or more of the areas chosen for analysis in this study. As a result, all of the major areas of need were examined in light of three independent variables: age, sex, and marital status. It was hoped that in doing this, some "target population" could be identified for the various needs that could be met through the introduction of a day care center for the elderly. With the presence or absence, then, of any relationships between need and some variable or variables, a tentative evaluation could be proffered with regard to the ultimate need for such a community service.

The analysis chosen to look at any such relationships had to be decided upon in light of the nominal and/or ordinal level of measurement that the survey was designed for. For this reason, chi-square tests and Spearman rank correlation tests were used exclusively. The first group of relationships to be examined is environmental need and dependence.

Environmental Need and Dependence

It will be recalled from the description given earlier of the environmental variables chosen that the questions were designed to get an expression of need or dependence in any of these variables from the respondents. These questions are given in Table X, along with the chi-squared values by age, sex, and marital status, under each characteristic of need: housing, transportation, nutrition, physical health, and

TABLE X

CHI-SQUARED VALUES FOR SELECTED ENVIRONMENTAL
NEEDS BY AGE, SEX, AND MARITAL STATUS

Environmental Need	χ^2	Age	χ^2	Sex	χ^2	Marital Status	
		Level of Significance df = 2		Level of Significance df = 1		Level of Significance df = 1	
<u>Housing</u>							
Need Major House Repairs (N=108)	2.65	.27	.05	.83	5.17	.04	
Difficulty Getting Repairs Done (N=108)	1.69	.44	.40	.65	6.80	.01	
<u>Transportation</u>							
Own a Car (N=108)	3.33	.19	.31	.58	6.30	.02	
Drive a Car (N=108)	4.70	.10	.34	.56	.56	.66	
Difficulty Getting Transportation (N=108)	8.93	.02	1.94	.16	1.24	.27	
<u>Nutrition</u>							
Presently Require a Prescribed Diet (N=104)	.79	.68	1.35	.25	.04	.82	
Income Prevents Getting a Proper Diet (N=103)	2.99	.23	1.14	.29	.31	.48	
<u>Physical Health</u>							
Ill Enough in Past Year to Receive 24 Hour Care (N=106)	1.44	.48	1.50	.22	.17	.68	
Income Prevents Doctor Visits (N=105)	4.15	.14	.27	.61	1.90	.17	
Difficulty Paying for Medical Aids (N=104)	.98	.66	4.15	.04	.07	.78	
<u>Finance</u>							
Income Prevents Covering Living Expenses (N=102)	.45	.79	2.30	.13	.68	.42	

finance. Three relationships were found to be statistically significant ($p < .05$). The first is the relationship between age and having difficulty getting needed transportation. Table XI shows the relationship suggesting that there is a difference through age in reporting difficulty in getting needed transportation. However, the difference is not one that was expected. In looking at the observed frequencies and the expected frequencies, the direction of the difference is as follows: as age increases, there are reportedly fewer cases of transportation difficulty than for the younger age groups. Marital status was also found to be statistically significant with another transportation need, owning a car. Non-married individuals less frequently owned a car than did married individuals.

The second relationship observed among the environmental need variables is between difficulty in paying for medical aids and sex. The results are reported in Table XII. Because of the low frequency of males in the sample, the observed frequency cells are below the traditionally accepted minimum of ten cases, and as such, this relationship should be interpreted cautiously. In any case, it does appear that males encounter more difficulty in paying for medical aids than do females.

The final relationship with these variables is that between reported difficulty getting house repairs done and marital status. Since the number of non-married individuals in the sample was extremely small (see Table I, Marital Status), the categories of widow, single, and divorced individuals were collapsed into one category, that of not married, in order to get a larger number of cases in each cell for the chi-square test. The results of the test are given in Table XIII, and show that non-married individuals have greater difficulty getting major house

TABLE XI
CHI-SQUARED VALUE FOR TRANSPORTATION
DIFFICULTY AND AGE

Transportation Difficulty	Age			Totals
	Under 60	61-69	Over 70	
Yes	0 (2.36)	3 (6.14)	14 (8.50)	17
No	15 (12.64)	36 (32.86)	40 (45.50)	91
Totals	15	39	54	108

Expected frequencies in parentheses.

$$\chi^2 = 8.10.$$

$$p = .02.$$

TABLE XII
CHI-SQUARED VALUE FOR MEDICAL AID PAYMENT
DIFFICULTY AND SEX

Medical Aid Payment Difficulty	Sex		Totals
	Male	Female	
Yes	5 (2.4)	8 (10.6)	13
No	14 (16.6)	78 (75.4)	92
Totals	19	86	105

Expected frequencies in parentheses.

$$\chi^2 = 4.16.$$

$$p = .042.$$

TABLE XIII
CHI-SQUARED VALUE FOR HOUSE REPAIR DIFFICULTY
AND MARITAL STATUS

House Repair Difficulty	Marital Status		Totals
	Married	Not Married	
Yes	9 (15.02)	25 (19.00)	34
No	29 (23.60)	23 (29.02)	
Totals	38	48	86

Expected frequencies in parentheses

$$\chi^2 = 6.8.$$

$$p = .01.$$

TABLE XIV
SPEARMAN RANK CORRELATION BETWEEN NUMBER OF RETIREMENT
ACTIVITIES IN AND OUTSIDE THE HOME AND BETWEEN
EDUCATION AND ABS* SCORE

Variable	Education	ABS Score
Total Number of Activi- ties in the Home	.2069 (107) [†] p = .032	.0513 (66) p = .682
Total Number of Activi- ties Outside the Home	.4225 (107) p = .0001	.3133 (66) p = .010

*Affect Balance Scale

[†]Number of cases in parentheses.

repairs done than do married persons. The direction of the other significant relationship between need for major house repairs and marital status (Table X) is the same.

Social Contact and Socio-Emotional Need

In the previous description of retirement activities both inside and outside of the home, it was found that the most frequently reported activities engaged in were those in which there was a minimum amount of social interaction. With regard to activities done in the home, the five most frequently cited activities were house chores, watching television, reading, writing letters, and hobbies. The activities outside of the home were church activities, shopping, volunteer activities, and cultural and educational activities--activities that presented a much greater opportunity for social interaction than those activities conducted in the home. The results of the Spearman Rank correlation test between activities inside and outside of the home and between education and the Affect Balance Scale scores are presented in Table XIV.

The correlation coefficients show three significant relationships. When both types of activities were correlated with education, significant results were obtained ($p < .05$). Since both of the coefficients were positive, the interpretation given them is that for those persons with higher education there was an increase of total activities both inside and outside of the home, and that those persons with a lower level of educational attainment had a lower total number of activities inside and outside of the home. The same relationship was found between the Affect Balance Scale scores and the total number of activities outside of the home. Individuals with a larger number of total activities outside of

the home scored significantly higher on the Affect Balance Scale. Finally, it can be said that the most frequently reported activities inside the home suggest a possible reason why the relationship between total number of activities inside the home and the Affect Balance Scale scores is insignificant; that is, the activities most frequently engaged in inside the home are not interaction oriented and general psychological well-being might be related to interaction opportunities.

In another area of social contact activity, religious activity, chi-squared values were calculated for church attendance and church membership by age, sex, and marital status, and the results are listed in Table XV. Nothing of statistical significance was found, but the relationship between age and church attendance was substantively meaningful. Here, again, it was found that with the older age group, persons over 70, there was more church attendance than was expected.

The frequency of interaction with other age groups by older individuals gives some indication of the parameters of the social milieu in which this sample lives. Table XVI reveals several relationships between contact with various age groups of people and education and employment. The most difficult relationship to interpret is that between contact with children and education. Perhaps the most viable explanation is that with higher educational attainment comes a greater professional likelihood of interaction with children. The other significant relationships are with the different age groups and employment. It was found that only for those individuals still employed in the sample (9.2% of the sample) was there a significant increase in contact with teenagers and young adults.

Finally, with the frequency of talking with relatives and close friends as a social contact variable, a significant relationship was

TABLE XV

CHI-SQUARED VALUES FOR RELIGIOUS ACTIVITY BY
AGE, SEX, AND MARITAL STATUS

Variable	Age		Sex		Marital Status	
	χ^2	Level of Significance	χ^2	Level of Significance	χ^2	Level of Significance
Church Membership (N = 108)	.17	.93	.30	.58	1.10	.28
Church Membership (N = 107)	8.62	.07	.99	.63	4.31	.13

TABLE XVI

SPEARMAN RANK CORRELATION BETWEEN FREQUENCY OF CONTACT
WITH DIFFERENT AGE GROUPS AND BETWEEN EDUCATION,
EMPLOYMENT, AND LENGTH OF RETIREMENT

Variable	Education	Employment	Length of Retirement
Contact With Children	.2857 (73)* p = .014	-.0231 (73) p = .846	.1256 (69) p = .304
Contact With Teenagers	.1556 (67) p = .209	.2692 (67) p = .027	-.2132 (64) p = .091
Contact With Young Adults	.2044 (82) p = .065	.2484 (83) p = .024	-.1321 (78) p = .249
Contact With Middle-Aged Adults	.1448 (100) p = .151	.1838 (100) p = .067	-.1188 (95) p = .252

*Number of cases in parentheses.

found when a chi-squared value was calculated for it by sex, and the results are shown in Table XVII. Because of the low numbers in several of the cells, the calculation was corrected for continuity (Blalock, 1972: 285-287). The direction of the relationship is clearly seen to be that females in the sample are more frequently in touch with relatives or close friends on a daily or weekly basis than are the males.

Another indicator of general awareness of and involvement in a variety of community affairs shows both the sources of information utilized in obtaining information about senior service, and the modal number of sources utilized in gaining this type of information. The general sources of information and the frequency of their utilization are listed in Table XVIII. Only four of these sources were utilized by more than 25 percent of the sample. Surprisingly, the local newspaper was utilized by the largest percentage of the respondents. Over 85 percent of the respondents were limited in their information source utilization to three or fewer sources.

Psychological Well-Being

The Affect Balance Scale discussed briefly in Chapter III was included in the research instrument as a way to possibly identify any common characteristics or variables that influenced the scoring on the scale. For example, age in an earlier study by Moriwaki was found to be a determinant of discrimination on the scale scores. This study, in addition to age, used marital status, sex, and other selected variables to see what, if any, influence such variables might have had on the scale scores. (The number of respondents to this portion of the instrument was $N = 66$; a probable reason for the low response rate to this scale was

TABLE XVII

CHI-SQUARED VALUE FOR FREQUENCY OF TALKING TO
RELATIVES OR CLOSE FRIENDS BY SEX

Frequency of Talking to Relatives or Close Friends	Sex		Totals
	Male	Female	
Daily or Weekly	14 (14.88)	80 (69.22)	94
Monthly	5 (2.46)	9 (11.54)	14
Totals	19	89	108

Expected frequencies in parentheses (corrected for continuity).

$$\chi^2 = 7.89.$$

$$p = .01.$$

TABLE XVIII

FREQUENCY AND PERCENT OF SOURCES UTILIZED IN GAINING
INFORMATION ABOUT SENIOR SERVICES

Variable	Characteristic	Frequency	Percent
Information Source	Friends or Relatives	49	45.40
	Church	34	31.50
	Senior Citizens Center	32	29.60
	Community Action Foundation	4	3.70
	Retirement Organizations	18	16.70
	County Welfare Office	3	2.80
	City Hall	0	0.00
	Local Hospital	1	0.90
	Local Banks or Stores	6	5.60
	Local Newspaper	64	59.30
	County Extension Agent	13	12.00
	Other	5	4.60
	Total No. Sources Utilized	1 2 to 3 4 or More	42 50 16

that it was located at the end of the instrument, and was often overlooked.)

The mean score and the minimum values recorded for this sample are presented in Table XIX. Chi-squared values for ABS values were calculated by age, sex, and marital status and the results are indicated in Table XX. No statistical significance was found for any of these variables and ABS scores. Spearman rank correlations were also performed between ABS scores and selected variables, and the coefficients are recorded in Table XXI. There was a significant correlation between age and ABS scores ($p = .024$) suggesting that the scale scores rose significantly with the older age groups. This is a tentative indication that these particular respondents are generally well balanced despite their age of over 70 years. The other significant relationship is the previously mentioned one between the total number of activities conducted outside of the home and the increase in ABS scores.

Perceived Community Service Needs

The expression of perceived need from the respondents for community services, that were felt to be lacking, provides some understanding of this particular community of elderly individuals' perception of the social role of aging. Table XXII shows the percentages of interest in desired community services. The service perceived to be most desired by the largest number of respondents is a senior employment service, with 63 percent of the sample expressing an interest in it. The most commonly desired services are in the area of environmental needs, and the least interest was expressed in the area of social contact.

TABLE XIX
 SUMMARY OF MEAN, MINIMUM, AND MAXIMUM VALUES
 FOR ABS SCORES

Variable (N = 66)	Mean	Minimum Value	Maximum Value	Range
ABS Score	7.98	2.00	10.00	8.00

TABLE XX
 CHI-SQUARED VALUES FOR ABS SCORES
 BY AGE, SEX, AND MARITAL STATUS

Variable (N = 66)	Age df = 2	Sex df = 1	Marital Status df = 2
ABS Score	2.93 p = .24	.91 p = .35	.04 p = .98

TABLE XXI
SPEARMAN RANK CORRELATION BETWEEN ABS SCORES
AND SELECTED VARIABLES

Variable	ABS Score	Level of Significance
Age	.2777 (66)	p = .024
Sex	.1789	p = .151
Marital Status	-.0606	p = .632
Church Attendance	.1110	p = .375
Number of Persons Visited Daily	.1719	p = .175
Number of Activities Conducted in the Home	.0513	p = .682
Number of Activities Conducted Outside the Home	.3133	p = .010

TABLE XXII
EXPRESSED INTEREST IN RECEIVING SELECTED
COMMUNITY SERVICES

Variable	Characteristic	Frequency	Percent
Community Service	Housing Maintenance Assistance	60	55.60
	Meals on Wheels	28	26.00
	Group Meals	42	38.90
	Library Material Delivery	14	13.00
	Senior Employment Service	68	63.00
	Increased Social Contact With:		
	Children or Teenagers	11	10.20
	Young Adults	6	5.60
	Middle-Aged Adults	19	17.60
	Increased Local Church Involvement With Older Adults	29	26.90

Chi-squared values for interest in these community services by age, sex, and marital status were also calculated in Table XXIII, and it was revealed again that the older group of respondents (over 70) had an increased desire for a senior employment service ($p = .06$). Sex as a determinant of interest in community services was not found; however, marital status and interest in housing maintenance assistance was significant ($p = .004$). This relationship is a reflection of the relationship found between housing repair difficulty and marital status: non-married individuals have a greater interest in receiving housing maintenance assistance than do married individuals.

Day Care Need and Interest

When respondents were asked if they perceived a need for a day care service for the elderly, 73.2 percent of the sample felt it was needed (Table XXIV). Seventy-six percent of the sample expressed an interest in the development of a financially reasonable day care center for the elderly, and 38 percent of the sample reported knowing someone having difficulty obtaining nursing services.

The chi-squared values for day care need by age, sex, and marital status revealed a significant relationship between difficulty obtaining nursing services and marital status. The direction of the relationship can be seen in Table XXV. Those non-married persons come into greater contact with persons in need of nursing services than do married individuals.

Summary

The following comments will summarize the general findings based on

TABLE XXIII

CHI-SQUARED VALUES FOR INTEREST IN RECEIVING SELECTED
COMMUNITY SERVICES BY AGE, SEX,
AND MARITAL STATUS

Variable	Age χ^2 df = 2	Sex χ^2 df = 1	Marital Status χ^2 df = 1
Interest in Housing Maintenance Assistance	2.70 (103)* p = .75	1.59 (107) p = .21	8.39 (106) p = .004
Interest in Meals on Wheels	.23 (107) p = .89	.65 (101) p = .79	1.06 (107) p = .31
Interest in Group Meals	4.50 (108) p = .11	.89 (108) p = .35	.93 (107) p = .35
Interest in Library Material Delivery	.35 (108) p = .84	2.32 (104) p = .13	2.40 (107) p = .13
Interest in Senior Employment Service	5.89 (93) p = .06	2.12 (93) p = .15	1.05 (92) p = .31
Interest in Increased Local Church Involvement With Older Adults	1.51 (70) p = .47	.10 (70) p = .76	.25 (70) p = .43

*Number of cases in parentheses.

TABLE XXIV
 FREQUENCY AND PERCENT OF EXPRESSED NEED FOR
 AND INTEREST IN DAY CARE SERVICE

Variable (N = 108)	Fre- quency	Per- cent	No Response
Perceived Need for Day Care Service	79	73.2	22.2
Interest in the Development of Day Care Service	82	75.9	18.5
Know Persons Hav- ing Difficulty Obtaining Nursing Services	41	38.0	21.3

Note: Numbers are percentages.

TABLE XXV
 CHI-SQUARED VALUE FOR KNOWLEDGE OF PERSONS HAVING
 NURSING SERVICE DIFFICULTY BY MARITAL STATUS

Knowledge of Persons Having Nursing Service Difficulty	Marital Status		Totals
	Married	Not Married	
Yes	15 (20.01)*	26 (20.99)	41
No	26 (20.99)	17 (22.01)	43
Totals	41	17	84

*Expected frequencies in parentheses.

$$\chi^2 = 4.79.$$

$$p < .05.$$

the descriptions and analysis of this exploration of needs for the evaluation of a day care center for the elderly.

The majority of the sample consisted of females, and half of the sample was 70 years of age or over. The majority of the respondents were well educated (67% had at least some college education). Less than 23 percent (full- or part-time) of the sample remained employed, but less than 5 percent had no income other than Social Security.

Several indicators were utilized to locate specific characteristics of need from the community of the elderly in the study. Indicators of environmental need were utilized to show areas in which respondents had a debilitating need or dependence. Environmental needs included housing, transportation, physical health, medical need, nutritional status, and financial need. It was found that approximately one-third of the sample reported some housing repair need, whereas 15 percent expressed a need for transportation, the greatest specific transportation needs being for medical visits and shopping.

The sample reported being in generally good health, with arthritis the most common chronic ailment. There appeared to be little need for medical treatment, as income precluded only 14 percent of this sample from seeing a doctor. Nutritionally, less than 10 percent of the respondents indicated income as the cause for not keeping a proper diet. For meal preparation practices about 90 percent of the sample prepared a meal in the home on a daily basis. Slightly more than 6 percent of the sample was dependent on someone other than themselves for meal preparation, and only one respondent was reported to be receiving meals on wheels. The ability to generally meet living expenses was problematic for 12 percent of the sample.

From indicators of social contact and socio-emotional need retirement, religious and interactional contact activities were described. For retirement activities inside the home, it was found that the major activities included housekeeping, watching television, and reading. For activities outside the home, church activity was the most frequently reported. The sample was religiously active on a regular basis, with over 75 percent of the sample indicating frequent church attendance. In an interaction context, only 5.6 percent of the sample saw or talked to relatives or close friends only infrequently.

In describing relationships between variables, marital status was consistently associated with some area of need, with the non-married group within the sample reporting more frequency of need or dependence. Sex as a variable was found to be associated with difficulty in paying for medical aids, with men reporting more difficulty than women. Age as an independent variable consistently revealed an association with lack of need and dependence. Education was associated with increased number of activities engaged in outside the home, and was associated with a greater exposure to children. With the general interaction activities of seeing and talking with relatives or close friends, females were more frequently in touch with them than were the males.

Using the Affect Balance Scale as an indicator of general psychological well-being, the only new relationship discovered was that the higher ABS scores were positively associated with older age.

Perceived need for community services by respondents revealed the most common service for the elderly desired to be that of a Senior Employment Service, and that this service was positively associated with age. Perceived need for and interest in day care services was

significantly associated with marital status, the non-married individuals knowing significantly more people with problems of obtaining nursing services than did married persons.

CHAPTER V

CONCLUSIONS, LIMITATIONS OF THE STUDY, AND SUGGESTIONS FOR FUTURE RESEARCH

Introduction

The purpose of this study was threefold. The first objective was to describe the characteristics of the various perceived need and dependencies of the elderly sample chosen for the study. General indicators of extent of need were found and discussed. The second purpose was to describe the concept of day care for the elderly as an intervention service providing an alteration of environmental needs for the local community of the elderly in Stillwater, Oklahoma. Finally, the last objective was to evaluate day care service for the elderly as an empirical application of Bengtson's social reconstruction model. The following section will concern itself with local and national comparisons of the demographic characteristics of elderly populations with the data collected in this research. Then, the concept of day care as a feasible intervention service to meet the needs of the elderly in the local community will be treated. Finally, evaluation of day care service for the elderly as an empirical application of Bengtson's model will be made.

Conclusions

The comparison of the socio-demographic characteristics of the sample in this study with the general elderly populations, and another

sample taken from the Stillwater population will provide some basis for the general representativeness of the data collected in this research. Hansen (1975) collected a random sample of 223 persons from a total population size of 1252 households in the Stillwater, Oklahoma area. Upon examination of that data, there are some striking similarities in socio-demographic characteristics with the author's study. From the major independent variables used in the author's study, the following comparisons are made. For the variable of sex, Hansen's sample reported 75 percent of the sample to be female, the author's sample reported 82 percent female. For the variable of age, Hansen's sample reported 41 percent of the respondents over the age of 75, with the author's sample reporting 29 percent of the respondents over 75. Hansen reported 46 percent of the sample to be married, with the author's sample reporting 47 percent of the sample married. On the variable of employment status, Hansen reported 10 percent of the sample employed full- or part-time, with the author's sample reporting 22 percent of the respondents employed full- or part-time. Finally, using education as a variable, Hansen reported 67 percent of the respondents to have had some college, a college degree, or graduate education, with the author's sample also reporting 67 percent having had some college, a college degree, or graduate education.

Bouvier et al. (1975) has reported some comparable figures for the same variables for the elderly population at the national level. The imbalance in the sex ratio for the author's sample is similar to the national statistics: "The majority of older Americans are women. . . . In number . . . only 72 men over age 65 for every 100 women age 65 or over"

(9). Figures for age reveal that 62 percent of the elderly population was under 75 years of age in 1970, and 38 percent was over 75 years of age. Marital status figures nationally showed that 41 percent of all persons aged 65 or over were married. With regard to employment status, slightly less than 25 percent of the elderly population was employed in some capacity. Finally, educational levels nationally for the elderly indicate that only 13 percent of this population has received more than a high school level education.

These comparisons reveal a general representativeness of the sample collected in this research, with the exception of the sex ratio and educational attainment. It is clear that the level of educational attainment in this local elderly population is exceptionally high by all other comparisons.

It is also of interest to compare the measure of psychological well-being (ABS scores) with some other populations of the elderly. Moriwaki (1974), with a sample of elderly persons, reported a mean ABS score of 8.27. Steichen and Arquitt (1975), with a sample of older university student participants, reported a mean score of 8.65 on the ABS. Finally, Bynum et al. (1978), with a sample dealing with Senior Adult Education, reported an initial total senior adult student mean of 7.7 on the ABS. The mean ABS score taken from the author's sample was 7.88. This is seen to be meaningful generally in light of the educational attainment of the sample, which was quite high, and the increased ABS score reported by Bynum et al. upon further involvement in a Senior Adult Education program. In other words, it could be suggested that for the purposes of this study, some model of day care for the elderly should be

developed with some attention paid to meaningful and educationally related involvement on the part of the participants in day care.

Finally, some conclusion could be guardedly made in light of the respondents' perceived need for an employment service for the elderly (see Table XXII). This table reveals that interest was highest for a senior employment service (63 percent of the sample expressed interest in receiving this type of community service). The usefulness of this conclusion will be dealt with shortly, in the section on suggestions for future research. These tentative conclusions are consistent with the notion of the usefulness of day care as an intervention service.

The concept of day care as an intervention service has been preliminarily discussed in Chapter II. In light of the chapter and the United States Senate Special Committee on Aging report (1976:12), a statement is made in the report in its documentation of the "need for community service" that

During 1972, an estimated 12.7 percent of the population . . . in the civilian noninstitutionalized population, were reported to be limited to some extent . . . about 3 percent of the population . . . were unable to carry on their major activity.

In the description of some basic areas of need and dependence from the present study, there was anywhere from 4.6 to over 15 percent of the sample under study limited in their ability to meet some present need.

In order to recommend day care service for the elderly as a feasible alternative service, the characteristics of the expressed needs of this population would have to be catered to. From the preliminary findings of this exploratory study, it appears that the characteristics of need are not primarily met by either the exclusive rehabilitation or maintenance goals alluded to earlier (see Chapter II). Rather, because

of the expressed good health of the majority of the sample under study, a combined goal of day care service would be feasible. This would accommodate that part of the "target population" that was limited either by medical problems or income problems preventing proper medical or nutritional needs being met. It would also accommodate "the maintenance of individuals in a community, as well as to offer more access to recreational facilities, where the population had shown only a slight possibility of improvement of functional capacities" (U.S. Senate, 1976:13). It is the second need to which the sample described here would largely fit. Thus, a supportive enabling service could be a feasibility on the basis of the data encountered here.

The final objective of the study is the theoretical one: the evaluation of day care service for the elderly as an empirical application of Bengtson's social reconstruction model. It is seemingly apparent, with an understanding of the concept of day care for the elderly and of the historical development of the day care movement, that at least two of the mechanisms of Bengtson's cycle of increasing competence through social system input are operative in a day care service center for the elderly. Input B, that of improving maintenance conditions by successfully meeting the specific housing, health, and transportation needs of a local elderly population, would be met by the supportive enhancing service model of day care. Input C, the encouragement of an internal locus of control (although to the writer's knowledge has never been fully operationalized to give an indication of Bengtson's full meaning of the input) is a basic need being met by day care, with its insistence on the maintenance of independent living. The rehabilitative goal of day care could effectively meet this theoretical need. Finally, Input A is vague, but

its suggestion of a structural input to eliminate Gubrium's "myth of the golden years" is basic to the goal of day care services. It offers structural support for the maintenance of community living, and rejects the degrading stereotypes of old age. Day care is not only a viable empirical application of sociological theory, but a response to the criticism rendered against said theory, that "gerontologists appear unable to translate current research into the kind of broadscale action needed to make life better for the older person" (Schwartz and Proppe, 1970:229).

Limitations and Suggestions

The limitations of this study have been numerous. The sampling procedure and the sample itself presented a major obstacle to any legitimate inferences and recommendations for the implementation of a day care facility for the elderly in the community studied. The results of the research indicated a generally healthy, well-educated, and psychologically well-balanced group of individuals, and part of the reason for the perceived well-being in virtually every area must be the result of the sampling procedure. Perhaps it is only the healthy and motivated individual that participates in the organizations that were chosen in the sample, particularly any continuing education program or voluntary association such as the American Association of Retired Persons or the American Association of Retired Teachers, as well as the Senior Citizen Center.

Some possible remedies for this apparent dilemma include an intense effort to locate those unhealthy, and generally problem-ridden older individuals through more persistence at places such as a Community Action Foundation Agency, the County Welfare Office, private social work agencies, and the like.

Another suggestion with regard to the basic research design of a needs assessment survey in general, with particular reference to research conducted with an aging population, is that advocated by Denzin (1970). The triangulation of methodology could have gone far to remedy the problems encountered in this study. The collection of a random sample coupled with observations of places, persons, and collectivities would rapidly sensitize the research study to the appropriate areas of concern. The sampling procedures suggested by Lee and Finney (1977) for locating specialized populations, particularly the elderly ones, could prove more beneficial. For elderly populations a two-stage sampling design for obtaining probability samples was suggested. The results indicated that elderly individuals will respond in substantial numbers to requests for volunteering their names for inclusion in such a study.

A third and also obvious limitation to the fruitfulness of this study was the instrument itself. Complaints were common during the data collection period among the respondents who thought the pages of questions were endless. The poor response to some groups of questions, particularly the nutrition and physical health sections, was largely a result of the inability to decipher the maze of lines and cell spaces. Further, it was too broad in scope and was therefore rendered ambiguous in many instances (in several questions attempting to ascertain the frequency of interaction with others, a question asking how often one had talked with or seen either a relative or a close friend meant anything from a surviving sibling, to a grown child, or to an occasional talk about the weather with the mailman).

In spite of the criticism and difficulty, however, a preliminary "target area" was located with the information obtained. Nonmarried individuals distinctly surfaced as a group for focusing on in further determinations of need for the service of day care. Future research in the area of day care development for the elderly could look into the needs not being presently met by the various forms of institutional care that day care could offer some viable solution for. Day care could serve not only as an alternative to the uninstitutionalized elderly, but also to the dissatisfaction with the institutionalized care of the nursing home. And, by way of Bengtson's social reconstruction model, it could serve as a rehabilitation input as well as a maintenance input, serving those returning from institutional care back to the community at large.

A promising possibility garnered from some of the findings in this study would be the inclusion of some meaningful educational or employment services and activities as an adjunct to the basic services offered by day care. Presently, a pilot study is being conducted by the Graduate School of International Management to ascertain the possibilities of creating an informal relationship between the residents of a retirement village (Sun City) and the educational goals of the Graduate School (Horn, 1979). Some of the functions of the relationship would be the employment of residents of the village in the Graduate School.

The usefulness of this research could be enhanced by its utilization on the part of several local community agencies. The local Community Action Foundation could take steps for the application for federal grants to implement a pilot day care program for the elderly in Stillwater, Oklahoma. Another fruitful possibility would be the

implementation of an educational and employment service facility at the University on a pilot study basis, to see if the basic design of a modified day care program would be feasible with an elderly population having exceptional financial, health, housing, transportation, and educational resources.

Finally, the restrictive nature of the present day care models for the elderly should not have to limit the scope of their applicability to the basic survival needs of the elderly population. This is of particular relevance in those "exceptional" elderly populations where interest in meaningful involvement in the community is as much a legitimate need for successful aging as is the provision for services designed for a more physically and economically impaired population. The possibilities and promises are encouraging, and it is the continuing task of the discipline to establish the empirical rationale for the realizations of such possibilities.

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APPENDIX A

THE SOCIAL RECONSTRUCTION SYNDROME

INPUT B: Improved maintenance conditions (housing, health, nutrition, transportation)

3. Self-labeling as able

(±)

2. Reduced dependence; self-reliance (±)

(±)

4. Buildup of maintenance of coping skills

1. Reduced susceptibility; self-confidence (±)

(±)

5. Internalization of self-view as effective

INPUT A: Liberation from the functionalistic ethic; evolution of alternate evaluations

INPUT C: Encourage internal focus of control; build adaptive problem solving

Figure 1. The Social Reconstruction Syndrome: A Benign Cycle of Increasing Competence Through Social System Inputs (Bengtson, 1973: 48)

APPENDIX B

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APPENDIX C

CLUBS, AGENCIES, AND REFERRAL SERVICES DEALING
WITH THE AGED: STILLWATER AREA

AARP (American Association of Retired Persons)
AART (American Association of Retired Teachers)
AAUW (American Association of University Women)
City-County Health Unit
City-County Health Care Aides
Continuing Education Program
Library Staff for Shut-Ins
Ministerial Association
Mobile Meals
Senior Citizens Center
Sheerar Center
Widow-to-Widow Program
Community Action Program
Altrusa Club: Lahoma Club: Odd-Fellows: Rebeccas

**OKLAHOMA STATE UNIVERSITY • STILLWATER**Department of Sociology
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74074

October 6, 1977

TO WHOM IT MAY CONCERN:

During the past few years, several attempts have been made in cities and counties throughout the United States to assess the needs of older adults. These needs assessments become a means whereby priorities can be established concerning what services, facilities, and programs should be established for older adults in a particular community.

Little has been done up to this time in Oklahoma, but such assessments are greatly needed. We have discussed the desirability of carrying out a needs assessment in the Stillwater area with some local people, with staff members at the C.O.E.D.D. (Central Oklahoma Economic Development District) Area Agency on Aging in Shawnee, and with staff members of the Oklahoma Office on Aging. All agree that such an assessment is desirable and would act as a pilot study for other areas within the state. Jeri Bend and Mike Woodburn, graduate students in Sociology, are in charge of the needs assessment and will be writing theses using the needs assessment data.

We are not interested in finding out about specific individuals, but in getting a general overview of what the pressing needs are among older adults in the Stillwater area. We would like to begin our data collection by getting individuals in Stillwater older adult organizations to respond to questionnaires. From there we will go to others not involved in such organizations by contacting them at home. Your organization involvement in this needs assessment process would be greatly appreciated. Thank you.

Sincerely,

Gene Acuff
Professor and ChairmanGeorge E. Arquitt
Associate Professor

APPENDIX D

NEEDS ASSESSMENT OF OLDER ADULTS

IN STILLWATER

In order to clarify the needs and desires of older adults in Stillwater and Payne County, we would appreciate your response to the following questionnaire. This will not only help people and agencies in this area interested in the needs of older adults to better meet these needs, but will also act as a pilot "need assessment" which we hope to implement in other surrounding counties. Most of the questions are specific to needs of people in general and some are questions concerning general characteristics about you. We do ask that you give us your name and address on the provided card so that we can begin to develop a name file of older adults in this area which can be used at a later date to inform you about future activities and services for older adults.

Thank you for your cooperation.

First we would like to ask you a few general questions about yourself. Please check the appropriate answer.

1. What is your sex?
 Male
 Female
2. What is your marital status?
 Single (never married)
 Married
 Divorced
 Widowed
3. What is your race?
 White
 Black
 American Indian
 Other (please specify) _____
4. What is your age?
 Under 55
 56-59
 60-64
 65-69
 70-74
 Over 75

Now we would like for you to answer some questions concerning needs in Stillwater.

I. Housing and Family Living Arrangements

5. In what type of residence do you live?
 Own house
 Rental house
 Relative or friend's house
 Apartment

- Condominium
 Other (please specify) _____
6. Do you live:
 Alone
 With husband or wife
 With other relatives
 With friends
 Other (please specify) _____
7. How long have you lived in the Stillwater area?
 (Number of years)
8. How long have you lived in your present residence?
 (Number of years)
9. How often do you see relatives or close friends?
 Daily
 Weekly
 Monthly
 Yearly
 Less than once a year
 Never
10. How often do you talk to relatives or close friends on the telephone?
 Daily
 Weekly
 Monthly
 Yearly
 Less than once a year
 Never
11. For many people housing or apartment repair is a problem. Have you needed any major repairs in the past year?
 Yes
 No
12. What are your major housing maintenance or repair needs? (You may check more than one answer.)
 Major structural maintenance (painting, electrical work, plumbing, carpentry work, etc.)

- Yard maintenance
- General cleaning
- None

13. Have you had difficulty in the past in finding adequate help in maintaining or repairing your residence?

- Yes
- No
- Do not need help

14. Would you be interested in having help in maintaining or repairing your home by volunteer or low cost help?

- Yes
- No

II. Transportation

15. Do you own a car?

- Yes
- No

16. Do you drive?

- Yes
- No

17. In general, is transportation a problem for you?

- Yes
- No

18. What specific places do you need to go for which you do not have adequate transportation? (You may check more than one answer.)

- Doctor
- Pharmacy
- Shopping
- Visiting
- Church
- Special meetings or programs for older adults
- Entertainment
- Other (please specify) _____
- None

19. What type of transportation are you most dependent on?

- Own car
- Friend or relative's car
- Taxi
- Senior Citizens Mini-bus
- "Dial A Ride" service
- None available

III. Physical Health

20. During the past year have you been ill enough to need 24-hour care or care by someone else?

- Yes
- No

21. How often do you require medical or nursing care?

- Daily
- Weekly
- Every other week
- Monthly
- Infrequent intervals

22. I have my own: (You may check more than one answer.)

- Medical doctor
- Eye doctor
- Dentist
- Chiropractor

23. In the past year I have seen my: (You may check more than one answer.)

- Medical doctor
- Eye doctor
- Dentist
- Chiropractor

24. Does lack of income prevent you from visiting a doctor more frequently?

- Yes
- No

25. Do you have difficulty paying for medicines, eyeglasses, dentures, crutches or other medical aids?
- Yes
- No
26. Which of the following physical problems do you suffer from? (You may check more than one answer.)
- Blindness
- Hearing problems
- Diabetes
- Cancer or tumor
- Stroke
- Heart disease
- Arthritis
- Skin disease
- Bowel or bladder problem
- Broken bones

IV. Nutrition

27. Are you on a diet prescribed by a doctor or medical person?
- Yes
- No
28. Below is a list of ways in which people get their meals. How often do you get your meals in the following ways?

	<u>Daily</u>	<u>Several Times a Week</u>	<u>Once Every Two Weeks</u>	<u>Once a Month or Less</u>	<u>Never</u>
Prepare your own meal at home	—	—	—	—	—
Have your meal prepared at home by someone else	—	—	—	—	—
Have prepared food brought to your home (such as "Meals on Wheels")	—	—	—	—	—
Go to a restaurant	—	—	—	—	—
Go to a friend or relative's home for meals	—	—	—	—	—

Other (please specify) _____

29. What did you eat for your main meal yesterday or what do you usually have for your main meal? _____

30. Would you be interested in using a home meal delivery service such as "Meals on Wheels"?

Yes

No

31. Would you participate in group meals with other Senior Citizens in a central location such as a school or church?

Yes

No

32. Does lack of income prevent you from buying needed food?

Yes

No

V. Education

33. What is the highest grade or degree you completed in school?

8th grade or less

9th to 12th grade

High school graduate

Some college

College graduate

Master's and/or Doctorate degree

34. Do you read a daily newspaper?

Yes

No

35. Have you used materials available at the Stillwater or OSU library in the past year?

Yes

No

36. Are you presently using the Stillwater Library book delivery service?
- Yes
- No
37. Would you be interested in having books delivered to you from the local library?
- Yes
- No

VI. Employment

38. What is your present employment status?
- Employed full time
- Employed part time
- Retired
- Housewife
- Other (please specify) _____
39. If retired, how long have you been retired?
- 5 years or less
- 6 to 10 years
- More than 10 years
- Not applicable
40. If you are presently looking for work, are you having trouble finding it?
- Yes
- No
- Not looking for work
41. Would you like to have a Senior Citizens employment service?
- Yes
- No

VII. Retirement Roles and Activities

42. Approximately how many people do you visit with on an average week-day, other than those with whom you live?
- None

- 1 person
- 2 or 3 persons
- 4 or 5 persons
- More than 5 persons

43. Some people have a great deal of contact with people considerably younger than they while others do not. Below are some questions concerning your contact with younger people. On the average, how often are you with:

	<u>Daily</u>	<u>Weekly</u>	<u>Monthly</u>	<u>Seldom or Never</u>
Young children (12 years or younger)	—	—	—	—
Teenagers (13 to 19 years of age)	—	—	—	—
Young adults (20 to 35 years of age)	—	—	—	—
Middle-aged adults (36 to 55 years of age)	—	—	—	—

44. With which of the following age groups would you like to have more contact?

- Young children (12 years old or younger)
- Teenagers (13 to 19 years of age)
- Young adults (20 to 35 years of age)
- Middle-aged adults (36 to 55 years of age)
- None; I have all the contacts I want

45. Which of the following activities occupy a lot of your time at home? (You may check more than one answer.)

- Housekeeping and maintenance
- Hobbies
- Reading
- Entertaining friends
- Gardening
- Watching television
- Talking on the telephone
- Writing letters

- Going for a walk
 Other (please specify) _____
46. Which of the following activities occupy a lot of your time outside your home? (You may check more than one answer.)
- Cultural and educational activities
 Travel and sightseeing
 Volunteer activities
 Visiting in friends' homes
 Church activities
 Retirement groups
 Senior Citizens Center activities
 Veterans' groups
 Civic clubs
 Political organizations
 Sports and hobby activities
 Movies
 Shopping
 Other (please specify) _____
47. From where do you usually find out about services specifically available for Senior Citizens?
- Friends or relatives
 Church
 Senior Citizens Center
 Community Action Foundation
 Retirement organizations
 County Welfare office
 City Hall
 Local hospital
 Local banks or stores
 Local newspaper
 County Extension Agent
 Other (please specify) _____

VIII. Religion

48. Are you a member of a church in the Stillwater area?

Yes

No

49. If you are a member of a church, which one do you belong to?

50. How often do you attend church?

Weekly

Twice a month

Once a month

Rarely

51. Does your church sponsor any groups or programs for its older adult members?

Yes

No

52. Are church members helpful in providing transportation or friendly visiting for its older adult members?

Yes

No

53. Is your minister or priest easily accessible and available to talk to or help you with any personal problems?

Yes

No

54. Is there anything you feel your church should be doing to help its older adult members?

Yes

No

If yes, what do you feel it should be doing? _____

IX. Economics

55. Are you presently receiving Social Security?

Yes

No

56. Do you receive any income other than Social Security? (You may check more than one answer.)

No

Private pension

Interest on investments

Job

Other (please specify) _____

57. Are you able to take care of all your living expenses on your present income?

Yes

No

58. Are there special Senior Citizens discounts available which you make use of in any of the following areas? (You may check more than one answer.)

Pharmacy discounts for medicine

Entertainment or recreation discounts

Tuition-free classes at OSU

Transportation discounts

Free checking accounts at local banks

Other (please specify) _____

In assessing the needs of older persons in the Stillwater community, a perceived area of specific need not presently being met is that of a day care service for emotionally or physically disabled older persons. The day care concept has to do with maintaining an independent living arrangement in the community, without the individual having to resort to nursing home care as the only alternative. This type of day care arrangement has a number of advantages for persons living with a working spouse or working adult children who are concerned about leaving an older person with some disability alone during the day when they are gone. The day care service would offer daily nursing care, a nutritional program, a social and activity program, as well as a thereapeutic and rehabilitative program.

Following are several questions concerning the need for day care services in Stillwater. Please answer these questions and, if possible, provide us with names of Stillwater residents you feel might be interested in such a program.

1. Do you feel there is a need for day care services for Senior Citizens in the Stillwater community?
 Yes
 No
2. Do you know any families or individuals who presently have or have had difficulty in obtaining day nursing services?
 Yes
 No
3. Would you like to see the development of a financially reasonable day care service in Stillwater?
 Yes
 No

If you feel that you know someone in the community that would be interested in knowing about day care, or who would be interested in participating in a day care program, please list their names and addresses so that we may get in touch with them.

Name _____

Address _____

Name _____

Address _____

If you are interested in seeing a day care facility developed in Stillwater and would be willing to provide us with further information, please list your name and address so that we may contact you at a later date.

Name _____

Address _____

VITA²

William Michael Woodburn

Candidate for the Degree of
Master of Science

Thesis: DETERMINATION OF NEED FOR A DAY CARE CENTER FOR THE ELDERLY IN
STILLWATER, OKLAHOMA, UTILIZING A NEEDS ASSESSMENT SURVEY

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