

DEVELOPMENT OF STRATEGIES FOR INVOLVING
SENIOR CITIZENS IN COMMUNITY
EDUCATION

By

LEONARD LORENZO WILLIAMS

Bachelor of Science in Secondary Education
Alabama State University
Montgomery, Alabama
1964

Master of Education
Alabama State University
Montgomery, Alabama
1970

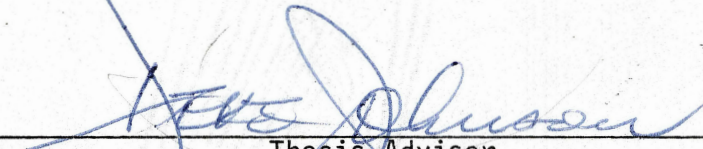
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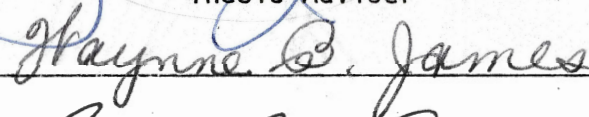
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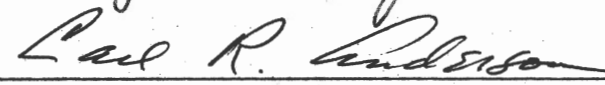


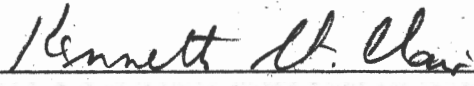
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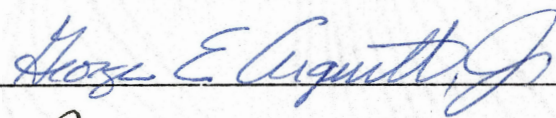
Thesis Approved:

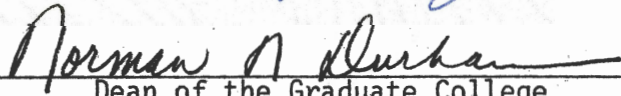


Thesis Adviser










Dean of the Graduate College

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CHAPTER I

THE RESEARCH PROBLEM

Introduction

Despite the fact that every person who is born can hold some expectation of becoming aged, there appears to be an increasing alienation of older citizens from society, despite their steadily increasing numbers. According to census data in 1900, there were more than three million people over 65 years of age in the United States. In 1977, there were over 23 million older adults. By the year 2000, there will be 32 million older Americans making up over 11 percent of the population, according to population projections on older adults.

In looking at the situation of senior citizens in the United States, one can draw many conclusions. One of these conclusions is that a great deal of potential is being wasted. When an individual has mastered a talent or skill throughout a lifetime, and when he or she reaches a point when the life pattern that has been established is faced with interruption or end, that senior citizen faces a society which is, in many cases, unkind to him. Society holds many myths about aging. These myths, all too often, dictate the kind of treatment older Americans receive from other individuals in society.

For the senior citizen, retirement, the term the research uses to denote the end of an established pattern, suggests having to cope with social forces, myths, and transition for their existence. Older

Americans in this special need group, are talented and loving people. The only fact that sets them apart or makes them significant in society is age.

Senior citizens in Oklahoma and throughout the nation share this commonality. Even though these people are old chronologically, they are still members of a community and wish to be treated as such. The United States Census Bureau has projected a population of 41 million persons over the age of 60 by the year 2000, based on projected mortality rates for those now living (U.S. Bureau of Census, Current Population Reports, 1978). Due to scientific advancement and health education, people are living longer. Strides in this area have extended the living curve. Modern technology, coupled with the Old Age Assistance Program, makes it possible for the senior citizen to get the kind of medical attention he needs, when he needs it. In some cases, the elderly who could qualify for the Old Age Assistance Program do not do so because of the perceived dehumanizing inquiry for qualifying. Yet, many programs exist to provide assistance to the senior citizen (Smith and Namie, 1977). Some institutions such as the neighborhood schools have taken on innovative roles and have gone beyond their traditional functions by sponsoring programs for the community through evening classes and recreational programs. In working with the senior citizen there are many challenges the community must meet. These challenges have a good chance of being met when the community develops strategies for senior citizen participation through a community education program.

Statement of the Problem

Senior citizens are a special group of individuals who are continuously being alienated and isolated from society. Alienation and isolation exist for the older adult because there is no model which deals with this problem.

Purpose of the Study

The purpose of this study was to develop strategies for the involvement of senior citizens in community education. It was also expected that this study would:

1. Stimulate development of additional strategies aimed at the older American and community involvement.
2. Encourage interaction.
3. Provide some understanding of the elderly through the review of literature.
4. Function as a stimulus for building a positive self-image for the older adult and the community.
5. Serve as a reflector of the process of community education.

Achievement of the purpose was accomplished by answering these questions:

1. What are some of the problems which impact most often upon the lives of senior citizens before and during retirement?
2. What can a community do to assist its senior citizens with solutions for resolving some of the problems which older adults face?
3. What role can community education play in responding to needs of older adults in the community?

4. What approaches are offered by experts in the field of gerontology as suggested strategies for responding to problems which impact lives of senior citizens?

Assumptions for the Study

The following assumptions were made for this study:

1. The older adult population, over age 60, will increase.
2. The proportion of individuals in the elderly population suffering from poor health, low income, and social isolation will become larger.
3. The process of community education can provide older adults opportunities for involvement, growth, and socialization.

Limitations of the Study

The study focused on the development strategy for senior citizen involvement through community education. Since the strategy depicts working with the senior citizen through community education, it is appropriate to characterize briefly the process of community education. This characterization is necessary because the strategies recommended in this study will be implemented in community education programs. Whether the strategies are successful--that is, existing as instruments responding to the needs of the aging--or whether they fail, will depend upon the philosophy of community education. Other limitations of the study are the following:

1. The study will focus only upon developing the strategy and will make no attempt to implement the strategies.

2. Only Center Directors for Community Education throughout the nation will be contacted to collect data for the strategies.

Definition of Terms

Adult Education - A term that includes all educational programs for adults who have assumed some of the major responsibilities of adulthood such as job, family, voting, and driving a car; who are no longer full-time students but who engage on a part-time basis in a systematic and sustained program designed to alter knowledge, skills, and attitudes.

Age, Chronological - Time measured by the number of years lived.

Aging - A general term used for various biological, psychological, and social processes through which an individual acquires the socially defined characteristics of old age.

Community - A geographic clustering of people that makes possible human interaction in solving problems of concern to all. In rural areas, the geographic clustering may be by townships, or even by counties in sparsely populated areas. Clustering may also be in villages or towns. In the urban setting, clustering may be by ghetto, neighborhood, or suburb.

Community Education - A cooperative community involvement process, including but not limited to the identification, development, and utilization of all applicable human, financial, and physical resources to meet people's identified academic, recreational, cultural, and social needs.

Delphi Technique - A process which clusters divergent ideas created by individual brainstorming in the collection of data.

Expert - One who has knowledge others can profit from.

Gerontology - A field of investigation comprised of the results from various traditional disciplines and professions (biologist, physicians, psychologists, occupational therapists, economists, retirement counselors, architects, and others) directed toward the processes of aging and their consequences.

Old Age - A stage of the life cycle socially defined or typified by increasing frailty and disability; much introspection and concern over the meaning of life; distinct awareness of approaching death; financial and physical dependency; isolation, boredom, and loneliness (Atchley, 1977).

Older Person - Conceptually, an individual in the later maturity or old age stages of the life cycle. Socially, people are usually classified as older if they are chronologically 65 or older. Legally, there are several chronological ages that are used to define people as old, beginning as early as 45.

Retirement - The period following a career of job holding, in which job responsibilities and often opportunities are minimized and in which economic support comes by virtue of having held a job for a minimum length of time in the past.

Rural - Areas outside incorporated towns or cities of less than 2,500 persons, according to Census Bureau information.

Senior Citizen - Any person over age 55.

Senior Citizens Center - A voluntary organization for older people which offers its members a range of services (recreation,

nutrition, education, transportation, referral, etc.), and which has a specific facility for this purpose.

Urban - Incorporated cities or towns with more than 2,500 persons, according to Census Bureau information.

CHAPTER II

REVIEW OF LITERATURE

Introduction

The purpose of this study was to develop strategy for involving senior citizens in community education. Consideration of the purpose of this study resulted in the review of literature being revised according to the following areas:

1. Myths associated with the aged.
2. Changes older adults face.
3. Needs and services of the elderly.
4. Pennsylvania's Service Management Plan for Meeting Elderly Needs.
5. Characteristics of service management.
6. Organizations responding to senior citizens' needs at the local and federal level.
7. Overview of community education.

Myths of Becoming Old

The way the older American is viewed by society makes growing old unpopular. There are many myths which surround the senior citizen that have added to the misinformation used to denote this individual. One of the common myths is that older people have diminished mental abilities and cannot learn. Although it is a myth, some people

resort to this practice in referring to the elderly. Other myths which are frequently used to describe the older American, according to Butler (1975) are: (1) old age is a disease, (2) old age is mindless, (3) old age is sexless, and (4) old people are useless and powerless.

Old age is not a disease and should not be viewed as such. Perhaps disease does come into the picture, but it is with those individuals in society who view old age as an illness. Kuhn, founder of the Gray Panthers, stresses the point that old people can add much to a community and advocates the establishment of "oral history" programs in which the elderly would be interviewed about their lives. Kuhn suggests that society should view life as a continuum from birth to death. "Learning is not just for kids, it is lifelong" (Kuhn's speech, 1981). To be old does not mean that one is mindless, sexless, useless, or has a disease.

Hansen (1966) refers to a statement made in a 1961 report of the United States Senate Committee on Labor and Public Welfare, in discussing the re-entry of older persons into community life. The report states:

It is fortunate that the mind does not necessarily decline with age. Recent research indicates that while the speed of learning may decline somewhat, the basic ability to learn new things is not a function of the aging process. Even the older adults with the poorest learning results were about equal in learning ability as the teenagers (p. 32).

The point to be emphasized is that older adults who cannot remember, in most cases, do not truly wish to remember, or at least they make no conscious effort to remember. Undoubtedly it is true that there are many who learn little during their adult years; but if they do

not, it is not due to physical change. Perhaps some senior citizens think they are experiencing diminished mental abilities because they have been conditioned to think so. Clearly indicated in the statement is the need for positive self-image. This positive self-image should exist on the part of society toward the older adult. The older adult should have a strong self-image and feel good about himself. Although myths play a major role in impacting the lives of older adults, there are changes the older adult must face.

Changes Older Adults Face

Physical Health

Older people have twice as many hospital stays as younger persons, and they stay twice as long. They visit physicians 50 percent more than younger persons. Taken in total, this means that the per capita annual health expenditure by older people (\$,218) is nearly three times as large as that of younger persons, according to Brotman (1976). Brotman noted that in 1973-74, the older population had a total health care bill of \$26.7 billion, or 29.5 percent of the \$90.3 billion spent on all health care. Health care costs have risen substantially in the past few years, and the burden of this increase has fallen heavily on older persons. The future will likely maintain this trend. Barrow and Smith (1979) say people tend to assume that old age brings sickness, but this is not necessarily true. Most of the major health problems of old age are indicated by pathology, the presence of disease. The causes of the pathology, in many cases, lie outside the aging process. Poor living habits established early in life, inadequate diet, and

too little exercise are the causes of some of the diseases of old age. With preventative measures, these diseases could be avoided.

Physical Fitness

Exercise is valuable to individuals of all ages. Although they are often labelled as unable to perform exercise or profit from it, the elderly can benefit from exercise because it helps maintain good health, improves circulation and respiration, diminishes stress, preserves a sense of balance, promotes body flexibility, and induces better sleeping patterns. Despite the current publicity about physical fitness, older people are not getting the exercise they need. Many Americans over 60 do not get any systematic exercise at all. Only a few jog, ride bicycles, swim, or do calisthenics.

Many of the health problems and the physical disabilities and deterioration now associated with age are thought to be inevitable with the passage of time. But many of the problems found in older people are the direct result of disease. Disuse of body systems results in decline (Keelor, 1976). In recognizing the importance of physical fitness, the federal government introduced a program called "Active People Over Sixty" on a nationwide basis in 1977, with funding provided by the Administration on Aging (AOA). The program includes regional workshops held to train health and physical educators ("Active People Over 60: Now a Nationwide Program," 1977).

Nutrition

As food prices rose dramatically in the 1970s, there were reports

that some elderly were eating pet food. Although the statement that large numbers of elderly were eating pet food may be more rumor than fact, the rumor points up a moral issue regarding the poor: the unsettling thought that an industry serving the nation's over-indulged pets may also be serving its underfed poor people. Reports of the elderly's shoplifting often indicate they take grocery items such as cans of tuna or lunch meat (Barrow and Smith, 1979). According to Weg (1978), poor nutrition is a serious problem for the middle-aged and elderly in the United States:

This country has been witness to a significant change in dietary patterns away from raw fruits, vegetables, dairy products and proteins of meat origin. For too many, today's diet is still high in cholesterol and other lipids, sugar, and refined grains--almost 20 percent refined sugar and 45 percent fat (p. 25).

An innovative concept for providing nutritious food to the elderly in Santa Cruz, California, was developed by several individuals who were frustrated in their efforts to give away surplus food from their own gardens. The elderly formed an organization called the Grey Bears, a self-help program. The elderly picked crops that supplied over 700 persons with fresh fruit and vegetables each week. The elderly are involved in every level of the operation from picking to packaging and delivering. The less mobile members work in the office at Grey Bears Headquarters (Stein, 1975). Brody (1974), in summarizing common causes of poor nutrition among the elderly, mentioned inadequate income, living alone (fixing meals for one is too much trouble), loss of teeth, difficulty in food shopping, and long-standing poor eating habits. Brody refers to Meals-on-Wheels and congregate meals programs

as examples of public programs designed to provide better nutrition for older people.

Mental Health

Mental health is just as important as physical health for the aged. Mental health provides a necessary sense of well being and is a critical element in a person's ability to function independently. When old people are labelled "senile" by persons with no understanding of the technical meaning of the term, they are showing an ageist attitude. Most old people are in good mental health. Butler and Lewis (1977) estimate conservatively that 15 percent of the aged, or about 3,000,000 elderly, need mental health services for varying reasons. Butler and Lewis say that emotional disorder with no physical cause range from neurosis to psychosis, with symptoms which may be the same or different from those of organic disorder. Symptoms include depression, anxiety, paranoia, thought disorder, and hysteria. Emotional disorders in the aged population are treatable just as they are in younger age groups.

Living Environment

Where and how older people live can be the single most important factor in their lives after retirement. For some older people, living environment has always been a problem. Carp (1976) states that housing represents a problem for a sizeable number of elderly persons but not for others. Some have physical and financial resources to live in the home of their own choosing, while others are dissatisfied with

their unsuitable living arrangements. There are a number of reasons why elderly individuals might become dissatisfied with their housing situation. The kinds of problems the elderly face in housing depend to some extent on the location and type of housing they have. Of those who are not institutionalized, Carp indicates that 30 percent are renters and 70 percent are homeowners. Renters generally live in apartment buildings, but some live in rooms and boarding homes. Homeowners typically live in fixed units, though smaller and less expensive mobile homes are becoming more common as living units for the lower-middle class elderly. Carp mentions the following reasons why older people might be dissatisfied with their housing situation:

1. Personal Reasons - Personal change in one's life may lead to a housing situation that does not match with needs. A large proportion of the elderly are widows or widowers living alone and a house that once was the appropriate size may now seem unnecessarily large and empty. Personal finances may shrink, causing inability to pay the required costs for the housing. The older adult may become isolated because a car is no longer a feasible possession. Without a car to facilitate ties with friends and the goods and services the community has to offer and without alternative transportation, an isolation that did not formerly exist can result.

2. Increasing Maintenance - Older people have typically lived in their homes 20, 30, 40, or more years. With time, more and more maintenance is needed and hiring the work done is often too costly. For older people who rent, the situation is worse than for homeowners.

3. Rising Cost of Living - The elderly on a fixed income may be dissatisfied with the present housing situation, not because the

house is inadequate, but because the rising cost of living makes maintaining the home too much of a financial drain. According to Carp (1976), older people spend approximately one-third of their incomes on housing. Whether an individual rents or owns a home, rising costs of utilities such as electricity, gas, and telephone may create hardships for those living on a limited budget.

4. Urban Blight - The neighborhood in which inner city residents grow old can become an area of high crime and physical deterioration. The elderly may be afraid to go out at night or even be afraid in their own homes. As neighborhoods change from primarily residential to commercial or depressed areas, there is often a change in essential services such as transportation, fire and police, and shopping. Another reason why the elderly may seek other living arrangements is the fear of crime. When crime rises and the elderly person decides to move, he is faced with many problems and issues in relocating.

Problems and Issues in Relocating

Riley and Foner (1968) suggest that older people often face difficult adjustments in moving because they have lived in their homes for a long time. People who live in certain areas for long periods of time tend to feel integrated and secure in their neighborhoods. When the elderly have lived in a neighborhood for many years, their friends and often family members are there. The older person's attitudes play an important role in relocating. Forced relocation is more difficult than a voluntary move and it can bring trauma, confusion, grief, and a heightened sense of aloneness (Kastler, Gray, and Carruth, 1968).

Most old people prefer to live in their own homes. Shanas (1962) found, in a national survey, that 83.3 percent of the aged prefer to live in their own homes, 7.5 percent with a child or relative, and 2.9 percent in a home for the aged. The more dependent lifestyle the age must select, the more difficult the adjustment. Sometimes the problems in group institutionalized housing is not the quality of care provided but the fact that the older person really does not want to be there. Anthropologist Bohanan (1976) gives an example of this from his study. He reported that a 72 year old man would rather live in a cockroach-infested hotel on a menu of eggs, beer, and ice cream than live in a nursing home. Bohanan (p. 218) says a subculture of the elderly across the nation are "dedicated to a lifestyle of self-reliance and self-direction rather than the comforts and regulations of a nursing home." They want better food, but not by giving up their freedom to decide on their life course. As one's understanding of what it means to be old in today's society develops, one realizes that for some older Americans growing old includes victimization.

Crime Against the Elderly

Attacks upon the elderly have increasingly drawn media attention in recent years. A misconception seems to have developed of a large scale assault on the elderly. National surveys show, however, that the elderly are less likely to be victimized than younger adults, according to Cook and Cook (1976). When one considers crimes against persons such as robbery, rape, and assault, only one specific area shows the elderly victimized as frequently as younger adults--the

personal larceny of purse and wallet snatchings, notes Antunes et al. (1977). On the other hand, national survey findings have been contradicted by a few local studies like the three year study of crime against the elderly in Kansas City, Kansas (Midwest Research Institute, 1977). There the rate of strong-arm robbery (using physical force but no weapon) was several times higher for the elderly than for younger people. The same study found that persons over 60 living in certain Kansas City neighborhoods were 10 times more likely to be victims of violent crimes than younger persons in the same neighborhoods. However, other crimes such as burglary, robbery, and rape were more likely to have younger persons as victims, thereby following the national pattern (Midwest Research Institute, 1977). In spite of this contradiction, and perhaps other local exceptions, several national surveys point to less street crime against the elderly than against younger adults. Nevertheless, these survey results do not mean that violence and crime directed against the elderly is of no significance.

A nationwide survey shows that of all victimized elderly people, over half of the violent victimizations occur in or near their homes and less than 30 percent take place on the streets. The aged, unlike younger adults, tend to avoid places of danger and restrict their use of public streets. In spite of precautions, some elderly persons still are victimized in the sanctity of their own homes. The elderly are more likely than any other age group to be attacked by strangers, according to Antunes et al. (1977).

One category of violence which tends to go unreported and seldom prosecuted is violence in the home. An example of this kind of violence is the Battered Baby Syndrome, where parents attack and abuse children,

often fatally, especially those under two years of age. Now evidence is growing that the other end of the age scale is suffering a nationwide "Battered Parent Syndrome" where the elderly are attacked and abused, often fatally, by their own children. Within a short time span, one newspaper reported the following abuses of the elderly:

A middle-aged man forcing his mother's finger into a pencil sharpener, then scraping off the skin, because she made too many demands on him. A middle-aged man beating his mother with her cane. An elderly woman being made to swallow horse medicine by her son, who wanted to punish her for being too dependent on him. A middle-aged woman beating her bed-ridden father whenever he soiled the sheets. An alcoholic son stealing his mother's Social Security money, getting drunk, then coming home and beating her ("The Battered Parent Syndrome," 1977, p. 7).

Fear of crime is widespread among the aged and to a much greater degree than the actual crime rate against them would suggest. A national survey conducted by the National Opinion Research Center (NORC) asked, "Is there any area right around here that is within a mile where you would be afraid to walk alone at night?" Of all respondents, 51 percent of those over 65 said "Yes" (Clemente and Kleiman, 1976). Clemente and Kleiman found that in the NORC survey, elderly persons were more fearful than younger persons. The survey singled out variables to determine which elderly are most fearful:

1. Sex. Elderly women are more afraid than elderly men.
2. Race. Black elderly are more afraid than white elderly.
3. Social Class. Those with less money are more afraid of crime than those with more money (\$7,000 was the dividing line between more and less).
4. Community Size. Residents of large cities tend to be more fearful than people in smaller towns and rural areas.

It is the metropolitan elderly among whom fear of crime takes its

greatest toll. Clemente and Kleiman conclude that this group stays behind locked doors subject to what has been called "house arrest." It is this group that is forced to curtail social activities, stay home from church, or abandon shopping trips for fear of being robbed. It is this group that is afraid of a strange adult, terrified of two or three youths on the street, and frightened by a dimly lit elevator. And, clearly, it is this group which deserves and merits the development and implementation of programs designed to control the fear of crime. These problems are presented to give the reader some idea of the kinds of problems which impact the lives of senior citizens. One of the claims for community education is that it can help solve pressing social problems. As mentioned in the introduction, some of the problems senior citizens face can be reduced to a minimum when there is a unifying vehicle to deliver services to the community. That agency also works best when it reflects the voice and power of the people. Community education is such a vehicle.

Needs and Services of the Elderly

The elderly represent a group of people whose needs are not being met. Various attempts are being made to assist the older American, yet there is no strong conceptual base for delivering services to the elderly. Because more people are living to reach retirement age, senior citizens and their needs have become a topic of much concern.

The Harris and Others (1976) study, sponsored by the National Council on Aging, was the most extensive study ever conducted on America's elderly. While the study disproved many myths about aging, it acknowledged the wide range of problems faced by older adults. The study revealed that respondents indicated the most serious problems were

"fear of crime" and "poor health." Less serious but still causing concern were "not enough money," "loneliness," "not enough medical care," "not enough education," and "not feeling needed." In addition to measuring the experience of old age, the Harris and Others (1976) poll also measured the expectations of old age, and found wide discrepancies between the two, e.g., 21 percent of the respondents over age 65 reported poor health, while 51 percent of the general public attributed poor health as a serious problem in the aged; 12 percent of the respondents over age 65 reported loneliness, while 60 percent of the general public said loneliness was a major problem among the aged.

Rosenzweig (1975) studied 30 Jewish people who used a Jewish Community Center, and compared them to 60 Jewish people who did not (30 of the latter lived alone and 30 lived with relatives). Those using the center were less well educated and of a lower economic status than non-users. Users derived satisfaction from friends and group activities, and were threatened by the loss of friends. Non-users found their greatest satisfaction in work, and felt that their biggest threats were illness and loss of home or family. Rosenzweig concluded that any programs designed to help the elderly would have to take into consideration the prevalence of distinctly different lifestyles.

Perhaps one of the best attempts utilized in getting at the needs of senior citizens is that of asking them what their needs are. Some research has been done in that area.

Friedsam and Martin (1963) compared self and physicians' health ratings in a group of older Texas and showed a positive relationship between the two sets of ratings. Self health ratings proved to be a

rather simple and sensitive barometer of self-image. In a priority of needs, aged people chose crime and health as their greatest problems.

In Tessler and Mechanic's (1978) research, distress emerged as a statistically significant correlate of aged persons' perceived health status.

From two studies (Shanas, 1968; Kanerman, 1976), ways were investigated in which families and communities were striving to meet the needs of older people. Family patterns differed by social class, but persons in every social class reported mutual aid between them and their children. Reports in the literature dramatized the lack of coordination of services in this country to the elderly. Examples of such dramatizations were the following:

Sheldon (1954) predicted that a realistic view would see the community on one hand and the family on the other joined in an active partnership in the care of the older adult. This partnership would set the stage for meeting needs of senior citizens.

Blank (1971) stressed the need for paraprofessionals in supportive service because all humans need someone to interact with, to care about and to be cared about. Paraprofessionals play roles which cannot be overemphasized in providing an outlet for interaction between the elderly and the community.

Taber and Flynn (1971) contended that concern with the coordination of services seemed pointless when so many areas were devoid of any services to coordinate. Many studies were done to determine what needs of senior citizens were being met.

The Gerontological Society sponsored comprehensive evaluative research in social programs for the aged which was reported by O'Brien and Streib (1977). Benedict (1978) offered a review of services provided by the Older Americans Act of 1965, and envisioned 600 state and area predominant organizations being converted to 2,000-2,500 comprehensive service oriented agencies. Benedict considered this route the only responsible course of action.

With regard to a specific service, information and referral, Schmandt and Others (1979) noted differences between urban and rural needs, and pointed to dependence on local initiative to determine the quality of service.

Eisdorfer and Wilke (1976), in discussing the problems faced by older adults, stresses the importance of education. They state:

. . . as long as we continue to devote almost all of the nation's educational resources to children and youth, we will continue to have a problem, not only with regard to older people, but all up and down the generational line (p. 16).

They go on to say that education in the youthful years cannot sustain an individual throughout a lifetime. Obviously, new situations arise as the years go on, both in society as a whole and for the individual as he approaches various stages of life. To deal with these new situations and the problems they sometimes present for the older American, education appears to be a goal for achieving that objective. Obviously, education is not the answer to all problems for all senior citizens. Rather, it is suggested that when there is strategy for senior citizen involvement in the community, older adults' needs have a good chance of being met. Following is a description of the Pennsylvania Plan. This is how a community can utilize strategy for involving senior citizens in community education.

Pennsylvania's Service Management Plan

The Older American's Act (1965), as implemented in Pennsylvania, provided the legislative mandate for a system for cooperation among agencies on behalf of individual elderly clients. This system is called "service management." It is a standardized process to coordinate the assessment, planning, and delivery of services to individual older persons.

Service management derives from casework in traditional agency settings. Its goal is broader, however, in that it focuses on the entire array of services in a community rather than on the services available in a single agency. Service management attempts to get for the client services of the kind, amounts, and duration which are dictated by his/her problem. Finally, service management attempts to orchestrate the array of services into a coordinated, integrated treatment.

The Older Americans Act of 1965 has laid the basis of developing community-based systems of service management. This basis stems from the mandate that a single state agency be designated to take responsibility for helping older people obtain the services they need. These state agencies are, in turn, mandated to designate one or more Area Agencies on Aging (AAA) to plan, develop, and coordinate services in a part of the state. In general, nationwide, state agencies have interpreted their mandate as calling for a relatively small number of area agencies which operate as planning bodies. Most AAA's coordinate by the way they fund and regulate new and existing services for the elderly.

Pennsylvania, which has 47 area agencies on aging, is unusual in its strategy regarding AAA's. Benedict and Hoke (1973), referring to an attempt to make AAA's maximally responsive to their communities, indicated that the Pennsylvania State Office for the Aging has designated individual counties or groups of small counties as planning and service areas. By making a small geographic area with an established political organization the host for an AAA, the agency was expected to be responsive through electoral pressure, to local citizen needs.

Where a county agency serving the elderly existed at the time AAA's were designated, this unit was often chosen to serve as its county AAA. Thus, in many instances, area agencies also inherited direct service responsibilities.

Pennsylvania is also unusual in that the State Office for the aging has responsibility for administering not only Older Americans Act funds, but also all funds paying for services to the elderly under Title XX of the Social Security Act and several million dollars of state funds. The State Office has delegated to each Area Agency on Aging the authority for allocating these dollars among service providers at the local level. As a result, the 47 Pennsylvania Area Agencies on Aging, which vary from brand new to old and established agencies, have responsibility for planning and coordination of a wide range of service programs, being the conduit for aging money, brokering services for the older people in their communities, and sometimes providing direct services.

Characteristics of Service Management

Method

The Philadelphia Geriatric Center was asked to provide technical assistance to the State Office and its AAA's to help strengthen their service management capabilities. The Center's role was to meet with State Office officials to develop a trial solution based on AAA's legislative and administrative authority, political realities, and a sense of the existing problem of getting an expanding array of services to older people. As trial solutions were developed, the Center took them to several AAA's to try to fit them to local realities to develop workable forms and procedures and to report back to the State Office problems and successes with the concept, the procedures, and the forms. Four AAA's were selected jointly by the State Office and the Philadelphia Geriatric Center in order to represent the state geographically and politically, and to include examples of large, small, urban, rural, single, and multiple county agencies. All agencies selected were known to the State Office as innovative and agreed to cooperate in the development of the service management program and to attempt to institute it locally. They were offered the technical assistance from the Philadelphia Geriatric Center and a small amount of money to help implement the program. MacBride, Ishizaki, Gottesman, and Feldman (1977) worked intensively as consultants with the four AAA's for two years, had several day-long contacts with every AAA in the state, provided short-term technical assistance to 12 AAA's, met frequently with staff of the State Office for the Aging, and made site visits to client accessing systems of Massachusetts, Connecticut,

and Wisconsin. MacBride, Ishizaki, Gottesman, and Feldman developed a basic concept of service management and two models which represent the ends of a continuum of structure and operation.

Basic Concepts of Service Management

Service management is a process which is an extension of the AAA's mandate of coordinate services for the elderly (MacBride, Ishizaki, Gottesman, and Feldman; 1977; Ishizaki, Gottesman, and MacBride, 1977). Conducted for and with a selected sub-set of clients, it provides access to the entire service system and ensures the coordinated delivery of multiple services to individual clients. Basic to service management is an initial broad-based assessment of the client's needs. In addition, the service management process involves insuring that a service plan is written which considers all available service solutions; the client is actually connected to service, and the progress of the client is re-examined and the process updated at regular intervals.

The goals of the service management process are: (1) to facilitate access to a complete continuum of care, ranging from home care to institutional care, (2) to facilitate choice of the most appropriate service alternatives for the client's unique conditions and concerns, (3) to ensure the coordinated delivery of services to each client, and (4) to ensure periodic review of the appropriateness of the service being provided.

In order to achieve these goals, service management includes five essential activities pursued by a worker, called a "service manager."

These are:

1. An initial broad-base standardized assessment of the client's current functioning.
2. Creating a written service plan, an agreement between the client and worker regarding the client problems identified, goals to be achieved, and services to be pursued.
3. Activity by the worker which arranges for services as planned.
4. Follow-up to confirm that service has begun.
5. Reassessment at a scheduled time to re-examine client's functioning and change the service plan and services consistent with current needs.

These activities of a service manager constitute a role in the service network of a community which has not existed until now in a systematic way. It is much more complex than Information and Referral. This role takes time to execute and has a real cost. It is most needed by clients who require services of several agencies, since presumably clients receiving services from a single agency already are being assessed and served according to a plan for that service. In order to maximize the use of resources, the service appears to be most meaningfully applied to clients who have one or more of the following characteristics:

1. A pressing problem which is vague or ill-defined.
2. A complex problem.
3. A potential need for services from several providers.
4. A set of circumstances which make it difficult for the client to continue to live at home.

5. A problem where the service considered could interfere with the exercise of the client's civil rights.

6. A need for personal advocacy support.

Systematic Essentials of Service Management

MacBride, Ishizaki, Gottesman, and Feldman (1977) believe that service management can exist in a single agency if the essential steps of assessment, planning, arranging for services, follow-up, and re-assessment are all done. For a service management system which meets the goals of helping clients access several services which are appropriate to his/her needs and are coordinated, some additional system characteristics are essential. First: there must exist several services which comprise a continuum of care. Second: each client in the system must have one agency responsible for service management. Third: it follows that all agencies in the system recognize the responsibility of the designated agency to perform service management on behalf of the client and also are cognizant of the welfare of the cooperating agencies. Fourth: one agency in the system must be accountable for the entire system. Its accountability can be based either on external mandate or mutual agreement of agencies in the system.

Naturally, if, as in the case of some rural areas, only one agency exists, there is no possibility of a system of service management, even though the one agency can still use service management for its own services. In most communities there are several agencies which provide service that, when considered together, constitute a continuum of care. Many places, for example, have a senior center, senior citizen housing, hospitals, homemaker and home health care

agencies, family service and mental health agencies, foster homes, and nursing homes. Any portion of these would meet the essential of a continuum.

Meeting the second criteria of one responsible agency requires a great deal of change from present practices. The agencies in the continuum must agree to accept a single agency as advocate for any given client. If the client were independent there would be no question that he/she be honored as in charge of himself/herself. If he has a family, it could serve an automatic and effective role as his advocate. It is less common that a client is helped by an agency to get services of another agency. An example of this role exists where family service agencies help clients apply for monetary benefits or to get temporary home services. Another example is when the social security office helps a client contact a health service provider. Unless the agency stays with the client after the referral, only information and referral but not service management is being given. A true example of a need for systematic service management would be a client who was at the same time getting a home delivered meal from one agency, homemaker service from another, and transportation from a third agency which took him to a fourth agency for mental health services. Unless these four agencies agreed that one of them or an outside service manager were responsible, agency conflict or parallel play could result in poor client services.

All agencies must be willing to recognize that client responsibility rests in any given case with only one of them. But to do so they must also feel assured that the management agency knows their intake criteria, their informal limits, and their actual services.

Inappropriate referrals and expectations would quickly cause distrust and breakdown of the system.

Because the system itself needs to be developed and maintained, one agency needs to take responsibility for the system. This responsibility can come about as a result of funding or regulatory power vested by law or by regulations. It could also come as a result of several agencies agreeing on a process to avoid duplication of services and turf conflicts. A sort of cooperation among agencies often exists informally, especially through referrals of one agency to another. Unless there is explicit attention paid to the need for systematic ties, agencies will not work spontaneously together, according to MacBride, Ishizaki, Gottesman, and Feldman (1977).

Desirable System Characteristics

MacBride, Ishizaki, Gottesman, and Feldman (1977) have stated that once a group of agencies decide to create a system of service management, there are several characteristics the system must have. First, the system should be easy for the client to access. There is now a great deal of evidence that services often are unused, even in the face of apparent client need. This can come about because clients do not know of the service availability, feel intimidated, and lack the energy to shop for what they need. People also generally vacillate in their sense of urgency about needing services. In order to have the system operate effectively it must have highly visible access to prospective clients. The use of special telephone numbers which are well advertised and the setting up of neighborhood contact points both serve this goal.

One client contact should be enough to access the entire system. Once the client asks for help, he/she should then be assisted by the system itself to use it to meet all the client's needs. This means that there should be a single assessment which helps all constituent services know if the client could benefit from their help. This single assessment cannot reasonably go into all the detail of each service, but it could serve clients sufficiently so as to find areas of need and of strength and heighten each agency's awareness of the entire client.

Since the type of client who is served will need multiple agency and informal services, a single plan should serve all constituent services. It is important, for example, for the meals on wheels agency to know that a homemaker is attempting to teach a client to cook, so that meals are delivered for the right length of time to encourage client independence. Our experience is that families (which are the source of 80 percent of all service clients receive) seldom know either what agencies plan to do for their parent or what the agencies expect them to do. Likewise, few physicians know what the homemaker they order plans to do.

If both the assessment and service plan were shared with all relevant providers, the above problems would be reduced and it would become more possible to coordinate services for each client. The shared assessment plan, along with the systematic interagency cooperation agreements and the designation of a single responsible agency, will help achieve coordination.

One final characteristic needed for the system is for all agencies to know when services from any agency change markedly or are

terminated. Since service management is not a referral alone but a way to serve clients in a planned way over time, it is very important for all agencies to know when a client's needs change or when an agency for whatever reason modifies its services. An example is when the vacation schedule of the mental health agency requires that the client stop seeing a therapist. The client's behavior may alter radically at that time and both the family and other agencies, if alerted, would respond better to the change. A second example is an instance in which two agencies each terminated service because they felt their services were redundant since the other was present. Better information would have avoided this problem. Specific functions may be delegated to another agency, but the AAA must at all times retain responsibility for their appropriate performance by the delegated agency.

Models of Service Management

Macbride, Ishizaki, Gottesman, and Feldman (1977) observed two models for service management derived from the responsibility of the AAA for service management and its ability to delegate some of its functions to providers. These two models can be called: (1) Central Intake (CI) and (2) Multiple Access with Central Responsibility (MA). These two models are, in fact, points on a continuum related to how services are delivered and controlled.

Central intake is a system in which all clients enter through one central agency (usually the AAA). It can be central intake for only AAA provided services, or for AAA sub-contracts as well. CI assumes that involved providers will accept assessments and case

plans prepared by the intake unit and will provide service as prescribed. The intake unit provides service management.

Multiple access with central responsibility is a system in which clients can enter a coordinated community service network via any one of several major cooperating service providers. An assessment approved by the AAA is done by one of the cooperating providers (or the AAA) and a service plan is written. The client is referred to other providers when additional services are required, but no agency provides intake for another. The assessment and service plan are sent to the provider receiving the referral so that neither is redone. One cooperating provider is designated the service management agency for the client, and the AAA supervises the system.

Service management, according to MacBride, Ishizaki, Gottesman, and Feldman (1977), is a process which is an extension of the AAA's mandate to coordinate services for the elderly. Done for and with a selected sub-set of clients, it provides access to the entire service system and ensures the coordinated delivery of multiple service to individual clients. Service management has as a goal providing for access, integration, and accountability regarding a variety of services which clients need. As a client service it is composed of a standardized initial assessment of a client's needs, a written service plan, linkage services and regular case review, and plan revision. Service management does not include actual "hard" service delivery but is a way to facilitate better service delivery. Service management is most useful for clients with vague or complex problems, those who may need to give up community residence or to relinquish some of their independence, or those who require personal advocacy.

To operate as a system, service management needs:

1. A continuum of services available to the clients being served.
2. A single agency responsible for service management on behalf of each individual client.
3. Recognition of that agency by others as the service manager of that client.
4. Authority or accountability for the system vested in one agency.

Other desirable system characteristics are:

1. Highly visible access.
2. Entry to all services with one contact.
3. A shared single assessment form for all services.
4. A shared single service plan form for all services.
5. A means for interagency coordination.
6. A means of communication among agencies of changes or termination of services of individual clients.

The two models differ in four ways:

1. The number of agencies functioning as access points, with CI having one and MA having more than one.
2. The number of functions retained by service providers as opposed to being done by the AAA. In CI, AAA does intake assessment and service planning, with MA service providers keeping these functions.
3. The degree of direct control by AAA of client flow. CI has a high degree of direct control and MA a lower degree.
4. The depth and breadth of the services directly available

to the management system. CI has more control over few services; MA has less control over many services.

In the MA model, which does not require service agencies to give up any function (though it probably will require them to change their practice to some degree), the AAA will have less direct involvement or control of services, but have increased possibility for broad community involvement, i.e., many providers will be willing to cooperate in a group effort who would not be willing to give up their intake functions for even part of their client load.

Determinants of Model Choice

Whether the AAA chooses to develop a CI or MA model may relate to several factors such as previous history of the agency designated as AAA, existence and extent of community service providing network, and aspirations and skill of the AAA director.

Central intake model seems to have occurred when the AAA was already a major established service provider at the time of designation. It also appears to have emerged in communities where few other providers existed and/or where existing providers had limited case-work capability. Also, if an agency necessary to the system, e.g., homemaker, refuses to cooperate at all, the AAA may decide to provide the service itself. Of course, the aspirations of the director of the AAA will impact heavily on the agency's response to any of the circumstances listed above. A director with an entrepreneurial approach may develop services within his/her agency. One with few community organizing skills but strong service providing identity will be likely to develop services. It appears that any set of

circumstances encouraging the development and provision of services by the AAA itself will move the agency in the direction of the CI model, both because the AAA will naturally provide intake for at least its own services and because the provision of service by the AAA may actually interfere with its ability to coordinate and monitor the provision of services by other agencies (which is necessary under the MA model).

Those conditions which discourage an AAA from becoming a provider (or from remaining a provider) would encourage the development of the MA model. These could include either the designation of a non-provider (e.g., a planning agency) as AAA or the establishment of a new agency; the existence of sophisticated skillful service providers, or of many providers (even if they were not serving the elderly very extensively), a previous history of cooperation among agencies, and/or the requirements by political realities that the AAA staff be quite limited in number. In addition, because the MA model requires close cooperation among strong autonomous agencies, it seems to develop where there is politically astute leadership in the AAA, recognized legitimacy of this leader and his/her agency, and an aspiration by the leader to be viewed as a mediator or advocate rather than as a provider.

Constraints Resulting From Model Choice

There appears to be positive and negative factors relating to choice of either the CI or MA service management models. These factors have implications for starting a program, for maintaining it, and for staffing it. The chosen approach will affect both the client and the community.

Starting service management appears easier in a CI model because the work to be done is mostly internal to the agency. Forms and procedures can be developed quickly. Little community organizing work is required unless some services are contracted out. Starting of the MA model requires attaining agreement among several providers on goals, responsibilities, forms, and procedures. This can be a complex task taking much more time to accomplish.

Maintenance of the service management system differs in the two models. The CI approach allows direct control, requires less monitoring, fewer complex relationships outside the agency, and allows more control of service usage. Even if outside contractors are used for services, they agree to accept the service management agency's assessment and case plan. A simple system of vouchers, which buy services like dollars, is possible and facilitates control of sub-contracted services. The CI approach requires a great deal of central record keeping. It can also develop a large case load for the central agency. Multiple access encourages control to be vested in the forms and procedures which serve as checks and balances on participating providers. The case load and case records are spread among those agencies participating. Keeping the system going in a MA approach requires monitoring, complex relationships to providers, and complex record sharing. The MA system will add paper work to cooperating providers unless it is well handled with the use of common forms.

The CI model probably requires a larger caseworker staff than the MA model. This staff must have detailed knowledge of all services available to the system. They may have to make up for weak assessment and planning skills in other agencies.

In the MA model, the skills of all agencies' staffs can, to some extent, be pooled and therefore the expertise in each agency can be utilized by the entire system. The AAA director and service manager must be politically astute and knowledgeable in community organizing.

What is important to the client is the number of services available to the service management system and the number of agency contacts he/she must make to get the services. In the CI model the client will have direct access to all AAA provided and contracted services. If the client must go outside a CI system, other providers may require new assessments and case plans. Providers themselves who are outside the system will have little incentive to contact one another. In a MA system there are more entry points and more agency inputs to assessment and planning. Clients are likely to have easier access to more services inside and outside the system and to be faced with less repetition of assessment and planning.

Relationships with providers outside the intake agency are little needed in the CI model if all services are AAA provided. As contracted services increase, more contacts with other community providers are needed but the CI approach will foster a narrow definition and narrow use of the service community rather than a broad community view, e.g., under CI the hospital discharge planner will probably not be seen as a part of the system. The MA approach uses existing skills of providers well and makes the best use of the total community resource bank.

Organizations Responding to Senior Citizens'
Needs at Local and Federal Levels

Elderhostel Concept

An organization which serves older adults in an educational setting is the Elderhostel concept. Through Elderhostel, older adults have the opportunity to practice community participation and lifelong learning in an educational setting. What is Elderhostel? According to Webster (1977) the term "elder" refers to an older adult. The term "hostel" refers to supervised housing. Putting the two words together, one gets Elderhostel, a new concept which supports the idea of the older American keeping active. Elderhostel combines the best traditions of education and hosteling. The idea was inspired by youth hostel and folk schools of Europe, but guided by the needs of older citizens for intellectual stimulation and physical adventure. Elderhostel provides an opportunity for senior citizens to keep on the move--not just in terms of travel, but in the sense of reaching out to new experiences. Elderhostel is a network of over 400 colleges, universities, independent schools, and other educational institutions in 50 states, Canada, Great Britain, Denmark, Sweden, Finland, and Norway, offering special low cost, short-term residential academic programs for older adults. Elderhostel is for older Americans who want to remain active. Based on the belief that "to retire does not mean to withdraw," Elderhostel makes it possible for older adults in retirement to continue living a rich and rewarding life through traveling, making new acquaintances, and enjoying new experiences. Mirroring an international flavor, Elderhostel, a non-profit organization, is open to persons 60 years old and over--

or to any persons whose spouse or companion qualifies. Even though the Elderhostel concept is a good idea, many citizens cannot afford to participate (Elderhostel Catalog, 1981).

Generational Interaction for Today

Generational Interaction for Today (GIFT) allows the older adult to interact with members of all ages in the community. Even though GIFT is another outlet for senior citizen participation, it would appear that GIFT provides an answer for senior citizens in Oklahoma to remain active. GIFT is an attempt to help people get in touch with each other again--to use our natural resources: each other. It is a group of people from schools, daycare centers, senior citizens' centers, churches, media universities, and wherever people are willing to follow an idea. The idea is to help people. People have become isolated, due to industrialization, quick transportation and communication, geographic mobility, specialization, bureaucratization, and professionalization (Generational Interaction for Today Catalog, 1980).

Programs Promoting Senior Citizen Involvement in the Community

In Oklahoma City, Oklahoma, the St. Luke's Methodist Church conducts a program for senior adults each Friday, according to Korim (1974). The program attracts some 700 to 900 people and is financed by the church itself. The program has a full-time church staff member assigned to it. This member performs administrative duties necessary for the program to run smoothly. Activities include a luncheon each Friday as well as courses of interest to senior adults.

The Oklahoma City office of the Areawide Aging Directory lists another church-related program in the area, noted Sarvis (1973). The program is the Northside Community Enrichment Program operated on Thursdays from September through May of each year. The Northside Community Enrichment Program is sponsored by eight north Oklahoma City churches composed of Catholic, Methodist, Episcopal, Presbyterian, and Lutheran denominations.

In Stillwater, Oklahoma, the First United Methodist Church sponsors a Continuing Education program for its area adults. Some 200 to 300 senior citizens have the opportunity to keep active by taking a variety of courses. Senior citizens from the surrounding cities of Perry, Cushing, Carney, Glencoe, Perkins, and Yale are represented. During the author's interview with the representative for the First United Methodist Church, information was shared indicating that all denominations are welcome to participate in the program. This fact was reinforced by the mentioning of such denominations as Catholic, Presbyterian, Baptist, Lutheran, and the Latter Day Saints, to name a few. The representative stated that a fee of \$5.00 was charged for taking the classes. Every Friday senior citizens have the opportunity, for a small fee, to participate in a noon fellowship luncheon.

Another service provided for senior citizens in the Stillwater area is the Information and Referral Service. This service is a Stillwater Public Library Service for older persons. It is an information service operating with a grant from the Oklahoma Department of Libraries under the Library Service and Construction Act. The Information and Referral Service serves as a catalyst between those in need of information or assistance and those who can supply it.

Information and Referral has a professional staff and trained volunteers. The service is open to anyone in the Stillwater telephone area. Persons wishing to use Information and Referral can call or go directly to the library. Information and Referral has files which contain many resources with facts on numerous community services and activities. All organizations, agencies, and facilities of special interest to older citizens are on record. The files are updated daily. Services offered are transportation, telephone reassurance, and odd jobs. Volunteers will drive persons who have no transportation to places offering food, health, or legal services. Volunteers will regularly telephone persons who are ill or living alone to check on them and have a short telephone visit. Information and Referral will do odd jobs consisting of minor repairs. Jobs which many people find difficult to perform, such as changing light bulbs, repairing door latches, maintaining lawns, and removing brush are examples of some of the services the Information and Referral Service provides for senior citizens. Information and Referral also has information about recreation, emergency services, nutrition, housing, home/health care classes, legal assistance, and library services.

Adult Education

Adult education reaches a large number of people in the community. Yet, the clientele does not appear to be representative of the older American. Whatever the reason the older American is simply not present in large numbers in the adult school setting. One explanation offered for the senior citizen's absence in adult classes is what is known as "aging group consciousness" or "age group identification."

Some older persons have begun to think of themselves as members of an aging group. In their eyes the elderly are being transformed from a category into a group. One of the early manifestations of this attitude is for the older American to join some kind of recreational or other expressive association in which he can interact almost exclusively with persons of similar age. With similarity of age seniors take pride in the association, as evidenced by such titles as: "Golden Age Club," "Senior Citizens Club," or "Live Long and Like It Club," according to Rose (1977). Havighurst and Albrecht (1953), in exploring contact with other persons, concluded that social approval, or culture-wide definitions of success or failure, play a major role in self-image and group identification.

While old age brings for some the release of not having to work at a boring job and not having to strive for scarcely attainable goals, resulting in the mellowness that comes to old people, for most persons it brings disturbances to roles and self-conceptions that tend to result in minor forms of ill health. There tends to be a movement from head of household to dependent, from lack of awareness of psychological dependency to poignant awareness, from rise in prestige to decline, from having a meaningful life role to having to search for a new role, and from being an active person to being a partial invalid (Bier, 1974). Given this kind of background, opportunities for developing negative self-conceptions multiply. This can also account for the fact that the older American does not participate in adult education in large numbers.

Knowles (1970) noted that educators who have assumed that the elderly will respond to educational programs designed for them--that

older people are able to develop new interests and are healthier if they do--have had spectacular results. Thus, the mature adult must be encouraged to explore and to seek that new knowledge required by his/her own changing needs and development.

Eklund (1969) proposed educational program development for the post-retirement years. He concluded that studies on motivation of senior adults were inconclusive and expressed concern to professional educators that lack of consistent and motivational factors could hinder effective programming for continuing adult education. His studies also stressed the fact that persons reaching the age of 65 can expect to live an additional 13-16 years in sufficiently good health, which allows for continued participation in major activities. Eklund's study concluded that stress points such as retirement or death of a spouse provide incentive for education. This study revealed that senior adults want to be needed and that a serious defect exists in the social structure of the United States, due to the absence of relevant and useful things for older people to do. He suggests that education has a part to play in correcting this defect.

When a society changes so rapidly and with such turbulence as it does today, many older people are left psychologically and emotionally behind, in eddies of unrelatedness and alienation. In all societies changing patterns create problems of adjustment for the men and women who live in them. New ways of coping have to be learned. New patterns must be designed today to create an environment of opportunity for all older Americans, the majority of whom are relatively healthy and largely self-directing. Opportunities for older people to age with dignity and usefulness and to participate, as they are able,

in the common life, must be an integral part of community planning. Meaningful involvement in society, rather than alienation from it, must be the goal.

Newberry (1959) did a study of previous research involving participants and participation in adult education. He found that the first study was conducted by Gallup in 1945 and that the next one was conducted by the Bureau of Census in 1957. His search found one study by Clark and Sloan of education programs offered by industry for benefit of employees. This review of research revealed two types of studies: those that studied the characteristics of participants and those that sampled a population to determine differences between participants and those who did not participate. The study confirmed that people who participate in adult education were most likely to be found among the more highly educated and those individuals with high economic and occupational status. This research reported no findings of older adults as participants in educational programs.

Senior Citizen Center

To cope with the large numbers of people that are living to reach old age and to provide activities for them, senior centers were organized. The first center was established in New York in 1934 and today more than 5,000 centers have been established throughout the United States (Maxwell, 1962). Even before the first established center in New York in 1943, the first club for older adults was established in Boston in 1870 (Laense and Wagner, 1963; Survey of Senior Centers, 1974). Although the list of senior citizen centers is growing, the older adult appears hesitant to take advantage of

the opportunities centers have to offer. In a study looking at the effectiveness of these centers, Gottsch (1979) made the following statement:

One would expect large numbers to attend the centers at age 65, since this is the usual retirement age, but this was not the case in the 12 centers in the study. The attendance was poor because participants were not asked in person to attend (p. 51).

While reading the research study by Gottsch was informative on the philosophy of senior citizen centers, the research reinforces that additional need is necessary in being responsive to concerns of the elderly. Maxwell (1962) commented that

The satisfaction derived from a successfully operated center often is dimmed by the recognition that only a small per cent of older persons in a community are participants. Concern is expressed over a lack of community participation (p. 77).

With the number of people who are over 65 increasing significantly each year, our society is today finding itself faced with the problem of keeping a large share of its population from joining the living dead--those whose minds are allowed to die before their bodies do. Kaplan (1953, p. 5) makes the following comments about the social needs of man: "The happiness of any person depends not only on food, shelter, and clothing, but also on companionship, creative activity, and the employment of leisure in a socially useful manner." Reflected in the literature are numerous cases of older adults whose needs are not being met. Older persons of Mexican descent are represented in the cases. Myerhoff (1978) reported that the needs of the older Chicano are not being met, especially outside the family. Instead of prestige and respect, the older Chicanos experience the same shame and burden that accompanies old age in contemporary Euro-American

society, and as far as the control of resources is concerned, the older Chicanos only hold hope for power in the future. Myerhoff, in interviewing older persons of Mexican descent in the contemporary urban United States, found that a majority felt there is a need for an active political group of senior citizens. Although persons of Mexican descent are welcomed at senior citizen centers, older persons of Mexican descent are not in attendance. The purpose of senior citizen centers mirrors an effort to coordinate the community services for senior citizens and provide a focal point for the community (Laense and Wagner, 1963). Three reasons, as indicated by Myerhoff (1978), were given as to why persons of Mexican descent do not frequent senior centers: (1) older Chicanos have not been attracted to the senior citizen organizations in the community because they are not productive political groups; (2) older Chicanos have not joined senior citizens' associations because these organizations are not viewed as controlling sufficient resources to adequately satisfy the more pressing needs of older members; and (3) there is a long history of voluntary associations in the Chicano community, and there may be some cultural rejection of the idea that such arenas should fulfill functions formerly carried out in familial contexts.

deBeauvoir (1972) stressed that the rapid industrialization of America has stripped our age of the responsibilities and functions they possessed in an agrarian society. Unproductive, they soon feel unwanted. deBeauvoir added that the miracle that has made old age possible for many more Americans has also made it more frustrating. Modern medicine has increased life expectancy for men from 49 years in 1900 to almost 75 years today. Society has prolonged life in general,

thereby creating a larger group of the aged, but society has not prolonged the life of the aged. Worse, society has not made the life of the aged meaningful or in any sense self-sufficient.

Many gerontologists have pointed out that because of the aged's extensive experience and practice, many have developed high levels of skills, emotional stability, wise judgment, and altruism. Gerontologists agree that these abilities can and should be channeled into constructive roles (Palmore, 1968). Most evidence indicates that retirement does tend to decrease life satisfaction.

Overall satisfaction with life is greater among older persons who are still working than among those who have retired. This pattern seems to rise in part (but only in part) because the kinds of people who remain in the labor force are very different from those who retire (tending to be healthier, better adjusted, and more advantaged, on the whole). Yet, quite apart from such factors as health or socioeconomic status, the pattern of lower satisfaction among the retired persists (Riley and Foner, 1968).

The idea that society can provide only a limited number of jobs and that, therefore, it cannot provide enough jobs for aged workers is no longer accepted by most modern economists. Society could create a useful role for every adult if it were willing to devote the necessary attention and resources to this end. Certainly there would be major economic and political problems involved. But there is an unlimited amount of goods and services needed and desired in American society (Palmore, (1968).

Fromm (1966) has stated that old age is a problem created by modern industrial society, and that the aged are a problem because they are superconsumers of time in a society which values productive

work. In the United States, the most highly valued role is work, and productivity is the primary measure of role performance.

In studies of satisfaction and dissatisfaction, there is evidence that elderly people who do work derive greater satisfaction from their work than from leisure activities (Pfeiffer and Davis, 1971). Pfeiffer and Davis concluded from an interview of elderly subjects that they would still work even if they did not have to. They preferred work to leisure time.

On the occasion of his 90th birthday, Dubois (1968), the black scholar, said to his great-grandson:

As men go, I have had a reasonably happy and successful life. I have had enough to eat and drink, have been suitably clothed, and, as you see, have had many friends. But the thing which has been the secret of whatever I have done is the fact that I have been able to earn a living by doing the work which I wanted to do and work which the world needed done (p. 398).

He continued working until he died at the age of 93.

Relevant Federal Legislature

According to Ganikos, Grady, and Olson (1979), only technical amendments were made in the coverage and financing of the Social Security system during 1935 to 1950, the first 15 years of the system. It was not until the early 1950s, when major international unions such as the Steelworkers' and the Auto Workers' unions pressed for company-funded pensions under collective bargaining, that concern for the broader issues affecting older people began to become a general political concern. The first White House Conference on Aging, sponsored by President Harry S. Truman and the Federal Security Agency, was held in 1950. For the first time the full range of legislative needs of

older people were identified. In addition to an adequate income under Social Security, the first White House Conference on Aging identified needs in such areas as health care and its financing, housing, transportation, employment and retraining, social services, volunteer service, adult and preretirement education, professional training, and research.

Ganikos, Grady, and Olson (1979) added that during the 1950s, as a direct result of the first White House Conference, many states created offices on aging and there was a similar growth in community councils on aging in many major cities. These were the beginnings of the so-called "network on aging," which came to full fruition under the Older American Act of 1965.

Other outgrowths of the 1961 White House Conference were the creation and strengthening of political and social action groups by and for older people, such as the National Council of Senior Citizens (NCSC), the National Retired Teachers Association (NRTA), the National Council on Aging (NCOA), and the American Association of Retired Persons (AARP) (Ganikos, Grady, and Olson, 1979). Volunteer associations are today providing a number of educational opportunities for senior citizens. Appendix A contains correspondence from an administrator of the National Retired Teachers Association and the American Association of Retired Persons, which reports the services which are available from the Association.

A review of literature on existing educational programs for the elderly resulted in one response (Appendix A) from the National Council of Senior Citizens. This response indicated that the Council did not consider itself primarily an educational organization but rather

a political activist organization. Sharing information which affected the well-being of senior citizens such as health care, housing, employment, Social Security, crime prevention, nursing home reforms, congressional evaluation, and other important information to senior citizens through a monthly newspaper was mentioned in the letter. It would appear that such information could be considered educational since the Council may be providing an educational service for senior citizens through the mass medium of the newspaper.

With agencies at the local and federal levels it would appear that the needs of older adults are being met. The 1971 White House Conference on Aging noted that a lack of coordination among community organizations providing services for older Americans was a high concern. Yet, because local organizations tend to compete with one another rather than cooperate, calls for better coordination within communities were generally to no avail (Estes, 1973).

In the past, a major problem with federal legislation and the management of programs authorizing services to older persons was the failure to provide effective mechanisms for planning, coordination, and creative use of available resources at state and local levels and even at the federal level. Although the Administration on Aging and the Interdepartmental Committee on Aging, established under the Older American Act of 1965, were supposed to achieve this coordination, there was no really effective follow-through at state and local levels until the Older Americans Act Amendment of 1973 (Ganikos, Grady, and Olson, 1979).

Older Americans Act

The Older Americans Act (1971) established 10 objectives for older Americans which were to be accomplished by the Administration on Aging:

1. An adequate retirement income in accordance with the American standard of living.
2. The best possible physical and mental health without regard to economic status.
3. Suitable housing (with free choice of selection).
4. Full restorative services for those who require institutional care.
5. Employment opportunities without age discrimination.
6. Retirement in health, honor, dignity--after years of contribution to the economy.
7. Pursuit of meaningful activity within the widest range of civic, cultural, and recreational opportunities.
8. Efficient community services, including access to low-cost transportation, which provides social assistance in a coordinated manner and which are readily available when needed.
9. Immediate benefit from proven research knowledge which can sustain and improve health and happiness.
10. Freedom to plan and manage their own lives (p. 2).

To achieve the objectives, the 1973 Service Amendments to the Older Americans Act provided federal funds to each state. In order to receive funds each state was required to set up a network of Area Agencies on Aging. Through the Area Agencies on Aging, funds were allocated to provide assistance for the establishment of multipurpose senior citizens centers. The Area Agency on Aging created by the Older Americans Comprehensive Service Amendments of 1973 seeks to make a minimum

set of services available to all older people. The majority of AAA's were created in 1974 (Estes, 1973).

Overview of Community Education

In developing strategy for senior citizen involvement, one can reflect on the innovative idea for education suggested by Minzey and LeTarte (1973):

Community education is a philosophical concept which serves the entire community by providing for all of the educational needs of all its community members. It uses the local school to serve as the catalyst for bringing community resources to bear on community problems in an effort to develop a positive sense of community, improve community living, and develop the community process toward the end of self-actualization (p. 19).

Some of the problems that senior citizens face can be reduced to a minimum when community resources are mobilized through a unified agency to deliver services. It is not suggested that community education is a panacea for all of the problems facing the older American. What is suggested is the philosophy of community education depicted in the development of a model for senior citizen participation could reflect the voice of the older American. According to Seay's (1974) definition of community education, this thought is introduced. Seay (1974, p. 43) said, "Community education is a process that seeks to achieve a use and balance of all the institutional forces in the education of the people--of all people of the community." This definition seems to reflect how community education experts view the power of community education. Community education is a concept which is growing in popularity. Perhaps the reason for the rapid growth of

community education appears to be the need for a vehicle to mobilize existing resources, physical and human, in the community.

Communities have many different models which represent community education programs. The model common in most communities is the one stressed by Decker (1975). Decker's model shows the components of community education as "building blocks" in implementing the total concept (Figure 1).

Since the settling of the first colonies, education has been part of the American way of life. Although educational opportunities have not always been free on an equal basis for all citizens, people have always held a strong belief in education. In 1751, Franklin opened an academy in Philadelphia which is seen as the beginning of what has been labeled the Academy Movement (Solberg, 1970). During this period in educational history, the only programs that could be labeled as "early community education programs" were primarily in agricultural and rural communities. One of the earliest examples is the Bethesda School in Georgia, established in 1740. It was one of the first schools for orphan boys and had agricultural education as one of its primary objectives (Scanlon, 1959). The first recorded use of the school facilities for adult evening education was reported in 1810 in Providence, Rhode Island (Cubberly, 1934). In the latter part of the 1880s, developments began outside the public domain that would later be incorporated in community programs. About the turn of the century and into the first several decades of the 1900s, elements of community education began rapidly appearing in public education. In 1897, Smith urged the use of schools and libraries as civic centers (Nashlund, 1953). During the period of 1900 to 1930, several

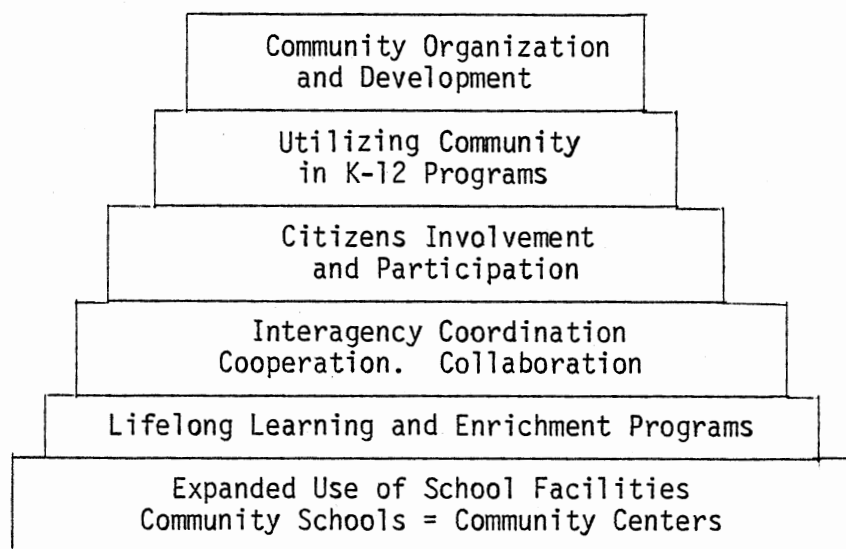


Figure 1. "Building Block" Components in
Developing Total Concept

experiments of the school being more integrated into the community and being used to help solve community problems are recorded. Dewey's school affiliated with the University of Chicago, despite the fact that "it was a private, tuition-exacting school and, in practice at least, was not responsible to the public in the sense a public school is" provided major contributions in the development of community schools (Muntyan, 1953, p. 37). Another example of early reform in the public school is C. W. Washburne's innovations and developments in Winnetka, Illinois, in 1919. The Penn School, located on St. Helena Island, South Carolina, was one of the early comprehensive attempts to use a school to affect cultural changes and improvements in a community.

Community school programs were born out of the problems of the depression. The Flint Community School Program began in 1935, and by 1939 was already being singled out in a textbook as an outstanding example of what could be accomplished by the cooperation of the schools and community groups (Yeager, 1939). During the Depression, schools became the center of the community, offering expanded programs of home economics, agriculture education, and community improvement. Citizens became interested in what the schools could do for them and citizen planning councils became active (Berridge, 1969).

During World War II, the growth of local community education programs slowed. Attention was focused on the war effort, and the problems of the war. However, the war did not eliminate local problems and often caused new ones; and thus, experiments in phases of community education continued. During the 1940s, the Alfred P. Sloan Foundation carried on a series of experiments primarily in Kentucky, Florida,

and Vermont to see to what extent school curriculum and particular instructional material could improve the economics of living in homes and communities touched by schools (Everett, 1938). Several descriptive accounts involving the use of schools in helping to solve community problems were published during the war years and shortly thereafter. Most of them dealt with accounts of community school programs in rural areas and small towns:

- 1942 Wilson Dam and Gilbertville, Kentucky
- 1942 Chapel Hill, North Carolina
- 1944 Rabun Gap, Georgia
- 1948 Chautauqua County, New York
- 1949 Colusa County, California (Goodykoontz, 1953, p. 73).

The community school concept steadily gained acceptance among most American educators during the 1930s, 1940s, and early 1950s. During those years it appeared to many that just as the Progressive Education Movement of the 1920s had profoundly altered the character of the American schools, the community education movement which followed would have similar widespread and positive influence. Another date to remember in the history of community education is October 4, 1957. That was the day when the first sputnik was hurled into space by Russian scientists. What followed was a heavy attack upon the public schools for their alleged failure to teach the technological sciences and mathematics (Olsen, 1969). In the latter part of the 1960s, educational philosophy began favoring the basic principles upon which community education is based. The schools followed a philosophy of integrating themselves into community life and

building their curricula around the problems of their communities and the needs of people in those communities.

Two developments, both originating in Flint, Michigan, are increasing the rate at which community education is presently being implemented. In April, 1963, the Mott Foundation established a community education center at Northern Michigan University. This center was the first in what has become a regional network of centers whose purpose is the promotion and dissemination of community education. By July, 1972, the regional network was composed of 15 centers located throughout the United States and a National Center for Community Education, located in Flint, Michigan. As of September, 1981, there were 113 centers for community education throughout the country (see Figure 2 in Chapter III) for locations of these centers.

Also in 1963, Michigan State University established an experimental work-study program. Fourteen students came to Flint, Michigan to study its community education programs and the role of the community school director. This group was the first of what is now called the "Mott Inter-University Clinical Preparation Program." In 1964, the Mott Inter-University Clinical Program for Educational Leaders was created as a cooperative venture between Michigan State University, Western Michigan University, Northern Michigan University, Eastern Michigan University, and Central Michigan University and the Mott Foundation and the Flint Community Schools ("A Brief History of the Mott Inter-University Clinical Preparation Program," 1970).

On April 9, 1966, the National Community School Education Association was formed. The purpose of the Association is to "further promote and expand community schools and to establish community

schools as an integral and necessary part of the educational plan of every community" (National Community Education Association, 1969, p. 64).

Foundation-Supported Projects and Demonstrations
for Community Education

The Mott Foundation has been influential in bringing community education to the forefront of the educational scene today. In the thirties, Manley, Reed, and Burns (1961) envisioned the opening of school playgrounds and gymnasiums during after school hours and on weekends to be used by children, youth, and adults. They also saw the need for opening classrooms and laboratories during late afternoons and evenings for adult classes of many types and levels. This dream of the "Lighted Schoolhouse" became a reality in Flint, Michigan, because Mott, of the Charles Stewart Mott Foundation, was persuaded to give financial support to a citywide community school program.

With continuing support from the Mott Foundation, and with increasing support from the local school system, Flint has become a symbol of significant progress in the development of the community education concept. Many national workshops and special visitations to Flint and many published statements describing that program have given to thousands of laymen and educators throughout America an understanding and enthusiasm--first, for the community school in the forties, fifties, sixties, seventies--and now, in the eighties, active stimulation toward the spread of the community education concept. The Mott Foundation has contributed not only financial support,

but leadership and enthusiasm to these projects, and through them, to the spread of the community education concept throughout the nation.

Another Michigan foundation has given considerable financial assistance to projects which have also had influence upon the development and implementation of today's concept of community education. This foundation is the W. K. Kellogg Foundation. The W. K. Kellogg Foundation, of Battle Creek, Michigan, has, since the middle forties, supported financially three series of programs which have been especially influential: (1) the Michigan Community School Service Program (1945-53), (2) the Cooperative Program in Educational Administration (1950-60), and (3) Leadership Education for Community Colleges (1960 and continuing). Other foundations such as the Winthrop and Rockefeller Foundations have promoted help also.

Michigan Community School Service Program

The first series, the Michigan Community School Service Program, was sponsored by the Michigan Department of Public Instruction, which assigned a member of its professional staff to the program as director. Eight Michigan school systems and five contiguous counties of the Grand Traverse area were involved. As a result of eight years (Seay, 1974) of experimental work with interrelated community and school programs, the conclusion was drawn that people--those in small, widely separated communities, those in small communities grouped around an urban center, and those in the urban center--all wanted to improve their communities and believed that the educative process could produce such improvement.

Cooperative Program in Educational Administration

The second series financed by the W. K. Kellogg Foundation, the Cooperative Program in Educational Administration, was conducted cooperatively by nine universities at first, and later expanded to include more than 50 other universities. This program was coordinated by the American Association of School Administrators. It focused upon new strategies for educating leaders in both the preservice and inservice phases of their preparation. This project results in a much greater emphasis upon the interdisciplinary approach in training administrators; and this emphasis, in turn, resulted in an in-depth study of the community--with consideration of such factors as its problems, its resources, and its open and hidden power structures. Many of the educational leaders trained in such programs, and introduced to the new emphasis in the fifties and sixties, now play leadership roles in programs that are implementing, or at least moving toward, the community education concept (Seay, 1974).

The W. K. Kellogg Foundation

The W. K. Kellogg Foundation sponsors a project which is educating leaders for community colleges. The project is concentrated in 10 universities and is coordinated by the American Association of Community and Junior Colleges. This program places emphasis upon leadership for a definitely community-oriented institution, in contrast to the more traditional view of higher education held by other regional and state institutions. The increased interest in community

education and recognition of an urgent need for greater implementation of the concept are due, in part, to successful projects financed by philanthropic foundations, particularly the Mott Foundation and the W. K. Kellogg Foundation. With continuous support coming from those foundations mentioned and from the individual states, the future seems bright for a continuous growth of the concept of community education.

Defining Community Education

In order that one might understand the term "community education," one should look at the words that make up the term. Olsen (1963) refers to a community as consisting of people who live in a more or less contiguous area and are engaged in such social processes and relationships as may normally arise in the pursuit of the chief concerns of life. The term "community" is here being used to refer to a local situation. It implies closeness which might be characterized by a neighborhood. Dewey (1963) has said,

There is more than a verbal tie between the words common, community, and communication. Men live in a community in virtue of things they have in common; and communication is the way in which they come to possess things in common. What they must have in common in order to form a community are aims, beliefs, aspirations, knowledge--a common understanding--like-mindedness, as the sociologists say (p. 26).

Persons do not become a society by living in physical proximity, any more than a man ceases to be socially influenced by being so many feet or miles removed from others. According to Dewey (1963), when individuals are cognizant of a common end and they show an interest in it so that they regulate their specific activity in view of it, they form a community. But this would involve communication.

Each would have to know what the other was about and would have to have some way of keeping the other informed as to his own progress and purpose.

Giving scrutiny to the word "education" reveals the following: Dictionary definitions tend to place education in a very structured, traditional setting of a combination of teaching and learning. Such a limited definition, however, does not display the potential of the term in bringing about change. Wells (1929, p. 1089) states that "Education is the preparation of the individual for the community." Dewey (1963, p. 26) defines education as "that reconstruction or re-organization of experience which adds to the meaning of experience, and which increases ability to direct the course of subsequent experience."

Minzey and LeTarte (1973) indicated that the defining of the term "community education" has been attempted by many persons over the years. They also said that it would seem logical that a proper definition might be developed by analyzing these many definitions and by establishing a composite which represents a consensus of those who are experts in the field. There is a problem with this thought, however. One cannot give equal weight to each definition, since some fall short of achieving a definition which includes the potential of the concept.

An example is the following: The National Association for Public School Adult Education limits its definition by focusing on the community school component of community education. According to the philosophy of the National Association for Public School Adult Education (1968):

When a school stays open in the morning, afternoon, and evening . . . up to twelve months a year . . . with programs geared to the needs of the total community which it serves . . . for boys and girls, men and women . . . involves representatives from the entire community in its policy formulation and its program planning--this is a community school (p. 3).

The problem with this definition is that it conveys the idea that community education is centered around programs in the school setting.

Another definition, adopted by the State of Michigan in 1969, seems to place its emphasis on the school and its programs. It defines community education as:

. . . the composite of those services provided to the citizens of the community by the school district, excepting for those services provided through regular instructional activities for children aged 5 to 19 years. Such community school programs may include, among others, pre-school activities for children and their parents, continuing and remedial education for adults, cultural enrichment and recreational activities for all citizens, and the use of school buildings by and technical services to community groups engaged in solving economic and social problems (p. 16).

While this definition tends to also imply that the regular school is not a proper part of community education, the often used definition by Clapp (1939) goes to the other extreme by equating community education with extensive interaction between regular school and its community. Clapp states that community education is identified by the following characteristics:

First of all, it meets as best it can, and with everyone's help, the urgent needs of people, for it holds that everything that affects the welfare of the children and their families is its concern. Where does school end and life outside begin? There is no distinction between them. A community school is a used place, a place used freely and informally for all the needs of living and learning. It is, in effect, the place where learning and living converge (p. 89).

Other writers have arrived at definitions which are less than adequate for conveying the total concept. Smith, Stanley, and Shores (1950) say the school as an embryonic, typical community is one of the earliest forms of the community school concept. Its central feature is that the school, in all its internal aspects, should represent the kinds of human relationship and moral ideas that ought to characterize society.

Cook (1941) believes any school is a community school to the extent that it seeks to realize some such objective as the following: (1) educates youth by and for participation in the full range of basic life activities (human needs, areas of living, persistent problems, etc.), (2) seeks increasingly to democratize life in school and outside, (3) uses community resources in all aspects of its programs, (4) actively cooperates with other social agencies and groups in improving community life, and (5) functions as a service center for youth and adult groups.

There are some definitions which are felt to be more accurate in their attempt to clarify the meaning of community education. Some of these definitions are presented below.

Hickey (1969) adds that community education is a process that concerns itself with everything that affects the well-being of all citizens within a given community. This definition extends the role of community education from one of the traditional concept of teaching children to one of identifying the needs, problems, and wants of the community and then assisting in the development (or the identification) of facilities, programs, staff, and leadership toward the end of improving the entire community.

The board of directors of the National Community School Education Association adopted the following definition in 1969 for their organization:

Community School Education is a comprehensive and dynamic approach to public education. It is a philosophy that pervades all segments of education programming and directs the thrust of each of them toward the needs of the community. The Board also believes the community school serves as a catalytic agent by providing leadership to mobilize community resources to solve identified community problems. The Board concludes by saying that the marshalling of all forces in the community helps to bring about change as the school extends itself to all people (p. 64).

Still another definition by Weaver (1969) indicates the following:

Community Education is an attempt to marshall all the educational resources within the community to create a laboratory for the management of human behavior. . . . Community Education is a theoretical construct--a way of viewing education in the community, a systematic way of looking at people and their problems. . . . It is based upon the premise that education can be made relevant to people's needs and that the people affected by education should be involved in decisions about the program (p. 10).

Minzey and Olsen (1969) see community education as a process that concerns itself with everything that affects the well-being of all the citizens within a given community. This definition extends the role of community education from one of the traditional concept of teaching children to one of identifying the needs, problems, and wants of the community and then assisting in the development of facilities, programs, staff, and leadership toward the end of improving the entire community.

Summarizing community education brings these thoughts to mind. Community education is a process of better utilizing resources to

meet the needs, wants, and desires of all the people. There are no set boundaries as to length, depth, age, or sex it serves. The many definitions presented earlier indicate how others see community education. Each local community education program may be different in many respects. Communities are different, and people's needs in those communities are different.

Each community gives input to programming. Boards of education, advisory councils, and inter-agency cooperation must take place before an effective community education program can develop. The community education program, by nature, could be the umbrella for many other programs in the community and school. Groups and organizations keep their own identities in the community education programming. To pool resources for the common good of the community is good economics.

Community education suggests that people determine the programs offered and it makes "nobodies feel like somebodies." With community education, everyone wins.

Elements of a Community Education Program

The minimum elements of a community education program serve as characteristics which distinguish a community education from other related programs such as adult education and regular kindergarten through twelfth grade instructional programs (Federal Register, 1975). Following is a list of minimum elements that should be reflected in establishing a community education program:

Program Administration - The program must be administered by a public elementary or secondary school.

Community Served - The program must serve an unidentified community which is at least coextensive with the school attendance area for the regular instructional program of the school administering the program, except where special circumstances warrant the identification of a smaller community.

Public Facility as a Community Center - Program services to the community must be sufficiently concentrated and comprehensive in a specific public facility, including, but not limited to, a public elementary or secondary school or a public community or junior college, in terms of scope and nature of program services, hours of service, and other characteristics to constitute such facility as a community center. Satellite or mobile facilities related to the community center may be used by the center for the provision of a portion of program activities and services, and such satellite or mobile facilities may include non-public facilities which are made available for use by the public.

Scope of Activities and Services - The program must extend the program activities and services offered by, and uses made of, the public facility in terms of the scope and nature of program services, the target population served, and the hours of services. For example, where a public elementary or secondary school is used as the facility, it would need to provide services beyond the regular kindergarten through twelfth grade instructional program.

Community Needs - The program must include systematic and effective procedures for identifying and documenting on a continuing basis the needs, interests, and concerns of the community served with respect to community education activities and services, and for responding to such needs, interests, and concerns.

Community Resources - The program must provide for the identification and utilization of educational, cultural, recreational, and other existing and planned resources located outside of the school (including, but not limited to, services of volunteers) to enhance the size and quality of the program.

Program Clients - The program must have the potential for accommodating all age groups in the community, including preschool children, children and youths in school, out-of-school youths, adults, and senior citizens, as well as groups within the community with special needs for community education services and activities, such as persons of limited English speaking ability and mentally or physically handicapped or other health-impaired persons.

Community Participation - The program must provide for the active and continuous involvement, on an advisory basis, of institutions, groups, and individuals including, but not limited to, local community colleges, social, recreational, and health groups, and persons broadly representative of the community served, including representatives of parents of students in the regular instructional program of the school administering the program and other residents of the community, in the planning and carrying out of the program, including involvement in the assessment of community needs and resources and in program evaluation.

Data Coming Out of Community Education

Regarding Senior Citizens

Senior citizens representing a special need group are continuously being alienated and isolated from society. Alienating and

isolating senior citizens creates an imbalance in the community. Community education is a mechanism to restore that imbalance. Seay (1974) states that when community education is defined as a process which achieves a balance and a use of all institutional forces in the education of all the people of the community, a certain cooperation on the part of "all the people" is assumed. The process promises comprehensive opportunities to learn through solving real problems and assumes that people of all ages throughout our complex society will meet the challenge; will grasp the opportunity to learn. Several aspects of the American experience suggest, however, that many people have learned other ways of responding to challenge. Seay (1974, p. 43-44) illustrates what the "other ways of responding to challenge" are by relating the story of the citizens of Ducktown, Tennessee, who allowed three generations of ecological damage to occur in their area as a result of a copper mining operation. He analyzes the cause of Ducktown's inaction when he concludes that a homespun, unplanned variety of lifelong family, church, school, and incidental education had taught the American people that there was nothing to do except remove themselves and their loved ones from the unpleasantness. The people chose to leave big problems to big organizations which, the people reasoned, had the knowledge, money, and authority to cope with such things. Nothing had taught them to know--to sense in every fiber of their beings--that the authority was innately theirs to exercise through process. Community education suggests that each community has the power to bring a stop to its senior citizens being alienated and isolated. The Community Education Mobile

Training Institute Resource Handbook (1979) suggests the possible relationships between senior citizens and the schools (Appendix B).

Summary

After reviewing literature in this area, it is apparent that there is a lack of knowledge regarding strategies for involving senior citizens in community education. Even though the literature offers much by way of information on the older adult, it appears that not many studies have focused on strategies for involving senior citizens in community education. In view of this assumption, it seems appropriate to develop strategies for involving the older American in community education.

CHAPTER III

METHODOLOGY

Introduction

The purpose of this study was to develop strategies for involving senior citizens in community education. To accomplish this purpose it was necessary to identify senior citizens as the group to be studied, identify center directors as the population for the study, identify location of Center Directors for Community Education throughout the United States, create a panel of experts on aging, utilize the panel's expertise in the development of instrumentation to gather needed information, describe the Delphi Technique, request input from center directors for Communications number 1, 2, and 3, and, finally, indicate how data was treated.

Population

Center directors throughout the United States constituted the population for this study. To develop strategies for senior citizen involvement in community education, the researcher sought assistance from Center Directors for Community Education. Center directors were chosen because they are promoting the concept of community education. Community education, according to Seay (1974), seeks to achieve a balance and a use of all institutional forces in the education of all the people of the community, and a certain cooperation on

the part of all the people is assumed. Center directors promote community education by providing five basic services. These services are:

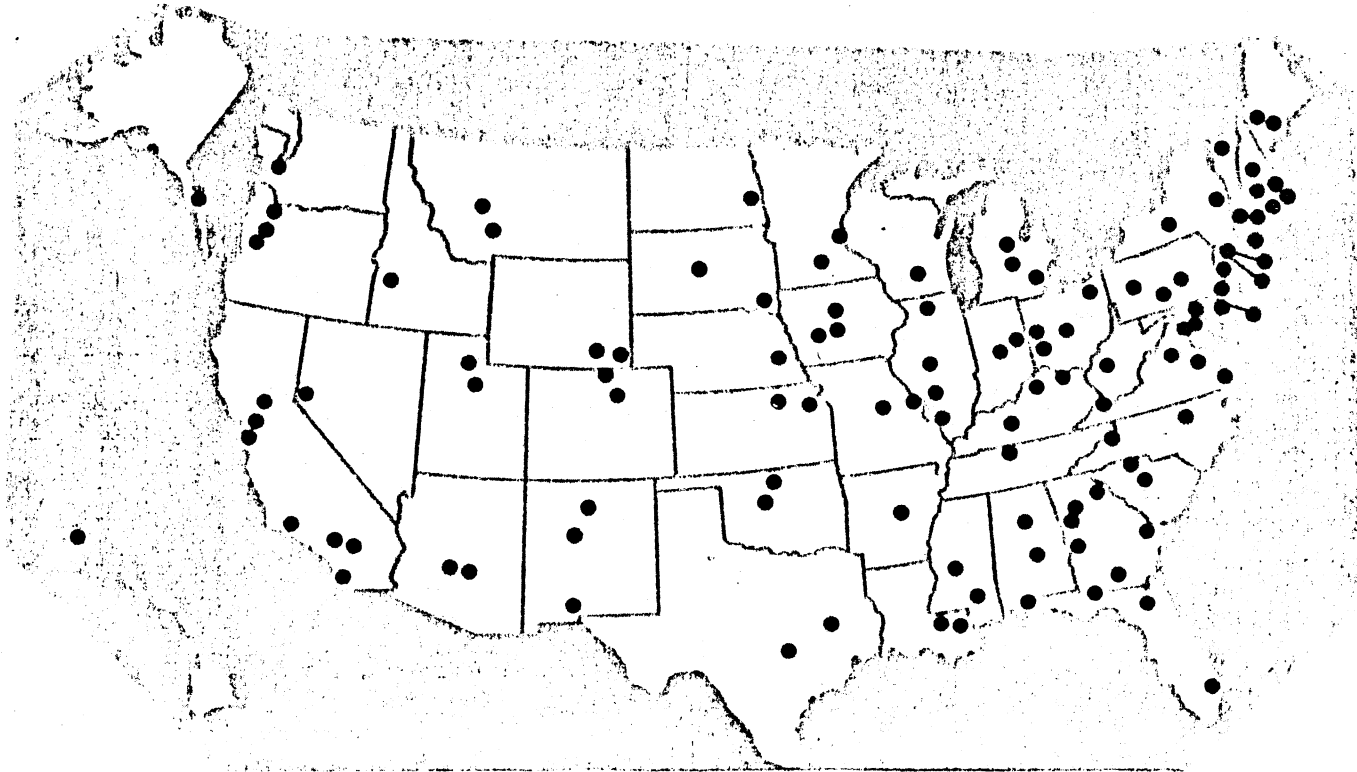
1. Disseminating information on community education.
2. Developing and supervising training programs for community education.
3. Developing and supervising training programs for community education personnel, both on an in-service basis as well as on-campus courses.
4. Offering assistance to local school districts in helping them to set up community education programs in their own schools.
5. Providing leadership and assistance in evaluating the effectiveness and the results of the community education programs.

(See Appendix D for a list of Center Directors for Community Education.) Center directors represented the second set of experts consulted in the study. Center Directors for Community Education are found in every state in these United States. Figure 2 shows the location of Center Directors for Community Education. An assumption was made that wherever older Americans live they are faced with problems which impact their lives. To verify what problems impact the lives of older adults the researcher created a panel of Experts on Aging.

Panel of Experts on Aging

To develop strategies for senior citizen involvement in community education, the researcher sought the assistance of five people who work with older adults directly or indirectly on a daily basis.

ALABAMA	HAWAII	MINNESOTA	OHIO	WASHINGTON
Birmingham	Honolulu	St. Paul	Columbus	Olympia
Montgomery	IDAHO	Mankato	Oxford	WEST VIRGINIA
ALASKA	Boise	MISSISSIPPI	Kent	Charleston
Juneau	ILLINOIS	Hattiesburg	Piqua	Institute
ARIZONA	Edwardsville	Jackson	OKLAHOMA	WISCONSIN
Phoenix	Carbondale	MISSOURI	Stillwater	Madison
Tempe	Springfield	St. Louis	Oklahoma City	WYOMING
ARKANSAS	Malta	Jefferson City	OREGON	Laramie
Little Rock	INDIANA	MONTANA	Oregon City	Cheyenne
CALIFORNIA	Muncie	Bozeman	Salem	
San Jose	Indianapolis	Helena	Eugene	INTERNATIONAL
Redlands	IOWA	NEBRASKA	PENNSYLVANIA	CANADA
Santa Barbara	Des Moines	Lincoln	Shippenburg	Halifax, Nova Scotia
San Diego	Ankeny	NEVADA	Indiana	ENGLAND
Sacramento	KANSAS	Carson City	Harrisburg	Coventry
Hayward	Topeka	NEW HAMPSHIRE	RIHODE ISLAND	
Downey	Manhattan	Concord	Providence	
COLORADO	KENTUCKY	NEW JERSEY	SOUTH CAROLINA	
Englewood	Bowling Green	Trenton	Columbia	
Fort Collins	Morehead	West Orange	Spartanburg	
CONNECTICUT	Frankfort	Morris Plains	SOUTH DAKOTA	
Storrs	LOUISIANA	Sewell	Vermillion	
Hartford	Baton Rouge	NEW MEXICO	Pierre	
DELAWARE	Hammond	Las Cruces	TENNESSEE	
Newark	MAINE	Sante Fe	Nashville	
Dover	Augusta	Albuquerque	TEXAS	
DISTRICT OF COLUMBIA	Farmington	NEW YORK	College Station	
Washington	MARYLAND	Ithaca	Austin	
FLORIDA	College Park	Albany	UTAH	
Gainesville	Baltimore	Greenvale	Provo	
Pensacola	MASSACHUSETTS	NORTH CAROLINA	Salt Lake City	
Boca Raton	Worcester	Raleigh	VERMONT	
Tallahassee	Boston	Boone	Montpelier	
GEORGIA	Middleboro	NORTH DAKOTA	VIRGINIA	
Statesboro	MICHIGAN	Fargo	Charlottesville	
Atlanta	Mt. Pleasant		Blacksburg	
Valdosta	Lansing		Norfolk	
Athens	Ypsilanti		Richmond	
Carrollton				
Columbus				



Source: "A Guide to Community Education Resources" (1980).

Figure 2. Location of Center Directors for Community Education

A list of the individuals that made up the panel of experts on aging can be found in Appendix C. The panel of experts, because of their extensive work with the elderly and training in the field, were viewed as knowledgeable individuals on the subject of gerontology. Assistance received from the panel resulted in the identification of current problems which the panel perceived as impacting most often upon the lives of senior citizens.

In addition to the information provided by the panel of experts on aging, the researcher also sought additional assistance by conducting interviews with staff members of the Special Unit on Aging in Oklahoma City, Oklahoma. Interviews were conducted with a staff member of the Special Services Coordinator, Payne/Noble Community Action Foundation. Interviews were also held with a staff member of the Gerontology Center, University of Oklahoma Health Sciences Center in Oklahoma City. Finally, assistance which came from the panel and the other experts mentioned provided guidance in helping the researcher develop the instrumentation needed to collect data.

Instrumentation

The Delphi technique was used to collect the data. The Delphi technique is a process which enables a meeting of the minds through the use of carefully designed questionnaires used to elicit brainstormed responses. The responses coming from the information feedback is communicated to all participants in successive rounds seeking convergence of opinion. Three rounds were used to collect the data perceived necessary to develop strategy for senior citizen involvement in community education.

As illustrated in the literature, anonymity of participants in the Delphi, an essential ingredient of the process, protects participants' ideas from being submerged; it also affords the opportunity to reevaluate the hundreds of potential solutions and to privately change one's initial opinion. A meeting of the minds, the reaching of a consensus, is the concept underlying the Delphi. To develop strategy for senior citizens' involvement in community education, National Center Directors were asked to rank 12 problems identified by a panel of experts on aging as problems which impact most upon the lives of older adults. The total process consisted of Communications 1, 2, and 3, sent at various intervals. Communications 1, 2, and 3, which made up the questionnaire, were field tested by being administered to experts to determine continuity of thought. Based on field testing, the feedback from the questionnaires suggested that questionnaires 1, 2, and 3 be refined and condensed. Those suggestions and recommendations were incorporated before the first communication was sent out.

The Delphi Technique

Delphi is a written communication process providing for a meeting of the minds. Through the use of carefully designed communications, the Delphi technique elicits individual brainstormed responses which form the basis of feedback information to all other participants by way of successive communicative rounds until a convergent opinion is reached.

The Delphi communication process begins with a problem statement directed to carefully selected participants. Their first round

responses, often suggestions, are submitted through an intermediary, who collates and organizes the responses for redistribution to all participants. As the new communication is received, each member is asked to evaluate all previously submitted responses by some criterion: degree of importance, likelihood of success, probability of occurrence, etc. In some of the more sophisticated Delphi projects, each participant may request additional information related to the problem area; the information will be supplied to all members of the panel. With each successive round, the participants are provided with revised estimate of previous responses and are asked to reconsider their position. Some members may alter their prior decisions; others will not. As the range of the estimates narrows, the tendency toward convergence emerges. Whether the process merely explores the tendency toward convergence or attempts a full consensus will determine the number of rounds to be included. Anonymity of the panel members, an essential ingredient of the process, protects participants' ideas from being submerged; it also affords the opportunity to reevaluate the hundreds of potential solutions and to privately change one's initial opinion. A meeting of the minds, the reading of a consensus, is the concept underlying the Delphi technique.

Early Studies

The Delphi technique was pioneered by Rand Corporation in Santa Monica, California, in the late 1940s (McKenna, 1973). Dalkey and Helmer (1963) used the technique in the early 1950s in a classified project to reach a convergent opinion about a potential defense problem identified by the Air Force. In 1963, after its security

declassification, Dalkey and Helmer wrote of Project Delphi, sponsored by the United States Air Force in the early 1950s. They stated that the experiment was designed to "determine from a Soviet strategic planner's viewpoint, an optimal United States industrial target system and to estimate the number of A bombs required to reduce the munitions output by a prescribed amount", through a reliable consensus (p. 458).

Another of the long-range forecasting studies (Brown and Helmer, 1964) identified six broad areas: scientific breakthrough, population growth, automation, space progress, probability and prevention of war, and future weapons systems in which to forecast expectations 25 to 50 years hence.

One of the first studies in education to use the Delphi technique was "Innovation in Education," conducted in 1966 by the Institute of Government and Public Affairs at the University of California at Los Angeles and Sponsored by the Charles F. Kettering Foundation (Adelson, Alkin, Carey, and Helmer, 1967; Brown and Helmer, 1964). This pilot project was a multidiscipline group designed to generate some useful perspectives on thinkable changes in American education.

The results these early studies indicated was that the Delphi technique held promise in educational planning (Adelson, Alkin, Carey, and Helmer, 1967). "The Delphi Technique is being modified and improved so as to be useful in a variety of ways in education decision-making" (Adelson, Alkin, Carey, and Helmer, 1967, p. 29).

Selection of an Expert

The term "expert" has been widely associated with the Delphi.

Brown and Helmer (1964) asked, "How is an expert to be judged an expert?" (p. 45). They see status among peers, years of professional experience, the person's own self-appraisal of relative competence, the amount of relevant information to which one has access, by some objective indices, by a priori judgment, all as possibilities. They add that there is at the expert's disposal a large store of background knowledge and a cultivated sensitivity to its relevance which permeates intuitive insight. Weaver (1969) attributes expert status to

. . . one who is objective [who] take[s] into account new and discrepant information, and construct[s] logically sound deductions about the future based upon a thorough and disciplined understanding of particular phenomena and how they relate (p. 269).

For a reference table relating to the important factors in panel selection, Campbell and Hitchin (1968) have adapted criteria developed by the Charles W. Williams, Jr., National Science Foundation, for a particular application in the World Future Society. In the more recent educational studies, the trend has moved from the expert panel to an informed constituency approach. This direction is viewed as attempting to promote closer communication to be more responsive to the expressed ideas and needs of the constituency. Campbell and Hitchin state that

. . . as forecast needs vary from the concrete to the abstract, the importance of empirical data diminishes rapidly; that forecaster with specialized skills must be replaced by informed generalists . . . (p. 39).

It would appear that, at the present time, education needs are empirical data which would use specialized skills or knowledge.

Size of the Sample

The flexibility of the Delphi technique is evidenced also in the size of the sample which can be accommodated. In the early experiments, the number of panel members was quite small. For "Project Delphi" (Copes Report, 1973), seven experts were involved. A score of years later, National Laboratories for Higher Education had 844 participants in its study, "Identifying Institutional Goals" (Uhl, 1971). Another study, "Goals in Secondary Education--A Conflict of Interest?" (Deutsch, 1975) included nearly 800 participants. Cypert and Gellenga (1974), in their application for the Delphi technique to assess the needs, desires, and opinions of the clientele of the School of Education at the University of Virginia, reported an initial sample of 421 participants. Brooks (1974), in his study "A Delphi Study of Parents', Teachers', School Board Members', School Administrators', School Counselors', and Students' Perception of the Role of Vocational and Technical Education in Oklahoma," included slightly over 100 participants.

Number of Rounds

The number of rounds of feedback information involved in the Delphi technique have varied from three to six. In the earlier studies where consensus was the goal, a greater number of rounds with more supplementary and feedback information provided were required. As the emphasis of the studies has shifted from non-data base into an attitudinal or perceptual orientation, the goal for a tendency toward convergence reduces or eliminates the necessity of providing supplemental information between rounds.

Statistical Measure

Another aspect of the Delphi technique is the use of the measures of central tendency, mean, median, and mode. All three have been employed in about equal numbers of applications.

As the technique has been adapted to meet the needs of educational institutions, there seems to be a balance in numbers of studies using the mean and the modal group response. Judd (1970), in the development of an experimental type curriculum, used the interquartile rating alone. The vocational studies reviewed (Brooks, 1974; Collins, 1974; Hopkins, Ritter, and Stevenson, 1972; Tinnell, 1975) all used the arithmetic mean.

Alternative Uses

Sergiovanni and Carver (1974) see the Delphi process as widening education's ability to seek and gather information from a number of populations. The in-house consensus seeking occasions provided an appropriate environment for the Delphi. Judd (1970) and his colleagues created an innovative curriculum; Newton and Gellenga (1974) produced learning objectives for a master's level program in student personnel. Weaver (1969) concluded that Delphi,

in combination with other tools, is a very potent device for teaching people to make better decisions--decisions which account for alternative consequences--a way to enhance their capacity to think in complex ways about the future . . . (p. 10).

In summary, the early studies have been directed toward long-range forecasts and have selected individuals with expert status as members of the panel. The methodology used questionnaires in a series

of rounds of feedback information which provided the median group response, the interquartile range. As the technique has been developed and refined, its flexibility and adaptability in the communicative process to encourage the meeting of the minds on a predetermined subject has been broadened. The Delphi is an intellectual tool, which, while maintaining anonymity, elicits individually brainstormed ideas from constituents and has as its goal the reaching of a convergence of opinions.

Collection of Data

Communication No. 1

The first mailing (Appendix E) contained Communication No. 1 and an explanatory letter giving a brief description of the research. Communication No. 1, including the cover letter, was a three-page instrument. Three questions were asked of the Center Directors of Community Education. Question one asked each center director to describe how they perceived their center. The choices for description were the following: Institution of Higher Education, State Department of Education, or Other (please specify). Question two asked Center Directors to indicate if their center promoted training or technical assistance for a rural setting, urban setting, or both. Question three requested that the center director rank the problems presented in Communication No. 1. (See Appendix E for a complete listing of those problems.) Center directors were asked to rank the most important problem with number 1 and continuing ranking until all 12 problems had been ranked. Twelve was assigned to the least

important problem. One hundred and three questionnaires were returned for a return rate of 82 percent.

Communication No. 2

Communication No. 2 asked the center directors to share course content they would use to resolve the problems. Before the center directors shared course content they were asked to include the problems ranked 1, 2, 3, and 4. Communication No. 2, including the cover letter, was a three-page instrument. Communication No. 2 reflected the results of Communication No. 1. Two questions were asked of the center directors. They were asked to describe their center as either an Institution of Higher Education, State Department of Education, or Other (please specify). Question two asked the center directors to list course content they would use to resolve the problems listed in Communication No. 1. Problems ranked 1, 2, 3, and 4 were given special attention. Question (b) asked how the center directors would get older adults to attend the course(s) (Appendix F). Communication No. 2 represented the developmental stage of developing strategies for senior citizens' involvement in communication education. Eighty-nine questionnaires were returned for a return rate of 71 percent.

Communication No. 3

Communication No. 3 represented the evaluation stage of developing the strategy. Communication No. 3, including the cover letter, was a three-page instrument. Center directors were asked how they would know if the course(s) helped older adults. Center directors were also asked to indicate how they would know if the course(s)

helped the community. Communication No. 3 represented a consensus of the ranked problems and also a summary of data collect in Communication No. 2. Center directors were asked to mark boxes that describe the center. Center directors indicated how they saw their center by marking Institution of Higher Education, State Department of Education, or Other (please specify). (See Appendix G for Communication No. 3.) Ninety-eight questionnaires were returned for a return rate of 78 percent.

Treatment of Data

For all participants who responded to Communication No. 1, the responses to each factor served as a base for the mean, by which the information factor could be ranked. The responses from Communication No. 1, after being tabulated by the researcher, resulted in four problems, given the rank 1, 2, 3, and 4. Problems 1, 2, and 3 were arrived at by getting a consensus of and ranking center directors' responses. Problems ranked 1, 2, 3, and 4 represented a forced choice placed on the center directors. Three rounds were selected because the strategies were developed through a three stage process. That process was assessment (Communication No. 1), development (Communication No. 2), and evaluation (Communication No. 3).

Questionnaires in all three communications (1, 2, and 3) were coded. A composite based on responses from the three communications was developed. In tabulating the data, all responses from the Communications were represented when possible. In some cases no response was given.

The sum of questionnaires in Communications No. 2 and 3 resulted in a sizeable quantity of data being available to the researcher. Data coming from the center directors in Communications No. 2 and 3 represented much duplication. The duplication was seen when center directors answered questions with the same or similar response. Data was analyzed by using categorization. Data was grouped in categories such as process of teaching, resource people, and content area of focus. Other categories the researcher used were the following:

- (1) techniques for determining degrees to which course(s) was successful and
- (2) areas to observe in determining impact of course.

CHAPTER IV

RESULTS OF THE STUDY

Introduction

The purpose of this study was to develop strategy for involving senior citizens in community education. All center directors (Appendix D) were mailed Communication No. 1 (Appendix E), Communication No. 2 (Appendix F), and Communication No. 3 (Appendix G). This chapter is devoted to presenting and analyzing the data collected in the study. The first section of the chapter will deal with the return rate of the various questionnaires and the data collected. The second section will then consider appropriate parts of the data to answer the four research questions in Chapter I.

Results From Panel of Experts

Meetings with experts in field of aging suggested that a panel of experts be created to assist with instrumentation and to help with the identification of problems which impact most often upon the lives of older adults. (See Appendix C for a list of the panel of experts on aging.) Several problems were discussed as ones which impact the lives of older adults. The panel agreed on 12 problems presented in Table I as problems with which most older adults are perceived to find themselves confronted. These problems formed the basis of a three-stage instrument: Communications No. 1, 2, and 3,

sent to center directors at various intervals. The responses to the communications was very good. Center directors as a whole expressed a desire to participate in the study. However, some center directors did feel that the study would take up too much of their time. Suggestions and comments were made by some center directors which, they felt, would be good ideas to be used as a continuation of the study.

TABLE I

COMMUNICATION NO. 1 - PROBLEMS OF AGING

Problems Suggested by a Panel of Experts on Aging

Education
Exercise
Fixed Income
Health Care
Housing
Nutrition
Recreation
Retirement
Role Transition
Self-Concept
Social Interaction
Transportation

Data Collected and Return Rates

A three-stage questionnaire was developed and administered at various intervals to the Center Directors for Community Education. Input from the center directors were the basis for developing a strategy for senior citizen involvement. The results of the questionnaire, or Communications as they were called, were hand tabulated and a profile for the communications was developed. Of the 125 questionnaires mailed in Communication No. 1, 82 percent, or 103, were returned. Of those 103 questionnaires returned, 37 percent indicated that they perceived themselves as a community education center located in a state department of education. Fifty-three percent indicated they were community education centers housed in institutions of higher education. Those directors who thought of their centers as neither a state department of education or an institution of higher education represented 10 percent.

In Communication No 2, 78 percent, or 98, questionnaires were returned out of 125 mailed. Of those 98 questionnaires returned, 35 percent indicated they were a community education center located in a state department of education. Fifty-one percent perceived themselves as institutions of higher education. Fourteen percent expressed that they were neither state department nor institution of higher education.

In Communication No. 3, 71 percent, or 89 questionnaires, were returned out of 125 mailed. Thirty-seven percent gave indication that they were centers located in a state department of education. Sixty percent, according to indication, saw themselves as centers

located in institutions of higher education. Three percent said that they did not fit the category of either state department of education or institution of higher education.

To analyze the data the researcher used categorization--categories such as process of teaching, resource people, and content area of focus. Data which was not categorized in one of the categories mentioned was grouped in the following manner: (1) techniques for determining degree to which course(s) was successful and (2) areas to observe in determining impact of course(s).

The problems outlined in Table I were suggested by the panel of experts on aging as those which impact most often on lives of senior citizens. The communication (Appendix E) shows a list of problems sent to center directors. A summary of the return rate for the communications mailed to National Center Directors for Community Education follows.

Results From Center Directors

Communication No. 1

Communication No. 1 represented the assessment stage of developing strategy for senior citizen involvement in community education. One hundred and twenty questionnaires were mailed to National Center Directors for Community Education. Communication No. 1 (Appendix E) asked the center directors to rank 12 problems suggested by a panel of experts on aging (Appendix C). Using a ranking scale from 1 (1 being the most important) to 12 (12 being the least important), center directors individually indicated how they perceived the problems.

To arrive at a consensus of ranking, the researcher summed the ranks center directors assigned to each problem. Table I shows a list of the 12 problems suggested by the panel. Center directors considering the problem's importance did not all view the problems in the same light. Table II shows a consensus of how center directors rank the problems. The most important problems (those ranking 1, 2, 3, and 4, respectively) were: fixed income, health care, housing, and nutrition.

Communication No. 2

Communication No. 2 (Appendix F) asked the center directors to indicate the course content they perceived necessary to resolve the problems. Even though response to this communication was great, there was a slight decrease in questionnaires returned. This decrease can be accounted for by assuming that some center directors felt they could not take the time to supply the requested data. Center directors were told all ideas were requested and welcomed. How would you get older adults to attend the course(s) was the second part of the questionnaire. Communication No. 2 resulted in a sizeable quantity of data being available to the researcher. Responses to both parts of the question resulted in much data suggesting strategy for resolving fixed income, health care, housing, and nutrition. Data also suggested strategies for getting the older adult to attend the course. There were some duplications and repetitions of some of the responses submitted. After responses had been categorized they were ready to be offered as strategies for resolving problems which impact the lives of senior citizens.

TABLE II
 COMMUNICATION NO. 1 - CONSENSUS OF CENTER
 DIRECTORS' RANKING

Problems	Consensus of Center Director	Rank
		Most Important to Least Important
Education	818	10
Exercise	890	11
Fixed Income	368	1*
Health Care	416	2*
Housing	554	3*
Nutrition	555	4*
Recreation	890	11
Retirement	759	9
Role Transition	682	7
Self-Concept	751	8
Social Interaction	666	5
Transportation	674	6

Note: The asterisk (*) indicates the problems receiving the rank of 1, 2, 3, and 4. Problems with rank 1, 2, 3, and 4 were to be considered in developing strategy for senior citizen involvement in community education. Most Important=1; Least Important=12.

Tables III, IV, V, VI, and VII show the strategy center directors suggested for resolving some of the problems which older Americans face. Table III shows suggested course content for resolving problem ranked number 1, fixed income; Table IV, course content for problem ranked number 2, health; Table V, course content for problem ranked number 3, housing; Table VI, course content for problem ranked number 4, nutrition, and Table VII, suggested strategy for getting older adults to attend the course(s).

Communication No. 3

Communication No. 3 (Appendix G) asked center directors to indicate how they would know if the course(s) helped older adults. This communication represented the evaluation stage of developing strategy for senior citizen involvement in community education. Evaluation of the strategy was also achieved by discovering if the course(s) helped the community. Table VIII shows strategy for learning if course(s) helped older adults. Table IX shows strategy for learning if course(s) helped the community. Center directors suggested a great deal of data. As with Communication No. 2, there was a sizeable quantity of data for the researcher to use.

About the Centers

Center directors in the data gathering process were located throughout the United States. Figure 2 shows the location of National Centers for Community Education. One aspect of the questionnaires was to allow the center directors opportunity to provide a description of their centers. Some centers saw themselves as

TABLE III
COMMUNICATION NO. 2 - FIXED INCOME

Course Content Suggested for Resolving Problem
Ranked No. 1, Fixed Income

Process of Teaching

Get course content from suggestions of older adults living on retirement income.

Resource People

Hold informal panel discussions involving lay persons or professionals sharing information which benefits the older adult.

Utilize local resources to develop course content.

Apply course content found in pre-retirement workshop materials.

Present a symposium and have the older adult share solutions to problems which impact the lives of older Americans.

Conduct course containing local, state, and federal rights of older adults and how these rights can be obtained.

Arrange course on local political awareness.

Plan seminar with HUD representatives using questions and answers approach.

Content Area

Discuss ways to stretch one's food dollar.

Share information dealing with resolving the major cost factors of life.

Stress wise shopping and reading labels to determine best buys.

Learn to live on a budget.

Use personal skills for extra income.

Learn how to identify part-time job opportunities.

Build course around income tax information and the older adult.

Know how to avoid rip-offs.

Explore the concept of income sharing for group living.

Share consumer educational information for the older adult.

TABLE IV
COMMUNICATION NO. 2 - HEALTH

Course Content Suggested for Resolving Problem
Ranked No. 2, Health

Process of Teaching

Meet with other agencies in the community to determine how to deliver health care, nutritional, and housing rehabilitation services as close as possible to the older adult.

Utilize symposium which would involve older adults in sharing problem solutions with their peers.

Show through audio-visual aids ways for dealing with various health problems.

Resource People

Have health practitioner conduct course or hold fair for oldest adult.

Deal with problem on a local basis and develop course content using local resource persons.

Content Area

Discuss the value of attending a community health fair.

Learn how to seek information about retirement villages.

Learn to prevent health problems before they start.

Stress consumer economics and first aid.

Show how self-diagnosis can prevent serious medical problems.

Include mental activities to maintain high level of life.

Make provision for exercise and social activity.

Emphasize that cooperation with State Council on Aging can lead to resolutions of some problems impacting the lives of older adults.

Become aware of facilities for nursing care, home health aids, and visiting nurses association.

Recognize and learn to deal with common problems which most older adults face.

Practice good eating habits.

Share list of places where meals for older adults can be gotten at modest prices.

Determine barriers affecting the older adults locally; build course content around those localized needs.

Encourage checkups.

TABLE V
 COMMUNICATION NO. 2 - HOUSING

Course Content Suggested for Resolving Problem
 Ranked No. 3, Housing

Process of Teaching

Hold seminars which focus upon problems the elderly will face in retirement.

Use community education workshops to survey the needs of the elderly.

Resource People

Bring in experts to share information on available housing for older adults.

Involve gerontologists as guest speakers and request that they supply the course content.

Develop content materials from local resources.

Share home with another retired person.

Provide seminar with HUD representatives in a question and answer setting.

Content Area

Share literature emphasizing how to seek new housing arrangement for older adults.

Share insight about different housing patterns that are available and things that can be done to enhance specific situations.

Explore housing need and type, care and upkeep, and simple home repairs.

List government programs that provide services to the elderly. Modifications for the handicapped is an example.

Learn where/how older adults can apply for public housing.

Share with the older adult information on legal issues involving home and family.

Help the elderly learn of his/her rights at the local, state, and federal levels and how to obtain services from these rights.

Stress improvement of service delivery.

Develop workshop for the elderly on understanding the role of questioning in seeking answers.

TABLE VI
COMMUNICATION NO. 2 - NUTRITION

Suggested Course Content for Resolving Problem
Ranked No. 4, Nutrition

Process of Teaching

Demonstrate the importance of skills needed to teach the older adult.
Give results of cooked and prepared meal to class participants as a noonday meal.
Recognize that as one grows older changes in meal planning become very important.

Resource People

Involve the local Chamber of Commerce and county agencies in sponsoring a 10 month series of one day workshops to resolve problems older adults face.

Content Area

Share knowledge of foods. Stress kinds and preparation.
Emphasize wise shopping and low cost, nutritious foods.
Learn to cook for one.
Plan course on supermarkets directed by home nutritionists.
Learn to recognize volunteer food service organizations for the elderly.
Have dietitian and nutritionist offer cooking classes for the elderly.
Stress practical counseling and where to receive it.
Learn the importance of recognizing food fads and their implication for the elderly.
Seek highest nutrients from low cost foods.
Stress preventive health care.
Stress diets, food content, and food groups.
Offer workshops to deal with the issue of nutrition.
Inform the older adult of local state and federal rights and how he/she can obtain them.

TABLE VII

COMMUNICATION NO. 2 - GETTING OLDER ADULTS TO
ATTEND THE COURSE(S)

 Suggested Strategy for Getting Older
Adults to Attend the Course(s)

Process of Teaching

- Provide transportation. Set up communication network for older adults.
- Hold course(s) during the day. Seek suggestions from gerontology center in area.
- Hold course(s) at senior citizen center. Conduct classes on television.
- Provide free meal at social gathering, when possible.
- Use mobile classrooms such as portable libraries.
- Take the course(s) where the older adult may be found. Places such as clubs, nutrition sites, and churches are examples.
- Promote classes through churches, media, appropriate organizations, and Council for the Aging.
- Ask older adults what they want from a course held for their benefit.
- Have stores advertise and give coupons for those attending the course.
- Hold courses at neighborhood shopping centers.
- Plan courses at convenient times and locations.
- Hold the course in local elementary and secondary schools.
- Organize door-to-door recruitment.
- Have friendly and informal instructors open for questioning and dialogue.
- Advertise in publications for retirees to practice learning by doing.
- Make sure they feel comfortable about the site and with those who will participate.
- Do everything possible to make the experience one that takes place in a pleasant social atmosphere so that those who participate can say; "Gee, I am glad I came."

Resource People

- Allow the older adult the opportunity to conduct the course.
- Hold courses at welfare offices and at housing units for the elderly.
- Get agencies together and the people will come.
-

TABLE VIII

COMMUNICATION NO. 3 - LEARNING IF COURSE(S)
HELPED OLDER ADULTSSuggested Strategy to Learn if Course(s)
Helped Older AdultsTechniques for Determining Degree to Which
Course(s) Was Successful

Detect an increase in number of older adults who found ways to assist themselves.

Ask if they felt that their quality of life had improved.

Was the older adult representation good for assistance identified?

Are the older adults that attended the course(s) happier?

Visit older adults personally and question them.

Are they better able to cope with problems that impact their lives?

Recognize change in lifestyle of older adults.

Have participants evaluate the classes.

Randomly select class participants and interview them.

Ask social service agencies that deal with the senior citizen if they feel the course made a difference.

See improved communication between older adults and agencies that serve them.

Request more classes.

Receive positive responses from students in telephone calls regarding course(s).

Receive positive responses from agencies working with older adults.

Note if the older adult is saving more money on food budget.

Areas to Observe in Determining
Impact of Course(s)

Check the drop-out rate for each class offered.

Observe participants in the course advocating it be taken by others.

Examine the statistics in crucial areas.

Recognize increase in request for similar topics.

See less dependency of older adults on families or institutions.

Look for long and short range changes in behavior.

TABLE VIII (Continued)

Suggested Strategy to Learn if Course(s) Helped Older Adults
Witness an increase in number of options participants perceive to be available to them in their attempt to solve problems.
Observe an increase in number of community services available to and for use by older adults.
Show evidence of new strategies implemented by older adults for solving problems.
Increase in organizations of neighborhood older adults.
Observe them practicing principles taught in course(s).
Hold course evaluation to learn of strengths and weaknesses.
Conduct face-to-face or telephone interviews.
Have the older adult discuss ways he has used the information. Have him give examples.
Have family members give reports on how they thought the older adult used the course materials.
See a change in the senior citizen's attitude and self-image.

institutions of higher education, state departments of education, and "other." Those who saw their centers as "other" provided explanations for such descriptions. Table X shows a summary of statements made by centers that gave "other" as a description. The researcher wanted to know if the centers were rural, urban, or other. Very little results were received in this area. It was important to know because the strategy developed for senior citizen involvement in community education, from the researcher's point of view, could be applied in rural, urban, or any area. The response in this area made it impossible to comment on what percentage of the center directors responding in the

study reflected the rural, urban, and other areas. A composite was developed to show a summary of the return rate for the communications mailed to National Center Directors for Community Education. Table XI shows a summary of the three communications mailed.

Analysis of Research Questions

The purpose of this study was to develop strategy for involving senior citizens in community education. Achievement of this purpose was accomplished through the three-stage data collecting process and by answering the four research questions presented in Chapter I.

Question One

Question one had to do with problems older adults are faced with during retirement. When the older adult is retired, his lifestyle may undergo a change and question one had as its objectives identifying some of the most important problems older adults face. The question from Chapter I is repeated here:

1. What are some of the problems which impact most often upon the lives of senior citizens before and during retirement?

To respond to the question the researcher refers to comments made by the panel of experts (Appendix C). The panel felt that there were some problems which all older adults faced. Several problems were mentioned. However, the ones agreed on are the ones which appear in Communication No. 1 (Appendix E). Table I shows the problems in no particular order other than problems suggested by the panel. Butler (1975), in referring to some of the myths which are associated with older Americans, also provides a foundation for some of the problems

TABLE IX
 COMMUNICATION NO. 3 - LEARNING IF COURSE(S)
 HELPED THE COMMUNITY

Suggested Strategy to Learn if Course(s) Helped the Community
<u>Techniques for Determining Degree to Which Course(s) Was Successful</u>
See less dependence on social services in the community.
Observe the older adult after the course has ended.
Interview members in the community to see how they view the older adult after the course has ended.
See an increase in the number of persons who receive assistance, check-ups, and other information from social service agencies.
See the community becoming more aware of older adults' needs by making programs available to a great degree.
Recognize an increase in level of interest and enthusiasm in community enterprises.
Ask the social service agencies.
Form Task Force or appropriate groups within the community to determine if older adults' needs are being met.
Observe number of students who request the course.
Receive agency support as resource people for the courses.
See an increase in support by various community groups for older adults.
See an increase in participation by older adults in community groups.
See a reduction in welfare programs.
Read fewer articles in newspapers of older adults being victimized.
Recognize an increase in the number of doctors reporting health improvement among the elderly.
Vote by city council to provide more adequate housing for the elderly, when the need exists.
Observe improved transportation services for the entire community.
<u>Areas to Observe in Determining Impact of Course(s)</u>
Check to see if problems concerning older adults still exist.
Realize a reduction in taxes.
Review newspaper editorials pertaining to older adults.
Use community surveys to determine public opinion.

TABLE IX (Continued)

Suggested Strategy to Learn if Course(s) Helped the Community
Use man-in-street interviews (have you noticed any changes, etc.?). Answer the question, "Were the courses offered really needed?" See new programs and services develop as a direct or indirect result of course(s). Ask citizens in the community to identify specific ways the older adult's participation in an adult education program has helped the community. Use results of a community study. Plan assessment by community groups. See improved housing, health care, nutrition, etc. for older adults in the community as a result of awareness build through identification of needs. Witness more acceptance and help given to senior citizens. Contact agencies designed to assist older adults. Examine reduction in government expenditures for social programs. Note requests for additional services.

TABLE X

COMMUNICATION NO. 3 - DESCRIPTIONS GIVEN BY
CENTERS LISTING "OTHER"

Summary of Statements Made by Centers Giving "Other" as a Description
State Community Education Association Partnership between State Education Association and two local school districts Statewide Program for the Handicapped Intermediate School District Voluntary Academic Consortium of Seven Institutions of Higher Education County Office of Education (Intermediate District) LEA plus association at the Iowa Center for Community Education

TABLE XI
COMPOSITE OF COMMUNICATIONS NO. 1, 2, AND 3

Summary of Return Rate for the Communications Mailed to Center Directors				
		Mailed	Returned	% Returned
<u>Communication No. 1</u>				
Rank order of problem suggested by panel	ASSESSMENT	125	103	82
State Department of Higher Education			38	37
Institution of Higher Education			55	53
Other			10	10
<u>Communication No. 2</u>				
Course content to resolve problems	DEVELOPMENT	125	98	78
State Department of Higher Education			34	35
Institution of Higher Education			50	51
Other			14	14
<u>Communication No. 3</u>				
Evaluate impact of course	EVALUATION	125	89	71
State Department of Higher Education			33	71
Institution of Higher Education			53	60
Other			3	3
<u>Total</u>		<u>375</u>	<u>290</u>	<u>77</u>

impacting the lives of senior citizens. Thoughts such as: old people have diseases, old age is mindless, old age is sexless, and older people are useless and powerless. A community which views its senior citizens as such sets the stage for the problems mentioned in Communication No. 1 to overpower the older adult. Just how important the problems are varies. How other experts see the problems is shown in Table II. According to the center directors (Appendix D), four problems emerge as being the most important problems impacting lives of senior citizens. Those problems are listed in Table II with an asterisk. They are: fixed income, health care, housing, and nutrition. The problems senior citizens face represent a major concern. The Bureau of Census has projected a population of 41 million people over the age of 60 by the year 2000 (U.S. Bureau of Census, 1978). Atchley (1977) presents data that indicates 81 percent of the U.S. population 65 and older suffer some chronic health condition. Carp (1976) notes that older people have lived in their homes 20, 30, 40 or more years. With time, more and more maintenance is needed and hiring the work done is often too costly. For older people who rent, the situation is worse than for the homeowner. This response reinforces the fact that housing is a problem. Housing is viewed as a problem by the experts on aging (Appendix C). The consensus of the center directors in Table II tends to recognize the seriousness of the problem. Fixed income is a very real problem for the older adult. The list of problems suggested by the panel has fixed income as one of the problems which impact most often on the lives of senior citizens. A consensus of the center directors show the problem of fixed income as being the most important problem older adults face in

retirement. (See Table II for a list of problems as they were ranked by the center directors.) These remarks have tried to present some of the problems which older adults face. To achieve this purpose, comments were taken from the literature and attention was called to a list of problems suggested by a panel of experts on aging.

Question Two

Question two had to do with a community's concern about what it could do to help senior citizens resolve some of the problems which impact their lives. Senior citizens are resources of the community and therefore should be made to feel that they can still make a contribution. Making a contribution that is perceived worthwhile is what makes the older adults feel useful. The question from Chapter I is repeated here:

2. What can a community do to assist its senior citizens with solutions for resolving some of the problems which older adults face? A community plays a major role in the lives of senior citizens. Perhaps, one can understand the role of the community by understanding what is meant by the term "community." Warren (1978) sees the term "community" implying a sociological, psychological, and geographical meaning. Psychologically, it implies shared interests, characteristics, or association, as in the expression "community of interest" or the term "the business community." Geographically, it denotes a specific area where people are clustered. Sociologically, the term combines these two connotations. It relates to the shared interests and behavior patterns that people have by virtue of their common locality. In one early study of 94 definitions of the term "community," it was

found that 69 were "in accord with social interaction, area, and a common tie or ties are commonly found in community life" (Hillery, 1955, p. 118). Warren (1978), in providing a definition for the term "community," sees a community as a combination of social units and systems that perform the major social functions having locality relevance. Warren further defines community as the organization of social activities that are necessary in day-to-day living. These definitions tend to suggest that the community has a responsibility to its citizens. Citizens in the community refer to the youngest as well as to the oldest. These statements tend to further suggest that when needs of a certain group in the community are not being met, other measures should be sought as a means to deliver services. What can a community do to assist its senior citizens with solutions for resolving some of the problems which older adults face? The community can plan and develop a community education program. The community can take a serious look at individuals who are residing there and determine if their needs are being met. The community can identify what agencies are available and what specific function they perform. Members of the community are involved and have access to activities which allow them the opportunity to help themselves, when steps are taken to create an agency which responds to needs based on needs assessment being conducted. Communities can sponsor campaigns to attract the older adult to adult education. Communities can determine appropriate places for meeting with older adults and sharing information which benefits older people.

Question Three

Question three had to do with the role of community education in meeting needs of senior citizens in the community. Problems which senior citizens have are problems which every individual faces. In the case of the older adult, the problem is emphasized by the fact that he or she has to get by on less. This situation is brought on by a mandatory retirement. Even though retirement presents problems, these problems can be resolved. The question from Chapter I is repeated here:

3. What role can community education play in responding to needs of older adults in the community?

The largest minority group in the United States is the elderly and it is growing larger each year. The elderly population has many problems. These problems, seemingly, could be solved through education. Yet, equal educational opportunity for the older person is more a myth than a reality. Many older persons engage in self-directed learning, but the paucity of opportunity for the older person and low participation rates in educational programs deserve special attention. If senior citizens were in adult programs, some of their needs could be met. There are several problems the older person faces as a potential participant of adult and continuing education. For example, transportation limitation and lack of mobility are often factors preventing participation in formal programs of education. Not being in formal or informal educational settings in large numbers suggests a need for a vehicle which will pay special attention to needs of senior citizens. That vehicle is communication education. What is communication education? Seay (1974) sees community education

as the process that achieves a balance and a use of all institutional forces in the education of the people--all of the people--of the community. Based on this statement, community education needs of older adults have a chance of being met in the community. Organizations are agencies which work with community education in a partnership arrangement to deliver services to the community. According to Hicks (1967) and others, all organizations, or agencies, have five common characteristics: (1) they involve people, (2) the people interact, (3) interactions are, to some degree, ordered and prescribed, (4) each individual sees the organization as in some way helping him, and (5) the interactions help to achieve some joint objectives that are related to individual goals. An agency of community education must have certain core elements if it is to exhibit these characteristics. Hicks (1967, p. 61) indicated that humans, interacting purposefully, are the "core elements" of any organization.

What role can community education play in responding to needs of older adults in the community? Community education can act as an umbrella for bringing organizations together. Community education does not presume to give people ready-made solutions to their problems. It does attempt to help people learn how to solve their own problems. Education can give the senior citizen the opportunity to keep active. Appendix C lists several activities suggested by community education for involving older adults in the community. This list shows how the senior citizens can be assisted in leading an active life in the community.

Question Four

Question four had to do with looking at strategy offered by

experts in the field of gerontology for assisting senior citizens with solutions to some of their problems. It is believed that people who work with senior citizens are in a position to suggest strategy or to have ideas for solving problems of older adults.

The question from Chapter I is repeated here:

4. What approaches are offered by experts in the field of gerontology as suggested strategy for responding to problems which impact lives of senior citizens?

Center Directors for Community Education, in a brainstorming session conducted through the Delphi, revealed much strategy for resolving problems impacting lives of senior citizens. Center directors were asked to suggest course content for resolving fixed income. Table III shows the responses of what center directors believe should be used in dealing with the problem of fixed income. Table IV shows the strategy for housing. Statements such as: "Learn how to seek information about retirement villages" and "Include mental activities to maintain high level of life" are some examples of what the experts used to resolve the problem of health. The literature on the Delphi provides a definition for the term "expert." According to the Delphi, an expert is one who has knowledge to share in a brainstorming session. Based on this comment, center directors can be viewed as experts whose comments can be used as a basis for developing strategy. Table V shares knowledge regarding housing. Housing is a problem for everyone. It is especially a problem for senior citizens. Comments such as, "Use community education workshops on housing," "Learn where/how older adults can apply for public housing," and "Bring in experts to share information on available housing for

older adults" are what the experts say can be done to assist the older American with the problem of housing. Table VI shows the comments suggested for resolving the problem of nutrition. The center directors suggest: "Learn to cook for one," "Have dietician and nutritionist offer cooking classes for the elderly," and "Seek highest nutrients from low cost foods."

With these suggestions the question may be raised, how do you get the older adult to attend the classes? The center directors offer these comments for achieving that purpose: "Use mobile classrooms," "Organize door-to-door recruitment," "Get agencies together and people will come" were examples of how the older adult could be gotten to attend the class or course. Table VII shows strategies for getting older adults to attend the courses.

Did the course help the older adult? This question is a concern of anyone who sponsors a course for the elderly. Table VIII reflects comments from center directors such as "Use client testimony," "Do a pre and post interview," and "See if there is a request for more classes." Table IX shows a listing of strategies to learn if the course helped the community. One of the best ways to see if the course helped the community would be to see if the myths against aging still persist. Other examples would be to observe the older adult after the course has ended, ask social services agencies for their evaluations, observe number of older adults who request the course, and see reduction in welfare programs.

The strategies developed in this study can make the life of the senior citizen easier. Older Americans have problems which are compounded during retirement years. Strategies developed in this study

provide the older adult with suggestions for resolving some of the problems which impact his life. A flow chart (Figure 3), which is a result of developing strategies for senior citizen involvement in community education, reflects these strategies.

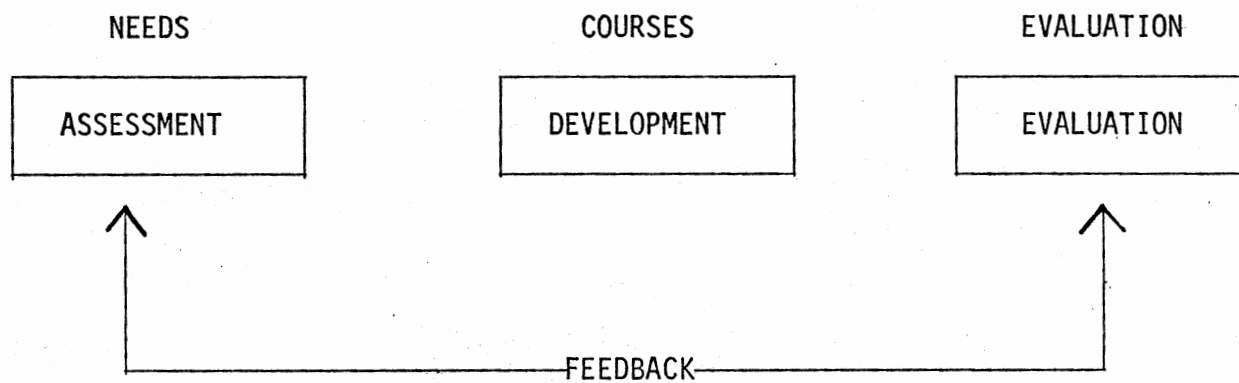


Figure 3. Flow Chart for Developing Strategies for Senior Citizen Involvement in Community Education

CHAPTER V

SUMMARY, CONCLUSIONS, AND RECOMMENDATIONS

Summary

The purpose of this study was to develop strategies for the involvement of senior citizens in community education. This purpose was accomplished by setting forth four research questions and then utilizing various questionnaires to gather information from National Center Directors for Community Education. The questionnaires sent to center directors requesting their input were developed through the guidance of a panel of experts on aging.

The study began by creating a panel of experts on aging. These individuals were selected because of their contact with older Americans. The panel consisted of people who have experience and are considered experts in the field of gerontology. An expert, according to the Delphi, is one who has years of professional experience, possesses relevant information on the problem being studied, and the expert has a large store of background knowledge at his disposal (Brown and Helmer, 1964). The assistance of the panel came in the form of providing guidance in the development of instrumentation needed to collect data.

The instrumentation, three communications, was sent at various intervals. When the study began in February of 1981, there were 125 National Center Directors for Community Education. An introductory

cover letter giving the title and a brief description of the research was sent to all Center Directors for Community Education. The cover letter noted that the researcher planned to develop strategy for senior citizen involvement in community education by using data collected through the Delphi. Before the data for the study was collected, a review of the literature was conducted using the Educational Resources Information Center (ERIC).

Three communications were sent to center directors starting in February, 1981, and ending with the last communication sent in October, 1981. A total of 375 questionnaires were mailed out during the data collecting period. There were 290 questionnaires returned. The results of the questionnaires were hand tabulated and a composite developed reflecting a summary of data collected for Communications No. 1, 2, and 3.

Conclusions

This section is devoted to reporting conclusions that can be made based on the data collected in this study. The profile developed based on the data collected from the national center directors suggest that a vehicle to deliver community services is urgently needed. Even though organized communities have stores, banks, churches, doctors' offices, hospitals, schools, and other organizations, they appear to be lacking in providing services to the elderly. What appears to be needed is a model which provides for the interrelations among organizations that provide services to the elderly. Based on data collected in this study, the number one problem facing the elderly is adjusting to a fixed income. Along with fixed income,

health care, housing, and nutrition are perceived to be serious problems. One can draw this conclusion because, based on projections for the future, the elderly population will continue to grow (Atchley, 1977). Another conclusion one can make is the importance of communication to, with, and among the elderly. Whether the older adult lives in an urban area or a rural area, communication is important. Communication is important because this is one method for resolving problems impacting the lives of senior citizens. In rural areas, communication is primarily by word-of-mouth, the larger the rural area the less the average older adult knows about available services. Problems that senior citizens face can be resolved when there is a community vehicle for providing an assessment of the needs of older adults and then utilizing community resources to bring about solutions.

In urban areas, the opposite is true. Because in cities, mass communication is the prevalent mode of communication, the larger the urban area the greater the average level of knowledge of community services. Because most Americans live in urban areas, one tends to forget that the majority of America's communities are in rural areas. This conclusion appears to stress the importance of communities, rural and urban, having a delivery system which seeks to improve quality of life for older adults. Based on literature describing the philosophy of community education, one can conclude that a vehicle for senior citizen participation housed in a community education program would be a delivery system for responding to needs of older adults. Community education programs make it possible for senior citizens to obtain information which allows them to cope with problems impacting their lives help to improve quality of life.

Perhaps the most distressing aspect of the study was the fact that so few center directors indicated whether their centers were located in a rural or an urban setting. In 1974, 84 percent of the land area of the United States was rural; nonmetropolitan land (Atchley, 1977). Because so few center directors indicated their center setting on the questionnaire, this study could not make a valid determination of what percent of the centers in the study was rural or urban.

Recommendations

Because of the rapid increase in the older population, services to this age group will, in all probability, be of great concern in the years ahead (Facts About Older Americans, 1976). In 1975, about half of the persons aged 65 and older lived in the six most populous states--California, Illinois, New York, Ohio, Pennsylvania, Texas, and Florida (the eighth most populous). Nine states had an unusually high proportion of older persons (12 percent or more) in their total populations--Florida (16.1 percent), Arkansas (12.8 percent), Iowa (12.7 percent), Missouri and Kansas (12.6 percent each), Nebraska (12.5 percent), South Dakota (12.4 percent), Oklahoma (12.3 percent), and Rhode Island (12.2 percent). Based on the information presented, persons aged 65 and over are represented in large numbers in the states previously mentioned. This information suggests that those areas would be appropriate settings to apply the model developed in this research. This researcher would recommend that directors of local community programs give consideration to the possible use of these strategies for promoting senior citizen involvement.

It is recommended that a study be done involving older adults in senior citizen centers to determine what the senior citizens perceive as current problems impacting their lives.

It is recommended that a study be done comparing the result of how senior citizens in a senior citizen center perceive problems impacting them compared with results showing how senior citizens who do not attend senior citizen centers perceive problems impacting their lives.

It is recommended that a study be done developing strategies for senior citizen involvement in community education by using the Delphi technique to collect data from selected area agencies on aging.

It is recommended that a study be done developing strategies to increase minority participation in community education.

It is recommended that a study be done to implement the strategies developed in this study in existing community education programs.

A SELECTED BIBLIOGRAPHY

- "A Brief History of the Mott Inter-University Clinical Preparation Program." (Mimeograph prepared by the Mott Leadership Center.) Flint, MI: The Charles Stewart Mott Foundation, 1980.
- "A Guide to Community Education Resources." Flint, MI: The Charles Stewart Mott Foundation, 1980.
- "Active People Over 60: Now a Nationwide Program." Aging, 277-278 November/December, 1977, p. 30a.
- Adelson, M. M., C. Alkin, C. Carey, and O. Helmer. "Planning Education for the Future: Comments on a Pilot Study." American Behavioral Scientist, March, 1967, pp. 1-33.
- Antunes, G. E. et al. "Pattern of Personal Crime Against the Elderly." Gerontologist, 17, September, 1977, pp. 321-328.
- Atchley, R. C. The Social Forces of Later Years, 2nd ed. Belmont, CA: Wadsworth Publishing Co., Inc., 1977.
- Barrow, G. M. and P. A. Smith. Aging, Ageism and Society. Los Angeles, CA: West Publishing Co., 1979.
- "The Battered Parent Syndrome." San Francisco Examiner, 34, May 1, 1977, p. 7.
- Benedict, R. C. "Trends in the Development of Services for the Aging Under the Older Act." In B. R. Herzog, ed., Aging and Income. New York: Human Sciences Press, 1978, p. 78.
- Benedict, R. C. and R. R. Hoke. "Caring for Elderly Persons." A Report to the Secretary DPW. Harrisburg, PA, 1973.
- Berridge, R. I. "A Study of the Opinions of Community Education Leaders and Community School Directors Regarding an Intensive Preparation for Community School Directors." (Unpublished dissertation, Michigan State University, 1969.)
- Bier, W. C. Aging. New York: Fordham University Press, 1974.
- Blank, M. L. "Recent Research Findings on Practice With the Aging." Social Casework, 52, June, 1971, pp. 382-408.
- Bohanan, P. "Elderly Who are Hard to Relocate." San Francisco Chronicle, 76, March 17, 1976, p. 218.

- Brody, S. J. "Comprehensive Health Care for the Elderly: An Analysis. The Continuum of Medical, Health, and Social Services for the Aged." Gerontologist, 13, Winter, 1974, pp. 412-418.
- Brooks, R. J. "A Delphi Study of Parents', Teachers', School Board Members', School Administrators', School Counselors', and Students' Perceptions of the Roles of Vocational and Technical Education in Oklahoma." (Unpublished dissertation, Oklahoma State University, 1974.)
- Brotman, H. B. "Every Tenth American: The 'problem' of Aging." In M. P. Lawton et al., eds., Community Planning for an Aging Society. Stroudsburg, PA: Dowden, Hutchinson, and Ross, 1976, pp. 110-115.
- Brown, B. and O. Helmer. Delphi Process: A Methodology Used for the Elicitation of Opinions of Experts. Santa Monica, CA: The Rand Corp., 1964.
- Butler, R. Why Survive? Being Old in America. New York: Harper and Row, 1975.
- Butler, R. and M. Lewis. Aging and Mental Health. St. Louis, C. V. Mosby, 1977.
- Campbell, R. M. and D. Hitchin. "The Delphi Technique: Implementation in the Corporate Environment." Management Services, 5-6, November-December, 1968, pp. 37-42.
- Carp, F. "A Senior Center in Public Housing for the Elderly." Gerontologist, 16, June, 1976, pp. 243-249.
- Clapp, E. Community Schools in Action. New York: The Viking Press, 1939, p. 89.
- Clemente, F. and M. B. Kleiman. "Fear of Crime Among the Aged." Gerontologist, 16, June, 1976, pp. 207-210.
- Collins, B. D. "A Systematic Approach to Oklahoma's Adult Needs." (Unpublished dissertation, Oklahoma State University, 1974.)
- Community Education Mobile Training Institute Resource Handbook. D. A. Santellanes, Project Director. Eugene, OR: College of Education, University of Oregon, 1979.
- "Community Education: Principles and Practices From World Experiences." In N. B. Henry, ed., Fifty-Eighth Yearbook of the National Society for the Study of Education, Part I. Chicago: University of Chicago Press, 1959, p. 48.
- Conner, F. J. "A Continuing Education Program for Senior Citizens." Stillwater, OK: The First United Methodist Church, 1981.

- Conrad, C. "When You're Young at Heart." Aging, 258, April, 1976, pp. 11-13.
- Cook, F. L. and T. D. Cook. "Evaluating the Rhetoric of Crisis: A Case Study of Criminal Victimization of the Elderly." Social Service Review, 50, December, 1976, pp. 632-646.
- Cook, L. A. "A Community School." Encyclopedia of Educational Research, 1st ed. New York: Macmillan Co., 1941, p. 1002.
- COPES Report. Sacramento, CA: Office of the Chancellor, California Community Colleges, 1973.
- Cubberly, E. P. Public Education in the United States. Boston, MA: Houghton-Mifflin Press, 1934.
- Cypert, F. R. and G. Gellenga. "Assessment of Learning and Process Objectives in a Student Personnel Training Program." Journal of College Student Personnel Training, XV(6), November, 1974, pp. 492-497.
- Dalkey, N. and O. Helmer. "An Experimental Application of the Delphi Method to the Use of Experts." Management Science, IX(3), April, 1963, pp. 458-467.
- deBeauvoir, S. The Coming of Age. New York: G. P. Putnam's Sons, 1972.
- Decker, L. E. "Community Education . . . the Need for Conceptual Framework." NASSP Bulletin, 59(394), November, 1975, p. 10.
- DeGugliemo, B. "What the Public Wants to Know and Needs to Know About Vocational and Technical Education." Stillwater, OK: State Department of Vocational and Technical Education, 1974.
- Deutsch, S. J. and W. L. Hamm. "Goals in Secondary Education - A Conflict of Interest?" Journal of Experimental Education, XLIII(4), Summer, 1975, pp. 79-88.
- Dewey, J. Democracy and Education. New York: The Macmillan Co., 1963.
- Dlugokinski, E. "Generational Interaction for Today (GIFT)." Newsletter, Oklahoma City, OK, April, 1980.
- DuBois, W. E. B. Autobiography. New York: International Publishers, 1968.
- Eisdorfer, C. "Issues in Health Planning for the Aged." Gerontologist, 16, February, 1976, pp. 12-16.
- Eisdorfer, E. and F. Wilke. "Research in Aging." In A. M. Hoffman, ed., Daily Needs and Interests of Older People, 2nd printing. Springfield, IL: Charles C. Thomas, 1976, p. 16.

- Eklund, O. "Aging and the Field of Education." In M. W. Riley et al., eds., Aging and Society. New York: Russell Sage Foundation, 1969, pp. 324-343.
- Elderhostel Catalog. Boston: Elderhostel, Inc., 1981.
- Estes, C. L. "Barriers to Effective Community Planning for the Elderly." Gerontologist, 13, Summer, 1973, pp. 178-183.
- Everett, S. The Community School. New York: D. Appleton-Century Co., 1938.
- "Facts About Older Americans." DHEW Publication No. (OHD) 77-20006. Washington, D.C.: U.S. Department of Health, Education, and Welfare, 1976.
- Federal Register, Part II. Washington, D.C.: Department of Health, Education, and Welfare (Community Education Program), December, 1975.
- Friedsam, H. J. and Martin, H. W. A Comparison of Self and Physicians' Health Ratings in an Older Population. Journal of Health and Human Behavior, 4, 1963, pp. 179-183.
- Fromm, E. "Psychological Problems of Aging." Journal of Rehabilitation, 32, 1966, pp. 10-12.
- Ganikos, M. L., K. A. Grady, and J. B. Olson. Counseling the Aged. Falls Church, VA: American Personnel and Guidance Assoc., 1979.
- Generational Interaction for Today Catalog. Oklahoma City: Generational Interaction for Today, Inc., 1980.
- Goodykootz, B. "Selected Studies Relating to Community Schools." In N. B. Henry, ed., Fifty-Second Yearbook of the National Society for the Study of Education, Part II. Chicago: University of Chicago Press, 1953, p. 73.
- Gottsch, D. "Senior Citizen Centers: A Demographic Profile of Twelve Senior Citizen Centers." (Unpublished dissertation, Oklahoma State University, 1979.)
- Hansen, P. M. Never Too Late to be Young. New York: Frederick Fell, Inc., 1966.
- Harris, L. and Others. The Myth and Reality of Aging in America, 3rd printing. Washington, D.C.: National Council on Aging, 1976.
- Havighurst, R. J. and R. Albrecht. Older People. New York: Longmans, Green and Co., 1953.
- Hickey, H. C. The Role of the School in Community Education. Midland, MI: Pendell Publishing Co., 1969.

- Hicks, H. G. The Management of Organizations. New York: McGraw-Hill Publishing, 1967.
- Hillery, G. A., Jr. "Definitions of Community: Areas of Agreement." Rural Sociology, 20(2), June, 1955, p. 118.
- Hopkins, C. O., K. L. Ritter, and W. W. Stevenson. Delphi: A Planning Tool. Stillwater, OK: Division of Research, Planning, and Evaluation, State Department of Vocational and Technical Education, 1972.
- Ishizaki, B. S., L. E. Gottesman, and S. M. MacBride. "Determinants of a Model Choice for Service Management Systems." Gerontologist, 9, March, 1977, p. 90.
- Judd, R. C. "Delphi Method: Computerized 'Oracle' Accelerates Consensus Formation." College and University Business, XXXIX(3), September, 1970, pp. 30-34.
- Kanerman, S. B. "Community Services for the Aged: The View From Eight Countries." Gerontologist, 16, December, 1976, pp. 529-537.
- Kaplan, J. A Social Program for Older People. Minneapolis: University of Minnesota Press, 1953.
- Kastler, J. M., R. M. Gray, and M. L. Carruth. "Involuntary Relocation of the Elderly." Journal of Gerontology, 8, Winter, 1968, pp. 276-279.
- Keelor, R. "Physical Fitness and Health--Highlights of the Senate Subcommittee on Aging Hearing, Part I." Aging, 258, April, 1976, pp. 6-10a.
- Knowles, M. S. The Modern Practice of Adult Education. New York: Association Press, 1970.
- Korim, A. S. Older Americans and Community Colleges: A Guide for Program Implementation. Washington, D.C.: American Association of Community and Junior Colleges, 1974.
- Kuhn, M. Speech at Oklahoma State University, November, 1981.
- Laense, J. and S. B. Wagner. "Senior Centers": Report on Senior Group Programs in America. Washington, D.C.: National Council on Aging, Inc., 1963.
- MacBride, S. M., B. S. Ishizaki, L. F. Gottesman, and C. A. Feldman. Service Management Manual. Philadelphia: Philadelphia Geriatric Center, 1977.

- Manley, F. J., B. W. Reed, and R. K. Burns. The Community School in Action: The Flint Program. Chicago: The University of Chicago Press, 1961.
- Maxwell, J. M. Centers for Older People. New York: The National Council on Aging, 1962.
- McKenna, F. E. "The Pollution of Information: Do Attempts to Systemize the Flow of Information Assist or Impede the Flow?" Special Libraries, LXIV(516), May/June, 1973, pp. 245-250.
- Michigan State Board of Education. "Policies for the Distribution of Monies to School Districts for Community School Programs in 1969-70 in Accordance With the Provisions of Act 307, PA of 1969." Flint, MI: State Board of Education, 1969.
- Midwest Research Institute. Crime Against the Aging: Patterns and Prevention. Kansas City, MO: Midwest Research Institute, 1977.
- Mikhailov, G. T., A. J. Annoni, and T. A. Mahoney. "The Use of the Delphi Procedures in Manpower Forecasting." Management Science, XXIX(4), December, 1972, pp. 112-114.
- Milkovich, G. T., A. J. Annoni, and T. A. Mahoney. "The Use of the Delphi Procedures in Manpower Forecasting." Management Science, XXIX(4), December, 1972, pp. 112-114.
- Minzey, J. D. and C. LeTarte. Community Education: From Program to Process. Midland, MI: Pendell Publishing Co., 1973.
- Minzey, J. D. and C. R. Olsen. "An Overview." In H. W. Hickey and C. Van Voorees, eds., The Role of the School in Community Education. Midland, MI: Pendell Publishing Co., 1969.
- Morris, W. The American Heritage Dictionary of the English Language. Atlanta, GA: Houghton Mifflin Publishing Co., 1978.
- Muntyan, M. "Community School Concept. A Critical Analysis." In N. B. Henry, ed., Fifty-Second Yearbook of the National Society for the Study of Education, Part II. Chicago: University of Chicago Press, 1953, p. 37.
- Myerhoff, B. G. Life's Career--Aging Cultural Variations on Growing Old. Beverly Hills, CA: Sage Publications, Inc., 1978.
- Nashlund, R. A. "The Impact of the Power Age on the Community School Concept." In N. B. Henry, ed., Fifty-Second Yearbook of the National Society for the Study of Education, Part II. Chicago: University of Chicago Press, 1953, p. 261.
- National Association for Public School Adult Education. "Community School Education--A Comprehensive Concept." Washington, D.C.: March, 1968, p. 3.

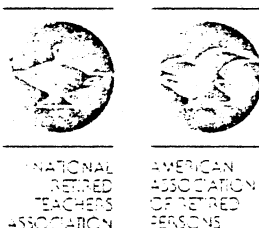
- National Community Education Association. Secondary Annual Directory of Membership. Flint, MI: NCEA, 1969.
- Newberry, J. S. "Participants and Participation in Adult Education." In E. desBrunner, ed., An Overview of Adult Education Research. Washington, D.C.: Adult Education Association of the USA, 1959, pp. 90-95.
- Newton, F. B. and G. Gellenga. "Assessment of Learning and Process Objectives in a Student Personnel Training Program." Journal of College Student Personnel Training, XV(6), November, 1974, pp. 492-497.
- O'Brien, J. E. and Streib, G. F. Evaluative Research and Social Programs for the Elderly. Washington, D.C.: DHEW Publications, 1977.
- "Older Americans Act." Staff Study of the Select Committee on Aging. U.S. Congress, House of Representatives. Washington, D.C.: U.S. Government Printing Office, 1976.
- Olsen, E. G. The School and Community Reader. New York: The Macmillan Co., 1963.
- Olsen, E. G. "The Community School: Pattern for Progress." A mimeograph of an address delivered at the Conference on Community Education for School Board Members and School Administrators, Southwest Region, Arizona State University, Tempe, AZ: March 7, 1969.
- Palmore, E. "The Effects of Aging on Activities and Attitudes." Gerontologist, 8, Winter, 1968, pp. 259-263.
- Pfeiffer, E. and G. C. Davis. "The Use of Leisure Time in Middle Life." Gerontologist, 11(3), Spring, 1971, pp. 187-195.
- Riley, M. W. and A. Foner. "Aging and Society." In L. Stein and M. Derliers, eds., An Inventory of Research Finding. New York: Russell Sage Foundation, 1968, p. 125.
- Rose, A. M. Older People and Their Social World. Philadelphia, PA: F. A. Davis Co., 1977.
- Rosenzweig, N. "Some Differences Between Elderly People Who Use Community Resources and Those Who Do Not." Journal of American Geriatrics Society, 23, May, 1975, pp. 224-233.
- Sarvis, R. E. Educational Needs of the Elderly: Their Relationship to Educational Institutions. Lynwood: Edmond Community College, 1973.

- Scanlon, D. "Historical Roots for the Development of Community Education: Principles and Practices From World Wide Experience." In N. B. Henry, ed., Fifty-Eighth Yearbook of the National Society for the Study of Education, Part I. Chicago: University of Chicago Press, 1959, p. 48.
- Schmandt, J., V. Bach, and B. A. Radin. "Information and Referral Services for Elderly Welfare Recipients." Gerontologist, 19, February, 1979, pp. 21-27.
- Seay, M. F. and Others. Community Education: A Developing Concept. Midland, MI: Pendell Publishing Co., 1974.
- Second Annual Directory of Membership. Flint, MI: National Community School Education Association, 1969.
- Sergiovanni, T. J. and F. D. Carver. The New School Executive: A Theory of Administration. New York: Dodd, Mead, and Co., 1974.
- Shanas, E. "Family Help Patterns and Social Class in Three Countries." In B. L. Neugarted, ed., Middle Age and Dying. Chicago: University of Chicago Press, 1968, pp. 15-20.
- Shanas, E. The Healthy Older People: A Social Survey. Cambridge, MA: Harvard University Press, 1962.
- Sheldon, E. B. and W. E. Moore. Indications of Social Change Concepts and Measurements. New York: Russell Sage Foundation, 1968.
- Sheldon, J. H. "The Social Philosophy of Old Age." The Lancet, 2, July 24, 1954, pp. 151-155.
- Smith, E. C. and D. J. Namie. Involving the Senior Citizen. How to Series. Midland, MI: Pendell Publishing Co., 1977.
- Smith, O. B., W. O. Stanley, and A. J. Shores. Fundamentals of Curriculum Development. New York: Harcourt, Brace and World, 1950.
- Solberg, J. "The Evolution and Implementation of the Community-School Concepts." (Unpublished dissertation, University of Michigan, 1970.)
- State of Michigan. "Policies for the Distribution of Monies to School Districts for Community School Programs in 1969-70, in Accordance With the Provisions of the Act 307, and PA of 1969 (as adopted by the State Board of Education on October 1, 1969)." Flint, MI: Michigan State Board of Education, 1969.
- Stein, R. "A Second Harvest for Life." San Francisco Chronicle, 7, September 4, 1975, p. 20.
- Stillwater Public Library. Information and Referral Service. Stillwater, OK, September, 1980.

- Survey of Senior Centers. Norwalk, CA: Cerrotos College, 1974.
- Taber, M. and M. Flynn. "Social Policy and Social Provision for the Elderly in the 1970's." Gerontologist, 11 (Part II), Winter, 1971, pp. 51-54.
- Tessler, R. and Mechanic, D. "Psychological Distress and Perceived Health Status." Journal of Health and Social Behavior, 19, September, 1978, pp. 254-262.
- Tinnell, R. "A Task Inventory of Technical Teachers in Oklahoma." (Unpublished dissertation, Oklahoma State University, 1975.)
- U.S. Bureau of Census. "1976 Survey of Institutionalized Persons: A Survey of Persons Receiving Long-Term Care." Current Population Report, Series P-23, Number 69. Washington, D.C.: U.S. Government Printing Office, 1978, pp. 3-7.
- Uhl, N. P. Identifying Instructional Goals Encouraging Convergence of Opinion Through the Delphi Technique. Durham, NC: National Laboratory for Higher Education, 1971.
- Warren, R. L. The Community in America. Chicago: Rand McNally College Publishing Co., 1978.
- Weaver, D. C. "Community Education--A Cultural Imperative." The Community School and Its Administration. Midland, MI: Ford Press, Inc., 1969, p. 10.
- Webster, N. The Living Webster Encyclopedic Dictionary of the English Language. Melrose Park, IL: English Language Institute of America, 1977.
- Weg, R. Nutrition and the Later Years. Los Angeles: University of California Press, Ethel Percy Andrus Gerontology Center, 1978.
- Wells, H. G. The Outline of History. New York: Garden City Publishing Co., 1929.
- The 1971 White House Conference on Aging: The End of a Beginning? Washington, D.C.: National Retired Teachers Association and American Association of Retired Persons, 1971.
- Yeager, W. A. Home - School - Community Relations. Pittsburg, PA: University of Pittsburg, 1939.

APPENDIXES

APPENDIX A
CORRESPONDENCE



November 23, 1981

Mr. Leonard Williams
72-7 South University Place
Stillwater, Oklahoma 74074

Dear Mr. Williams:

The National Retired Teachers Association and the American Association of Retired Persons (NRTA-AARP) are non-profit membership corporations founded to help improve the quality of life of retired persons everywhere. The purposes of NRTA are (1) to foster and promote the social welfare, educational, scientific, and philanthropic objectives and needs of retired teachers, administrators, and all other persons who either are members of the Association or are eligible for membership; (2) to work in cooperation with other national, state, and local educational, retiree, and other organizations to improve the quality of life of retired teachers, school administrators, and all older people of America, to the end that aging is achieved with independence, dignity and purpose; and (3) to sponsor research on physical, psychological, social, economic, and other aspects of aging for the benefit of all older persons both now and in the future.

AARP's goals are (1) to enhance the quality of life for older persons; (2) to promote independence, dignity, and purpose for older persons; (3) to lead in determining the role and place of older persons in society; and (4) to improve the image of aging.

The Associations' combined membership is currently more than 12 million. As you can see the two Associations are dedicated to helping men and women achieve retirement lives of independence, dignity, and purpose.

NRTA and AARP sponsor many community service programs. Local volunteers around the country provide information and guidance to members and others on such matters as retirement planning, consumer education, income maintenance, health, leadership development, bereavement counseling, continuing education, and many others. Major programs include:

- Consumer Affairs, which helps older people function as independent and knowledgeable consumers of goods and services in the market place. Current programs include funeral planning and the Citizen Representation

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Project whose aim is to increase the numbers of older consumers on boards and commissions around the country.

- Criminal Justice Services, which helps members and other older people reduce criminal opportunity and allay unnecessary fears about crime. Comprehensive programs with visual aids, booklets and presentation guidelines are offered on topics such as street crime, burglary, fraud/bunko, community/police relations, testifying and performing jury duty.
- Health Advocacy Services, which emphasizes health maintenance and disease prevention education in all areas of health and informs medicare beneficiaries of available benefits and assist them in correctly applying for such benefits.
- Housing, which advocates for better housing and living environments for older people.
- Institute of Lifetime Learning, which works with the academic community to establish or improve local educational programs for older people and provide information on educational offerings.
- International Federation on Ageing, which is a non-governmental, non-profit federation of 41 age-related organizations in 25 countries. The Federation publishes Ageing International magazine and pursues other educational and social welfare objectives.
- Interreligious Liaison, which assists churches and synagogues, ecumenical, and inter-faith agencies in the development of programs that involve older persons in congregational and community service.
- Legal Counsel for the Elderly, which provides legal advise about public benefits, protective services, will preparation, and other services to elderly residents of the District of Columbia.

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- Program Development, which serves as facilitator for the review, planning, and implementation of innovative, timely, and short-term programs. This section also does the energy programming for the Associations.
- Retirement Preparation, coordinated by Action for Independent Maturity (AIM), a separate membership division of AARP for pre-retirees, age 50 to 65 with a current membership of close to 500,000 persons. Members receive a bi-monthly magazine and guidebooks on topics of special interest to people in their middle years.
- Safety and Driver Improvement, which offers the National Safety Council's Defensive Driving Course, utilizing more than 3,000 volunteers, trainers, and instructors. Over 400,000 older people have completed this course, which teaches older drivers how to avoid accidents through defensive driving techniques.
- Senior Community Service Employment Program (SCSEP), which is a grant program funded by the Department of Labor to train and help find permanent employment in non-profit service agencies or with private industry for thousands of economically disadvantaged older workers.
- Tax Aide trains older people to counsel other older people in the completion of tax forms and to advise them of special federal and state tax considerations and credits for which they might be eligible. In 1979, more than 10,000 tax volunteers assisted older people in filing 750,000 federal and state forms.
- Widowed Persons Service, which assists the newly widowed man or woman of any age in making adjustments to radically altered life patterns.

The Associations also keep their members informed about legislation affecting older Americans and frequently represent the aging before committees of the U.S. Congress or state legislatures. Major legislative activities in the past have included the fight against age discrimination in America; support for a comprehensive national health insurance program; support for major reforms in the Social Security System to help solve its financial problems; efforts to

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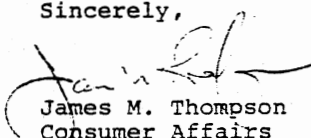
urge the creation of a federal consumer protection agency; and attempts to reform the nation's drug delivery system through increased use of generic drug substitution.

The Associations design and produce a monthly News Bulletin, bi-monthly magazines, and "Better Retirement" booklet series. Other member services include group health insurance, a U.S. government money market fund, a mail order pharmacy services, counseling, a motoring plan, and car rental and hotel/motel discounts.

Finally, NRTA and AARP have a Women's Activities Office which attempts to foster greater awareness of the needs and concerns of older women. The Associations are also involved in strenuous efforts to improve the Associations' image in minority communities and to expand membership recruitment among minorities.

I hope this information is helpful. I have also enclosed some material put out specifically by the Consumer Affairs Section. If there is anything else I can provide you with, please don't hesitate to call at any time.

Sincerely,



James M. Thompson
Consumer Affairs

Enclosures

cc: Jayne Walker, Area IX

National Council of Senior Citizens

925 15th Street, N.W. • Washington, DC 20005 • Phone (Area Code 202) 347-8800

Presidents Emeriti
James Carbray
Whittier, CA

Nelson H. Cruikshank
Washington, DC

November 12, 1981

President
Jacob Clayman
Washington, DC

Executive Director
William R. Hutton
Washington, DC

Mr. Leonard L. Williams
Graduate Intern In Community
Education
Oklahoma State University
309 Gundersen Hall
Stillwater, Oklahoma 74074

Dear Mr. Williams:

The National Council of Senior Citizens, founded in 1961, has earned its position as respected advocate for the nation's elderly. Its first president, the late Congressman Aime J. Forand of Rhode Island, was a pioneer spokesman for health insurance for the elderly under Social Security. When he retired from Congress, due to ill health, Forand--with the backing of many church, social welfare, community and labor groups--set up the National Council in order to organize grass-roots support for Medicare.

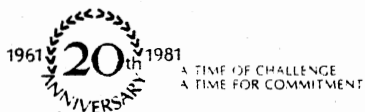
When Medicare was finally passed in 1965, President Lyndon Johnson said that, had it not been for the efforts of NCSC, older Americans would not have had that vital health care program.

In more recent years, NCSC has successfully fought for Social Security's financial stability, senior citizen housing, Supplemental Security Income, the Older Americans Act and numerous other pieces of legislation that benefit older citizens.

NCSC's President is Jacob Clayman, former President of the Industrial Union Department of the AFL-CIO. He assumed the position in October, 1979, when former NCSC President James Carbray resigned for reasons of health. The National Council's Executive Director is William R. Hutton.

The following is information on the functions of NCSC relative to your telephone request of November 9, 1981:

HEALTH CARE--NCSC's number one legislative priority is the passage of the Health Care for all Americans Act--the Kennedy bill--which would provide comprehensive health care for all Americans. Until this becomes law, NCSC favors improvements in Medicare, the Federal health insurance program for the elderly which NCSC helped to enact in 1965.



First Vice President, Dr. Mary C. Mulvey, Providence, Rhode Island • **Second Vice President**, George J. Kourpias, Washington, D.C.
Third Vice President, Einar O. Mohn, Menlo Park, California • **Fourth Vice President**, Dorothy Walker, Detroit, Michigan • **Secretary-Treasurer**, J. Al. Rightley, Rochester, Michigan • **General Counsel**, Robert J. Mozer, New York; James J. Kennedy, Jr., Washington, D.C.

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HOUSING--NCSC is one of the largest developers of Federally-funded housing for the elderly. Funds are provided under Section 202 of the National Housing Act, which grants long-term, low-interest loans to nonprofit organizations in order to develop housing that meets the special needs of older people. NCSC is cosponsor, along with a local affiliate in each community, of housing sites in the following areas: North Dade County, Florida; Miami Beach, Florida; Chicago, Illinois; Claremont, New Hampshire; Brooklyn, New York; Jacksonville, Arkansas; Jersey City, New Jersey; Fontana, California; Bath, New York; Prince George's County, Maryland; and Bayamon, Puerto Rico.

EMPLOYMENT--The National Council administers the Senior AIDES Community Service Employment Program, funded under Title V of the Older Americans Act. Senior AIDES employs thousands of low-income elderly across the country in part-time jobs that provide a useful service to the community.

SOCIAL SECURITY--NCSC has been very successful in helping secure regular Social Security benefit increases over the last several years. The National Council, however, continues to be dissatisfied with the yearly cost-of-living review, and proposes more frequent reviews to ensure seniors of adequate benefits.

CRIME PREVENTION--Legal Research and Services for the Elderly (LRSE), administered by NCSC with funds from the Administration on Aging, is sponsoring a full-scale study of methods to prevent crimes against the elderly. "Criminal Justice and the Elderly" is specifically funded by the Law Enforcement Assistance Administration and has projects in six cities.

NURSING HOME REFORMS--In addition to NCSC's legislative work to improve nursing home standards, NCSC also sponsors the Nursing Home Information Service, which collects data on nursing home facilities and advises individuals about the type of care provided.

CONGRESSIONAL EVALUATION--Each February, NCSC evaluates the Congress according to their votes on ten issues of major importance to older Americans. The National Council believes that this is a good way to inform senior voters of the Congressmen and Senators who are representing their interests in Washington.

The National Council is a nonprofit, nonpartisan organization. NCSC is not, however, nonpolitical, and encourages members to take an interest in politics as it affects the aging. Neither is NCSC a special interest group for the elderly alone. Having backed the 1971 child care bill, the lowering of the voting age to 18, clear air and water legislation, consumer protection and other important issues, the National Council takes pride in its efforts to improve life for all Americans, including the elderly.

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In addition to its strong legislative and community efforts, NCSC offers its Gold Card members the following valuable benefits:

Senior Citizens News, NCSC's informative monthly newspaper for older people.

Low-cost Medicare supplement health insurance including coverage for those not yet eligible for Medicare.

Low-cost auto insurance coverage (not available as yet in all states).

NCSC's economical prescription drug service, with emphasis on generic, rather than brand name drugs.

Special senior citizens tours through the NCSC Travel Service.

Motel and car rental discounts.

Gold Card membership in NCSC costs \$5.00 a year for members joining through an affiliated club or supporting union. Dues for those enrolling as individuals are \$6.00 annually; \$7.50 for joint membership--member and spouse. Special Lifetime memberships (individual or couple) are available for \$100.00.

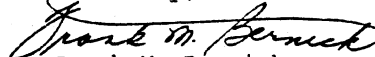
A club can affiliate with the National Council by starting with no less than twenty (20) Gold Card members.

Although NCSC-affiliated clubs spend much of the time discussing and taking action on legislative or political issues, they enjoy social and recreational activities as well. An NCSC club provides the ideal atmosphere for meeting and greeting friends and discussing problems, or subjects of mutual interest. Many clubs engage in important community projects like blood bank sponsorship or hospital-patient visitation. Others hold arts and crafts workshops, organize group trips, and visit museums and theaters. Several clubs have volunteer song leaders and dance bands.

NCSC also has affiliated state councils in 22 states, which organize activities--often legislative--on a regional basis.

For more information about NCSC, write Membership Development and Promotion Department, National Council of Senior Citizens, 925 15th Street, N.W., Washington, D.C. 20005; telephone number (202) 347-8800.

Sincerely,



Frank M. Bernick
Membership Director

FMB/P/bdl0

APPENDIX B

DATA COMING OUT OF COMMUNITY EDUCATION
REGARDING SENIOR CITIZENS

SENIOR CITIZENS AND THE SCHOOLS: SOME
POSSIBLE RELATIONSHIPS

Ways in Which Schools can Function as
Facilitators for Agencies and Services

May be effectively implemented by community education personnel and programs or through cooperative efforts involving other agencies and organizations.

1. Create a crisis center.
2. Set up meetings between agency people and senior citizens.
3. Use church activities and religious services.
4. Develop Community Services List for senior citizens.
5. Take community education courses to nursing homes.
6. Appoint a senior citizen as full-time Director of Community Education Senior Citizen activities.
7. Have meetings of all agencies to compare services and make summaries for senior citizens.
8. Help provide transportation to agencies and services.
9. Provide income tax assistance.
10. Provide counseling.
11. Cooperative extension services.
12. Build support for community chest drives.
13. Provide a clearing house of pamphlets and other materials.
14. Young students and adults go to various senior citizens' homes.
15. Decorate nursing homes for birthdays and times other than holidays.
16. Conduct a survey to see where senior citizens are located and what their interests are.
17. Provide box library on wheels.
18. Hold Scout meetings in nursing homes.
19. Use school groups to entertain.
20. Children raise money and decorate nursing homes.
21. Take kindergarten children to nursing homes occasionally.
22. Have a particular class adopt a senior citizen.
23. Have students do beauty aid work.
24. Use students with industrial-vocational skills to help senior citizens maintain their homes.

Ways in Which School can Help Senior Citizens Prepare for Retirement

May be effectively implemented by community education personnel and programs or through cooperative efforts involving other agencies and organizations.

1. Compilation and utilization of experiences of other retired citizens.
2. Coordinated printed retirement information.
3. Create awareness of continued work experiences, part-time jobs.
4. Follow up on senior citizens who may not have been in community education programs.
5. Provide agency and community services information.
6. Help establish cooperative exchange of services that senior citizens can provide for each other.
7. Provide vacation information service.
8. Seek free or discounted personal care services, products.
9. Provide survey of local recreational facilities.
10. Work with local industry on retirement process.
11. Product Senior Citizens Guidebook on things like: saving money, vacations, etc.
12. Create a class or meetings where senior citizens explore writing to form political influence groups.
13. Offer classes and programs on subject of psychological change implications of retirement.
14. Create a singles club for senior citizens.
15. Offer hobby-oriented teaching.
16. Provide information on utilization of multiple housing.
17. Help establish senior citizens clinic.
18. Prepare wife to have husband around home all day, or vice versa.
19. Establish forums on various aspects of death.
20. Offer training in management of financial resources.
21. Offer training in food preparation.
22. Provide materials and training in "Fashions for Senior Citizens."
23. Provide information on maintaining good health.
24. Get schools (including universities) to waive entrance requirements or standards for senior citizens.
25. Find ways to take the school and school activities into the homes of senior citizens.
26. Teach the legal aspects of retirement; use community lawyers.
27. Have courses about social security, other retirement programs.
28. Prepare list of people with special skills who might act as consultants.
29. Educate youth to think long-range, in terms of future retirement.
30. Create social interactions with all age groups.
31. Create interests in "lifetime" sports.
32. Provide assistance in understanding attitudes and behavior of young persons.

Ways in Which Schools can Assist Senior Citizens in Social and Recreational Activities

May be effectively implemented by community education personnel and programs or through cooperative efforts involving other agencies and organizations.

1. Organize senior citizen talent show.
2. Run telephone reassurance program.
3. Operate social and recreational information center.
4. Organize parent sitter services.
5. Disseminate money raising ideas for funding senior citizen activities.
6. Secure use of community buildings (churches, etc.), in addition to school buildings.
7. Compile scrapbooks.
8. Have classes for senior citizens only.
9. Organize day camps for senior citizens.
10. Plan senior citizen trips.
11. Organize neighborhood senior citizen groups to plan activities.
12. Establish annual leadership clinic for senior citizens.
13. Hold card parties.
14. Devise special senior citizen rules for regular sports.
15. Secure special rates for senior citizens use of golf courses, etc.
16. Produce and distribute special news bulletins.
17. Provide senior citizens passes to school activities.
18. Provide use of school facilities.
19. Provide hot lunch "meal on wheels" program.
20. Offer course on great books.
21. Help senior citizens with personel correspondence.
22. Get senior citizens involved in drama.
23. Have senior citizens operate concessions at games.
24. Promote regular radio program.
25. Help with transportation for trips.
26. Provide more enrichment offerings for senior citizens.
27. Increase number of student programs for senior citizen audiences in school or in community.
28. Promote home visits by senior citizens to other senior citizens.
29. Create a mobile library.
30. Provide an inventory of opportunities and equipment in schools that senior citizens might use.
31. Promote interaction between older people and younger people.
32. Provide reading service to people who need it.
33. Get senior citizens involved in planning of community and school recreation programs.
34. Compile great recipes.
35. Offer sex education for senior citizens.
36. Promote more open houses by schools and departments within the schools.

Ways in Which Schools Assist Senior Citizens to Function as Community Resources

May be effectively implemented by community education personnel and programs or through cooperative efforts involving other agencies and organizations.

1. Establish a Senior Citizen Social Agency Advisory Board.
2. Involve senior citizens in Scouting (Merit Badge counselors, etc.).
3. Encourage senior citizens to man Legislative Research Committees.
4. Assist seniors to be "parent sitters," chauffeurs, etc.
5. Participate in City Planning Commissions.
6. Use seniors as recruiters and aids in adult education, high school completion, etc.
7. Have seniors establish Welcome Wagon-types of services in communities.
8. Have seniors conduct community needs surveys.
9. Employ senior citizens as volunteers in hospitals and nursing homes.
10. Have seniors on Community Education Advisory Councils.
11. Facilitate retired skilled tradesmen aid to other seniors.
12. Arrange for senior citizens to do handicraft work with hospital patients.
13. Have seniors run "Dial-A-Friend" service, telephone the homebound.
14. Use seniors as sources of transportation, when possible.
15. Have seniors as nucleus of garden clubs.
16. Use seniors as grocery shoppers for the homebound.
17. Involve senior citizens as 4-H leaders.
18. Have seniors become experts on services available to other seniors.
19. Involve in day care work.
20. Become proposal researchers and writers.
21. Involve senior citizens in a Santa Claus Answering Service.
22. Involve as part-time teachers, teacher aides.
23. Involve as counselors in crisis centers.
24. Use seniors in collecting materials and writing school newsletters.
25. Have senior citizens compile a community resource list for the school system.
26. Have seniors compile a history of the community and keep it current each year.
27. Have seniors as school or community museum directors.
28. Have seniors share the history they have experienced with students.
29. Have seniors share travel experiences with students.
30. Involve some seniors as foster grandparents.
31. Have them educate students about forgotten trades.
32. Employ seniors as interpreters and advocates of millage campaigns in their peer group.

33. Have them making mittens, etc. for school children.
34. Use seniors as readers to children, and as tutors.
35. Involve in library programs.
36. Use seniors as sources of background information in are projects and activities.
37. Use seniors as school crossing guards.
38. Employ senior citizens as ticket takers.
39. Involve seniors in administering community attitudes surveys.
40. Have students learn home skills in the homes of senior citizens.

APPENDIX C

PANEL OF EXPERTS ON AGING

Development of Strategy for Involving
Senior Citizens in Community
Education

Panel of Experts on Aging

1. Dr. Zahea Nappa, Special Unit on Aging, Adjunct Assistant Professor of Health, Planning Specialist on Aging
2. Dr. George Arquitt, Professor of Sociology at Oklahoma State University
3. Dr. Joseph Hottzman, University of Oklahoma Health Services Center, Director Gerontology Center
4. Mrs. Mary Green, Special Services Coordinator, Payne/Nobel Counties Community Action Foundation
5. Mrs. Mary Ann McGhee, Community Service Advisor and Information Referral Coordinator Area Agency on Aging

APPENDIX D

LIST OF CENTER DIRECTORS FOR
COMMUNITY EDUCATION

Bob G. Allen, Director
Community Education
201 East 11th Street
Austin, TX 78701

Dr. Donald Bush, Director
Center for Community Education
Central Michigan University
Mt. Pleasant, MI 48858

Dr. Leroy Allen, Director
Center for Community Education
University of Delaware
Newark, Delaware 19711

Ronald Butcher, Director
Community Education
3535 Quakerbridge Road
Trenton, NJ 06819

Dvid Aikman, Director
Center for Community Education
100 Skyport Drive
San Jose, CA 95110

Dr. Donald C. Butler, Director
Community Education
Western Kentucky University
Bowling Green, KY 42101

Dr. James Anderson, Director
Center for Community Education
University of Wyoming
Laramie, WY 82070

Lettie B. Cale, Specialist
Community Education
Arizona Dept. of Education
Phoenix, AZ 85007

Bob Bell
5018 Club Road, Suite 101
Little Rock, AR 72207

Dr. Robert Cheeseman, Asst. Sup
Mississippi State Dept. of Ed.
P.O. Box 771
Jackson, MS 39205

Dr. Robert Berridge, Director
Center for Community Education
Texas A&M University
College Station, TX 77843

John Christopher, Chief
Department of Education
333 Market Street
Harrisburg, PA 17108

Dr. Loren Bonneau, Director
Center for Community Education
University of Nebraska
Lincoln, NB 68508

M. Ciavarella, Director
Educational Develop. Center
Shippensburg State College
Shippensburg, PA 17257

Bruce Braciszewski, Director
6401 Linda Vista Road
San Diego, CA 92111

William Cirone, Director
Center for Community Education
Box 6307
Santa Barbara, CA 93111

Charlene H. Bray, Coordinator
2121 8th Ave., North
Suite 1520
Birmingham, AL 35203

Dr. Phillip Clark, Director
Center for Community Education
University of Florida
Gainesville, FL 32601

Dr. Edward Brown
Landrum Center, Box 8143
Georgia Southern College
Statesboro, GA 30458

Dr. James A. Clarke, Director
Community Education
133 Education Building
Raleigh, NC 27611

Barbara Coulibaly, Director
Community Education
Alfred N. Whitehead Center
Redlands, CA 92373

Dr. Paul Cussrow, Director
Community Education
Appalachian State University
Boone, NC 28608

Dr. Richard Daniel, Director
Center for Community Education
Morehead State University
Morehead, KY 40351

Dr. Larry Decker, Director
Center for Community Education
University of Virginia
Charlottesville, VA 22903

Dr. Paul DeLargy, Director
Center for Community Education
Valdosta State College
Valdosta, GA 31601

Walter Denero, Director
Community Education
University of Georgia
Athens, GA 30602

Dr. William Denton, Director
Inst. for C.E. Development
Atlanta University
Atlanta, GA 30314

Director, Community Education
University of New Mexico
228 Onate Hall
Albuquerque, NM 87131

Director
Community Education Project
721 Capitol Mall
Sacramento, CA 95814

Judith Edsal
Rhode Island Dept. of Educa.
235 Promenade Street
Providence, RI 02908

Dr. Richard M. Ehrbright, Director
Community Education
Southeastern Louisiana University
Hammond, LA 70402

Lawrence Erie
Minnesota State Dept. of Educa.
680 Capitol Square
St. Paul, MN 55101

Charles Exley
Urban Life Center
Georgia State University
Atlanta, GA 30303

Dr. Roger Farrar, Director
S.W. Center for C.E. Develop.
Arizona State University
Tempe, AZ 85281

Dr. David S. Fearon, Chairman
Merrill Hall
University of Maine
Farmington, ME 04938

Dr. Thomas Fish, Director
Community Education Center
College of St. Thomas
St. Paul, MN 55105

Dr. Robby Fried, Director
Community Education
State House Annex
Concord, NH 03301

Dr. Ken Young, Director
Center for Community Education
W. Virginia Col. of Grad. Studies
Institute, WV 25112

Michael J. Garbett, Coord.
Utah State Board of Education
250 East 5th South
Salt Lake City, UT 84111

John Geovanis
State Dept. of Education
P.O. Box 29
Middleboro, MA 02346

Bill Ghan, Coordinator
 Jefferson Building
 P.O. Box 480
 Jefferson City, MO 65101

Dr. Leonard Hill, Director
 301 Centennial Mall South
 Box 94987
 Lincoln, NE 68509

Dr. James Giddis, Director
 Community Education Center
 University of West Florida
 Pensacola, FL 32504

Larry Horyna, Director
 N.W. Community Educa. Center
 1724 Moss Street
 Eugene, OR 97403

H. Gippy Graham
 Kentucky Dept. of Education
 Capital Plaza Tower
 Frankfort, KY 40601

Dr. Norman Hyatt, Director
 Community Education
 Brigham Young University
 Provo, UT 84602

Robert I. A. Gray
 202 Johnson Rd., Building 3
 Morris Plains, NJ 07950

Dr. Gerard Indelicato
 Bureau Chief
 31 St. James Avenue
 Boston, MA 02116

Dr. Charles Greer, Act. Dir.
 Dept. of Educa. Leadership
 Southern Illinois University
 Carbondale, IL 62901

Paula Jacob, Admin. Officer
 Community Education
 Louisiana State Dept. of Ed.
 Baton Rouge, LA 70804

Gloria Gregg, Director
 Community Education Center
 Montana State University
 Bozeman, MT 59715

Patrick M. Jamison
 D.C. Public Schools
 415 12th St., N.W.
 Washington, DC 20004

Dr. John P. Hanna, Specialist
 State Department of Education
 120 East 10th Street
 Topeka, KS 66506

Dr. Ethan Janove, Director
 Community Education Center
 Ball State University
 Muncie, IN 47306

Dorothy Hawkins, Director
 P.O. Box 17087
 Jackson State University
 Jackson, MS 39217

Dr. V. M. Kerensky
 College of Education, 106
 Florida Atlantic University
 Boca Raton, FL 33432

Joseph Herrity, Consultant
 Community Education
 Grimes State Office Bldg.
 Des Moines, IA 50319

Lloyd Kjorness, Coordinator
 State Department of Education
 Hathaway Building
 Cheyenne, WY 82002

Dr. William Hetrick, Director
 Mississippi C.E. Dev. Center
 Univ. of Southern Mississippi
 Hattiesburg, MS 39401

Dr. George Kliminski
 1025 W. Johnson St.
 Madison, WI 53706

Kevin Koester, Assoc. Director
1302 N.W. Ankeny Blvd.
Ankeny, IA 50021

Dr. Felix Masterson, Director
Community Education
Worcester State College
Worcester, MA 01602

Judith A. Koloski, Chief
Maryland State Dept. of Educa.
200 W. Baltimore Street
Baltimore, MD 21201

Dr. Thomas A. Mayes, Vice Pres.
Public Services
7th and Florida Ave., N.E.
Washington, DC 20002

Judith Ann Krajewski, Dean
Kishwaukee College
Malta Road
Malta, IL 60150

Patricia McCaffrey, Proj. Adm.
Alameda Co. Off. of Education
685 "A" Street
Hayward, CA 94541

John E. Lawrence, Admin.
Florida Dept. of Education
Knott Building
Tallahassee, FL 32301

David McCullough, Director
Community Education
State Dept. of Education
Augusta, ME 04333

Dr. Lula Lockett
Southern Illinois Univ.
Campus Box 21
Edwardsville, IL 62026

Joe Miguel, Director
Center for Community Education
State Office Bldg., Pouch F
Juneau, AK 99811

Robert Luton, Director
The C.W. Post Center
Long Island University
Greenvale, NY 11548

Robert Millard
S.C. Schl. for Deaf and Blind
Cedar Spring Station
Spartanburg, SC 29302

Dr. Jack Lyday, Director
Community Education
Univ. of South Carolina
Columbia, SC 29208

Kathleen Mollohan, Consultant
Community Education
State Capitol
Helena, MT 596012

Dr. Margaret Mahler
Uhler Hall
Indiana Univ. of Pennsylvania
Indiana, PA 15701

Dr. Elizabeth Moreten, Director
School of Education
University of South Dakota
Vermillion, SD 57069

Dr. Joe Mann, Director
West Georgia College
Carrollton, GA 30117

Dr. Patrick Mullarney, Director
Community Education Center
University of Connecticut, U-142
Storrs, CT 06268

Dr. Kathryn T. Marc, Director
Community Education
Bureau of Adult Continuing
Trenton, NJ 08619

Dr. Sherry Mullet, Coordinator
Community Education
65 South Front Street, Rm 812
Columbus, OH 43215

Steve R. Parons, Director
Virg. Polytech. Inst. & Univ.
4078 Derring Hall
Blacksburg, VA 24061

Dr. George Pintar
100 N. First Street
Springfield, IL 62706

Karen Podurp, Consultant
Community Education
Two Babcock Place
West Orange, NJ 07052

Dr. Charles Porter
Community Education Center
Colorado State University
Fort Collins, CO 85021

Dr. C. Brent Poulton, Director
Center for Community Education
University of Tennessee
Nashville, TN 37203

John Radig, Consultant
207 Delsea Drive
Route 4, Box 209
Sewell, NJ 08080

Michael Murphy, Consultant
Idaho State Dept. of Education
Len B. Jordan Building
Boise, ID 83720

Saundra A. Randolph, Coord.
1900 Washington St. East
Capitol Bldg 6, Room B-243
Charleston, WV 25305

Dr. Everette Nance, Director
Midwest Center for Comm. Ed.
202 Service Building
St. Louis, MO 63121

Sandra Robinson
ABE, State Director
Dept. of Education
Montpelier, VT 05602

Jean Napper
99 Washington Ave.
1603 Twin Towers
Albany, NY 12210

Dr. Boyd Rogan
Center for Community Educa.
University of Alabama
Birmingham, AL 35294

Martha Nelsen
State Dept. of Education
State Education Bldg.
Little Rock, Ark. 72201

Frank Romero, III, Adm. Asst.
New Mexico Dept. of Education
Education Building
Santa Fe, NM 87503

Jerry Nielsen, Consultant
Nevada Dept. of Education
Capitol Complex
Carson City, NV 89710

Dr. Judith Ruchkin, Director
College of Education, Rm. 1211
University of Maryland
College Park, MD 20742

Dr. Carolyn O'Donnell, Coord.
New Mexico State University
P.O. Box 3N
Las Cruces, NM 88003

John Ryan, Chief
Bureau of Com. & Adult Educa.
P.O. Box 2219
Hartford, CT 06115

Dr. Ray Peterson, Supervisor
Colorado Dept. of Education
2323 West Baker
Englewood, CO 80110

Dr. David Santellanes, Director
University of Oregon
1724 Moss Street
Eugene, OR 97403

Dr. James Satterfield, Dean
Norfolk State University
2401 Corprew Avenue
Norfolk, VA 23504

Dr. Donald Spencer, Director
Community Education
Mankato State University
Mankato, MN 56001

Dr. Donna Schmitt
Eastern Michigan University
101 Boone Hall
Ypsilanti, MI 48197

Dr. Dick A. Stahl, Director
Community Education
Richard F. Kneip Building
Pierre, SD 57501

Dr. Roger Schrock
Center for Community Education
P.O. Box 60
Richmond, VA 23216

Dr. David S. Storey, Director
222 Jordan Hall
Columbus College
Columbus, GA 31993

Dr. Joel E. Scott
9300 Imperial Highway
Downey, CA 90242

Dr. Ralph K. Stueber, Director
Community Education
University of Hawaii
Honolulu, HI 96822

Barry F. Semple, Director
3535 Quakerbridge Road
Trenton, NJ 08619

Jack Temme, Assoc. Director
Community Education
1101 5th Street
West Des Moines, IA 50265

Jane G. Shah, Consultant
State Dept. of Education
221 State Office Bldg.
Atlanta, GA 30334

Jerry Thornton, Director
Center for Community Education
Old Capitol Bldg.
Olympia, WA 98503

Dr. Robert Shoop
Center for Community Education
Kansas State University
Manhattan, KS 66506

Dr. Don Tobias
School of Human Ecology
Cornell University
Ithaca, NY 14850

Hazel J. Showell, Supervisor
Townsend Building
Dover, DE 19901

Dr. William Venable, Director
Community Ed. Develop. Center
University of Missouri
St. Louis, MO 63121

Dr. James Showkoeir, Director
Center for Community Education
Miami University
Oxford, OH 45056

Dr. Bobbie Walden, Coordinator
Community Education Section
817 S. Court Street, Suite 204
Montgomery, AL 36104

Dr. Eric C. Smith
Wisconsin Dept. of Public Inst.
125 S. Webster Street
Madison, WI 53702

Dalton Ward
South Carolina State Dept. of
Education
Columbia, SC 29201

David Wilkinson
120 W. Market St.
10th Floor
Indianapolis, IN 46204

Dr. Larry Winecoff, Director
Center for Community Education
University of South Carolina
Columbia, SC 29208

Dr. William Woods, Director
Center for Community Education
North Dakota State University
Fargo, ND 58102

APPENDIX E

COMMUNICATION NO. 1 AND COVER LETTER



Oklahoma State University

COMMUNITY EDUCATION CENTER

STILLWATER, OKLAHOMA 74078
GUNDERSEN 309
(405) 624-7246

February 25, 1981

Dear Center Director:

You are being asked to participate in a study pertaining to older adults. According to current literature older adults are the most neglected individuals in society. Hopefully, the information gleaned from this study will depict knowledge for responding to problems impacting lives of older adults. Knowledge collected and compiled in this study will mirror a valuable tool for all practitioners in Community Education.

My name is Leonard L. Williams; I am on a professional leave of absence from the Dade County Board of Public Instruction, Miami, Florida working as a graduate associate in the OSU Community Education Center. Currently, I am directing a research project relative to "The Development of a Model for Senior Citizen participation in Community Education." Data from this study will be used as part of my doctoral thesis.

As a decision-maker in Community Education, you will make a real contribution to this study. I am asking you to share your expertise. Hopefully, the study will suggest a tool to facilitate senior citizen participation.

The Delphi process will be used. This technique clusters divergent ideas created by individual brainstorming. The brainstorming will be done by mail. As a participant, you will be asked to

- 1) rank order the problems you believe impact most upon older adults by placing a 1 by the most important problem and continue on to number 12 the least important problem
- 2) list course content you feel you would use to resolve each of the 12 problems listed in No. 1
- 3) indicate how you would evaluate the impact of the course upon an older adult; how would you know if the course(s) helped the community?

The statements listed above reflect the components of the model, assessment, development, and evaluation. The total process will consist of Communications 1, 2, and 3 sent at various intervals. In order for the 3 step process to flow smoothly, I urgently need your input.

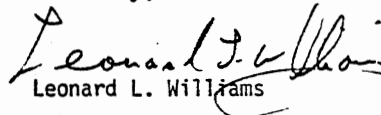
Center Director
Page 2
February 25, 1981

Thank you in advance for the time and contribution this research project will request of you. Without your valuable input, this study would be impossible. This letter includes Communication No. 1 and a self-addressed stamped envelope for returning materials. Please return Communication No. 1 by March 20, 1981.

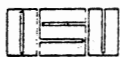
Should you have questions or concerns about the materials feel free to call me at home (405) 372-4420 or at the OSU Community Education Center (405) 624-7246.

Again, thank you for your assistance in helping to make this research possible.

Sincerely,


Leonard L. Williams

LLW/eo



Oklahoma State University

COMMUNITY EDUCATION CENTER

STILLWATER, OKLAHOMA 74078
GUNDERSEN 309
(405) 624-7246

February 26, 1981

COMMUNICATION NO. 1

QUESTIONNAIRE SENT TO COMMUNITY EDUCATION CENTER DIRECTORS

1. Please mark box that describes your Center.
 Institution of Higher Education State Department of Education
 Other (please specify) _____
2. Your Community Education Center is perceived as promoting training or technical assistance for
 Rural Setting Urban Setting Both
3. Please rank order each problem listed below.

Most important = 1

Least important = 12

<u>Problems</u>	<u>Rank Order</u>
Education	_____
Exercise	_____
Fixed Income	_____
Health Care	_____
Housing	_____
Nutrition	_____
Recreation	_____
Retirement	_____
Role Transition	_____
Self-Concept	_____
Social Interaction	_____
Transportation	_____

Thank you for your cooperation

DON'T FORGET - MARCH 20, 1981

APPENDIX F

COMMUNICATION NO. 2 AND COVER LETTER



Oklahoma State University

COMMUNITY EDUCATION CENTER

STILLWATER, OKLAHOMA 74078
GUNDERSEN 309
(405) 624-7246

May 18, 1981

Dear Center Director:

Thank you for your participation and assistance demonstrated toward making questionnaire No. 1 a gigantic success. Briefly summarized the three step Delphi technique which the researcher is using to collect data for this project is as follows. Center Directors for Community Education are asked to

- 1) rank order the problems you believe impact most upon older adults by placing a 1 by the most important problem and continuing on to number 12 the least important
- 2) list course content you feel you would use to resolve each of the 12 problems listed in communication No. 1
- 3) indicate how you would evaluate the impact of the course upon an older adult; how would you know if the course(s) helped the community?

In questionnaire No. 2 you are asked to share your expertise regarding the course content you feel you would use to resolve the problems. You are also asked to share ideas on how you would get older adults to attend the course(s).

I am very much aware of the pressures and strains under which you are concluding the year-end activities, which doubles my thanks to you for the time you are giving to participate in this study.

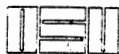
This letter includes communication No. 2 and a self-addressed stamped envelope for returning materials. Please return Communication No. 2 by May 29, 1981. Should you have questions or concerns about the materials feel free to call me at home (405) 372-4420 or at the OSU Community Education Center (405) 624-7246.

Again, thank you for your assistance in helping to make this research possible.

Sincerely,

Leonard L. Williams

Leonard L. Williams, Graduate Associate
Community Education Center
Oklahoma State University



Oklahoma State University

COMMUNITY EDUCATION CENTER

STILLWATER, OKLAHOMA 74078
GUNDERSEN 309
(405) 624-7246

COMMUNICATION NO. 2

QUESTIONNAIRE SENT TO COMMUNITY EDUCATION CENTER DIRECTORS

1. Please mark boxes that describe your Center.

- Institution of Higher Education
- State Department of Education
- Other (please specify) _____
- Rural Setting
- Urban Setting

2. Consensus of rank order from Communication No. 1

- | | |
|-----------------------------|--------------------------|
| <u>1</u> Fixed Income | <u>7</u> Role Transition |
| <u>2</u> Health Care | <u>8</u> Self Concept |
| <u>3</u> Housing | <u>9</u> Retirement |
| <u>4</u> Nutrition | <u>10</u> Education |
| <u>5</u> Social Interaction | <u>*11</u> Exercise |
| <u>6</u> Transportation | <u>*11</u> Recreation |

*Items have equal rank.

a. List course content you would use to resolve the problems. Please include problems 1, 2, 3, and 4.

Communication No. 2
Page 2
Questionnaire

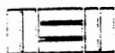
b. How would you get older adults to attend the course(s)?

Thank you for your cooperation

DON'T FORGET - MAY 29, 1981

APPENDIX G

COMMUNICATION NO. 3 AND COVER LETTER



Oklahoma State University

COMMUNITY EDUCATION CENTER

STILLWATER, OKLAHOMA 74078
GUNDERSEN 309
405 624-7246

September 6, 1981

Dear Center Director:

Once again I, Leonard L. Williams, request your assistance in the collection of data needed to develop a model for senior citizen participation through Community Education. Your assistance, through providing information requested, has made it possible for this research to reach the level of success it has. I am deeply indebted to you for that assistance.

The enclosed questionnaire is the third and final communication in this Delphi series. As you will recall, in Communication No. 1 you were asked to rank order the problems you believe impact most upon older adults by placing a 1 by the most important problem and continuing on to number 12, the least important.

In Communication No. 2 you were asked to list course content you felt you would use to resolve each of the 12 problems listed in Communication No. 1. You were asked to include problems 1, 2, 3, and 4.

In Communication No. 3 you are asked to indicate how you would evaluate the impact of the course(s) upon an older adult; how would you know if the course(s) helped the community?

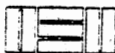
I am aware that the time taken to participate in this study calls for a special effort on your part. This doubles my thanks for your support.

This letter includes Communication No. 3, course content, and a self-addressed, stamped envelope for returning materials. Please return Communication No. 3 by October 23, 1981. Should you have questions about the materials, feel free to call me at home (405) 372-4420 or at the OSU Community Education Center (405) 624-7246.

Again, thank you for your assistance in helping to make this research possible.

Sincerely,

Leonard L. Williams, Graduate Associate
Community Education Center
Oklahoma State University



Oklahoma State University

COMMUNITY EDUCATION CENTER

STILLWATER, OKLAHOMA 74078
CUNDERSEN 309
(405) 624-7246

COMMUNICATION NO. 3

QUESTIONNAIRE SENT TO COMMUNITY EDUCATION CENTER DIRECTORS

1. Please mark boxes that describe your Center.

- () Institution of Higher Education () Rural Setting
 () State Department of Education () Urban Setting
 () Other (please specify) _____

2. Summary of Communications 1 and 2

a. Summary of rank order

- | | |
|---------------------------------|------------------------------|
| <u> 1 </u> Fixed Income | <u> 7 </u> Role Transition |
| <u> 2 </u> Health Care | <u> 8 </u> Self Concept |
| <u> 3 </u> Housing | <u> 9 </u> Retirement |
| <u> 4 </u> Nutrition | <u>10</u> Education |
| <u> 5 </u> Social Interaction | * <u>11</u> Exercise |
| <u> 6 </u> Transportation | * <u>11</u> Recreation |

*Items have equal rank.

b. Course content most often mentioned

Communication No. 3
Page 2
Questionnaire

3. How would you know if the course(s) helped older adults? Please use the back if additional space is needed.

a. _____
b. _____
c. _____
d. _____

4. How would you know if the course(s) helped the community? Please use the back if additional space is needed.

a. _____
b. _____
c. _____
d. _____

Thank you for your cooperation

DON'T FORGET - OCTOBER 23, 1981

VITA

Leonard Lorenzo Williams

Candidate for the Degree of

Doctor of Education

Thesis: DEVELOPMENT OF STRATEGIES FOR INVOLVING SENIOR CITIZENS IN
COMMUNITY EDUCATION

Major Field: Educational Administration

Biographical:

Personal Data: Born in Prichard, Alabama, September 2, 1942,
the son of Mr. and Mrs. Ervin Williams.

Education: Graduated from Mattie T. Blount High School,
Prichard, Alabama, in May, 1960; received Associate de-
gree in English from Alabama State University Branch,
Mobile, Alabama, in 1962; received Bachelor of Science
in Secondary Education degree from Alabama State Univer-
sity, Montgomery, Alabama, in 1964; received Master of
Education degree from Alabama State University in 1970;
received Reading Specialist degree from Auburn University
in 1966; received Certification in Guidance and Counselor
and Administration and Supervision in 1975; completed re-
quirements for the Doctor of Education degree at Oklahoma
State University in July, 1982.

Professional Experience: English Instructor, Academy Street
High School, Troy, Alabama, 1964-67; English Instructor,
Lakeland Senior High School, Lakeland, Florida, 1967-69;
English Instructor, North Miami Senior High School, Miami,
Florida, 1969-70; Guidance Counselor, North Miami Senior
High School, 1970-79.