AFRO-AMERICAN ELDERLY PERSONS ACCESS TO AND UTILIZATION OF SOCIAL SERVICES IN RURAL OKLAHOMA

By

LINDA MARIE JAMES-BOYKINS

Bachelor of Arts
California State University, Sacramento
Sacramento, California
1985

Master of Social Work
California State University, Sacramento
Sacramento, California
1987

Submitted to the Faculty of the Graduate College
of the Oklahoma State University
in partial fulfillment of the requirements
for the Degree of
DOCTOR OF PHILOSOPHY
May, 1991

AFRO-AMERICAN ELDERLY PERSONS ACCESS TO AND

UTILIZATION OF SOCIAL SERVICES

IN RURAL OKLAHOMA

Thesis Approved:

_____

Thesis Adviser

_____

_____

_____

_____

_____

Dean of the Graduate College

ACKNOWLEDGMENTS

The researcher wants to express appreciation to the dissertation adviser, Dr. Margaret Callsen, for her guidance and encouragement throughout my doctoral program and in this study. Dr. Callsen was not only an adviser but also a listener and someone that I was able to talk to as a friend. Thanks also to my committee members, Dr. Elaine Jorgenson, chairman, Dr. Bettye Gaffney, Dr. Joseph Weber and Dr. George Arquitt, who were very supportive and informative in providing me with the tools I needed to complete this study. My committee members have been great mentors and have provided me with excellent leadership skills that are important in higher education. Thanks to Dr. Carol Olson, in the Graduate College for her support of financial assistance.

Appreciation is also expressed to Brenda Bufford of Brenda and Dot's Beauty Salon, Guthrie; Queen Vick, Coordinator for the Senior Lunch Program in Langston; Powell's Barber Shop, Guthrie; Department of Human Services, Guthrie; Administration on Aging, Oklahoma City; the Logan County Senior Services Council, Guthrie; and the countless others who assisted me in carrying out this study.

Special thanks to Iris McPherson for her expert assistance in setting up the SAS program for the data analysis. Thanks must also be given to Dr. John Colen who dared to believe and provided me with the financial resources when I did my master's degree at California State University, Sacramento, California. In addition, I would like to thank

all my family, friends and mentors who have stayed the course along the way in this quest to reach my highest goal and for those other persons whose names could more than fill this page, I commend them and will always remember their unwavering support.

Finally a tribute is due my family. My husband, Dr. Matthew Uwakonye, for planting the thought and speculations for pursuing a doctoral degree at a time when I couldn't think of going back to school. Mr. and Mrs. Adrian Tillis, Sr., my parents, who have always provided me with the emotional support and encouragement to be the best at whatever I chose to pursue in life and have always been there for me in both good and bad times. A special thanks to my three sisters and one brother, Sandra Davis, Yvonne Thomas and Annette Tillis and Adrian "June" Tillis, who along with other relatives helped to raise my children while I was pursuing personal interests. Last but not least, the most important persons in my life, my children, Dionne, Michha and LaShae (deceased) who have always been a "beacon on hope" sharing their mother with a goal and sacrificing personal time and distance while I pursued my educational goals. It is to all of them, this study is dedicated. May the winds always be at their backs and God be in their hearts, like he has been with me throughout my lifetime. God Bless You All!

TABLE OF CONTENTS

Chapter		Page
I.	INTRODUCTION	1
	Description and Location of Afro-Americans in Guthrie and Langston	3
	Statement of the Problem	4
	Purpose of the Study	5
	Objectives of the Study	6
	Hypotheses	6
	Assumptions	7
	Limitations of the Study	7
	Definition of Terms	8
	Significance of the Study	10
II.	REVIEW OF THE LITERATURE	11
	The Importance of Religious Participation Among Afro-American Elderly Persons	16
	Sibling and Life Satisfaction Among Rural Elderly	18
	The Economics of the Afro-American Elderly Families	20
	Life Satisfaction of Afro-American Elderly	23
	Factors that Influence the Use of Social Services Among Afro-American Elderly	25
	Senior Center Utilization by Afro-American Elderly Persons	28
	The Knowledge of Services	28
	Chapter Summary	32
III.	METHOD AND PROCEDURES	34
	Introduction	34
	Research Design	34
	Population and Sample Selection	35
	Instrument	37
	Data Collection	37
	Analyses of the Data	39
	Chapter Summary	40
IV.	PRESENTATION AND ANALYSIS OF DATA	41
	Introduction	41
	Description of the Sample	41
	Personal Support Networks of Afro-American Elderly	45

Chapter Page

The Afro-American Elderly's Choices of Assistance . . . 51
Perception of Afro-Americans Obtaining Information and Access to Social Services 53
Formal Support from Health Care and Social Services . . 59
Afro-American Elderly's Decision to Use a Specific Social Service 61
Knowledge of Service Providers 63
Utilization of Social Services, Home Delivered Meals, and Health Care Services 64

V. SUMMARY, CONCLUSIONS AND EDUCATIONAL IMPLICATIONS 70

Introduction 70
Summary of Methods 70
Findings of the Study 71
Conclusions 74
Recommendation for Policy Formation and Educational Curriculum 75

BIBLIOGRAPHY 80

APPENDICES 90

APPENDIX A - CORRESPONDENCE AND PERSONAL INTERVIEW SCHEDULE. 91

APPENDIX B - CHI-SQUARE TABLES 105

LIST OF TABLES

Table		Page
I.	Distribution of Age, Gender, Marital Status, Education and Income as Reported by Afro-American Elderly Persons	43
II.	Frequencies and Percentages of Comparison of Views of Life Reported by Afro-American Elderly	45
III.	Frequency and Percentage of Telephone Contacts by Social Networks Reported by the Afro-American Elderly	46
IV.	Frequency and Percentage of Visits by Social Networks Reported by the Afro-American Elderly	47
V.	Frequency and Percentage Reported by Afro-American Elderly Regarding the Use of Personal Support Services When They Were Sick	49
VI.	Frequency and Percentage Reported by Afro-American Elderly of Financial Assistance Received Through Family and Friends	50
VII.	Ranked Preferences of Personal and Formal Social Services Most Used by Afro-American Elderly	52
VIII.	Frequency and Percentage of Church Attendance as Reported by Afro-American Elderly	53
IX.	Number of Respondents that Had Difficulty in Obtaining Access to Social Services Programs	54
X.	Number of Respondents that Had Difficulty in Obtaining Information about Elderly Programs	55
XI.	Number of Respondents Reporting Difficulty in Obtaining Access to Social Services Programs According to Education	56
XII.	Number of Respondents Reporting Income and the Difficulty of Obtaining Access to Social Services	58

Table		Page
XIII.	Frequency and Percentage Reported by the Afro-American Elderly's Satisfaction with Social Services	59
XIV.	Frequency and Percentage Comparison of Afro-American Elderly Who Reported Having Difficulty Getting Information on Health Care Services	60
XV.	Frequency and Percentage Reported by Afro-Americans of Awareness of Senior Centers for Seniors in the Community	61
XVI.	Frequency and Percentage of Meals Eaten by Afro-American Elderly During the Week	62
XVII.	Summary of the Use of Social Services Among Afro-American Rural Elderly According to Age, Education, Income, Perception of Health and Importance of Information about Social Services	64
XVIII.	Summary of the Use of Home Delivered Meals Among Afro-American Rural Elderly According to Age, Education, Income, Perception of Health and the Importance of Information about Social Services	65
XIX.	Summary of the Use of Health Care Services Among Afro-American Rural Elderly According to Age, Education, Income, Perception of Health and the Importance of Information about Social Services	67
XX.	Relationship of Health Perception to Use of Social Services as Reported by Afro-American Elderly Using the Three Categories of Social Services, Home Delivered Meals, and Health Care Services	106
XXI.	Relationship of Importance of Information to Use of Social Services Programs as Reported by Afro-American Elderly Using the Three Categories of Social Services, Home Delivered Meals, and Health Care Services	107
XXII.	Relationship of Income to Use of Social Services Programs as Reported by Afro-American Elderly Using the Three Categories of Social Services, Home Delivered Meals, and Health Care Services	108
XXIII.	Relationship of Age to Use of Social Services Programs as Reported by Afro-American Elderly Using the Three Categories of Social Services, Home Delivered Meals, and Health Care Services	109

Table | Page

XXIV. Relationship of Education to Use of Social Services Programs as Reported by Afro-American Elderly Using the Three Categories of Social Services, Home Delivered Meals, and Health Care Services 110

CHAPTER I

INTRODUCTION

Social services play a very important role in the informal and formal access to services for elderly Afro-American persons in their communities. According to Silverstein (1984), many elderly persons underutilize available social service resources. An examination of utilization patterns indicates that the use of services by elderly is highly selective. This may be reflective of the heterogeneity of the elderly populations and their different levels of needs, which could represent different patterns of services. According to Little (1982), there are "some social services that exist on paper and do not exist in fact for a particular older person at a given place and time" (p. 72). Many possible explanations are offered concerning this phenomenon, most of these are related to the physical access to services (Silverstein, 1984).

The conditions of the rural Afro-American elderly has been overlooked in most cases because many researchers such as social gerontologists, sociologists, social workers and other gerontological health care professionals are urban dwellers who work in urban institutions. This accounts for the numerous studies on the aged that are exclusively metropolitan and nonreflective of the rural elderly in general (Binstock & Shanas, 1987).

In all stages of life, morale and well-being are interrelated to an individual's ability to determine the cause of one's own daily existence. Many minority elderly are confined to rural environments and this confinement has compounded their problems. The lack of social services and a history of governmental inequality in mainstream society have made the disengagement years anything but easy for them. The relative roles of the family and community in providing the necessary assistance for independent living are preconditioned by culture, economics and kinship patterns. When the family structure is strong and cohesive, greater assistance can be expected. In the absence of family, the community roles become of extreme importance (Harel, 1985; Parks, 1988).

Only a few studies have been conducted to examine the elderlys' knowledge and use of social services provided by state and local governments. A study by Rao and Rao (1983) indicated that only a small proportion of the Afro-American elderly use social services available in the communities. Older Afro-Americans living in rural areas were typically the people left behind. Many of the rural hamlets were without doctors, dentists, druggists, nurses, lawyers, and other service providers. Public transportation was often nonexistent (Parks, 1988). The net impact was that large numbers of Afro-American elderly live in solitary confinement cut off from their friends, family and service providers due to the lack of transportation (The National Center on Black Aged, 1981).

Many Afro-American elderly in communities, were traditionally structured as a close knit group and mutual aid insured their survival. Over the years technology and social structure in those communities have

altered conditions in those areas. The present study focuses on the rural Afro-American elderly in Oklahoma, and to their use and access to social services in their respective communities with regard to knowledge of social services. According to Humphrey (1973), Langston and Guthrie have a large population of Afro-American elderly which served as a convenience sample for this study.

Description and Location of Afro-Americans in Guthrie and Langston

In 1889, Guthrie was included in the unassigned lands of Oklahoma which were opened for settlement in 1889. The Territorial government was established in Guthrie in 1890 and maintained until statehood came in 1907.

Guthrie is the county seat for Logan County. It is located in North Central Oklahoma. In 1980, there were 12,000 residents living in Guthrie and 30,000 residents living in Logan County (Statistical Abstracts, 1980). It was the capitol of the territory and the state until June, 1910, when Oklahoma City was designated as the state capitol.

Guthrie has six homes which provide care for the aged and infirm with a total of over 500 beds. It is important to look at the scarcity of institutional facilities available to provide care for the elderly as their population increases. Therefore, a viable option would be to provide access to social services that would allow them to remain independent in their homes with minimal care.

Langston was incorporated in September, 1891. The name of Langston was given in the honor of John M. Langston, an Afro-American Congressman from Michigan. Langston has a population of 350 permanent residents.

It is located 11 miles northeast of Guthrie and two miles west of Coyle in Logan County. The town of Langston is the home of an 1890 institution named Langston University. It is located on Highway 33 and has been an Afro-American town since its incorporation in 1891. Langston and Guthrie were in the past reciprocal of each other because of the farming industry and their long standing working relationship which allowed each town to be dependent upon the other for the survival of human capital.

Logan County's population in 1988 was 29,979 according to a survey conducted by the Oklahoma Employment Security Commission (1988). The population by race for Logan County is 84 percent White, 13 percent Afro-American, 1 percent American Indian, .3 percent Asian/Pacific Islander and 1.7 percent other (no specific races identified). As of 1989, 15 percent of the population in Logan County was 55 years of age and over (Urban Decision System, Inc., 1990). According to the Department of Human Services and the Administration on Aging, statistics are not kept on the number of Afro-Americans in Logan County.

Statement of the Problem

In 1980, there were three million people residing in Oklahoma. About 376,000 or 12 percent were 65 years of age or older. Although the elderly are a heterogenous group of individuals, there are sub-cultures within the aging population that are categorized as special needs groups. One such group is the rural Afro-American elderly. There are approximately 20,000 Afro-American elderly living in Oklahoma and they are designated as the largest aged minority in the state. Afro-American elderly make up nine percent of the total population of

Oklahoma and 20 percent of all Afro-Americans are 80 years of age and older. Minority elderly live in rural areas and have the lowest income (American Association of Retired Persons, 1987).

A few studies have produced information on the rural Afro-American elderly's access to and utilization of social services available to their communities. Atchley and Byerts (1975) suggest that much of the current rural research is often more interpretive, descriptive and qualitative and they have found few rigorous statistical studies. The authors stated that most data go unpublished or gain limited visibility, often remaining tucked away in unpopular literature sources and unavailable to the general public.

Purpose of the Study

The purpose of this study is to determine the problems of the rural Afro-American elderly population and their need for services and education through the formal and informal networks as they move through the various stages of the aging process. In addition, it is hoped that information gleaned from this study will enhance knowledge about the ethnicity and culture of family and community where applicable to rural Afro-American elderly persons in Oklahoma. As already mentioned, access and utilization of social services are major problems among the rural Afro-American elderly. This problem may be the result of a lack of knowledge and the availability of social services.

The findings of this study will serve two purposes: 1) provide information about access to and use of services as a basis for improving educational programs for Afro-American elderly persons relative to the need for social services, and 2) aid in formulation of policy to create

programs to meet the needs of the rural Afro-American elderly population in general.

Objectives of the Study

The objectives of the study are as follows:

1) To determine the relationship between the use of social services, home delivered meals, and perceptions of health service effectiveness and importance of information about social services and Afro-American elderly's age, income, and education;

2) To determine the relationship between the use of formal social services and informal personal support systems of (family and friends) of Afro-American elderly with regard to financial, emotional and physical support;

3) To determine reasons for use or non-use of social services such as in-home care, home delivered meals, social services and health care services;

4) To determine the Afro-American elderly's perception of access to and knowledge of social services available in their communities;

5) To recommend educational strategies to be used by informal systems such as the church to reach the rural Afro-American elderly persons.

Hypotheses

For simplicity, the hypotheses of this study, stated in the null form are:

1) There is no relationship between the use of social services and age, income, education, perception of health, and perception of

importance of information about social services of rural Afro-American elderly persons.

2) There is no relationship between the use of home delivered meals and age, income, education, perception of health, and perception of importance of information about social services of rural Afro-American elderly persons.

3) There is no relationship between the use of health care and age, income, education, perception of health, and perception of importance of information about social services of rural Afro-American elderly persons.

Assumptions

The following assumptions provided a basis for planning and conducting this study:

1) The use of social services is reflective of the knowledge about the services in the community.

2) It is assumed that knowledge will increase Afro-American elderly persons use of community social services in their respective communities.

3) The social services programs are beneficial to the general elderly population.

Limitations of the Study

The results of the study were examined according to the following limitations:

1) The study was limited to rural Afro-American elderly in Guthrie and Langston, Oklahoma, who were 60 years of age and older, excluding

elderly who live in other towns in Logan County.

2) The study was limited to people living in their homes and being a resident of the community under study. It does not include residents in nursing homes, hospitals, retirement centers, or those living in the homes of relatives.

3) The number of persons in the study was limited by the confidentiality act as agencies/churches hesitated to provide a list of names and addresses.

4) Vulnerable members of society are typically reluctant to provide information which may adversely impact on themselves.

5) The elderly are reluctant to share information with strangers.

Definition of Terms

Words and phrases used in a specific manner or used with an interpretation that differs from popular usage are defined.

Afro-American Elderly - any person 60 or older of Afro-American descent.

Confidentiality Act - the act that prevents public/private agencies from divulging personal information about an individual without written approved consent.

Congregate Meals - the meals served in a group at a nutrition site or senior center.

Eligibility - the core services should be available on the basis of presumptive eligibility, determined on the basis of attaining a certain age; 65 and over. Persons below that defined age with need for these services should have access through some form of functional assessment.

Government Assistance - the limited or not continuing availability of a significant person, certain aids for life management should be assured by government if agreed to by the recipients of the service.

Home Delivered Meals - the meals that are delivered to a person's home when they are immobile or have a disability that makes it impossible for them to go out to have meals at nutrition sites or senior centers.

Information - Knowledge of social services available to the elderly population.

People Left Behind - the people, usually the elderly who reside at the original birthplace of the family (Parks, 1988).

Public Housing - the housing developed, owned and operated by local housing authorities for low-income families who cannot afford to pay rent. Difference in rent paid and housing cost is made up through government subsidy.

Public Social Services - they are characterized by eligibility linked to income and assets, while a system of social intervention and support is needed by many older persons who are not impoverished. The availability and level of public social services is highly discretionary on the part of state and local government.

Public Transportation - the systems of transportation used by the general public such as taxis and vans as distinguished from private means of transportation.

Rural Residence - refers to one's habitation being in the county as opposed to a city. It usually refers to a person living in a place of 2,500 or less people.

Social Network - the set of social linkages established and maintained among the elderly with family, friends and acquaintances in neighborhoods, churches and in the community in general.

Social Security - the government program of monthly payments to the elderly, the disabled, and the unemployed, financed by taxation of employers and employees.

Utilization - to put to use or make use of something such as social services.

Significance of the Study

The educational implications from this study may be helpful in assisting local and state government, educational institutions and social services agencies in planning better programs for the Afro-American elderly population. It is anticipated that the Afro-American elderly will become more knowledgeable and be encouraged to seek greater access to social services within their communities to improve their quality of life.

CHAPTER II

REVIEW OF THE LITERATURE

Introduction

A general review of the literature regarding the informal and formal utilization of social services among rural Afro-Americans is presented. The focus is on how these factors may affect the rural Afro-American elderly's use of social services in their respective communities. The factors affecting the under utilization of social services may differ from factors affecting use of social services of the general population if education, access and availability of services are prevalent in the Afro-American elderly population. This review will be highly selective and focus on the aspects of literature related to the core of this study.

The review of the literature will use both primary and secondary data to describe the Afro-American elderly population and the problems they encounter in the Afro-American communities with regard to education, income, transportation and social services.

According to Jackson (1971), most literature has neglected to include the Afro-American aged since the 1960s. Both Smith and Jackson among other researchers have stressed the need for studies of rural Afro-American elderly populations (Parks, 1988). Jackson (1967), believes that race and culture impact on age, but rarely has the topic

been explored. Only recently has the subject of ethnogerontology been studied and it continues to be the most undeveloped field of social gerontology (Binstock & Shanas, 1987). Consequences of race, national origin and culture on individuals and the minority population would be a useful model in finding information on Afro-American elderly as well as other minority populations.

Robertson (1980) stated that until the early 1800s, only 10 percent of the entire population were urban. Most educational programs and research addressed issues related to the urban population, leaving the rural population ignored. The lack of descriptive and quantitative data about Afro-Americans and other minority elderly has limited our understanding of minority populations in general, and has grossly impeded the development of needed theories of aging among minority subgroups.

Atchley (1977) recognized that very little was known about subgroups of older Americans. He stated that there were individual differences in subgroups such as culture and behavior. This created diversity among older people. Atchley suggested that different groups experience different problems. Minority groups most likely have different experiences of growing old (Atchley, 1977).

According to Taylor and Chatters (1986), problems of education, income and poverty among the Afro-American elderly are greater than aged whites at various socioeconomic levels such as education, lower income and lower occupational status. Based on two studies in 1979 and 1980 by Taylor and Chatters (1988), of 581 respondents in 76 primary areas of Afro-American neighborhoods in the United States, the continuity between the lifelong work and economic conditions of this group

were consistent in regard to their socio-economic status in later life. The findings are consistent with previous research which indicates that Afro-Americans have lower incomes in spite of their education, and higher poverty rates than their white counterparts.

Afro-American elderly persons still remain poor and their socio-economic status, income and education are not significant in their rise above poverty status as compared to whites. In 1984, the median income of white men age 65 and older was almost twice that of elderly Afro-American and Hispanic males. Those aged 65 to 69, white males had a median income of $12,749 compared to a median income of $7,545 for Afro-American men and $8,778 for Hispanic males. The median income of white males aged 70 and older was $9,853 and for Afro-Americans $5,679 and $5,705 for Hispanics.

The differences among the women are less profound. The median income for white women 65 to 69 years of age was $6,527 compared to $4,446 for Afro-American women and $4,342 for Hispanic women. The median income for white women 70 and older was $6,225 compared to $4,304 for Afro-American women and $4,825 for Hispanic women.

The literature confirmed that Afro-American elderly persons must have a means to improve their socioeconomic status in order to improve their quality of life. In addition, the government should implement policy to set up programs to help the Afro-American elderly population raise their socioeconomic status in all demographic areas (Taylor & Chatters, 1986).

Poverty among Afro-Americans is four times as high as that of whites in rural areas. Thirty-one percent of all housing units in rural areas occupied by Afro-Americans are overcrowded. Fifty-seven

percent of the Afro-American elderly own their own homes in rural America. The median value of these owner-occupied units is $6,000 and 62 percent of Afro-American family units lack some or all plumbing facilities. In summary, the rural Afro-American elderly persons are surviving in less than substandard conditions (Parks, 1988).

Robertson (1980) did a study of Afro-American elderly persons residing in Boone County, Missouri. The study concluded that the Afro-American elderly exhibited a need for assistance in obtaining and maintaining basic living necessities such as shelter, food, health care and other social services.

According to Little (1982), the present delivery of services is inadequate, both quantitatively and qualitatively. The author cites that in some communities, services are invisible and unknown, in spite of efforts of information referral and outreach programs. Little indicated that planners and decision makers were baffled to find that so many older Americans fail to obtain access to the system, or drop out or fall through the safety net. This continues to be a common problem that hinders the delivery of social services which exist on paper and do not exist in fact for a particular older person at a given place and time. This is construed to be labeled as "territorial justice," in which one kind of inequity experienced by those with unmet service needs continues to affect their quality of life and access to adequate social services (Little, 1982).

A study by Krout (1987) examined rural and urban differences in a number of activities and services offered at senior centers. A sample of 755 senior centers were studied in 31 counties across the United States with Afro-Americans in households of at least one elderly

person age 55 and above in nonmetropolitan and metropolitan areas. Using a 15-page mailed survey instrument, 581 respondents aged 55 to 101 responded with a 70 percent response rate. There were two sections: 1) kind of service activity, and 2) service. One category consisted of education and culture, leadership, recreation and volunteer organizations. The second category consisted of access to the center, health and nutrition, in-home care, income supplement, information and assistance, personal and special services. The data revealed that smaller, less urbanized communities had fewer services available to the elderly than centers in larger and presumably more densely populated areas. A positive relationship was found between different types of services being offered in the different centers. A total of 17 kinds of activities and 38 services were identified as being offered by the centers. The senior center offered an average of 11 percent for activities and 18 percent for services. Three of the activities most important to the seniors were education, recreation and volunteering services.

The nonmetropolitan rural centers had the lowest means. A significant relationship was found between community types and the total number of activities. This held true also for services offered. There was little difference in health and nutrition programs being offered at all the centers. The study indicated differences in federal funding were related to group meal programs. Significant is that in-home services increase as the community types becomes more rural. Krout (1987) suggests that the rural senior centers provide more in-home care services because of the lack of public transportation and greater dispersal of elderly populations increase the service accessibility problems which require more efforts to overcome isolation and "bring

the services to the people." In addition, the rural elderly find participation in the service network more acceptable if the services are delivered in the home environment rather than in a more formal organizational setting.

Overall, the study indicated that the rural senior centers had smaller staffs and smaller budgets to operate with than urban centers. This caused disparity in the quantity and quality of services between the rural/urban senior centers. The study indicated fragmentation in services in urban and rural senior citizen centers and that policy is needed to implement better funding regardless of geographics (Krout, 1987).

The Importance of Religious Participation Among Afro-American Elderly Persons

A 1986 study by Taylor focused on the religious participation among elderly Afro-Americans. A sample was drawn from 76 areas in the United States using a stratified random sample based on racial composition and smaller geographical areas (clusters). A total of 2,107 interviews were conducted in 1979 and 1980 in Afro-American households of persons aged 18 and over, with at least one person aged 55 and over residing in the residence. The study had a 70 percent response rate for persons ages 55 to 101, with a mean age of 67 years. The results of the study indicated that Afro-American elderly persons display a high degree of religious involvement. Afro-American elderly who attend religious services on a frequent basis are more likely to be official members of churches or places of worship and often describe themselves as being religious (Taylor, 1986).

The findings are consistent with previous research in concluding the importance of religion. Gender was a contributing factor, in that more elderly women attended church than elderly men. Married couples were more likely to attend church than widows or widowers, however they were not discriminated against because they did not have a spouse. According to Taylor (1986) in a study done by Petrowsky (1976), widowed respondents had slightly more contact with religious institutions than married respondents, but the differences were not significant.

Urbanicity was significantly related to the frequency with which religious services were held, church attendance, and membership. A previous study by Jackson (1983) revealed that rural Afro-Americans attended church less often because of the infrequency of church services; the reason being that most rural Afro-American churches have circuit ministers who hold several pastorates and were unable to schedule regular church services. Taylor's (1986) findings indicated that elderly rural Afro-Americans are more likely to be church members than their counterparts in urban areas. Unlike previous research, there was no significance in the health disability and the attendance among the elderly Afro-Americans. The findings are significant because of the chronic illnesses and restricted activity found among the Afro-American elderly (Taylor & Taylor, 1982).

The findings in this research suggest that religion and the church are important and stable in the lives of elderly Afro-Americans. The implications of these results indicate that churches can encourage participation (including regular attendance as well as more intense organizational involvement) by removing any transportation and other physical access attendance barriers. According to Taylor (1986), social

service providers can incorporate the religious belief system of elderly Afro-Americans when delivering services or employing the organizational structure of the church to provide services and increase utilization of the Afro-American elderly population.

Sibling and Life Satisfaction Among Rural Elderly

A study by Cicirelli (1977) found that when siblings are similar in age, they help to validate each other's views and provide emotional support in declining physical capacity and other factors prevalent in the process of aging. According to Cummings and Schneider (1961), siblings are an important source of social and emotional support during the last 20 to 30 years of life. Friendship between siblings is interrelated to high morals and contributes to enhanced life satisfaction among the elderly (Arling, 1976; Lemon, Bengston, & Peterson, 1972).

On the other hand, Adams (1969) concluded that maintaining family ties were more important than common interests in motivating contact between sisters and brothers. Powers, Keith, and Goudy (1979), Rowles (1961), and Sanders (1977) felt that rural families are an important source of social and economic support to rural elderly persons. Lee and Lassey (1980) concluded that there is not sufficient evidence that bonds between the elderly and their families in the rural area are stronger than urban areas. There was no information on the status of sibling relations in rural areas (Schumm & Bollman, 1981).

Research has identified differences in family patterns and functioning (Hays & Mindel, 1973; Jackson, 1971; Thure, 1967; Wylie,

1971). The literature from previous studies has consistently maintained that family and their informal support systems of community kin are more important to Afro-Americans than to whites. Rosow (1962) stated that the Afro-American subculture provides greater social integration for their aged than the white middleclass subculture.

Hays and Mindel (1973) suggested that institutions which whites view as supportive (governmental agencies, educational institutions and the police) Afro-Americans view as exploitive of their race. According to Hill (1973) strong cohesiveness and widespread mutual concern in Afro-American families were often intense and supportive. The minority elderly in general, when compared to whites, are closer in family ties because of economic necessity, religious values and mutual protection from the effects of discrimination. Afro-American elderly persons tend to hold on to kinship ties longer (Edwards, 1968; Florea, 1964; Kosa, Rachiele & Schommer, 1960). Wylie (1971) felt that Afro-Americans more often than whites include the elderly in their family system and respect them more than whites. Palmore and Maddox (1977) suggested that the elderly Afro-Americans felt more accepted by their children and received more assistance as compared to their counterparts. It was found that Afro-Americans expected their adult children to help them and they often interacted with extended kin and received help more than white elderly. It is a mutual understanding of family responsibility to help the aging parents (Mindel, Wright, & Starrett, 1986). According to Jackson and Harel (1963), "historically Afro-Americans needed a more intense and supportive family network in an environment that was insensitive to their needs, hostile and discriminative, and often failed to provide them with access to the formal institutional

support sources which were more readily available to whites" (p. 93). In this view, the extended family network served as an alternative service and support system (Jackson & Harel, 1983; Tolson & Wilson, 1990).

The Economics of the Afro-American Elderly Families

According to O'Grady-LeShane (1990), public perception through the media has labeled the elderly as the "greening of the aged" in which the general public has succumbed to the stereotype of the elderly being economically stable and enjoying life. However, in reality, this perception does not hold for many older persons, especially women who usually share the income of their spouses. After they are widowed they get all but one third of the social security payment once enjoyed as couples. Social security is a major source of income for older people and 9 out of 10 receive benefits, and close to half (48%) of all retired worker beneficiaries are women (U. S. Department of Health and Human Services, 1988b).

The average monthly benefit of retired women workers was $441 in 1987 which amounted to 76 percent of men's average benefits (U. S. Department of Health, 1988b). Women's benefits would be lower if the formula used did not have the titled weights benefit for low-income workers, many of whom are women. More than 60 percent of elderly people in the United States depend on Social Security making up 50 percent or more of their income. There are approximately 20 percent older women and 12 percent older men whose sole income is social security (U. S. Bureau of Census, 1988b).

There are approximately 12 percent of women in poverty. Without Old Age and Survivors Insurance (OASI) benefits, many older women would be living in poverty. Poverty is defined as $5,255 a year for a single person age 65 or older in 1986. In 1986, all women 65 and older without OASI benefits constituted 53 percent, with OASI benefits of 17 percent, White women 65 and older 51 percent without OASI benefits and 15 percent with OASI benefits. Of Afro-American women 65 and older 73 percent are without OASI benefits while 43 percent have benefits (U. S. Department of the Census, 1988b). Overall, without these benefits 53 percent of older women would be living in poverty whereas with OASI benefits 17 percent are in poverty. Approximately 68 percent of older women are lifted out of poverty by their OASI benefits. Social security does not eliminate poverty; almost 15 percent of white women are still in poverty after receipt of social security. The situation for Afro-American older women is worse; between 38 percent and 52 percent, depending on age group, are still poor after receiving social security (O'Grady-LeShane, 1990).

One out of every two older Afro-American women is below poverty after receiving benefits. Poverty among older women is associated with being unmarried. Almost half of all women 65 years of age and older are widowed, and 67 percent of them live in poverty (Burtkhauser & Myers, 1986). This is the result of a one-third reduction in income. Social security benefits are reduced by one-third for the surviving spouse.

Employment for Afro-Americans in the secondary labor market continues to be a problem. History has revealed that increased employment of illegal aliens at the expense of native-born Afro-American citizens

will continue to weaken the economic well-being of many Afro-Americans in their later years. This is reflective in the income status of aged Afro-American elderly persons. This problem continues to be prevalent today for both rural/urban Afro-American elderly (Parks, 1988).

In addition, the economic status of Afro-American women must be improved substantially. One consequence will be that in the future aged Afro-American women will be more financially dependent. According to Jackson (1971), federal programs should be developed on the basis of need rather than looking at the subsets of disadvantaged women and minorities in general because they will tend to remain in the same economic class as in their younger years.

According to Jackson, 1971; Valena, 1987; and Watson, 1986), the economic future of aged Afro-Americans is bleak, because few Afro-Americans today are able to move out of the low-income brackets of the labor market into middle to upper-middle income brackets to secure adequate social security benefits and pension plans for stable financial security in their retirement years.

Parks (1988) stated that Afro-Americans during the working years are slotted into low employment levels which often results in low benefits. Therefore, not only do Afro-Americans have less work experience due to low wages and discrimination, they are more likely to leave the workforce earlier (AARP, 1987). As Afro-Americans continue to age demographically, programs and support services for meeting their needs will play a significant role in their aging process. However, the current economic climate is likely to deprive Afro-American elderly of resources they are finally beginning to live long enough to receive (Markides & Levin, 1987).

Life Satisfaction of Afro-American Elderly

A study of 240 Afro-American elderly in Jackson, Mississippi was conducted in the Spring of 1978, using the Life Satisfaction Index A (LSIA) scale developed by Neugarten, Havighurst, and Tobin (1961) was found to be highly reliable. The scale consisted of 20 items representing five components: zest for life against apathy; resolution and fortitude against merely accepting that which life has given the person; congruence between desired and achieved goals; respondents' self-concept socially, psychologically, and physically; and mood tone, i.e., optimistic against pessimistic attitude. The LSIA model was tested on a relatively healthy, middle-class urban Kansas sample. Adams (1969) tested the scale on a town in Missouri and his results indicated that the instrument is fairly applicable to an elderly sample from a small town with the omission of two items that did not prove to be reliable which he later omitted from the scale. The scale has never been tested on a large segment of Afro-American elderly population. According to Rao and Rao (1983), it would be of paramount importance to evaluate the applicability of the scale to Afro-American elderly as their life changes and lifestyles are different from the majority of whites. Moore (1971) argued that slavery and its aftermath, discrimination, associated with their special history, development of variant subculture, and coping structures affected the Afro-American life experiences thus making them a unique population for study.

Racial discrimination not only limited the educational opportunities but also produced a situation in which the Afro-Americans were concentrated in menial and blue-collar jobs. Residential discrimination due to predominantly negative stereotypes and low income forced many

older Afro-Americans to concentrate in substandard housing. It was also argued that these atrocities resulted in income and occupational inequalities and the differential and inferior treatment adversely affected the perceptions, behaviors and conditions of Afro-American minority groups. As a result, the collective experiences of the Afro-American elderly differs from that of white elderly persons. Rao and Rao (1983) also suggested that the LSIA scale on the Afro-American elderly population fills gaps that exist in gerontological literature and enables researchers to generalize the findings to include a wider population (Adams, 1969; Rao & Rao, 1983).

The literature revealed that many Afro-Americans did not hold themselves responsible for their failure because of their minority status. The findings suggest that Afro-American elderly have higher life satisfaction in general. According to Adams (1969) and Rao and Rao (1983), in view of the range of opportunities not given to the Afro-American elderly in educational and occupational fields and the relative progress made by this minority group over the last two decades, it was natural for them to feel satisfied retrospectively and presently.

Adams (1969) statement rejected "I feel my age, but it does not bother me" (p. 93), but it fits into the scale because this sample probably was due to the subcultural background where the elderly Afro-Americans have experienced a greater degree of psychological stress and as a result, the age factor does not present a problem of large magnitude. Another item rejected by Adams (1969) was "compared to other people my age, I've made a lot of foolish decisions in my life" (p. 93). This study confirmed the utility of the LSIA for the elderly Afro-

Americans in an urban setting as all the 20 items performed well in item analysis and factor analysis.

This study was not tested in a rural setting of minority Afro-American elderly and the author notes that the study had several biases in that it was not strictly random. The area and regional nature of the sample would also have application in making a generalization for the general Afro-American elderly population.

Factors that Influence the Use of Social Services Among Afro-American Elderly

A study by Rao and Rao (1983), explored the extent of knowledge, uses of social services and factors influencing knowledge and use patterns among Afro-American elderly. The study revealed that income, life satisfaction, education, talking to siblings, occupation, intergenerational help received, and talking to children were the most powerful predictors of knowledge of services. In addition, life satisfaction, occupation, intergenerational help given were the most significant in explaining the use of services. The study also revealed that knowledge and uses of services were different for males and females (Rao & Rao, 1983).

According to Rao and Rao (1983) most literature is limited in dealing with provision of social services to the aged. Historically, information has revealed that cataloguing significant dates, describing the services, and discussions of some underlying issues has marked the delivery of social services for minorities. There are only a few studies on the Afro-American elderly's use and knowledge of services provided at state and local levels of government in the United States.

In 1974, Powers and Bultena studied a group of elderly and found that over a ten year period less than nine percent used any one of senior services for the elderly irrespective of almost 50 percent of the elderly knowing about the services. Carrigan (1977) studied the factors related to knowledge, use and satisfaction with resources among the elderly living in Washington, D.C. Carrigan's findings revealed that knowledge of social programs did not explain the difference in the use of those services. The elderly who were active, capable and communicated with others, but who were not necessarily better education, expressed more knowledge about services. Authors Rao and Rao (1983) suggested that the total use of social services is related to being active and having a positive self-image. Being older, less educated, poorer, in poor health and disabled are characteristics not related to the total use of services.

Bild and Havighurst (1976) studied a group of elderly in Chicago to determine their knowledge, use and possible future use of social services. Findings indicated that some of the services were more widely known than others. For example, 98 percent of older persons had heard of the availability of reduced transportation fares. The friendly visitor program and financial advice were the least known social services programs, however, the elderly chose to utilize the reduced transportation fares more than any other programs. The elderly tended to list only those services they failed to utilize in the past as the ones they may use in the future. In addition, there were only six percent of the elderly that had used the hearing test program, while 33 percent stipulated they might use it in the future. The findings of this study indicated that the elderly are highly selective in their use of services.

Rao and Rao (1983) and Parks (1988) suggest that, in general, gerontological research has neglected to recognize the racial, ethnic and cultural differences within the aging population. Consequently, most of the social programs considered appropriate, are for the middle-class and subpopulations. It was stated that one cannot assume that a program will have the same results across cultures, in fact, such assumptions may only render a program useless, they may even exacerbate existing programs. Bell, Kasschau, and Zellman (1976) argued that Afro-American elderly have fewer felt needs for social services because their morale is higher as compared to their previous life and to their non-white contemporaries. However, the findings of a number of studies about the subjective well-being among elderly Afro-Americans and White elderly are inconsistent.

Researchers, policy makers and social service personnel are interested in learning more about Afro-American elderly persons' knowledge and use of social services. It is understood that the knowledge and use of services are interrelated to several variables such as socio-economic status, demographic, familial and subjective factors. The literature indicates very little is known about factors that account for variations in knowledge and the use of social services by the elderly.

Findings on the use of services revealed that the three most known services among the elderly were the mini-bus program, the nutrition program and the meals on wheels program. These services were known by at least two thirds of the Afro-American elderly in studies throughout the literature. In looking at the degree of knowledge and use of social services by sex, no significant differences were observed between males and females.

Senior Center Utilization by Afro-American Elderly Persons

A 1984 study by Ralston, suggests that "information on senior centers and elderly people as a whole is missing from the literature" (p. 224). Even less is known about Afro-American elderly except that their participation rates are low. Reasons given are lack of access to senior centers due to isolation; scarcity of facilities within Afro-American neighborhoods; lack of transportation; lack of motivation to attend senior centers because ethnic/cultural considerations are not taken into account. The presence of informal helping networks within the Afro-American families and communities may be the cause of the lack of participation in senior centers (Harel, 1985; Jackson, 1980; Ralston, 1984).

The Knowledge of Services

A previous study in the literature by Rao and Rao (1983) sampled both Afro-American male and female subsamples to study the differences between their use and knowledge of social services. The major contributing factors for differences among male and female counterparts were income and the knowledge of social services. The effect of income on knowledge of service was strong and positive. Also, life satisfaction and education had a positive effect on knowledge which accounted for 20 percent of the females and 12 percent of the males having use and knowledge of social services. The Afro-American elderly who had information about social services were those who talked with siblings weekly or were employed in high prestige occupations. The study noted that it was interesting that Afro-American elderly who used the social

services were those who reported poor health; they often provided minimal help to children and grandchildren and talked with children less frequently. There was limited informal support which increased the need for formal social services. These same factors were not necessarily prevalent among the males. The score of knowledge was higher for males if they saw their children less frequently, while it was high for females if they talked to their children less frequently. The literature revealed that life satisfaction among males and females was basically the same.

The findings in the use of services revealed that life satisfaction was a major contributor to the use of services. The two most important variables were occupation and help received by the elderly. The use of services continues to vary among males and females. The literature supports the findings that the Afro-American elderly are hetergeneous by sex in terms of socioeconomic and family related backgrounds. Public policy makers, program designers and public and private agencies should be cognizant of the different factors affecting the knowledge and use of social services by males and females. Social and cultural factors affecting the attitudes and beliefs of the aged population should be understood before any programs are planned and implemented to meet their needs.

Family background and interaction are the most powerful factors for explaining knowledge and use of social services by the populations based on sex. The knowledge of social services was different for both males and females in this population. For the females, talking with siblings, talking with children, intergenerational help given to children/grandchildren and seeing grandchildren were the most powerful

variables in explaining Afro-American females' knowledge of services. In order to increase the knowledge and use of social services, it must be emphasized that different family related variables are present, depending upon the sex of the aged person. According to Powers and Bultena (1974), major assistance in meeting the needs of the aged was provided by kin/friendship linkages.

A study by Harel (1985) revealed that limited data were available to date on race-related differences in knowledge about and access to services even though these variables may be important determinants of service utilization (Harel, 1985; Krout, 1983). The study indicated that not all older people equally receive information about benefits and services. This may directly or indirectly affect their quality of life. In addition, ignorance of resources and services may have an impact on service utilization.

Harel (1985) suggests that older people are not aware of the availability of existing services. Katz, Guthch, Kahn, and Barton (1975) reported that 55 percent of the non-users of all ages with medical problems did not know that an agency existed for follow-up health care services.

A study by Kent and Matson (1972) reported that few of the low-income elderly were not aware of full benefits available under medical, let alone less publicized programs such as homemaker services, visiting nurses, clinics and medicaid.

Lopata's (1973) study on social integration of widows found that the elderly were unfamiliar with the history, organization and facilities of social services in their neighborhoods. Older people may not be aware of existing services but may not be able to relate the services to their own needs or the needs of others around them.

Harel (1985) writing on a 1977 study by the General Accounting Office (GAO) Comptroller found that older people understood they could benefit from home health services but they failed to recognize the availability and use of social and recreational programs. In conclusion, Afro-American and White aged are both impoverished on socio-demographic levels, however, Afro-Americans have greater disadvantages. Fewer Afro-Americans are married, their education attainments are usually lower and they have lower occupational status backgrounds.

On life perspectives, Afro-American elderly indicated they perceived themselves as having more to look forward to than did White aged. White aged were found in Harel's study to have more knowledge about and access to services than their Afro-American counterparts. Very limited differences were found between the two groups on service utilization.

Findings from this research substantiates that over 70 percent of the nutrition site services are used by women, most of whom live alone, are of low socioeconomic background and have limited social resources. It is apparent from this research that those who utilize services made available through the Older Americans Act are in need of the services that they receive. In spite of the services being in a large metropolitan area like Cleveland, there were no significant differences found in assistance utilization between Afro-Americans and White participants at nutrition sites and Harel (1985) credits the success of the program to the organized service community. He stated that Afro-Americans were more disadvantaged in the categories of personal security, health and functional status and knowledge and access to benefits and resources. These findings according to Harel, are an

indication that the disadvantaged economic and health status of Afro-American elderly also characterizes older Afro-American elderlys' behavior as service consumers.

In addition, these disadvantages may be more difficult to cope with because of the Afro-American aged's lack of information and limited access to services. Overall, the study revealed that the Afro-American elderly are more impoverished, and their quality of life is considerably poorer. This is reflected in their poorer state of personal security, more limited social resources, lack of information about benefits and resources, and often limited access to services. There are clear indications that the need to target the availability of social services to Afro-Americans is necessary to avoid this population's future institutionalization. The author suggests that more study is needed to refine our knowledge concerning the well-being and service needs of Afro-American and White aged persons (Harel, 1985).

Chapter Summary

The literature suggests that future research should be geared towards examining the importance of family and friendship networks in meeting the needs of the elderly in each gender. In addition, the family and the church must be considered as major rather than secondary institutions in the delivery of services to meet the unmet needs of the rural Afro-American elderly population (Rowles, 1978).

Rao and Rao (1983) suggested that recognizing the relationship between the delivery of social services and the kin network is paramount to helping this age group. Cicirelli (1980) recommended that the government should provide indirect services by helping to increase kin

resources or helping kinship services become more effective so that kin can do a better job of helping their elderly indirectly.

Overall the findings indicated that life satisfaction was a very important aspect of explaining the knowledge and use of services among the Afro-American elderly's lack of services. Understanding the need for improving the life satisfaction of the Afro-American aged population advocates the use of life satisfaction to develop meaningful social policy in meeting the developmental needs of Afro-American people. Chunn's (1978) study stated that the relationship between life satisfaction and the fulfillment of the needs is worth quoting, "utilizing life satisfaction as a conceptual tool, we should address their emotional, psychological and physical needs and concerns including a sense of well-being and happiness . . ." (p. 14).

The previous researchers have indicated throughout the literature that there is a positive relationship between the use, access, and availability of social services within the Afro-American elderly population. Limited data are available on race related differences in knowledge about and access to services in spite of these variables being important for understanding factors that contribute to the utilization of services (Harel, 1985; Krout, 1983).

CHAPTER III

METHOD AND PROCEDURES

Introduction

This chapter describes the methodology used in the study. A detailed description of the selection of the sample, instruments used for the collection of the data and the procedures used for the analysis of the data are included.

Research Design

The personal interview schedule design was used in this study. This design was selected because in dealing with the elderly population, higher response rates could be obtained through the personal interviews. Babbie (1986) suggests that a well executed interview schedule would yield approximately 80 to 85 percent completion rate. Interviews involve verbal questions between the researcher and the interviewees using common language. The interviews permitted the researcher to create a favorable environment and to make the respondents feel at ease and important when responding to direct questions. This was very important in dealing with the rural Afro-American elderly who were most often reluctant to talk about their personal lives with strangers (Joseph & Joseph, 1984).

The questions were designed to probe and seek responses to specific questions as well as allow the respondents to give their perceptions to

questions based on their feelings and concerns in regard to the access and utilization of social services and personal informal service in their respective communities.

A purposive sample of the Afro-American elderly in Guthrie and Langston were chosen to study within the subset of a larger population of elderly persons in Oklahoma's rural communities. The sample was kept at a minimum to secure the same information with more speed and efficiency, less cost, and with as much accuracy as a survey of the entire Afro-American population. Researchers Rao and Rao (1983), Ralston (1984), Harel (1985), and Parks (1988) have successfully used this method in previous studies with other minority elderly subjects.

Population and Sample Selection

The population for this study included elderly Afro-American residents living in Guthrie and Langston, Oklahoma. There were 32 males and 61 females, a total of 93. Included in this population were Afro-American elderly persons 60 years of age and over who were living independently in their homes. A purposive sample was selected after it proved too difficult to obtain complete sample frames of all Afro-American elderly residing in Logan County. The churches along with public/private agencies refused to submit lists of Afro-American elderly persons participating in their programs citing the confidentiality act as a violation of peoples' personal rights to privacy. There were several techniques employed to secure an adequate sampling frame. They were as follows. First, a personal visit to the Guthrie Department of Human Service Office allowed the researcher to review microfiche of elderly persons on Old Age Disability Income (OADI). The OADI is a

supplement to the elderlys' social security benefits, but is managed through the state. The list consisted of people 65 and older. The problem with this list was the lack of racial breakdowns, which made it difficult to determine the racial composition of the individuals in the program. Second, after producing a letter from the Director of the Administration on Aging in Oklahoma City, the researcher was given a list of Afro-American elderly who participated in the Logan County Council on Aging Services Program. The list consisted of only Afro-American elderly who were or have participated in the congregate meals, home delivered meals, in-home care and the transportation program. This list did not have Afro-American elderly persons who were ineligible to participate in any of the programs or those who had too much income to participate. Third, the most successful list was compiled from the snowball technique in which the long-time residents provided names and addresses of those they felt would participate in the study. Fourth, the researcher used one of the local Afro-American beauty salons and a barber shop which the men frequented for hair cuts, conversation and playing dominoes during their free time. Fifth, names were secured through the Guthrie Housing Authority after the administrator telephoned the residents for verbal consent to agree to be interviewed. The majority of the respondents were generated through word of mouth, references and canvassing the neighborhood on foot. The sample taken from Langston and Guthrie was that of a convenience sample which was similar to minority Afro-American populations residing in Oklahoma's rural areas.

Instrument

This study used several instruments to develop the Personal Interview Schedule (PIS). Some of the instruments used were 1) The Older American Resources and Services (OARS) developed at Duke University Center on Aging and Human Development, Life Satisfaction Index-Z (LSI-Z), a modification by Wood, Wylie, and Sheafor (1969) of the instrument developed by Neugarten, Havighurst and Tobin (1961), the National Survey of the Aged conducted during the Spring and Summer of 1975 by Shanas, and the Older American Act Service Consumer Needs Assessment Survey by Harel (1983), and 2) a questionnaire developed by the researcher. The questionnaire was designed to collect information about: a) sociodemographic characteristics, b) family networks, c) social networks, d) social service knowledge, e) access to social services, and f) utilization of social services in the Afro-American elderly population.

The instrument was pre-tested to determine the clarity of questions and ease of use of the instrument. The pre-test consisted of interviewing 10 Afro-American elderly persons possessing the same characteristics expected for the study. Following the pre-test, the questionnaire was revised to simplify some items to increase clarity and make the coding uniform.

Data Collection

The data were collected in the towns of Guthrie and Langston, Oklahoma during the months of September, October, November and December, 1990. An introductory letter explaining the purpose of the research, confidentiality and a request for a list of church parishoners ages 60

and over were compiled to create a sampling frame (Appendix A). This letter of solicitation was not very successful because none of the pastors responded in writing nor mailed in lists. Second, a telephone call was made to follow-up the introductory letters. Several of the pastors agreed to the researcher attending their church services, however, they were reluctant to mix the research with Sunday church services. After the services, the researcher met and introduced herself to the church members and asked them if they would be willing to participate in a personal interview in the near future in their homes. Most of them were willing and agreed to participate if they could remain anonymous.

Third, the most successful method was getting to know the beauty operator, the barber and using the snowball technique. The snowball sampling technique is a method employed to increase the sample through asking one participant to recommend others for interviewing and each of these respondents interviewed are asked for further recommendations (Babbie, 1986). The researcher was able through this method to obtain names and addresses of persons who were retired and might not be eligible for services which would have excluded them from the list compiled through the Department of Health Services and the Logan County Council on Aging Service agencies.

The instrument was administered by the researcher after a brief introduction of the research project, personal family background and scrutiny on what the information would be used for and how well the researcher is able to protect their confidentiality. A long-time resident of the community usually accompanied the researcher because the respondents were unwilling to talk to strangers about their personal

lives. It was important that the respondents gained trust of the researcher through affiliation because the survey required a personal interview instrument. The researcher presented the questionnaire in the same fashion for consistency to avoid biasing the respondents' answers. The approximate time for each interview was 45 minutes to one hour. Interviews taking an hour or more were a result of the respondents getting off the subject matter and talking about their personal life and other topics such as their children, when they were younger and complaining about their current health as opposed to their past health.

Although the researcher sampled 101 potential respondents, eight respondents declined to participate in the study. The effective sample size is 93. Of these 93, some declined to respond to certain questions and for some respondents certain questions did not apply. Consequently, the number of responses shown in a table is often less than 93. In keeping with the contextual aspects of the research, the personal interview instrument of long interpersonal experiences allowed the respondents perceptions of the access and utilization of social services based on the formal and informal system.

Analyses of the Data

Information received from the 101 respondents was hand coded on Fortran coding forms and entered into the computer. The data errors were corrected and the data was placed on the mainframe computer using the Statistical Analysis System (SAS) to analyze the data.

The first analysis provided frequency distributions by summarizing the raw data and the percentage of respondents to each item. The

second analysis tested for statistical significance in use of social services; home delivered meals and health care according to age, income, education, perception of health and the importance of information about social services with regard to Afro-American elderly persons' access to and use of services. The chi-square (χ^2) technique was used to determine if there was a significant difference between the Afro-American elderlys' access to and use of social services, home delivered and health care services.

The third analysis determined the mean average using standard deviation to compare differences the elderly ranked in choices about their use of personal and formal support for social services (Babbie, 1986; Joseph & Joseph, 1984).

Chapter Summary

This chapter gave a description of the method and procedures to complete this study. Following a personal interview schedule, a purposive sample was selected because of the difficulty of obtaining a sample list of Afro-American elderly in Logan County. The interview schedule instrument consisted of a personal interview questionnaire.

Data were collected from 93 respondents, representing an overall 90 percent response rate. Analysis of the data was completed using Statistical Analysis System (SAS) procedures.

CHAPTER IV

PRESENTATION AND ANALYSIS OF DATA

Introduction

The data in this study were collected from a target population of 93 rural elderly Afro-American respondents. They ranged in age from 60 to 90 years, and lived in the towns of Guthrie and Langston, Oklahoma.

These sites were selected because of their Afro-American population. A questionnaire was designed to collect information about the elderly's perception of access to and their use of social services when compared to an informal and formal social support system. The data were analyzed in two sections, with the first section being frequencies and percentages and the second section being the testing of the hypotheses. Results of the statistical analysis were reported in relation to the hypotheses and objectives of the study.

Description of the Sample

The sample included 22 respondents residing in Langston and 71 residing in Guthrie making a total of 93 participants. There were 32 males and 61 females. It has been demonstrated that women live longer than men; most of the males in this study were married and most of the females were widows.

Table I shows the frequency and percentage of the age, gender, marital status, education and income as reported by the Afro-American elderly. In this study, 34 percent of the respondents were between the ages of 71 to 75. Approximately two thirds of the group were female. In the marital category 58 percent of the respondents were widowed or living alone. Only 27 percent were living with their spouses or common-law partner, thereby having someone who could support them in time of need. It was assumed that single, and widows/ divorced respondents who live by themselves are less likely to have support. This study revealed that most of the men were married and most of the females were widows. In spite of proximity to Land-Grant universities, Langston and Oklahoma State Universities, only 17 percent reported having college degrees. Of these, six lived in Langston and ten in Guthrie.

During the interview process, many of the respondents stated that the reason for not having more education was the necessity of working for the survival of the family during their youth. In addition, the males stated that the lack of encouragement from their fathers was common because they were used as economic tools to provide for the family. However, the girls were encouraged to go to school and come home to teach other family members.

The source of yearly income reported by respondents was social security of which 92 percent of the elderly were recipients. Of these, 70 percent of the elderly had incomes between $6,000 and $11,000 which put them below the poverty threshold of $12,000. It was noted in the study that 52 percent were receiving retirement benefits, 15 percent received income from investments and 13 percent received income from

TABLE I

DISTRIBUTION OF AGE, GENDER, MARITAL STATUS, EDUCATION AND INCOME AS REPORTED BY AFRO-AMERICAN ELDERLY PERSONS

Variable	N=35	%
Age		
60-65	13	14
66-70	19	21
71-75	32	34
76-80	15	16
81-85	10	11
86-90	4	4
Gender		
Male	32	35
Female	61	65
Marital Status		
Divorced	4	4
Living with Spouse	25	27
Single, Never Married	4	4
Spouse Elsewhere	6	7
Widowed	54	58
Education		
No School	1	.01
4th-6th Grade	8	9
6th-9th Grade	43	47
10th-12th Grade	19	20
Some College	6	6
BA or BS Degree	8	9
MS or PhD/EdD	8	9
Income		
$2000-$2999	1	1
$3000-$3999	0	0
$4000-$4999	11	12
$5000-$5999	0	0
$6000-$7999	28	30
$8000-$9999	19	21
$10,000-$11,999	5	6
$12,000-$15,999	1	1
$16,000-$18,999	1	1
$19,000-$21,999	1	1
$22,000-$30,999	0	0
$31,000+	1	1
Refused/Declined	25	26

employment full- or part-time. Those under 65 years of age who have not retired continue to work. The data shows that 26 percent declined to report their income levels on the basis that the question was too personal. Several of the respondents reported they were receiving income from several sources but chose not to reveal the source (see Table I, p. 43).

Frequency and percentage of the degree of life satisfaction of the elderly are presented in Table II. The data shows that 62 percent were satisfied with life, whereas 32 percent felt average satisfaction about life. General comments reported by Afro-American elderly who were of average satisfaction were, "I can't complain," "I made it this far," and "What good will complaining do?" Only six percent reported they were dissatisfied with life.

Presented in Table II are comparisons of optimism and the degree of life satisfaction among the elderly. The data shows that 62 percent were satisfied with life, and 49 percent were optimistic about the future in which the elderly felt they had a lot to look forward to in the future. There were 32 percent in both groups who felt average satisfaction about life and optimism about the future. Only six percent were dissatisfied with life while 16 percent felt little optimism about the future and three percent had no response on optimism about the future. The respondents stated during the interview process that "the Good Lord has been good to them and they were grateful for their lives and waiting for the day he would take them home." Another comment was "I have lived a long and full life and my health is not as good as it used to be, but I can't complain because at least I am living."

TABLE II

FREQUENCIES AND PERCENTAGES OF COMPARISON OF VIEWS OF LIFE REPORTED BY AFRO-AMERICAN ELDERLY

Variable	N	%
Degree of Life Satisfaction		
Satisfied	58	62
Average	30	32
Dissatisfied	5	6
Total	93	100
Degree of Optimism		
A Lot	45	49
Average	29	32
Little	15	16
No response	4	3
Total	93	100

Personal Support Networks of Afro-American Elderly

Data reported shows that a support system of family and friends exist for the participants. Tables III and IV reveal telephone contacts and personal visits. The data revealed that 64 percent of the elderly felt that social contact was very important, while 32 percent felt it was of average importance. Four percent felt social contact was of no importance.

The personal support was defined to include children, grandchildren, siblings and community extended kinships. The community extended kinships were made up of lifelong friends, the pastors, church members and others that make up the community. As part of the informal system,

TABLE III

FREQUENCY AND PERCENTAGE OF TELEPHONE CONTACTS BY SOCIAL NETWORKS REPORTED BY THE AFRO-AMERICAN ELDERLY

Telephone Contact	Children		Grandchildren		Siblings		Friends		Total N	Total Mean
	N	%	N	%	N	%	N	%		
Daily	34	43	26	31	6	8	54	58	120	30
Weekly	20	26	18	21	24	30	28	30	90	23
Monthly	17	22	20	24	32	40	8	9	77	19
Once a Year	0	0	3	3	11	14	2	2	16	4
None	7	9	18	21	6	8	1	1	32	8
Total	78	100	85	100	79	100	93	100		

Note: There were 93 respondents, not all the respondents answered the questions, therefore only those answered were recorded.

N = number of people who answered in each category.

TABLE IV

FREQUENCY AND PERCENTAGE OF VISITS BY SOCIAL NETWORKS
REPORTED BY THE AFRO-AMERICAN ELDERLY

Visits	Children		Grandchildren		Siblings		Friends		Total N	Total Mean
	N	%	N	%	N	%	N	%		
Daily	28	35	31	37	5	7	54	58	118	30
Weekly	28	35	21	25	21	28	28	30	98	25
Monthly	8	10	8	10	21	27	5	5	42	11
Once a Year	9	12	15	18	24	31	0	0	48	12
None	9	8	8	10	5	7	6	7	27	7
Total	79	100	83	100	76	100	93	100		

Note: There were 93 respondents, not all the respondents answered the questions, therefore only those answered were recorded.

N = number of people who answered in each category.

88 percent of the elderly had at least one daughter. This is important to note, because the females usually provide the caregiving for elderly or disabled parents. Only 11 percent reported having no children. The study showed that elderly with no children were more likely to seek out and use social services than those with spouses or family. Personal contacts were maintained through telephone and visits.

Presented in Tables III and IV are the numbers of telephone contacts/visits made by the elderly with family members and friends. Table III indicates that 58 percent of the elderly talked on the telephone with friends, 43 percent with their children, 31 percent talked with their grandchildren, and only 8 percent talked with siblings on a daily basis. It appears that the elderly talked more with their friends on a daily basis as opposed to weekly, monthly, or once a year. Only 41 percent of the elderly talked to their siblings on a monthly basis. The monthly calls to siblings may be a result of the cheaper telephone rates on the weekend and special rates for senior citizens. Because the majority of the elderly in this study are on a fixed income, they stated they budget calls according to telephone rates and their income (see Table III on p. 46). Therefore, the data shows that telephone contact was an important resource for the elderly to have some form of contact with their children, grandchildren, siblings and friends. This may be an important avenue to alleviate total isolation from family members for those immobile and unable to leave the home regularly.

Presented in Table IV are the visits of children, grandchildren, siblings and friends as reported by the elderly. The data shows that 58 percent of the elderly visit with their friends and 37 percent visit

with children on a daily basis. Over 30 percent have visits regularly on a daily and weekly basis. It is interesting to point out that 31 percent of the elderly see siblings once a year. This may be the result of those siblings living out of state or long distances from the respondent. Personal visits appear to be important to the elderly.

Table V shows the Afro-American elderly's use of services provided through informal networks of family, friends and extended informal support systems. There were 63 percent of the elderly who reported their children helped when they were sick, while 49 percent stated their grandchildren helped them, 24 percent received help from friends, and 26 percent received help from no one. Thirty six percent did not use formal support from social services agencies who provide in-home care. Another 24 percent received help from their siblings. The data shows that a majority of the elderly preferred to use family members or friends for informal support, rather than formal support systems such as social service programs for the elderly.

TABLE V

FREQUENCY AND PERCENTAGE REPORTED BY AFRO-AMERICAN ELDERLY REGARDING THE USE OF PERSONAL SUPPORT SERVICES WHEN THEY WERE SICK

Helper When Sick	N	%
Children	58	63
Grandchildren	45	49
Friends	22	24
Siblings	22	24
Other (Social Services Agencies)	33	36
No One	24	26

Note: The numbers and percentages do not total to 93 respondents and 100% because the respondents were asked to rank their responses.

Table VI shows the financial assistance reported by the Afro-American elderly from their informal support system of family and friends. There were 42 percent of the elderly receiving financial assistance from their children, 12 percent receiving help from their grandchildren and 2 percent getting help from friends and 1 percent getting help from siblings. Thirty nine percent reported getting help from others which primarily consisted of social security and old age disability or retirement benefits. Only four percent stated they received help from no one and this category excluded the governmental and retirement benefits. The data show that less than 42 percent of the elderly received financial assistance from their children. The data show the elderly continue to receive assistance from family members to supplement their public assistance.

TABLE VI

FREQUENCY AND PERCENTAGE REPORTED BY AFRO-AMERICAN ELDERLY OF FINANCIAL ASSISTANCE RECEIVED THROUGH FAMILY AND FRIENDS

Sources of Financial Assistance	N	%
Children	29	42
Grandchildren	11	12
Friends	2	2
No One	4	4
Other (Social Service Agencies & Pension Funds)	36	39
Siblings	1	1

Note: The numbers and percentages do not total to 93 respondents and 100% because the respondents were asked to rank their responses.

The Afro-American Elderly's Choices of Assisstance

Respondents were asked to rank seven items related to assistance with tasks such as assistance in financial matters, home maintenance, health care, and emotional and physical support. Sources of assistance were children, grandchildren, siblings, friends and social services agencies.

Table VII presents a rank order of sources of assistance that the respondents said they would call upon for help if they needed it. The lowest mean represents the first preference and the largest mean represents the source of help which they would be least likely to call upon for assistance with a given task. The majority of the elderly in the study prefer to use family members for support.

Table VIII indicates the religious participation by Afro-American elderly respondents. There were 47 percent of the elderly who attend church regularly and 42 percent who attend church occasionally, while 11 percent do not attend church at all. Of these, 59 percent of the Afro-Americans stated that their church was a source of socialization and fellowship. This could be a resource to allow formal social service professionals the opportunity to educate Afro-Americans on the benefits of formal social services if presented through the auspices of the church.

TABLE VII

RANKED PREFERENCES OF PERSONAL AND FORMAL SOCIAL SERVICES MOST USED BY AFRO-AMERICAN ELDERLY

Variables	Rank	Mean	Total N
Who helps when you are sick			
Children	1	1.21	70
Grandchildren	2	2.38	59
Friends	3	2.94	43
Siblings	4	3.00	72
Other (Social Services)	5	3.61	60
No one	6	4.11	69
Who gives you advice on money matters			
Children	1	1.42	57
Other (Social Services)	2	2.40	44
No one	3	2.69	75
Siblings	4	2.88	26
Friends	5	2.96	30
Grandchildren	6	3.16	24
Who provides financial assistance			
Children	1	1.30	53
Other (Social Services)	2	1.63	57
Grandchildren	3	2.41	17
No one	4	3.05	18
Siblings	5	3.11	9
Friends	6	3.18	11
Who shops and runs errands for you			
Children	1	1.37	56
Grandchildren	2	2.26	41
No one	3	2.46	67
Friends	4	2.60	40
Other (Social Services)	5	2.79	39
Siblings	6	3.27	18
Who fixes things at the house			
Children	1	1.17	51
Grandchildren	2	2.09	31
Other (Social Services)	3	2.39	61
Siblings	4	2.46	13
Friends	5	2.50	26
No one	6	2.83	66
Who gives advice on life's problems			
Friends	1	1.56	80
Children	2	1.81	70
Siblings	3	2.26	56
Grandchildren	4	2.86	43
Other (Social Services)	5	2.87	59
No one	6	2.98	76
Who helps with household routines			
No one	1	1.73	78
Relative	2	1.80	87
Child	3	1.83	87
Other	4	1.84	83
Social Service agency	5	1.87	87
Paid help	6	1.88	88
Informal service	7	1.95	87
Neighbor	8	1.98	88

Note: 93 processed; only questions that pertain to the respondents' situation was answered. Last category had eight possible choices to rank.

N = Total respondents; Mean = the number that fell between the numbers 1 to 6 with the lowest being those most used.

TABLE VIII

FREQUENCY AND PERCENTAGE OF CHURCH ATTENDANCE AS REPORTED BY AFRO-AMERICAN ELDERLY

Church Attendance	N	%
Not at all	10	11
Occasionally	39	42
Regularly	44	47
Total	93	100

Perception of Afro-Americans Obtaining Information and Access to Social Services

Table IX shows the number of respondents who reported difficulties in obtaining access for six social services programs. These six programs are social security, health care services, food stamps, homestead exemptions, social services and home delivered meals. Over half of the respondents (60%) reported no difficulty or they were ineligible for all of the services. Some 22 percent reported difficulty with one of the programs name above. Another 11 percent reported difficulty with two programs and 7 percent had difficulty with three programs. The percentage of difficulties with multiple programs were similar for Langston and Guthrie. The percentage reporting difficulty with one program was higher for Langston than for Guthrie. This may be a result of the service not being available in Langston or ineligibility of those in Langston due to a higher income status.

TABLE IX

NUMBER OF RESPONDENTS THAT HAD DIFFICULTY IN OBTAINING ACCESS TO SOCIAL SERVICES PROGRAMS

Number of Programs	Langston		Guthrie		Total
Difficulty with	N	%	N	%	
One Program	10	56	12	16	22
Two Programs	3	17	8	11	11
Three Programs	1	5	6	8	7
No difficulty/ ineligible or no response	4	22	49	65	53
Total	18	100	75	100	93

Tablx X shows that obtaining information about services was different between Langston and Guthrie. There was 53 percent reporting difficulty with two programs in Guthrie and 45 percent reported difficulty with two programs in Langston. Some 39 percent of the respondents had no difficulty or were ineligible and 27 percent of the respondents in Guthrie had no difficulty. Only 7 percent reported difficulty with three programs in Guthrie. The data shows that respondents in Guthrie had more difficulty with two programs than did the respondents in Langston. Regarding the 7 percent reporting difficulty with three programs in Guthrie, it may be that the respondents had obtained information about social services programs previously and had no need to seek new information.

TABLE X

NUMBER OF RESPONDENTS THAT HAD DIFFICULTY IN OBTAINING INFORMATION ABOUT ELDERLY PROGRAMS

Number of Programs	Langston n=22		Guthrie n=71		Total n=93
Difficulty with	N	%	N	%	
One program	3	16	10	13	13
Two programs	8	45	40	53	48
Three programs	0	0	5	7	5
No difficulty/ineligible or no response	7	39	20	27	27
Total	18	100	75	100	93

Table XI shows the respondents who reported difficulty in obtaining access to social services according to education. The data shows that those with high levels of education appear to have difficulties similar to those with low levels of education, provided they were eligible to obtain access to social services. Of those with less than a high school education, over 50 percent had difficulty with access to one program, 19 percent with fourth to sixth grade education had difficulty with two programs, and 21 percent with ten to twelfth grade education had difficulty with three programs. Those reporting difficulties with two or three programs typically did complete their high school education.

TABLE XI

NUMBER OF RESPONDENTS REPORTING DIFFICULTY IN OBTAINING ACCESS TO SOCIAL SERVICES PROGRAMS ACCORDING TO EDUCATION

	Grade Levels														
	No School		4th-6th		7th-9th		10th-12th		Some College		BA/BS		MS/PhD/EdD		Total
Difficulty with	N	%	N	%	N	%	N	%	N	%	N	%	N	%	
One program	1	(0.00)	6	(75.00)	25	(58.14)	10	(52.63)	3	(50.00)	5	(62.50)	5	(62.50	55
Two programs	0	(0.00)	8	(18.60)	1	(5.26)	0	(0.00)	1	(12.50)	1	(0.00)	0	(0.00)	11
Three programs	0	(0.00)	1	(12.50)	2	(4.65)	4	(21.05)	0	(0.00)	0	(0.00	0	(0.00)	7
No difficulty or ineligible	0	(0.00)	0	(0.00)	8	(18.60)	4	(21.05)	3	(50.00)	2	(25.00)	3	(37.50)	20
Total	1		15		36		18		7		8		8		93

Note: 93 respondents processed. The numbers in parentheses are percentages.

N = total number of respondents.

Education appears to have an effect on the difficulty of obtaining access to social services with one program at all levels. Those with college education appear to not have any problems obtaining access to two or three programs. This could be that they are ineligible or frustrated with the social service system and abandon all attempts to apply for social services after having difficulty with one program.

Table XII shows the number of respondents reporting income and the difficulty of obtaining access to social services. Respondents with income over $8,000 reported no difficulty or were ineligible. However, a few reported difficulties with multiple programs. Twenty seven percent of respondents with an income of $4,000 to $7,000 had difficulty with one program and about equal percentages with two or three programs. The difficulty of getting access to information about social services programs appears to be little affected by income. However income does appear to affect the access to obtaining social services (see Table XII, p. 58).

Table XIII shows the satisfaction of Afro-American elderly with social services. Most of the respondents, 42 percent, interviewed felt average satisfaction with social services, 22 percent were satisfied and 21 percent were dissatisfied. There was a split between the satisfied and the dissatisfied with the social services in their respective communities. The 12 percent that were very dissatisfied outweighed the number that were very satisfied. This could be attributed to frustration with meeting eligibility for social service programs or some past negative experience with the formal support system. During the interview process, some of the respondents stated, "They get tired of having to fill out the paperwork every three to six months, or if

TABLE XII

NUMBER OF RESPONDENTS REPORTING INCOME AND THE DIFFICULTY OF OBTAINING ACCESS TO SOCIAL SERVICES

	Income										
Difficulty with	<$2,000		$4,000-$5,000		$6,000-$7,000		$8,000-$9,000		$10,000 or more		Total
One Program	0	(0.00)	3	(27.27)	8	(28.57)	2	(10.53)	3	(170.00)	16
Two Programs	0	(0.00)	3	(27.27	5	(17.86)	1	(5.26)	1	(20.00)	10
Three Programs	0	(0.00)	0	(0.00)	2	(7.14)	3	(15.79)	1	(100.00)	6
No difficulty or ineligible	1	(100.00)	5	(45.45)	13	(46.43)	13	(68.42)	7	(310.00)	39
Total	1		11		28		19		12		71

Note: 93 respondents processed, 22 declined or refused to answer the question. The numbers in parentheses are percentages of income and numbers are the respondents. For income of $10,000 or more the table was collapsed for ease of recording the data.

they make a mistake in answering the questions or forget to turn in the paperwork on time they are immediately cut-off the program(s)."

TABLE XIII

FREQUENCY AND PERCENTAGE REPORTED BY THE AFRO-AMERICAN ELDERLY'S SATISFACTION WITH SOCIAL SERVICES

Social Services	N	%
Very Satisfied	3	3
Satisfied	21	23
Neutral	38	41
Dissatisfied	20	21
Very Dissatisfied	11	12
Total	93	100

Formal Support from Health Care and Social Services

Presented in Table XIV are the contacted elderly Afro-Americans who reported having difficulty getting information on health care services and social services. The data revealed there were 67 percent of the elderly who felt it was very important to have access to information for services. Of these, 27 percent felt average about access to information and 7 percent felt having access to information for services was not important. The data showed that within the last year 23 percent of the respondents were contacted by agencies or organizations about services for seniors.

TABLE XIV

FREQUENCY AND PERCENTAGE COMPARISON OF AFRO-AMERICAN ELDERLY WHO REPORTED HAVING DIFFICULTY GETTING INFORMATION ON HEALTH CARE SERVICES

Degree of Difficulty	Health Care Services		Social Services	
	N	%		
Some Difficulty	41	44	41	44
Much Difficulty	15	16	18	19
No Difficulty	34	37	30	32
Not Eligible	3	3	4	4
Total	93	100	93	100

Table XIV shows that 44 percent of the elderly had some difficulty getting information about both health care services and social services. During the interviews, several of the respondents stated they "did not know about homestead exemptions, food stamps or health care benefit entitlements for the elderly." Some of them stated "They thought only people on AFDC could get food stamps."

The frequency and percentage of the elderly's awareness of the program in the community are presented in Table XV. Of those interviewed, 80 percent knew about the senior centers in the communities, while only 14 percent were aware of the nutrition program. There were 6 percent who were not aware of the senior centers. During the interview process the elderly stated, "They knew where at least one senior center was located but mostly sick people or people who could not afford to buy food attend senior centers." Other comments made by the elderly were that they didn't like the senior centers because the

people who go there look sick, old and helpless. One of the male respondents stated, "Why should I go to the senior center, I'm not ready to die but if I attended that place, looking at them old folks I might die sooner."

The stigma placed on the senior centers and the misinformation could be reasons for the lack of utilization by the Afro-American elderly. Also their perception of senior centers could also discourage awareness and use of the services provided by the center.

TABLE XV

FREQUENCY AND PERCENTAGE REPORTED BY AFRO-AMERICANS OF AWARENESS OF SENIOR CENTERS FOR SENIORS IN THE COMMUNITY

Awareness of Senior Centers in Communigy	N	%
Senior Center	39	42
Nutrition Program	7	8
None/Don't Know	3	3
No Response	44	47
Total	93	100

Note: 93 respondents participated in the study, however, only 49 answered the question.

Afro-American Elderly's Decision to Use A Specific Social Service

The frequency and percentage of the number of times breakfast, lunch and supper is eaten each week by the Afro-American elderly is

presented in Table XVI. About 52 percent of the elderly eat breakfast seven days a week while 41 percent eat lunch seven days a week. It should be pointed out that 91 percent of the elderly are eating supper. Overall, 77 percent are getting at least one cooked meal a day. The data shows that 83 percent of the elderly are independent enough to take care of their own meals. Only 6 percent utilized paid help, and 11 percent received assistance with meals from relatives.

TABLE XVI

FREQUENCY AND PERCENTAGE OF MEALS EATEN BY AFRO-AMERICAN ELDERLY DURING THE WEEK

Breakfast Times	N	%	Lunch Times	N	%	Supper Times	N	%
3-4	11	12	3-4	12	13	3-4	0	0
5-6	14	15	5-6	35	37	5-6	8	9
7	48	52	7	38	41	7	85	91
Totals	93	100		93	100		93	100

Some of the respondents interviewed stated that their decision not to use social services such as home delivered meals or attend nutrition meal sites was because they didn't like the food or they were on special diets. Approximately 35 percent did not want to participate and 22 percent indicated participation in the future. Many complaints centered on the quality of food. The elderly's perceptions varied in food tastes and preferences. This could also be attributed to lack of motivation and interest in participating over time because most of this population

are independent and able to take care of their own personal needs such as the preparation of meals.

Knowledge of Service Providers

Most elderly may not be aware that service clubs are private non-profit organizations such as fraternities, sororities, private church clubs or members of professional groups who provide services during holiday seasons or funds to support worthy causes such as food baskets, free housecleaning, home repair services or transportation to doctors' appointments. The study shows that 82 percent did not use homecare providers. This group of elderly appears to be independent or not knowledgeable about the homecare providers program. A majority of the elderly, 87 percent, did not use service clubs. Only 6 percent of the elderly used service clubs and 7 percent had no response to this question. The low usage may be that most service clubs in these locations may not provide services for the elderly or any group.

The study showed that 59 percent of the elderly felt that educational knowledge about social services was very important, 30 percent of the elderly felt educational knowledge was of average importance, while 11 percent thought educational knowledge about social services was not at all important. It is important that a majority of the elderly felt they should have knowledge of social services whether they chose to use the services or not. The frequencies were recorded according to their order of importance. The same procecure can be used to calculate the other frequencies.

Utilization of Social Services, Home Delivered Meals, and Health Care Services

The information presented in this section gives the results of the statistical analysis used in testing the hypotheses. The following hypotheses are stated in the null form.

Hypothesis 1) - There is no relationship between the use of social services and age, income, education, perception of health, and perception of importance of information about social services of rural Afro-American elderly persons. Presented in Table XVII is the summary of the use of social services among Afro-American rural elderly according to the variables mentioned above. There is no significance in the relationship between age, education, income, perception of health and importance of information about social services based on the probability values of .410, .173, .310, .069 because they exceed the χ^2 = .05 level of significance. Therefore, the null hypothesis is accepted (Table XVII).

TABLE XVII

SUMMARY OF THE USE OF SOCIAL SERVICES AMONG AFRO-AMERICAN RURAL ELDERLY ACCORDING TO AGE, EDUCATION, INCOME, PERCEPTION OF HEALTH AND IMPORTANCE OF INFORMATION ABOUT SOCIAL SERVICES

Variables	Services	χ^2 Values	P-Value	Significance
Age	Social Services	1 784	.410	*
Education	Social Services	7.713	.173	*
Income	Social Services	5.958	.310	*
Perception of Health	Social Services	5.337	.069	*
Perception of Importance of Information about Social Services	Social Services	5.408	.067	*

* = Not significant at the .01 level.

Hypothesis 2) - There is no relationship between the use of home delivered meals and age, income, education, perception of health, and perception of importance of information about social services of rural Afro-American elderly persons. Presented in Table XVIII is the summary of the use of home delivered meals among Afro-American rural elderly according to the variables mentioned above.

TABLE XVIII

SUMMARY OF THE USE OF HOME DELIVERED MEALS AMONG AFRO-AMERICAN RURAL ELDERLY ACCORDING TO AGE, EDUCATION, INCOME, PERCEPTION OF HEALTH AND THE IMPORTANCE OF INFORMATION ABOUT SOCIAL SERVICES

Variables	Services	χ^2 Value	P-Value	Significance
Age	Home Delivered Meals	23.196	.001	*
Education	Home Delivered Meals	6.005	.306	**
Income	Home Delivered Meals	9.967	.267	**
Perception of Health	Home Delivered Meals	8.729	.013	*
Perception of Importance of Information about Social Services	Home Delivered Meals	12.153	.002	*

Note: χ^2= .05 level of significance.

P-Values = probability values.

* = Significant at .05 level.

** = Not significant at .01 level.

Probability values reported in Table XVIII show that there was a significant relationship between age, perception of health and perception of importance of information about social services and the use of home delivered meals. This portion of the hypothesis was rejected. However, probability values for education and income were shown to have no significant relationship. The null hypothesis is accepted for this portion.

Hypothesis 3) - There is no relationship between the use of health care services and age, income, education, perception of health, and perception of importance of information about social services of rural Afro-American elderly persons. Presented in Table XIX is the summary of the use of health care services among Afro-American rural elderly according to the variables mentioned above. There is significance in the relationship between age and health care services based on the probability values of .004, less than χ^2 = .05 level of significance. Therefore the null hypothesis is rejected for age and health care services. On the other hand, the probability values of .477, .840, .231, and .335 exceeds the χ^2 = .05 level of significance, therefore the null hypothesis for income, education, perception of health and the perception of information about social services is accepted.

Major findings are that, as the elderly increase in age their use of health care and home delivered meals increases. As the elderly's perception of health changes they are more likely to use home delivered meals. Also as the individuals age, the importance of information about social services increases whether or not they use social services, home delivered meals, health care services or other programs available to the elderly population. (See Table XIX, p. 67.)

TABLE XIX

SUMMARY OF THE USE OF HEALTH CARE SERVICES AMONG AFRO-AMERICAN RURAL ELDERLY ACCORDING TO AGE, EDUCATION, INCOME, PERCEPTION OF HEALTH AND THE IMPORTANCE OF INFORMATION ABOUT SOCIAL SERVICES

Variables	Services	χ^2 Values	P-Values	Significance
Age	Health Care Services	23.196	.004	*
Education	Health Care Services	2.065	.840	**
Income	Health Care Services	5.582	.477	**
Perception of Health	Health Care Services	2.934	.231	**
Importance of Information about Social Services	Health Care Services	2.186	.335	**

Note: χ^2 = .05 level of significance.

P-Values = Probability values.

* = Significant at .05 level.

** = Not significant at .01 level.

This portion of the analysis describes how the hypotheses were tested. It describes in detail which of the hypotheses were accepted and rejected. The tables for this section are located in Appendix B. Each table is listed from XX to XXIV and the numbers of respondents were used to calculate and table chi-square values. Refer to the tables in Appendix B for illustrations of the analysis.

The null hypothesis of independence for 11 of the 15 sub-hypotheses tested was accepted. Tables XX to XXIV display cell counts, calculated χ^2 values; and the probability values for each of the 15 sub-hypotheses. As seen in these tables in Appendix B the P-values exceed .05 for XXA, XXC; XXIA, XXIC; XXIIA, XXIIB, XXIIC; XXIIIa; and, XXIVA, XXIVB, XXIVC. For all of the tables used for testing the above hypotheses, the conclusion was that the individual variables were independent of participation in the specified social services programs.

Rejection of the null hypothesis has been concluded for four of the 15 sub-hypotheses. They were hypotheses XXB; XXIB, XXIIIB, and XXIIIC in Appendix B. For participation in home delivered meals, the conclusion was to reject the null hypothesis of independence for health perception and participation in Table XXB. A rejection of the null hypotheses of independence between participation and the importance of information about social services and age which are shown in Tables XXIB and XXIIIB. The analysis concluded that health perception and home delivered meals were dependent upon each other, the alternative hypothesis. Table XXB shows those people whose health perception was worse now (row two) appears to be having proportionately less difficulty in using home delivered meals (18/29=.6 versus 14/49=.3) than are those reporting their health perception as better now (8/29=.3 versus 22/49=.4). Those who are reporting difficulty in getting home delivered meals are much more likely to report their health to be worse now than before (18/29) than are those who reported no difficulty in getting meals (14/49).

Table XXIB shows a dependence between the difficulty of using home delivered meals and the importance of information about social services.

Of those reporting difficulty (54) most (43/54) reported the importance of information as being of average importance. Of those reporting no difficulty (31) only 50 percent, (16) reported information about social services as being very important.

Because the probability value = .002 was less than .05 level of significance, the conclusion was to reject the null hypothesis. Therefore, people who reported difficulty in getting home delivered meals also considered information about social services very important whether they used any of the services or not.

Table XXIIIB shows that the difficulty of the use of home delivered meals was very dependent upon age. Those under 70 years of age reported no difficulty (23 of 24). Those who were 80 years plus reported difficulty in using home delivered meals, (12 of 15). Therefore, a rejection of the null hypothesis was concluded because the data appears to show that age affects the difficulty of getting home delivered meals. The probability value of .001 was less than the χ^2 = .05 level of significance. Therefore, the null hypothesis was rejected. The probability of making a mistake by rejecting the null hypotheses, given this data was quite low, .001.

The final rejected null hypothesis was XXIIIC. The probability value of .004 was much less than the χ^2 = .05 level of significance. Therefore a conclusion was made that a relationship between age and getting health care benefits exist. The youngest elderly, under 70, reported proportionately a greater difficulty of getting health care benefits (8 of 19) than do the 70-79 age group (4 of 51). This was expected and can be considered a wise use of limited resources (Appendix B).

CHAPTER V

SUMMARY, CONCLUSIONS AND EDUCATIONAL IMPLICATIONS

Introduction

This chapter is divided into three sections. The first section provides a summary of the study, and results of major findings as it pertains to Afro-American elderly's use and perception of social services. The second section of this chapter contains recommendations and policy implications for educational curriculum and the need for further studies.

Summary of Methods

The overall purpose of this study was to determine Afro-American elderly persons use and perception of social services in the Langston and Guthrie communities located in Logan County, Oklahoma. To achieve this purpose, an interview instrument was administered.

Data were collected by using several methods, including the snowball technique. The methods of finding a population consisted of compiling and creating a sample listing frame from the Logan County Council of Senior Services, canvassing the neighborhoods, creating a list from a beauty salon operator and barber shop in Guthrie, visiting Afro-American churches, and relying on other Afro-American elderly persons to reference other members of the community.

There were 93 Afro-American elderly who voluntarily participated in a personal interview in the towns of Guthrie and Langston. The interviews took place in the homes and in a homestyle barber shop for the residents of Guthrie. In Langston, interviews were conducted at the senior center and at homes of the interviewees. A pre-test interview was conducted with Afro-American elderly persons with similar characteristics to provide accuracy for replication of the study.

Statistical procedures used for the data analysis included frequencies, percentages and chi-square analysis. The study was designed to test the relationship between the use of social services, home delivered meals and health care services as it pertains to Afro-American elderly with regard to 1) age, 2) income, 3) education, 4) perception of health, and 5) perception of importance of information about social services.

Findings of the Study

The sample of the Afro-American elderly participants was comprised of 32 males and 61 females ranging in ages from 60 to 90. Of those, 58 percent were married. Those who were married had use of informal support services from their spouses in the home, as well as other services. The use of informal support services would ultimately delay the use of formal social services such as home care services, home delivered meals or participation in a lunch program at a nutrition site.

There were 47 percent of the Afro-American elderly who completed seventh to the ninth grade. The low educational levels may be the result of low socioeconomic status. The need to work during their youth, segregation of races, and lack of money are possible reasons for the

few years of education many received. Income was probably a factor because the majority of Afro-American females were likely to be doing domestic work, while the males and younger males worked in the fields doing manual labor. Jobs did not pay much money during that time, therefore, after living expenses, there probably was not enough money available to pay for an education. In spite of Langston University being in close proximity, the school could not absorb all the cost of an education for those who wanted to go to school but were unable to afford it. The majority of the elderly's income averaged between $6,000 to $7,000. The income shows that the majority of the elderly were living below the poverty threshold. This could be a result of the types of jobs held when they were young and able to work. As a result this group would be entitled to minimum social security.

There were 44 percent of the elderly who had some difficulty getting social services or health care services. This could be the result of a lack of information, not having adequate knowledge about services that are available, frustration with having to complete the paperwork, and not understanding the dynamics of how the social programs operate. In addition, most elderly persons are reluctant to reveal the information needed to obtain the services and this could result in the lack of participation in social services programs. However, 80 percent of the Afro-American elderly were aware of the senior center in their community while 14 percent were not. The data show that in spite of knowing about the center, they may not be aware of the services provided at the center. This could be due to the lack of public awareness or seniors not wanting to participate because of the inconvenience the services may pose. Some of the inconveniences

could be having to get dressed and go out to the community to get the services. The quality of food, various taste preferences, health, and being unable to eat the food served could all be factors which discourage the participation and motivation of elderly participation in the nutrition programs.

Over 67 percent of the elderly felt it was important to have access to information for knowledge of social services. It appears that whether the elderly use the service or not, they still prefer to have the information available. Only seven percent felt that it was not important and they may be the ones who do not need the services or have never used any social services because they consider themselves to be independent and not in need of services at this time. Testing of the hypotheses revealed that income and education do not significantly affect the difficulty of using social services programs.

Home delivered meals and the importance of information about social services is significant. That is people who report difficulty in the home delivered meals program also consider information about social services of average importance whether they use the services or decide not to use them. The study shows that age and home delivered meals are dependent upon each other. That is age affects the difficulty in getting home delivered meals. There is a relationship between age and getting health care services. As elderly increase in age they are less likely to have difficulty getting health care services.

A problem that Afro-American elderly persons face is access to social services programs and obtaining information about these programs such as food stamps, homestead exemptions, social services and home delivered meals. Over half of the respondents, 60 percent, reported

no difficulty or they were ineligible for the service. Some 22 percent reported difficulty with access to one program, 11 percent reported difficulty with two programs and 7 percent had difficulty with three programs. The difficulties with multiple programs were similar for Langston and Guthrie. The percentage reporting difficulty with one program were higher for Langston than for Guthrie. The picture for obtaining information about services was somewhat different. The percent reporting no difficulty was 35 percent. Some 13 percent of the respondents reported difficulties with one program, 48 percent reported difficulties with two programs and 5 percent reported difficulties with three programs. The respondents in Guthrie reported difficulty in getting information about two programs more frequently than did the respondents in Langston.

Those with high levels of education appeared to have similar difficulties with those of lower levels of education. Those reporting difficulties with two or three programs did not have a high school education. Education appears to have little affect on the number of programs with which the respondents had difficulty in obtaining information.

The difficulty of getting information about the social services programs appears to be little affected by income. Respondents with income over $8,000 reported no difficulty while those in the income range of $4,000 to $7,000, 28 percent, had difficulty with one program and about equal percentage with two or three programs.

Conclusions

Knowledge of social programs is unequal in the Afro-American

elderly studied. The newer programs such as health care and home delivered meals are less understood than are other programs such as social security and homestead exemptions. Even in the educated community, difficulty in obtaining access to the social services is wide-spread. In the less educated community, access appears to be less of a problem, but information about the program appears not to be readily available. Well educated citizens in need should be encouraged to apply for social services programs. A greater effort needs to be directed to the less educated members of the community to inform them of these social programs. Once informed, such members appear to be successful in obtaining social services as they get older. Interviewing those who reported difficulty obtaining access and/or information could provide administrators with valuable suggestions for improving the quality of his/her social services programs for the elderly. Although not considered a formal social service, the church appears to be an important resource in the Afro-American community with 74 percent of the respondents attending church.

Recommendation for Policy Formation and Educational Curriculum

Educational curriculum must reflect the needs of the Afro-American elderly in a way that gives students the opportunity to have access to the population in need of social services without the perception of having a fear of future retribution for discussing their concerns about the inequality of inadequacy of services being provided. An effective curriculum should prepare students to appreciate racial and ethnic differences, to understand how differences have influenced social

institutions and their policies, and to develop knowledge, attitudes, and skills in working with Afro-American elderly for social change. The study shows that 26 percent of the Afro-American elderly were reluctant to participate in the study for fear of having their social security checks stopped for voicing complaints against the government system.

Training of college students, health care professionals and the clergy should be geared towards promoting an educational model that is reflective of the informal network which includes family, friends and the church and play major roles in the lives of the elderly. In addition, a formal system such as higher education should be extending its efforts towards providing social services to meet the needs of the elderly. Community resources could be developed through higher education to promote knowledge of service planning and bring about a consensus that taps into the core of the informal networks existing in the Afro-American elderly population.

In reflecting on this study the Afro-American elderly appear to depend more on their personal support system for services than the formal social services system and this could be a resource for reaching this population. Developing curriculum for the informal network into a different form means linking the formal network of services available to the elderly is an incremental step towards changing the quality of life in old age. In short, such a step would mean that a significant number of elderly not receiving services are likely to be recipients or are at least likely to be in a position to demand access to rights if services are unavailable. In the long run the future elderly will benefit through the knowledge of the informal network and increase participation because they are able to take ownership for their destiny.

The elderly appear to become aware of services through word of mouth. This was reflected in the avenues taken by the research to obtain access to interviewees through the church, the barber, the beauty salon and being referenced by other Afro-American elderly persons in the community.

Some of the strategies for strengthening the informal network might include holding evening and weekend workshops for middle-aged children of the elderly; building gerontology into the curricula of undergraduate and graduate programs; conducting short-term training for physicians, health personnel and the clergy through conferences and workshops. Curriculum could be built into seminaries in which academia is a focus and the college educated ministers are projecting changes that would occur in the future.

Access to and information about social services programs by Afro-Americans differ from community to community. Education alone does not protect one from having difficulties with access to and/or information about social services programs. Income levels appear to have little effect on difficulty in obtaining access to and/or information about social services. Age, health perception and importance of information are linked to utilization of social services much more strongly than is either income or education. Age is especially important for health care usage and home delivered meals, while health perception is most important for home delivered meals and social services. The study showed that the older elderly persons had less problems receiving social services than the younger ones (Council on Social Work Education, 1980).

The Afro-American elderly like other minority groups are vulnerable

and distrusting of students, professionals, and government agencies which have over the past proved to be insensitive to their problems. Planners, policy makers, professionals and counselors who provide social services must look at treating the cause rather than the symptom of all elderly persons with reference to diversity and not treat the elderly population as one homogenous group. This could result in the creation and perpetuation of programs that are not relevant for most of the Afro-American elderly. It is of crucial importance that special preference be given to programs that are designed to meet the specific needs of Afro-American elderly.

Wide gaps exist between the perception policy makers have about old age and the reality which is experienced by aged Afro-Americans. This suggests the need for three policy implication strategies: 1) There is a need for educational programs designed to disseminate factual information to young Afro-American about the reality of being old and Afro-American, 2) Practitioners should develop good working relationships with young Afro-Americans whose households include elderly persons, and 3) Learning experiences in practicums must be designed to derive the values and perceptions of the minority groups such as Afro-Americans with regard to their experiences with government and societal treatment of inequality. A course could be developed that includes the elements of deprivation felt by various elderly groups in society as a whole. The ultimate objective of home economics education curriculum should contain the value assumptions which we must obtain and accept from those whom we serve such as Afro-American elderly persons. This latter strategy is very important because ignorance about programs is frequently a reason why elderly Afro-Americans fail

to take advantage of services. If partnerships are formed with professionals, formal and informal networks, elderly Afro-Americans can be encouraged by persons they trust to participate in programs for the elderly. Our tasks as home economics educators is to come to terms with what should be taught and the kinds of learning experiences through curriculum and practical experiences necessary to achieve behavior needed to meet the needs of Afro-American elderly needing social services in their respective communities.

BIBLIOGRAPHY

American Association of Retired Persons. (1987). Minority elderly in Oklahoma. (Data from the 1980 Census of the United States, Department of Commerce, Bureau of the Census). Washington, D.C.: U. S. Government Printing Office.

A national policy for older Americans: Response to their special needs. (1975). Washington, D.C.: National Council of Senior Citizens.

Abrams, R. S. (1987). Implications of policy and management decision on access, quality and types of services for the elderly in the United States. The Journal of Health Planning and Management, 2 (Supp.), 247-258.

Adams, B. N. (1969). Kinship in an urban setting. Chicago: Markham Publishing Co.

Adams, R. G., & Brittain, J. L. (1987). Functional status and church participation of the elderly: Theoretical and practical implications. Journal of Religion and Aging, 3(3/4), 35-48.

Arling, G. (1976, November). The elderly widow and her family, neighbors and friends. Journal of Marriage and the Family, pp. 757-768.

Atchley, R. C. (1977). The social forces in later life. Belmont, CA: Wadsworth Publishing Co.

Atchley, R. C., & Byerts, M. A. (1975). Prologue. In R. C. Atchley (Ed.), Rural environments and aging (pp. 147-153). Washington, D.C.: Gerontological Society.

Babbie, E. (1986). The practice of social research (4th ed.). Belmont, CA: Wadsworth Publishing Co.

Baumhover, L. A., & Jones, J. D. (Eds.). (1977). Handbook of American aging programs. Westport, CT: Greenwood Press.

Bell, D., Kasschau, R., & Zellman, G. (1976). Delivering services to elderly members of minority groups: A critical review of the literature. Santa Monica, CA: Rand Corporation.

Benchmark: Population profile, Guthrie, Oklahoma. (1990, March). (Available from [Urban Decision Systems, P. O. Box 25953, Los Angeles, CA 90025]).

Bender, C., & Hart, J. P. (1987). A model for health promotion for the rural elderly. The Gerontologist, 27(2), 139-142.

Bengston, V. L., Kasschau, P. L., & Ragan, P. K. (1977). The impact of social structure on aging individuals. In J. E. Birren & K. W. Schaie (Eds.), Handbook of the psychology of aging (pp. 332-334). New York: Van Nostrand Reinhold Co.

Bild, R., & Havighurst, R. J. (1976, February). Senior citizens in great cities: The case of Chicago. The Gerontologist, 2(16, 1-88.

Binstock, R. H. (1987). Title III of the older American act: An analysis and proposal for the 1987 reauthorization. The Gerontologist, 27(3), 259-265.

Binstock, R. H., & Shanas, E. (1987). Aging and the social sciences. New York: Van Nostrand Reinhold Co.

Britton, J. H., & Britton, J. O. (1972). Personality changes in aging. New York: Springer Publishing Co.

Burkhauser, R. V., & Duncan, G. T. (1988). Life events, public policy, and the economic vulnerability of children and the elderly. In J. L. Palmer, T. Smeeding, & B. Torrey (Eds.), The vulnerable (pp. 55-88). Washington, D.C.: The Urban Institute Press.

Carrigan, A. H. (1977). Factors related to the use of resources and decision making of the elderly. In D. Guttmann, J. D. Sinnott, A. H. Carrigan, N. A. Holahan, M. J. Flynn, & J. Mullaney (Eds.), The impact of needs, knowledge, ability and living arrangements on the decision making of the elderly (pp. 302-326). New York: Van Nostrand Reinhold Co.

Chatters, L. M., Taylor, R. J., & Jackson, J. S. (1985a). Size and composition of the informal helper network of elderly blacks. Journal of Gerontology, 40, 605-614.

Chatters, L. M., Taylor, R. J., & Jackson, J. S. (1985b). Aged blacks' choices for an informal helper network. Journal of Gerontology, 41, 94-100.

Cicirelli, V. G. (1977, May). Relationship of siblings to the elderly person's feelings and concerns. Journal of Gerontology, 32, 317-322.

Chunn, J. (1978, September-October). The black aged and social policy. Aging, pp. 10-14, 287-288.

Combs, E. R. (1989). Semidependent housing for elderly persons. Journal of Home Economics, 81(3), 20-23.

Committee on National Statistics, Commission on Behavioral and Social Sciences and Education, National Research Council. (1985). Sharing research data. Washington, D.C.: National Academy Press.

Comptroller General of the United States. (1977). The well-being of older people in Cleveland, Ohio. Washington, D.C.: U. S. General Accounting Office.

Council on Social Work Education. (1980). Black perspectives on social work education: Issues related to curriculum, faculty and students. New York: Author.

Coward, R. T., & Lee, G. R. (Eds.). (1985). The elderly in rural society. New York: Springer Publishing Co.

Cummings, E., & W. F. Henry. (1961). Growing old. New York: Basic Books.

Cummings, E., & Schneider, D. M. (1961). Sibling solidarity: Property of American kinship. American Anthropologist, 63, 498-507.

Cunningham, F. E., & Weis, D. L. (1986). Community mental health services and daily living skills: The relevance of a home economics curriculum. Journal of Home Economics, 78(2), 47-50.

Downing, P. (1988, March/April). Building partnerships with social services agencies. Illinois Teacher, pp. 154-162.

Edwards, H. (1968). Black muslims and negro christian family relationships. Journal of Marriage and the Family, 30, 604-611.

Franklin, J. L. (1980). The blacks in Oklahoma. Norman, OK: University of Oklahoma Press.

Fitz-Gibbon, C. T., & Morris, L. L. (1978). How to calculate statistics. Beverly Hills, CA: Sage Productions.

Fitz-Gibbon, C. T., & Morris, L. L. (1987). How to analyze data. Beverly Hills, CA: Sage Productions.

Florea, A. (1964). The new status of old people in the family and their relationships. In P. Hansen (Ed.), Age with a future (pp. 455-458). Philadelphia: F. A. Davis.

Flaningan, C. (1988). Securing the future for Americans over sixty-five: An overview of the issues surrounding the quality of life for aging United States citizens. Chicago: NTC Publishing Group.

Gelfand, D. E. (1984). The aging network: Programs and services (2nd ed.). (Volume 8 in the Springer Series on Adulthood and Aging). New York: Springer Publishing Co.

Giordano, J., & Levine, M. (1975, Fall/Winter). Mental health and middle America. Mental Hygiene, 17(4), 22-35.

Harel, Z. (1985). Nutrition site service users: Does racial background make a difference? The Gerontologist, 25(3), 286-291.

Harel, Z., Luick, M., & Wyatt, J. (1983). Older American service consumers in Western Reserve. Cleveland: Cleveland State University, Gerontological Studies Program.

Harel, Z., Wyatt, J., & Luick, M. (1984). Older Americans Act service consumers: A contrast between the homebound and users of nutrition programs. Journal of Gerontological Social Work, 6(4), 51-57.

Hays, W., & Mindel, C. (1973). Extended kin relations in black and white families. Journal of Marriage and the Family, 34, 51-57.

Hill, R. (1973). A profile of black aged. In J. Jackson (Ed.), Minority aged in America (pp. 35-50). Ann Arbor: The University of Michigan.

Hollonbeck, D., & Ohls, J. C. (1984). Participation among the elderly in the food stamp program. The Gerontologist, 24(6), 616-621.

Humphrey, C. A. (1973). Socio-economic study of six all-black towns in Oklahoma. Unpublished doctoral dissertation, Oklahoma State University, Stillwater.

Huttman, E. D. (1985). Social services for the elderly. New York: The Free Press.

Jackson, J. J. (1967). Social gerontology and the negro: A review. The Gerontologist, 7, 168-178.

Jackson, J. J. (1971). The black lands of gerontology. Aging and Human Development, 2(197), 155-171.

Jackson, J. J. (1971). The economic well-being and financial security of black elderly families. Journal of Minority Aging, 5(4), 306-317.

Jackson, J. J. (1980). Minorities and aging. Bellmont, CA: Wadsworth Publishing Co.

Jackson, J. J. (1983). Contemporary relationships between black families and churches in the United States: A speculative inquiry. In W. D. Antonio & J. Aldous (Eds.), Families and religions: Conflict and change in modern society (pp. 191-220). Beverly Hills, CA: Sage.

Jackson, M., & Harel, Z. (1983). Ethnic differences in social support networks. Urban Health, 9, 35-38.

Joseph, M. L., & Joseph, W. D. (1984). Research fundamentals in home economics. Minneapolis: Burgess Publishing.

Kalish, R. A. (1982). Late adulthood: Perspectives on human development (2nd ed.). Belmont, CA: Brooks/Cole Publishing.

Katz, D., Guthch, B. A., Kahn, R. L., & Barton, L. (1975). Bureaucratic encounters: A pilot study in the evaluation of government services. Ann Arbor: University of Michigan, Survey Research Center, Institute of Social Research.

Kendrick, O. W., & Bagwell, J. (1989). Home-delivered meals: Is weekday service sufficient? Journal of Home Economics, 81(3), 16-19.

Kent, O., & Matson, M. (1972). The impact of health on the aged family. Family Coordinator, 21, 29-36.

Kidder, L. H., & Judd, C. M. (1986). Research methods in social relations. New York: CBS College Publishing.

Kim, P. K. (1981). The low income elderly: Underserved victims of public inequity. In P. K. Kim & C. Wilson (Eds.), Toward mental health of the rural elderly (pp. 42-57). Washington, D.C.: University Press of America.

Kosa, J., Rachiele, L., & Schommer, C. (1960). Sharing the home with relatives. Marriage and Family Living, 22, 129-131.

Krout, J. A. (1987). Rural-urban differences in senior center activities and services. The Gerontologist, 27(1), 92-97.

Lammers, W. W., & Klingman, D. (1984). State policies and the aging: Sources, trends and options. Lexington, MA: Lexington Books-D. C. Heath & Co.

Leader, S., & Moon, M. (Eds.). (1989). Changing America's health care system: A proposal for legislative action. Washington, D.C.: AARP, The Public Policy Institute.

Lee, G., & Lassey, M. (1980). Rural-urban differences among the elderly: Economic, social and subjective factors. Journal of Social Issues, 30, 62-74.

Lemon, B. W., Bengston, V. L., & Peterson, J. A. (1972, October). An exploration of the activity theory of aging: Activity types and life satisfaction among in-movers to retirement community. Journal of Gerontology, 27, 511-523.

Levin, J., & Levin, W. C. (1980). Ageism: Prejudice and discrimination against the elderly. Belmont, CA: Wadsworth Publishing.

Lewin, M. E., & Sullivan, S. (1989). The care of tomorrow's elderly. Washington, D.C.: The American Enterprise Institute for Public Policy Research.

Little, V. C. (1982). Open care for the aging: Comparative international approaches. New York: Springer Publishing.

Lopata, H. Z. (1973). Widowhood in an American city. Cambridge, MA: Schenkman Publishing.

Lopata, H. Z. (1978). Contribution of extended families and the support system of metropolitan widows: Limitations of the modified kin network. Journal of Marriage and the Family, 40, 355-364.

McAuley, W. J. (1987). Applied research in gerontology. New York: Van Nostrand Reinhold Co.

McNeely, R. L., & Cohen, J. L. (1983). Aging in minority groups. Beverly Hills, CA: Sage Publications.

Makides, K. S., & Mindel, C. H. (1987). Aging and ethnicity. Beverly Hills, CA: Sage Publications.

Manuel, R. C. (Ed.). (1982). Minority aging: Sociological and social psychological issues. Westport, CT: The Greenwood Press.

Mindel, C. H., Wright, R., & Starrett, R. A. (1986). Informal and formal health and social support systems of black and white elderly: A comparative cost approach. The Gerontologist, 26(3), 279-285.

Moore, J. W. (1971). Situational factors affecting minority age. The Gerontologist, 2(2), 88-93.

National Caucus & Center on Black Aged, Inc. (1981). White House Conference on Aging Report: Report on the mini-conference on black aged. Washington, D.C.: Author.

National Caucus and Center on Black Aged. (1985, February). A profile of older minorities. Washington, D.C.: Author. [Mimeographed]

National Council of Senior Citizens, Inc. (1975, April). A national policy for older Americans . . . response to their special needs. Washington, D.C.: Author.

National Institute on Aging. (1975). Age page: Minorities and how they grow old. (Available from [Information Office, National Institute on Aging, Building 3L, Room 5C36, Bethesda, MD 20205]).

Neighbors, H., Jackson, J., Bowman, P., & Gurin, G. (1982). Stress, coping and black mental health: Preliminary findings from a national study. Prevention in Human Services, 2, 5-29.

Neugarten, B. L., Havighurst, R. J., & Tobin, S. S. (1961). The measurement of life satisfaction. Journal of Gerontology, 16, 134-143.

Office of Economic Analysis: Oklahoma Employment Security Commission. (1989). Population estimates-April 1, 1980-July 1, 1988. Oklahoma City: Author.

O'Grady-LeShane, R. (1990). Older women and poverty. Social Work, 35(5), 422-424.

Palmore, E., & Maddox, G. (1977). Sociological aspects of aging. In E. Busse & E. Pfeiffer (Eds.), Behavior and adaption in later life (pp. 31-58). Boston: Little, Brown and Co.

Parks, A. G. (1988). Black elderly in rural America: A comprehensive study. Bristol, IN: Wyndham Hall Press.

Peterson, D. A. (1983). Facilitating education for older learners. San Francisco: Jossey-Bass Publishers.

Petrowsky, M. (1976). Marital status, sex, and the social networks of the elderly. Journal of Marriage and the Family, 38, 749-756.

Powers, E. A., & Bultena, G. (1974). Correspondence between anticipated and actual uses of public services by the aged. Social Services Review, 48, 245-254.

Powers, E. A., Keith, P., & Goudy, W. J. (1979). Family relationships and friendships among the rural aged. In T. O. Byerts, S. C. Howell, & L. A. Pastalan (Eds.), Environmental context of aging: Lifestyles, environmental quality and living arrangements (pp. 80-101). New York: Garland Publishing.

Ralston, P. A. (1984). Senior center utilization by black elderly adults: Social, attitudinal and knowledge correlates. Journal of Gerontology, 39(2), 224-229.

Rao, V. N., & Rao, V. V. (1981). Life satisfaction in the black elderly: An exploratory study. International Journal of Aging and Human Development, 14(1), 55-65.

Rao, V. N., & Rao, V. V. (1983). Factors related to the knowledge and use of social services among the black elderly. Journal of Minority Aging, 8(1/2), 26-35.

Riley, M., & Foner, A. (1968). Aging and society. In M. Riley & A. Foner (Eds.), An inventory of research findings (Vol. 1) (pp. 132-147). New York: Russell Sage Foundation.

Roff, L. L., & Atherton, C. R. (1989). Promoting successful aging. Chicago: Nelson-Hall.

Robertson, W. E. (1980). The black elderly: A baseline survey in Mid-Missouri. Columbia: University of Missouri, Extension Division.

Rosow, I. (1962). Old age: One moral dilemma of an affluent society. The Gerontologist, 2, 181-191.

Rosenthal, C. J. (1986). Family supports in later life: Does ethnicity make a difference? The Gerontologist, 26(1), 19-24.

Rowels, G. D. (1983). Between worlds: A relocation dilemma for the Appalachian elderly. International Journal of Aging and Human Development, 17, 301-314.

Sanders, G. F. (1988, May-June). Contribution of home economics to aging education. Illinois Teacher, pp. 217-218.

Sanders, I. T. (1977). Rural society. Englewood Cliffs, NJ: Prentice-Hall.

Scheidt, R. J. (1984). A taxonomy of well-being for small-town elderly: A case for rural diversity. The Gerontologist, 24(1), 84-90.

Schumm, W. R., & Bollman, S. R. (1981). Interpersonal processes in rural families. In R. T. Coward & W. M. Smith, Jr. (Eds.), The family in rural society (pp. 124-145). Boulder, CO: Westview Press.

Shanas, E. (1982). National survey of the aged, 1975. Ann Arbor, MI: The University of Michigan, Inter-University Consortium for Political and Social Research.

Silverstein, N. M. (1984). Informing elderly about public services: The relationship between sources of knowledge and services utilization. The Gerontologist, 24, 37-40.

Smallwood, J. M. (1981). Crossroads Oklahoma: The black experience in Oklahoma. Stillwater: Oklahoma State University, Department of Education, Ethnic Heritage Studies.

Smith, S. H. (1967). The older rural negro. In G. Youman (Ed.), Older rural Americans (pp. 262-280). Lexington: University of Kentucky Press.

Stanford, E. P. (1979). Minority aging research: Old issues-new approaches [Entire Issue]. Proceedings of the Sixth National Institute on Minority Aging. San Diego: San Diego State University, College of Human Services, University Center on Aging.

Stretch, J. J. (1976). Are aged blacks who manifest differences in community security also different in coping reactions? International Journal of Aging and Human Development, 7(2), 171-184.

Taylor, R. J. (1985). The extended family as a source of support to elderly blacks. The Gerontologist, 25(5), 488-495.

Taylor, R. J. (1986). Religious participation among elderly blacks. The Gerontologist, 26(6), 637-642.

Taylor, R. J., & Chatters, L. M. (1986, November-December). Patterns of informal support to elderly black adults: Family friends, and church members. Social Work, 31(6), 432-438.

Taylor, R. J., & Chatters, L. M. (1988). Correlates of education, income, and poverty among aged blacks. The Gerontologist, 28(4), 335-441.

Taylor, R. J., & Taylor, W. H. (1982). The social and economic status of the black elderly. Phylon, 43, 295-306.

Thure, J. (1967). Racial attitudes of older adults. The Gerontologist, 7, 179-182.

Tolson, T. F. J., & Wilson, M. N. (1990). The impact of two-and-three-generational black family structure on perceived family climate. Child Development, 61(2), 416-428.

U. S. Bureau of Census. (1980). 1980 Census of the population. (Vol. 1 Characteristics of the Population: Chapter B, General Population Characteristics). Washington, D.C.: U. S. Government Printing Office.

U. S. Bureau of Census. (1980). Statistical abstract of the United States (101st ed.). Washington, D.C.: U. S. Government Printing Office.

U. S. Bureau of Census. (1982). 1980 Census of population-Oklahoma, 1, 38-70. Washington, D.C.: U. S. Department of Commerce.

U. S. Bureau of Census. (1988a). Measuring the effect of benefits and taxes on income and poverty: 1986 (Current Population Reports, Series P-60, No. 164-RD-1). Washington, D.C.: U. S. Government Printing Office.

U. S. Bureau of Census. (1988b). Poverty in the United States: 1986. (Current Population Reports, Series P-60, No. 160). Washington, D.C.: U. S. Government Printing Office.

U. S. Department of Health and Human Services, Social Security Administration, Office of Policy, Office of Research and Statistics. (1988). Fast facts and figures about Social Security. Washington, D.C.: U. S. Government Printing Office.

U. S. Department of Health, Education, and Welfare. (1978). Federal council on aging (DHEW Publication No. OHDS 79-20959). Washington, D.C.: Office of Human Development Services.

Valena, G. L. (1987). The effects of social and psychological factors on the life satisfaction of the rural elderly (Research Bulletin No. 38). Orangeburg: South Carolina State College, United States Department of Agriculture, Cooperative State Research Service.

Warde, W. D. (1989). Sample survey methods. Stillwater: Oklahoma State University, Department of Mathematics.

Watson, W. H. (1983). The concentration of older blacks in the southwestern United States. In R. L. McNeely & J. L. Cohen (Eds.), Aging in minority groups (pp. 42-49). Beverly Hills, CA: Sage Publications.

Watson, W. H. (1986). Crystal ball grazing. Notes on today's middle-aged blacks with implications for their aging in the 21st century. The Gerontologist, 26, 136-145.

Webster, N. (1984). Webster's II - New Riverside dictionary. Boston: Houghton-Mifflin.

Wiley, T. G. (1986). The significance of language and cultural barriers for the Euro-American elderly. In C. L. Hayes, R. Kalish, & D. Guttman (Eds.), European-American elderly: A guide for practice (pp. 35-50). Belmont, CA: Brooks/Cole

Winge, J. W. (1986, November-December). Using outside resources in extension programming on aging. Illinois Teacher, 30, 73-74.

Wood, V., Wylie, M., & Sheafor, A. (1969). An analysis of one short self-report measure of life satisfaction: Correlation with rater judgment. Journal of Gerontology, 24, 465-469.

APPENDICES

APPENDIX A

CORRESPONDENCE AND PERSONAL INTERVIEW SCHEDULE

O K L A H O M A S T A T E U N I V E R S I T Y

Department of Home Economics Education
and Community Services

July 21, 1990

I am an Afro-American Graduate Student in the College of Home Economics at Oklahoma State University, doing my doctor's degree in Home Economics Education and Community Services. I am asking for your assistance to help me gather my research data using your elderly congregation as my sample.

My topic is "The Rural Black Elderly in Oklahoma with Regard to their Assessments and Needs for Social Services." I have solicited information from various experts in the field of Black Gerontology, however, there is limited information available about the rural Black elderly in predominantly black towns. In order for my research to be thorough and complete, I need your assistance. I would like for you to give me an introduction at your Sunday Church service, notifying the elderly persons of your congregation that I will be in their communities and would like to personally interview at least one elderly person aged 60 or older in each household. Secondly, in order to pick a random number of elderly people for this study, I would like for you to provide me with a list of names, addresses and telephone numbers of every elderly person in your church aged 60 and over. The information will become a part of my dissertation for my degree and also a viable source of information for those wishing to provide a better life for the elderly in general.

Thank you for your cooperation and your prompt attention to the above request. If you have any questions or wish to discuss this project with me personally, I can be reached at the following number after 6:00 p.m. Please call me collect at (405) 377-6060.

Respectfully Yours,

Linda M. James-Boykins

Enclosure

O K L A H O M A S T A T E U N I V E R S I T Y

Department of Home Economics Education
and Community Services

Dear Respondent,

Although the number of black elderly persons in the United States is increasing, we know very little about the types of social services they have available in their communities or the kinds of needs they have. The only reliable way to get information is to ask people of this population. If you will tell us about your experiences and your present conditions of life, you will help in the gathering of information that may better the life conditions of older persons. It will take approximately 40 minutes of your time to answer the following questions. You have been chosen to participate in a study dealing with informal and formal networks available in your community. The people chosen to participate in this study are 60 years of age or older, who live in predominantly black towns in the rural areas of Oklahoma.

Your cooperation is very important for the success of this study, and will be greatly appreciated. Your response to the questionnaire are anonymous and confidential. Please do not discuss it with others.

Respectfully Yours,

Linda M. James-Boykins

INTERVIEW SCHEDULE

ID Code No.

DEMOGRAPHICS

Location of Residence

1. 1. Langston 2. Guthrie

Sex

2. 1. Male 2. Female

3. What year were you born?

4. What is your marital status?
   1. Living with spouse
   2. Spouse living elsewhere
   3. Common Law
   4. Divorced
   5. Single, never married
   6. Widowed or widower

5. What is the highest grade you have completed?
   1. 4th - 6th grade
   2. 7th - 9th grade
   3. 10th - 12th grade
   4. Some college
   5. Trade school
   6. BA or BS degree
   7. MS and PhD/EdD

LIVING CONDITIONS

6a. Do you have a telephone? 1. Yes 2. No

6b. If no, where and how do you make or receive telephone calls?
   0. has phone
   1. Neighbor
   2. Commercial establishments

7. About how many calls a month do you make to doctors or social service agencies?

SOCIAL INTERACTION

8. Do you have children? 1. Yes 2. No

   2. How many?
   3. Boys Girls

9. Do you see your children?

   (0) None (1) Daily (2) Weekly (3) Monthly (4) Yearly

10. Talk to children by phone?

    (0) None (1) Daily (2) Weekly (3) Monthly (4) Yearly

11. How many siblings are living? brothers sisters

12. If living, do you talk with brothers and sisters by phone?

    (0) None (1) Daily (2) Weekly (3) Monthly (4) Yearly

13. See brothers and sisters?

    (0) None (1) Daily (2) Weekly (3) Monthly (4) Yearly

14. See grandchildren?

    (0) None (1) Daily (2) Weekly (3) Monthly (4) Yearly

15. Talked with grandchildren by phone?

    (0) None (1) Daily (2) Weekly (3) Monthly (4) Yearly

16. See or call close friends?

    (0) None (1) Daily (2) Weekly (3) Monthly (4) Yearly

17. Talk with close friends often as you would like on the phone or in person?

    (0) None (1) Daily (2) Weekly (3) Monthly (4) Yearly

18. What kind of relationship do you feel you have with your children?
    1. Poor
    2. Fair
    3. Fair
    4. Excellent
    5. Other

19. How important do you consider having social contact?
    1. Very important
    2. Average
    3. Not at all

INTERGENERATIONAL EXCHANGE OF HELP GIVEN TO THE BLACK ELDERLY

Please rank the following in the order that you receive help. Rank the most helpful as number one and the least helpful as number six.

20. Who helps out when you or a family member are sick? Rank

20a. Children
20b. Grandchildren
20c. Brother/Sister
20d. Friends
20e. Others
20f. No One

21. Who gives advice on business or money matters?

21a. Children
21b. Grandchildren
21c. Brother/Sister
21d. Friends
21e. Others (banks, insurance agent, home economists, etc.)
21f. No One

22. Who offers you financial assistance?

22a. Children
22b. Grandchildren
22c. Brother/Sister
22d. Friends
22e. Social Services Agencies (name)
22f. Others (church, community, etc.)

23. Who helps you shop and run errands?

23a. Children
23b. Grandchildren
23c. Brother/Sister
23d. Friends
23e. Others (agencies or programs)
23f. No One

24. Who helps fix things around the house?

24a. Children
24b. Grandchildren
24c. Brother/Sister
24d. Friends
24e. Others (name)
24f. No One

25. Who gives you advice on life's problems? Rank

25a. Children
25b. Grandchildren
25c. Brother/Sister
25d. Friends
25e. Others (name)
25f. No One

26. How far are you from your nearest neighbor?

26a. Next door
26b. 1/4 of mile
26c. 1 mile
26d. 1-1/4 mile
26e. 2 miles or more

27. Do you get income from any of these sources

		Yes	No	N/A
27a.	Social Security	1	2	9
27b.	Supplemental Security Income	1	2	9
27c.	Disability	1	2	9
27d.	Investments	1	2	9
27e.	Retirement Benefits (job)	1	2	9
27f.	Food Stamps	1	2	9
27g.	Employment (type)	1	2	9
27h.	Low-income housing	1	2	9

28. Which of the above is your major source of income?

(1) a (2) b (3) c (4) d (5) e (6) f (7) g (8) h

29. What is your yearly income range?

1.	Under $2000	7.	$12,000-$15,000
2.	$2000-$3000	8.	$15,000-$18,000
3.	$4000-$5000	9.	$18,000-$21,000
4.	$6000-$7000	10.	$22,000-$25,000
5.	$8000-$9000	11.	$25,000-$30,000
6.	$10,000-$11,000	12.	$31,000 +
13.	No response	14.	Refused/or declined

COPING SKILLS OF THE BLACK ELDERLY

Please rank the top 6 choices in the order most used.

30. How do you handle life's problems? Rank

30a. Pray or read the Bible
30b. Talk with people (children, friends, pastor, etc.)
30c. Avoid thinking about things that cannot be fixed

Rank

30d. Seek legal advice
30e. Eat
30f. Go on a vacation
30g. Get depressed
30h. Get sick (mentally or physically)
30i. Go shopping
30j. Work around the house
30k. Seek out social service agencies that may provide some relief
30l. Think about committing suicide
30m. Drink alcohol/get drunk
30n. Get angry/start an argument
30o. Other (list)

31. How would you describe your satisfaction with life now?

1. Dissatisfied
2. Average
3. Satisfied

32. In general, would you say you have a lot or little to look forward to?

0. No answer
1. Little
2. Average
3. A lot

INFORMATION/ACCESS

During the last year did you have difficulty getting any of the following?

33. Social Security Benefits
0. Not eligible
1. Yes
2. No
3. No answer

34. Medicare benefits?
0. Not eligible
1. Yes
2. No
3. No answer

35. Food stamps?
0. Not eligible
1. Yes
2. No
3. No answer

36. Homestead exemptions?
    0. Not eligible
    1. Yes
    2. No
    3. No answer

37. Social Services
    0. Not eligible
    1. Yes
    2. No
    3. No answer

38. If you needed information about health services would you have difficulty getting such information?
    0. Not eligible
    1. No difficulty
    2. Some difficulty
    3. Much difficulty

39. If you needed information about social services, would you have difficulty getting such information?
    0. Not eligible
    1. No difficulty
    2. Some difficulty
    3. Much difficulty

40. During the last year have you been contacted by anyone from agencies or organizations about services they offer to seniors?
    40a. Yes
    40b. No

    If yes, (list agencies)
    40c.
    40d.
    40e.

41. How important do you consider access to information?
    1. Very important
    2. Average
    3. Not at all

COMMUNITY SERVICES FOCUS

42a. Are you currently active in any clubs or organizations?
    0. None
    1. Yes
    2. No

    Which clubs or organizations do you belong? (list)
    42b.
    42c.
    42d.
    42e. Do you hold a position in any of them?

43. Do you attend religious services? How frequently?
    0. Not at all
    1. Occasionally
    2. Regularly

44. What does your church do for you?
    0. Not a church member
    1.
    2.

45. What are the two most important problems that you face in coping with everyday life?
    0. Don't have any
    1.
    2.

46. How important do you consider Community Service Focus?
    1. Very important
    2. Average
    3. Not at all
    4. Never heard of it

NUTRITION

47. What nutrition services for seniors are available in your community?
    0. None/don't know of any
    1. Senior Center
    2. Nutrition program
    3. Low-income housing senior program
    4. Other (name)

48. Who prepares most of your meals?
    1. Self or spouse
    2. Child
    3. Relative
    4. Friend
    5. Neighbor
    6. Paid help
    7. Service agency
    8. Other (name)

49. Do you get at least one cooked meal every day?
    63a. 1. Regularly
         2. Some
         3. No
    63b. If not why?
         1. Can't afford it
         2. Not hungry

50. How many times a week do you eat the following meals?
    64a. Breakfast
    64b. Lunch
    64c. Dinner or Supper

51. Are you/have you used home delivered meals?
    1. Has never used
    2. Has used but does not use now
    3. Uses now
    4. Do not know about program

52. Have you ever needed a home delivered meal and did not know how to or could not get?
    0. Never needed
    1. Needed, but did not know how
    2. Needed, knew how, but could not get

53. Are you participating in a nutrition program at a nutrition site/senior center? How long?
    53a. Yes No
    53b. How long have you participated?
        1. 0-3 months
        2. 3-12 months
        3. 1 year plus
    53c. Have you ever participated? 1. Yes 2. No
    53d. Why did you drop out?
        1. No need
        2. No transportation
        3. Didn't know
        4. Other reason

54. Would you like to participate in a nutrition program?
    0. Not eligible
    1. No
    2. Maybe
    3. Yes
    4. Don't know
    5. Too far
    6. No response

55. Do you have enough money to buy the food you need?
    1. Yes, more than enough
    2. Yes, just enough
    3. Not enough
    4. Someone else buys

56. How important do you consider good nutrition?
    1. Very important
    2. Average
    3. Not at all

SOCIAL SERVICE AGENCIES IN THE COMMUNITY

57. Is there a Department of Human Service Office located in your community?
    1. Yes
    2. No

EDUCATIONAL KNOWLEDGE OF AVAILABLE SOCIAL SERVICES

58. Do you use any of the following organizations?

	Yes	No	N/A
58a. Cooperative Extension Agents	1	2	9
58b. Church	1	2	9
58c. Social Workers	1	2	9
58d. Homecare Providers	1	2	9
58e. Service Clubs	1	2	9

59. How satisfied are you with the social services in your community?
1. Very satisfied
2. Satisfied
3. Neutral
4. Dissatisfied
5. Very dissatisfied

60. Do you subscribe or buy newspapers, magazines or bulletins?
1. Yes
2. No
3. Can't read
4. Too poor

61. How often do you read?
0. None
1. Daily
2. Weekly
3. Monthly

62. Does any of the material you read tell you about services in your community?

	Yes	No	No Answer
62a. Reading material	1	2	9
62b. TV	1	2	9
62c. Radio	1	2	9
62d. If yes, which one?			

63. Which one of the following do you use more?
1. Television
2. Radio
3. Reading material

64. How important do you consider educational knowledge of social services?
1. Very important
2. Average
3. Not at all

HEALTH NEEDS OF THE RESPONDENT

65. How would you say your health is today compared with your health last year about this time?
    1. Better now
    2. Worse now
    3. Don't know, have no idea
    4. Other (explain)

66. Is there some medical, dental, or treatment you need, but have put off?
    66a. 1. Yes
         2. No
    66b. If yes, why?
         0. No need (correctly omitted does not apply)
         1. No time
         2. Dentist, medical, etc.
         3. Can't afford it

67. This last year - how often have you been to the doctor?
    67a. 1. Regularly
         2. Occasionally
         3. Not at all
    If not, why?
    67b. 1. No money
         2. No transportation
         3. Don't know a doctor

68. How important do you consider good health services?
    1. Very important
    2. Average
    3. Not at all

TRANSPORTATION NEEDS

69. Do you have transportation to various social service agencies?
    1. Yes
    2. No
       69a. If not, why?

70. Who transports you most of the time?
    1. Spouse
    2. Children (sons, daughters)
    3. Neighbors
    4. Other relatives
    5. The social service agency (name)
    6. Drives self
    7. Own car, but others drive me
    8. Bus, taxi, van or public transportation (name)

71. Do you have a driver's license?
    1. Yes
    2. No
    3. Never had one

72. When you leave your dwelling place where do you go?

		Yes	NO	No Answer
72a.	Doctor	1	2	9
72b.	Store	1	2	9
72c.	Visit friends/relatives	1	2	9
72d.	Parks/outings	1	2	9
72e.	Church	1	2	9
72f.	Other	1	2	9

73. What single thing could the government do to improve your life the most?

74. Please make any comments you want to:

THANK YOU FOR YOUR TIME IN ANSWERING THIS SURVEY!

Sources:

1) Harel, Z. (1983). Older American Services Assessment Survey Questionnaire.

2) Shanas, E. (1982). National survey of the aged, 1975. Ann Arbor: The University of Michigan, Inter-University Consortium for Political and Social Research.

3) Benchmark: Population profile, Guthrie, OK. (1990, March). (Available from [Urban Decision Systems, P. O. Box 25953, Los Angeles, CA 90025]).

APPENDIX B

CHI-SQUARE TABLES

TABLE XX

RELATIONSHIP OF HEALTH PERCEPTION TO USE OF SOCIAL SERVICES AS REPORTED BY AFRO-AMERICAN ELDERLY USING THE THREE CATEGORIES OF SOCIAL SERVICES, HOME DELIVERED MEALS, AND HEALTH CARE SERVICES

Health Perception	A Social Services Difficulty Getting Within the Last Year		B Home Delivered Meals Difficulty Getting Within the Last Year		C Health Care Services Difficulty Getting Within the Last Year	
	Yes	No	Yes	No	Yes	No
Better Now	9	10	8	22	7	20
Worse Now	4	21	18	14	6	30
Don't Know	4	6	3	13	1	16
Total	17	37	29	49	14	66
	n=54		n=78		n=80	
Missing*	39		15		13	

*93 respondents processed, no responses are the missing as indicated above.

Significant at the .05 level

A	B	C
χ^2=5.337	χ^2=8.729	χ^2=2.934
P-Value = .069	P-Value = .013	P-Value = .231

P-Value of .013 is significant.

TABLE XXI

RELATIONSHIP OF IMPORTANCE OF INFORMATION TO USE OF SOCIAL SERVICES PROGRAMS AS REPORTED BY AFRO-AMERICAN ELDERLY USING THE THREE CATEGORIES OF SOCIAL SERVICES, HOME DELIVERED MEALS, AND HEALTH CARE SERVICES

Importance of Information of Social Services	A Social Services Difficulty Getting Within the Last Year		B Home Delivered Meals Difficulty Getting Within the Last Year		C Health Care Services Difficulty Getting Within the Last Year	
	Yes	No	Yes	No	Yes	No
Average	16	22	43	16	12	44
Not Important	3	17	8	15	2	23
Very Important	0	2	3	0	1	5
Total	19	41	54	31	15	72
	n=60		n=85		n=87	
Missing*	33		8		6	

*93 respondents processed, no responses are the missing as indicated above.

Significant at the .05 level.

A	B	C
χ^2=5.408	χ^2=12.153	χ^2=2.186
P-Value = .067	P-Value = .002	P-Value = .335

P-Value of .002 is significant.

TABLE XXII

RELATIONSHIP OF INCOME TO USE OF SOCIAL SERVICES PROGRAMS AS REPORTED BY AFRO-AMERICAN ELDERLY USING THE THREE CATEGORIES OF SOCIAL SERVICES, HOME DELIVERED MEALS, AND HEALTH CARE SERVICES

Income	A Social Services Difficulty of Getting Within the Last Year		B Home Delivered Meals Difficulty of getting Within the Last Year		C Health Care Services Difficulty of Getting Within the Last Year	
	Yes	No	Yes	No	Yes	No
$2,000	0	0	0	1	0	0
$4,000-$5,000	3	4	5	5	2	9
$6,000-$7,000	10	13	15	12	4	24
$8,000-$9,000	3	9	4	13	3	15
$10,000-$11,000	0	4	1	4	1	3
$12,000-$15,000	1	0	0	1	0	1
$16,000-$18,000	0	1	0	1	1	0
$18,000-$21,000	0	0	0	1	0	1
$31,000+	0	1	0	2	0	1
Total	17	31	25	40	11	53
	n=48		n=65		n=62	
Missing*	45		28		31	

*93 respondents processed, no responses are the missing as indicated above.

Significant at the .05 level

A	B	C
$\chi^2 = 5.958$	$\chi^2 = 9.967$	$\chi^2 = 5.582$
P-Value = .310	P-Value = .267	P-Value = .477

P-Values of .310, .267 and .477 are greater than .05 level of significance, therefore are not significant.

TABLE XXIII

RELATIONSHIP OF AGE TO USE OF SOCIAL SERVICES PROGRAMS AS REPORTED BY AFRO-AMERICAN ELDERLY USING THE THREE CATEGORIES OF SOCIAL SERVICES, HOME DELIVERED MEALS, AND HEALTH CARE SERVICES

Age	A Social Services Difficulty Getting Within the Last Year		B Home Delivered Meals Difficulty Getting Within the Last Year		C Health Care Services Difficulty Getting Within the Last Year	
	Yes	No	Yes	No	Yes	No
70	6	7	1	23	8	11
70-79	10	24	18	27	4	47
80+	3	10	12	3	3	13
Total	19	41	31	53	15	71
	n=60		n=84		n=86	
Missing*	33		9		7	

*93 respondents processed, no responses are the missing as indicated above.

Significant at the .05 level.

A	B	C
χ^2 = 1.784	χ^2 = 23.196	χ^2 = 11.308
P-Value = .410	P-Value = .001	P-Value = .004

P-Values of .001 and .004 are significant.

TABLE XXIV

RELATIONSHIP OF EDUCATION TO USE OF SOCIAL SERVICES PROGRAMS AS REPORTED BY AFRO-AMERICAN ELDERLY USING THE THREE CATEGORIES OF SOCIAL SERVICES, HOME DELIVERED MEALS, AND HEALTH CARE SERVICES

Education	A Social Services Difficulty Getting Within the Last Year		B Home Delivered Meals Difficulty Getting Within the Last Year		C Health Care Services Difficulty Getting Within the Last Year	
Grade Levels	Yes	No	Yes	No	Yes	No
4th-6th	0	8	5	3	2	6
7th-9th	9	21	21	16	6	36
10th-12th	7	6	10	7	4	13
Some College	2	2	4	2	0	4
BA or BS Degree	1	2	6	2	1	7
MA/MS/EdD/PhD	0	1	8	0	1	5
Total	19	40	54	30	14	71
	n=59		n=84		n=85	
Missing*	34		9		8	

*93 respondents processed, no responses are the missing as indicated above.

Significant at the .05 level.

A	B	C
$\chi^2 = 7.713$	$\chi^2 = 6.005$	$\chi^2 = 2.065$
P-Value = .173	P-Value = .306	P-Value = .840

P-Values of .173, .306, and .840 are greater than .05 level of significance, therefore are not significant.

VITA

Linda Marie James-Boykins

Candidate for the Degree of

Doctor of Philosophy

Thesis: AFRO-AMERICAN ELDERLY PERSONS ACCESS AND UTILIZATION OF SOCIAL SERVICES IN THE TOWNS OF LANGSTON AND GUTHRIE, OKLAHOMA

Major Field: Home Economics Education

Biographical:

Personal Data: Born in New Orleans, Louisiana, September 11, 1951, the daughter of Adrian and Helen Tillis.

Education: Graduated from Luther Burbank High School, Sacramento, California, in June, 1969; received Associate of Arts degree in Administration of Justice from Sacramento City College in August, 1980; received Bachelor of Science degree in Social Work from California State University in Sacramento in May, 1985; received Master of Science degree in Social Work from California State University, Sacramento in May, 1987; completed requirements for the Doctor of Philosophy degree at Oklahoma State University in May, 1991.

Professional Experience: Graduate Research Assistant, Dean's office, College of Home Economics, August, 1989 to May, 1990; Social Services Consultant, Promise Yoo, Inc., August, 1981 to September, 1987; Graduate Student Teaching Assistant, California State University, College of Social Work, January, 1987 to June, 1987; Assistant Information Coordinator at Oklahoma State University's-National Clearing House of Rehabilitated Training Materials, October, 1987 to February, 1987; Program Coordinator/Consultant/Social Worker, Aztec/ Oaks Hotel in Oakland, California, March, 1987 to September, 1987; Administrative Aide, U. S. Congressman Dellums, Oakland, September, 1986 to September 1987; Graduate Student Assistant, California Department of Health Services, Sacramento, September, 1985 to September, 1986.

Professional Organizations:

National Association of Social Workers (NASW)
Niagara Movement (NM)
Oklahoma State University Alumni (OSUA)
California State University-Sacramento Alumni (CSUSA)
Economic Women's Project (EWP)
Occupational Social Workers Association (OSWA)
Southwest Society on Aging (SCOA)