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Health and Social Welfare Needs of the Elderly:
A Preliminary Study*

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Abstract

In a period of shrinking fiscal resources it is especially important that budgetary decision-making processes be based upon empirical data relating to the actual health and social service needs of the elderly. The present study consisted of a comprehensive survey of the social service needs of a random sample of 75 normative elderly citizens drawn from a multi-ethnic population. The results provide a preliminary data-base for administrative and policy-making bodies to allocate scarce social service resources.

In an era of shrinking fiscal resources and drastic cuts in the provision of human services, funding decisions and budgetary allotments are often made on the basis of special interest group pressures, arbitrary preference or in response to the latest fad 'need' which has caught the public interest. Obviously it is vital that the available resources allocated to community mental health and other social service needs be distributed on a more equitable and rational basis.

The expanding empirical research literature examining the health and social service utilization patterns of the elderly usually follows an analytic model developed by Roland Andersen and his colleagues (Andersen, Kravits & Anderson, 1976; Andersen et al., 1976; Andersen & Newman, 1973) which identifies three distinct factors linked to the use of social services. Andersen's model consists of evaluating need factors, enabling factors and predisposing factors, and isolating their relative predictive power in accounting for actual service use. Need factors are estimates of current medical or psychosocial problems, including physical health status, psychological or social resources and unmet needs relating to housing, transportation, etc. Predisposing factors are variables which influence the probability that available health and social service resources will be utilized, factors such as housing location, gender, education etc. Enabling factors consist of variables which overtly help or hinder one's potential use of services, such as the availability of transportation, insurance coverage, financial resources, etc.

Attempts to employ this model have been only partly successful. Krout (1984) derived a regression equation which accounted for 41% of the variance of the service utilization patterns of 250 elderly residents of a small city. However, fully 39% of this explained variance was attributable to the simple awareness by the individual of the existence of the service in question. The combination of other need, predisposing or enabling factors contributed the residual 2% of the explained variance. In general, Krout (1984) found that actual service use was quite low, ranging from 4% to 16% of his sample, depending on the service in question. Similarly low patterns of service usage by the elderly have been reported by a number of researchers (Downing, 1957; Powers & Bultena, 1974; Roos & Shapiro, 1981), suggesting that it is crucial to target available social service funding to programs which actually provide necessary services for the elderly, as opposed to those intuitively deemed as needed.

The literature on the correlates of social service use is largely descriptive in nature and has not produced any consistent findings. Coulton and Frost (1982) reviewed this research and reported the results

of their study on the use of health and social services by the elderly, employing a sample of 1834 noninstitutionalized residents of Cleveland, Ohio, over 60 years of age. Their regression analyses found that Andersen's enabling and predisposing factors accounted for little of the variance on service usage, whereas need factors had relatively high predictive power, contributing to 11% of the total variance (12%) of medical service usage, 23% of the total variance (26%) relating to mental health care, and 42% of the total variance (43%) of personal care services, and 20% of the total variance (25%) relating to recreational service usage. This model, which is clearly not adequate to fully account for health and welfare service utilization, nevertheless points to the importance of perceived need factors as critical elements in determining such usage. Coulton and Frost (1982) note that little research on the correlates of service usage actually measures perceived needs of the elderly, focusing instead upon predisposing and enabling factors. This omission probably explains why efforts to account for utilization are not more successful. Lareau (1983) recently conducted a national survey and review of current research methodologies employed in conducting needs assessments of the elderly, and found that most needs assessment studies are methodologically quite weak. The five procedures most commonly employed for needs assessments with the elderly are, according to Lareau (1983): 1. surveys of elderly respondents; 2. the use of secondary data, i.e. census figures; 3. using key community informants; 4. public hearings; and 5. obtaining service use statistics. The individually conducted survey of elderly citizens, if randomly obtained, is the research methodology deemed most likely to provide accurate information on the service needs of the population of interest (Lareau, 1983).

Formal assessments of the health and social service needs of the elderly seem indicated for at least 2 reasons: 1. to provide increasingly accurate and predictive models of service utilization (Coulton & Frost, 1982) and 2. to enable social service funding decisions to be made on an empirical basis, instead of in response to the most influential special interest group. The present study is a preliminary investigation on the health and social service needs of elderly residents of the state of Florida, in an attempt to

determine those services for which there is the greatest perceived need.

METHOD

Sample

This study was carried out in a north Florida community with a population of about 103,000 (74.35 white and 25.7% black). Persons aged 60 and older comprise 12.3% of this population (Thompson, 1980).

A random probability approach was used to select the sample. Within the county, random addresses were selected from the telephone directory and given to each interviewer, who used that address as a starting point by canvassing the household immediately to the left of the starting address. Interviewers canvassed this household and every third residence along a predetermined route until three elderly respondents had been successfully interviewed. Congregate living quarters were handled in the same manner as city blocks. The interviewers were undergraduate social work students enrolled in a course on interviewing who had received extensive pretraining prior to beginning the study. Copies of the interview protocol and the questionnaire measures are available from the senior author. The entire interview required approximately 1½ hours to complete and respondents were not compensated for their time. The results pertaining to social service needs are presented below, and formed a small part of our overall study.

Results

Selected demographic characteristics of the sample are presented in Table 1.

Insert Table 1 about here

The sample was 53% female and 19% of the respondents were black. Sixty-eight per cent were between the ages of 60-69 years and 63% were married. Only 16% were currently employed and the modal educational level was a high school diploma. Thirty-one per cent of the sample reported a monthly household income of less than \$600.00 per month. Seventy-three per cent of the respondents relied on social security income as a major

source of financial support. All respondents reported that they were U.S. citizens and 87% were registered voters.

Respondents separately replied to a series of questions pertaining to their current and future perceived health and social welfare needs. Our list of 18 potential health and social service needs consisted of both services which were actually available to the respondents and those we felt may be of value to the elderly. Thirteen of the following items were drawn from a previous needs assessment study conducted by the state of Florida (CSR, Inc., 1980). Based upon our previous contacts with Florida's elderly we added an additional five items to this previous needs assessment instrument. The items we included are denoted by an asterisk. Each respondent was asked if they needed the following services, currently, or expected to need them in the future: home repair services, chore services*, transportation services, group recreational services for senior citizens, home health aide, periodic health screening, assistance in cooking and preparing meals, legal assistance, day care services*, counseling services, respite care*, emergency response services*, telephone reassurance, escort services, continuing education, friendly visits, home companionship* and shopping assistance.

The perceived need rankings of these services are listed in Table 2.

Insert Table 2 about here

Respondents ranked periodic health screening and emergency response services as the greatest current needs (23% each), while the three highest perceived needs for the future were seen to be periodic health screening (59%), home health aid (54%) and emergency response services (52%). This suggests that the most salient current needs for the elderly are related to physical health, and that these needs are seen as likely to become more pressing in the future. Counseling services and continuing education programs ranked low on both lists of perceived needs, with more concrete or custodial services (i.e. transportation programs, chore

assistance, legal aid, etc. falling in the middle of the rankings.

A Spearman rank-order correlation coefficient performed between the current and future rankings was .87 ($p = .01$), indicating that the perceived needs of the elderly are likely to remain stable over time.

Discussion

There are a number of limitations in this preliminary study's methodology. Although a trained interviewer was present to clarify any questions, respondents may not have fully understood the meaning of some of the social service needs enumerated in the protocol. Our list of such needs, although largely based on a previously conducted statewide needs assessment of the elderly, represented a set of 'closed-ended' response categories. It is possible that by simply asking each respondent, in an 'open-ended' question format, to describe their social service and health care needs, we may have obtained radically different results. We suggest that future needs assessments combine a finite set of need categories with a series of more open-ended questions, permitting the interviewer to more adequately assess the respondent's needs and to help avoid, in part, the introduction of biases on the part of the researchers.

Given these limitations, the data from our preliminary sample indicate that the social services most needed by the elderly are related to physical health, followed by the provision of concrete or custodial services and assistance. Counseling and continuing education programs ranked low on both lists but it should be noted that approximately 20% of our sample indicated the need for such services in the future, even though they may not be necessary now. From our results it would appear that the greatest return for the expenditure of public and private welfare funds may be obtained through the provision of physical health care services.

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Table 1. Demographic Characteristics of Sample

(Totals may not equal 100% due to rounding)

| <u>Sex</u> | (%) | <u>Education</u> | (%) |
|-----------------------|------|-----------------------------|-----|
| Male | 47 | 8 years or less | 13 |
| Female | 53 | 9 - 11 years | 11 |
| | | 12 years | 31 |
| <u>Age</u> | (%) | 13-15 years | 16 |
| 60-64 | 36 | 4 year degree | 16 |
| 65-69 | 32 | graduate studies | 8 |
| 70-74 | 14.7 | trade school | 5 |
| 75-79 | 9.3 | <u>Total Monthly Income</u> | (%) |
| 80-84 | 8 | 0 - \$300.00 | 20 |
| <u>Race</u> | (%) | \$400 - \$599 | 11 |
| white | 81 | \$600 - \$799 | 9 |
| black | 19 | \$800 - \$999 | 2 |
| | | \$1000 - \$1199 | 4 |
| | | \$1200 - \$1399 | 13 |
| | | \$1400 plus | 37 |
| <u>Marital Status</u> | (%) | <u>Employment Status</u> | (%) |
| married | 63 | employed | 16 |
| separated | 1 | unemployed | 84 |
| divorced | 5 | | |
| widowed | 25 | | |
| single | 5 | | |

Table 2. Priority rankings of social service needs
of the elderly

| <u>RANK</u> | <u>CURRENTLY NEED</u> (% in need) | <u>FUTURE NEEDS</u> (% in need) |
|-------------|--|-------------------------------------|
| 1 | Periodic Health Screening(23%) (greatest need) | Periodic Health Screening(59%) |
| 2 | Emergency Response Services(23%) | Home Health Aid(54%) |
| 3 | Friendly Visits(20%) | Emergency Response Services(52%) |
| 4 | Chore Services(20%) | Home Repair Services(52%) |
| 5 | Transportation Services(19%) | Chore Services(48%) |
| 6 | Home Repair Services(16%) | Transportation Services(44%) |
| 7 | Group Recreation(15%) | Friendly Visits(44%) |
| 8 | Companionship(11%) | Meal Assistance(41%) |
| 9 | Home Health Aid(10%) | Group Recreation(40%) |
| 10 | Legal Assistance(10%) | Legal Assistance(36%) |
| 11 | Telephone Reassurance(8%) | Escort Services(31%) |
| 12 | Meal Assistance(6%) | Telephone Reassurance(28%) |
| 13 | Shopping Assistance(6%) | Shopping Assistance(28%) |
| 14 | Counseling Services(5%) | Companionship(26%) |
| 15 | Escort Services(5%) | Counseling Services(23%) |
| 16 | Respite Care(2%) | Continuing Education(19%) |
| 17 | Continuing Education(2%) | Day Care(17%) |
| 18 | Day Care(2%) (least need) | Respite Care(16%) |