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Elderly clients' perceptions of human services

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ELDERLY CLIENTS' PERCEPTIONS OF HUMAN SERVICES

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DEDICATION

To my mother, Shirma Goldstein, without whose faith in me and support this never would have been completed and to my husband, John, who does not procrastinate.

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ACKNOWLEDGMENT

Many thanks to Mr. Bill Carlson of the Arlington Agency on Aging who with the assistance of his staff administered the survey questionnaire to several of his nutrition sites. His help was greatly appreciated.

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ABSTRACT

The purpose of this study is to examine how elderly clients perceive the services rendered by an area agency on aging, a local department of welfare, and the local social security branch office. The perceptions will be compared and contrasted, with the goal in mind of being able to better design the human services delivery system to be responsive to the needs of its elderly service users.

A questionnaire was designed and administered to 171 older individuals representing participants at five Title III senior nutrition sites, participants in a county recreational travel program, and members of a local Catholic church senior citizens club. Questions were designed to best ascertain respondents' opinions about the local welfare agency, government help in general, the social security system, the area agency on aging, and the services delivery system.

Findings of the study demonstrated that the area agency on aging is not perceived as a welfare agency, and that the AAA is looked on with more approval than the local welfare agency. Further, that respondents with college or graduate school education were less tolerant of government help than the recipients of public benefits. Data also demonstrated that as the sample's minority individuals' incomes rose, their tolerance towards government help in general decreased, and the lower their income, the greater their tolerance for government help was. Too, data showed a disparity between the qualities that older individuals feel should be present in a services delivery system and what they feel is being provided to them by the local welfare agency.

The results of the study lead to the recommendation that further research needs to be done--research that utilizes participant observer methods as well as surveys and questionnaires. Too, that agency goals and objectives need to be periodically re-examined to be sure the services offered are fit to the individual, and not the individual being fit to the service. And further, more attention needs to be focused on the concept of "welfare stigma" in means-tested services to the elderly--this may be what prevents many older people, particularly rural ones from taking advantage of needed services.

AN INVESTIGATION OF ELDERLY CLIENTS' PERCEPTIONS OF THE HUMAN SERVICES DELIVERY SYSTEM

CHAPTER I

INTRODUCTION

This study attempts to determine how elderly clients perceive the services rendered by an area agency on aging and the perceived role of that agency in the community. In addition, these perceptions will be compared and contrasted to how the same client population perceives the local department of welfare and the Social Security agency, both of which also offer services to the elderly.

The local area agency on aging (AAA) is part of a national network of agencies that plan and coordinate services to the elderly at the local level, as well as advocate on behalf of older citizens. A brief background would not be complete without highlighting the fact that the AAA through its Older Americans Act programs, has no means tests for its services--all of the Older Americans Act services have what is called universal entitlement to anyone 60+ years of age. This is in contrast to the local department of welfare, whose services to the elderly are funded predominantly through the Title XX block grant, almost all of which are means tested for income eligibility. The local Social Security agency is a branch office of the federal Social Security Administration. It administers the well known Old Age, Survivors and Disability Insurance Benefits (OASDI), Supplemental

Security Income (SSI) and the Medicare program. Of these three public benefits only SSI is means tested, and the other two benefits have almost universal entitlement; about 94 percent of all Americans 65 years and over were drawing, or were eligible to draw, Social Security benefits if they or their spouse retired at the beginning of 1981 (U.S. Senate Special Committee on Aging, 1982: Vol. 2, 95).

Need for the Study

The need for this study is based on the fact that American society is undergoing a shift in the direction of a much older population. Gone are the days when the youthful population was the fastest growing segment and all emphasis was placed on the youth culture including an emphasis on provision of social services to young families and children. There is now an increased awareness of the elderly citizens and their needs, many of which have gone unrecognized in decades past. Social and urban planners, local governments and human services agency personnel realize that the increasing older age population has a vital need for services--as a society we feel considerable compassion for the elderly and are committed to helping them meet their needs. An interest spurred on, no doubt, by the realization that old age, unlike most minority statuses, is one position we are all likely to occupy if we are lucky.

In the United States between the years 1900 and 1977, the percentage of the population aged sixty-five and older more than doubled, so that in 1977, 10.9 percent of the population was 65+. At

present death rates, the older population is expected to increase by 35 percent to 32 million by the year 2000. If the birth rate should continue to decline as it has, this older population would represent 15.9 percent of a total population of about 246 million (U.S. Department of Health and Human Services, 1978).

Recognizing this population growth trend and the increased need for services, Congress in 1965 passed the Older Americans Act. It provided for, among many other things, the establishment of local area agencies on aging, and their umbrella agencies, the state offices on aging and the federal Administration on Aging (AOA). In doing so Congress mandated much of the responsibility for service delivery to the local area agencies. Consistent with this mandate, Schmandt et al (1979:25), reported that it was the AAA's that are most frequently mentioned in response to questions asked of interviewed field staff about the agencies who play a more dominant role in the provision of information and referral services for the elderly. In most communities there is in addition to an AAA, a department of social services or welfare, mental health agencies, community action agencies, and various sundry health/social services related organizations, which usually provide some services to the elderly population. It is to the best interests of all concerned public agencies that the services provided by public programs be responsive to the perceived needs of the elderly themselves.

Binstock and Shanas state that the "challenge of the social services is to respond to the older persons' needs, where at the same

time not increasing his state of dependence" (Binstock and Shanas, 1976: 629). Study after study shows (Coward, 1979, Keith, 1975, Reisenfeld et al, 1972) that though there is, in general, congruence between service providers and the elderly with reference to the way older people perceive their needs, there is still large individual discrepancies between the two. Avant and Dressel stress that it is these very differences that must be dealt with when planning services to the elderly and when prioritizing service needs (Avant and Dressel, 1980: 77).

As the AAA already provides the bulk of services to the elderly, excepting that of welfare functions, it should be of vital importance to the AAA to assess clients' perceptions of the services received from their agency, and to compare/contrast these perceptions with those about other involved agencies' service provisions. This may be of particular importance in the case of welfare based benefits and services, as various studies have shown that frequently older people feel stigmatized by accepting public assistance because it carries the label of charity (Powers and Bultena, 1974: 252). This is particularly true of the rural elderly, as reported by the National Strategy Conference on Improving Services for the Rural Elderly. This report stated that rural older persons "resist being classified as old and aged and refuse to apply for or take advantage of various programs dismissing them as 'welfare' or 'charity'" (1979). They go on further to say that "older persons have a strong sense of pride and dignity. . . .Many elderly people refuse to purchase food stamps, even

though they are more than eligible, because 'people will look at you'" (Nat 1 Strategy Conference Report, 1979: 36). Instances have been reported by AAA Directors when a client of the AAA will ask for a grant of money to pay a fuel bill, but will at the same time hesitate to apply for SSI or Medicaid. It thus becomes important to discover why this distinction is made by some older clients, and what could be done with the service planning or delivery system to overcome these attitudes and perceptions. The findings of a survey to question older peoples' perceptions of the various agencies and the services that are offered could be a valuable tool in planning and designing better services delivery to the elderly, and improve upon existing methods of inter-agency coordination among the human services providers at the local level. Used effectively, the findings of such a survey could be extremely useful, with potential ameliorative or policy implications for the administration of aging programs.

Additionally, the bulk of the services and programs for the elderly are public funded, using mostly local and federal revenues. With an increasing nationwide policy of trimming back the frills on the budget, which translates to cutting back the social services spending, it becomes even more important to demonstrate a continued need, if there is in fact one, for the programs being funded. There should be the capacity in public programs serving the aged to fit the service to the individual rather than fitting the individual to the available service. In this economic climate social planners and professionals cannot afford to provide services and programs that are

under utilized by older people because of poor planning on the part of the public agency--offering programs they as agencies perceive are vital which older individuals may feel are not important to them. The public agency may be well meaning, but in the end the result is still self serving. Of note here are Avant and Dressel's findings (1980), that consistently service providers named the services they were responsible for as being the most important to older people (Avant and Dressel, 1980: 76).

Purpose of the Study

As mandated by the Older Americans Act of 1965, agencies at the local, state and federal levels must work to insure that the elderly have a basic standard of living maintained in a dignified manner. Following in connection with this mandate: This study proposes to examine the older persons' perceptions of the welfare and public benefits system--what Nelson (1982) calls life-maintenance services; their perception of life-enhancement (Nelson, 1982) or non-means tested benefits/services through the AAA and the Social Security office; and an examination of older persons' perceptions of how the above agencies deliver their respective services/benefits.

The Problem

Does the AAA fulfill a useful and needed role in the community? Do the clients of the AAA perceive the agency as being a helping

agency? How do the elderly perceive the welfare and public benefits system? Will the elderly respondents' perceptions of the welfare and public benefits system be stratified by socio-economic factors? How do older people perceive the service delivery system of the local department of welfare and the Social Security office? Is there a significant difference between the way the AAA is viewed by clients and the way the other two agencies are perceived? If there is a difference, what can it be attributed to?

HYPOTHESES

1. The AAA is not perceived as a welfare agency by the individuals who utilize its services. Given the above cited literature regarding welfare based services, and the fact that AAA services are not means tested, it is expected that this hypothesis will be confirmed.
2. As elderly clients' income and education rise, their perceived tolerance of welfare and public benefits will decrease. Keith (1975) cites the tendency for individuals in differing social classes to be less understanding of each other's needs due in part to little interaction or social contact between classes. It was expected that wealthier, more educated older people would be less tolerant of public programs to support the elderly.
3. Urban elderly will have a greater perceived tolerance of welfare and public benefits than rural elderly. It was anticipated that this hypothesis would be confirmed based on the literature

concerning rural-urban elderly differences. Buxton (1976) argued that the first exposure of most rural residents to human services was through welfare programs and that the attitudes they formed from the initial experiences have lingered on to color the perceptions of all subsequent social interventions. Coward (1979) found that human service programs of all types have been bothered by an inability to establish their credibility in rural areas.

4. Minority elderly will have a greater perceived tolerance for welfare and public benefits. This too was expected to be confirmed. Statistics show that though there are not more minorities (measured in absolute numbers) receiving public benefits, they are overrepresented proportionally.
5. Older people who depend on public assistance for their subsistance will be more tolerant of the welfare and public benefits system but more critical of how the service is delivered by the local agency. The converse is also believed to be true--that older people who do not depend on public assistance for their subsistance will be less tolerant of the welfare system but less critical of how the service is delivered. This was expected to be confirmed because it is doubtful that a person would condemn the very program that "feeds " them; for to say it is demeaning or embarrassing would be to question his own self image or self worth as a recipient of the service. They would be expected to be more critical of the service delivery system mostly because they as recipients of the service are more familiar with the nuances of

the system. The converse was assumed true for the first part if hypothesis number two was confirmed regarding less tolerance as income and education rose. This lack of tolerance for the benefits themselves would however not be expected to extend to criticism of the local agency that delivers the source. The agency would be seen simply as the "agent" in the delivery system, not the creator of the benefit in question or criticism--and as such they would be doing their job in delivering the benefit/service in question.

Target Population

The study was done as survey research, using samples from two Northern Virginia Counties, one an urban county located within a few minutes drive from Washington, D.C., the other county a rural/suburban mix located within the SMSA but an hour outside of Washington, D.C. The research was carried out with the permission of the local AAAs and the local government which administers the aging programs. One of the comparison groups was made up of clients from five nutrition sites in the two county area, and involved about 130 elderly persons (n=130). This particular group was chosen because it remains a fairly constant group of people who meet in one of five locations Monday through Friday for a luncheon, and who, because of their active participation, are usually better informed about services and programs offered by the AAAs in their community. In addition, since the nutrition program is geared towards low income persons as per the federal regulations of

the program, many of the participants are recipients of the other social services and public benefits such as food stamps, SSI, etc. Thus, it was felt that there are more elderly in this group who are familiar with the network of human services agencies. The other comparison group was made up of approximately fifty elderly persons (n=50) from two samples; one is a local Catholic senior citizens' church group, and the other is a sampling of riders on a county sponsored senior citizens' recreational charter bus. The two comparison groups do not overlap much in their membership, as the bus rider group generally represents a more affluent group of older people. The total sample population was 171 older persons (n=171).

The survey questions were formulated based upon the study design used in the Virginia Center on Aging's 1978-1980 Statewide Survey of Older Virginians, who in turn utilized the Duke University OARS questionnaire design. Surveys were self-administered over a two month period, so as to include as many nutrition program participants, bus riders and church group members as possible. All of the questions were answerable using a Likert Scale, and answers were assigned weighted values ranging from +1 strongly disagree through +5 strongly agree (3 = undecided) (see Appendix A). For tabulation purposes, questions were grouped together by scale to reflect perceptions of (1) the local welfare bureaucracy, (2) government help in general, (3) Social Security system, (4) the AAA and (5) the local human services delivery system. Each scale will consist of at least three or more questions, with possible point scorings ranging from 15 for the scale

regarding Social Security to 45 for the scale concerned with the area agency. The rationale for using five scales, each specific to one portion of the public services/benefits system, was, as Avant and Dressel caution, that it is not enough to examine a summary statistic which gives a general description--one must look further and examine the particulars. It was important that differences in single items regarding perceptions not get obscured by the grand overall plan. The actual clustering of the individual questions under each scale was based on their inter-relationship and relevancy to the concern of each respective scale. For example, questions regarding the perception of welfare stigma (i.e. question #24, Appendix A) were clustered under scale number two, attitudes towards receiving government help. This question was not put under the scale regarding the local welfare office, because welfare stigma, if it does exist, is probably not created at the local level, but inherent in the federal program design itself, and whether real or imagined, in the minds of the benefit/service recipient.

After the tabulation of responses by scale, the sample was subdivided by income, racial background, job history, sex, age, religion, urban/rural place of birth, foreign or native born, educational level and source of income. Correlations were obtained between the different scales and each scale was correlated with the personal data regarding race, income, etc. It was anticipated that significant correlations would obtained from the data either to support or deny the hypotheses.

CHAPTER II

REVIEW OF THE LITERATURE

A review of the literature prior to initiation of this study reveals that there has been very little interest shown in what older clients of human services agencies think about the services they are receiving. There is much research of the human services delivery systems, area agencies on aging, Title XX and many of the programs initiated during the Roosevelt, Kennedy and Johnson administrations. Most of these studies interpret data from the social scientists' or professional practitioners' viewpoint; most seem to assume that clients are satisfied since they continue to request and utilize the available services.

In this review the studies cited were largely concerned with the area agency on aging network, the role of Title XX in the social services network, and what has been referred to as the "welfare image" (Nelson, 1982: 18) that characterizes Title XX services to the elderly. Few of the studies directly concern themselves with the topic of this paper. The studies cited were selected because they possess some relevance, however oblique to the older human service recipient.

Background

Social services for the elderly in this country can be one of three types of provisions--income, health and social services. In turn, the provisions are marked by a two tiered policy orientation toward the elderly consisting of constituent group policies and welfare based policies (Nelson, 1980: 376). Constituent group policies can be best defined as those that are universal in orientation; meaning that they serve the whole elderly population (as determined by the individual programs) without regard to means or income testing. Welfare based policies are what the name implies, that provided programs are usually means tested. Both of these policy orientations are based on different conceptions of what is the necessary minimum of support that the government is willing to guarantee its older citizens. Constituent based policies include Social Security, Medicare and the Older Americans Act--programs which are basically "life enhancement" in nature--directed at a population threatened with downward mobility. Welfare based policies include Supplemental Security Income (SSI), Medicaid, Food Stamps and Title XX services to the elderly. Title XX is one of the many amendments to the Social Security Act, which provides for adult protective services; companion, home-maker and chore services; and many other services for adults and children. This latter group of programs are primarily for the poor aged with the goal of providing basic life support with little attention given to life enhancement or improvement of the overall quality of life.

Social Security and its companion Medicare program are administered through the federal Social Security Administration in conjunction with its many local offices. The Older Americans Act programs are generally administered at the local level by area agencies on aging, which may be private non-profit agencies or agencies connected with local city or county governments. At the state level there is a state office or unit on aging which administers the programs, while on the federal level the programs are administered by the administration on aging. Welfare based policy programs are administered by several agencies: SSI is the responsibility of the Social Security Administrators, Medicaid is usually administered jointly by the local Social Service Departments and the Public Health Departments, and Title XX programs are administered by the Social Services Department. Both the Public Health and Social Services Departments are represented at the state level by their own state unit and at the national or federal level by whatever federal agency from which their funding was drawn.

Nelson points out that the distinction of constituency based services and welfare based services is a divisive one, basing service entitlement on social class, and he maintains that "social services to the aged have historically lacked a focal point around which to orient a wide spectrum of community services (Nelson, 1980: 387). Coupled with this strict division of policy orientation based on social class, are federal and state regulations for programs that tend to be rigid and frequently do not take into account individual client

circumstances. Often there are inconsistencies in the eligibility guidelines of federal and state programs for the elderly. A Summary Report that came out of the 1979 National Strategy Conference on Improving Service Delivery to the Rural Elderly states that "older people have a strong sense of pride and dignity. They perceive welfare and social services as charity" (Summary Report: 36). What is perhaps called for, as Nelson suggests, is a merging of these contrasting service policies through a coordination of Title XX and Older Americans Act resources with a "central integrative focus" (Nelson, 1980: 387).

Welfare Stigma--Does It Exist?

Nelson, in his 1982 article "A Role for Title XX in the Aging Network" states that one of the objectives of state and area agencies on aging is to "counter the welfare image that characterizes Title XX services to the elderly" (Nelson, 1982: 18). This is by no means an official mandated objective in the Older Americans Act towards which area agencies should strive, nor will it likely be found as a written goal in most area agencies policy guidelines. It is one of those unstated goals that state and area agencies often unite around. Etzioni in his research on organizations, states that "goals are often set in a complicated power play involving various individuals and groups within and without the organization. . ." (Etzioni, 1964: 8). It is possibly because of the basic organizational differences in the

welfare based programs as opposed to the constituent based programs that this goal has come into being. Agencies of the former type have a necessary commitment to adhere more rigidly to rules and regulations due to the means testing required by their programs, whereas the philosophy of the latter group is one of universal entitlement and agencies in this latter group therefore can afford to be less rigid and more flexible. This latter approach could be seen as a more personal approach, one more concerned with the individual and his circumstances. Merton suggested that "bureaucracy has certain effects on its members' personalities, that it encourages the tendencies to adhere rigidly to rules and regulations for their own sake. . .adherence to the organizations' policy has become the organizational goal of the bureaucrat" (Merton, 1957: 197).

Larry F. Wells in his research on the embarrassment of welfare states that as gerontologists and social scientists we know "very little about the way in which aged persons perceive and respond to the welfare role in old age" (Wells, 1972: 197). His research was an attempt to ascertain some of the factors which cause the elderly feelings of chagrin at needing to rely upon welfare as a means to support themselves. At an affective level, embarrassment has been defined as the "sense of despair and isolation between the alternatives of hiding one's need and making it known. Not the least of the pain in this process is that which centers about the questions of social adequacy, the fears an individual has as to whether or not he measures up to some community standard" (Miller, 1947). Wells thinks

that Goffman's definition of embarrassment gives a more explicit description of the process. "During interaction the individual is expected to possess certain attributes, capacities and information which taken together, fit together into a self that is at once coherently unified and appropriate for the occasion. . .to ask for a job, loan of money, or a hand in marriage is to project an image of self as worthy, under conditions where the one who can discredit the assumption may have good reason to do so (Goffman, 1956: 264). Wells states that if an older person is to avoid being embarrassed at applying for assistance, he/she must be able to project themselves as worthy of receiving the aid. The people of his research sample were "worthy" in that they fit the legal requirements for assistance; however he stresses that more importantly the application procedure seems to stress the applicants' "waning capacities" (Wells, 1972: 198). Wells believed that the client recipient (in order to be comfortable with the eligibility) must see himself as old, sick or dependent based on Goffman's concept that embarrassment could be avoided if one is able to see themselves as worthy of the assistance. The results of his study tended to confirm this. Men who had the fewest health problems, would have preferred to continue working, and who saw themselves as having changed very little in the last ten years, were the most embarrassed at having to ask for assistance. The findings were not as clear cut for women. They were significantly more embarrassed if they were still living with their spouses, the inference being that women feel greater legitimacy when applying for

aid if they are living in a disrupted living arrangement. Wells has postulated that living arrangement may be as basic to the female role as is retirement attitude for men. He found that the attitudes and measures which influenced the male embarrassment rates were closely related to their perceived ability to be self supporting. The majority of the women in his sample achieved their financial independence through their husbands. Those who no longer had access to financial independence through a spouse were the ones who were the least likely to be embarrassed at requesting assistance (Wells, 1972: 200). When Wells analyzed the effect that welfare embarrassment had on an individual's morale, he again found a dichotomy between male and female responses. The embarrassed men had lower morale, were not satisfied with their way of life and felt that things got worse as they aged. Analysis of the women's data yielded no similar finding nor significant relationships. It appears from Well's study that a morale difference exists for men but is unlikely for women. Wells was unable to account for this difference, but felt that his results were sufficient to warrant further study, particularly clarification of points such as the morale differences between embarrassed men and women (Wells, 1972: 200).

The Summary Report of the 1979 National Strategy Conference on Improving Service Delivery to the Rural Elderly outlines several findings concerning welfare stigma and the rural elderly, which may or may not apply to urban elderly. Conference participants state in the report that rural older persons have a "high level of pride. . .many

view old age and the need for help as stigmatizing and consequently shy away from those services which could benefit them. . ." (Summary Report, 1979: 41). They make the recommendation that for a rural human services manager to be successful he/she must first "sell themselves" and the agency's credibility, and then "downplay the welfare stigma" (Summary Report, 1979: 41). The report goes on to say that "rural older persons often mistrust federal programs. They tend to perceive the bureaucracy as slow and insensitive to their needs. They resist being classified as old or aged and refuse to apply for or take advantage of various programs, dismissing them as 'welfare' or 'charity'" (Summary Report, 1979: 28). The Conference found that "many elderly people refuse to purchase food stamps, even though they are more than eligible, because 'people will look at you'" (Summary Report, 1979: 36). The Summary Report throughout reiterates the philosophy of rural America that conferees found to be true in most cases--that "rural Americans pay their own way and accept no charity" (Summary Report, 1979: 22). Perhaps part of the rural elderly attitude towards charity or welfare as discussed in the Summary Report can be explained by Goffman's definition of embarrassment--that people must first see themselves as worthy of the help. Conferees at the National Strategy Conference stated that the rural elderly "resist being classified as old or aged," and thus may not be able to project themselves as worthy or in need of the aid based upon any stereotype of older persons being dependent, frail, etc.

In the area of welfare stigma, the phenomenon of labeling may perhaps play a role. Becker's (1963) and Matza's (1969) theory states that a quality becomes a social problem "in a true sense only when it is labeled as a problem by some social group." The theory states that the more powerful and influential the group is doing the labeling, the more widespread the acceptance of the label. The stigma of welfare may be the consequence of labeling by professional practitioners themselves, as Estes, in his research on community planning states that "in the field of aging, local professionals have done much of this labeling. In their ability to legitimize labels, these professionals have had a heretofore unrecognized major source of power." He goes on to say that the "more the labeling process is monopolized by one or two specific professions, the more likely the problems of aging are to be cast into a narrow view, calling for the precise services which the professional labelers themselves can offer" (Estes, 1973: 181). Labeling, in itself, is not always detrimental, but in the case of welfare stigma, it could have major consequences for the elderly clients receiving the service(s). One may look at the symbolic interactionist position in examining possible consequences of labeling. Blumer (1969) and Mead (1940) state that in "developing one's own self concept the individual learns to view himself from the point of view of other people;" the consequences of labeling may well change an individual's self-image in a positive or negative direction, depending on how others perceive and label him. Estes believes that in the long run, the professionals who plan and deliver the services

to the elderly could thus have an impact on how the elderly experience the aging process. He suggests this is so because as persons age and grow old they experience many new problems and role changes, which may make them more vulnerable to the cues and perceptions of others they interact with.

The term welfare connotes an organized effort by organizations or communities for the social betterment of a group, in this case the elderly. Possibly, the very nature of the welfare services and the planning process that resulted in their provision is antagonizing, in that it removes the individual from the efforts that went into defining and acting on the problem. Older people may perhaps respond better when they are made to feel that a service is being planned with them, as opposed to for them, and that the service helps them to help themselves. Area agencies on aging are required by mandate to involve older people in the planning process, through needs assessments, surveys, public hearings, etc. Clients of Title XX services are not usually offered this type of opportunity. Estes, in his research conclusions, states that "the elderly must be involved in defining the problem, as well as in planning the strategies to deal with them and their implementation. The question must be raised as to whether any federal, state or local funding should go to any part of the traditional agency structure unless provisions are made for the compulsory involvement of older people throughout the planning implementation process" (Estes, 1973: 183).

Cook, in her study on public willingness to support tax financed

social services for the elderly poor/disabled, reported the results of a Chicago-wide survey that was designed to measure how various sectors of the public distribute their support among seven different needy groups (Cook, 1979: 344). She pointed out that comparative studies of this nature have rarely been done, and that the major studies of attitudes toward the elderly were not comparative and did not delineate among different kinds of older people; i.e., the poor, the disabled, etc. Cook's study compared support for the poor elderly, disabled elderly, adults under 65 years who are poor or disabled, children who are poor or disabled and disaster victims of unspecified income, age or disability level. The study she conducted addressed the following research questions: (1) which groups will the public prefer to help when they have a choice to distribute their support; (2) when respondents are asked to support social services dealing with transportation, education, nutrition, income maintenance and general services, will their preferences among the welfare groups depend on the nature of the service in question?; and (3) when respondents are divided up by age, race, income, sex, education and occupational prestige, how are these demographic variables related to the pattern of support for the welfare groups? (Cook, 1979: 345). Her findings showed that overall the disabled received more public support than the poor. Among the disabled and the poor, the age group to receive the most public support was the elderly. Cook's findings showed that public support for the elderly did not go across the board for all the above mentioned sources--respondents distributed their support in a

discriminating manner that took into account perceived group needs. The only programs for which the elderly received little support were educational programs, where adults under 65 years received significantly more support. Cook speculated that high public support for the elderly may be confined to what is perceived to be life-supporting services, i.e. nutrition, income maintenance and transportation. Cook reached one important conclusion--that "the general public does not have a global attitude about support which colors all of its decisions. . .[T]hey appear to make discernments according to the needs of the group and the nature of service under consideration" (Cook, 1979: 352). Furthermore, findings showed that among respondents, race, sex, education, income and occupation groups basically did not differ in their ratings of the different welfare groups for each of the particular services studied. Black respondents were more likely than whites to support overall increase in service provision for all of the welfare groups--yet the order of their support was very similar to the ordering of white respondents. Lower income persons were more supportive of increased services, but as was true with race, their ranking order was very similar to higher income respondents' preferences. Respondents with less than a high school education were most supportive while college graduates were the least supportive; yet again patterns of support were similar across the board (Cook, 1979: 350).

Title XX and SSI in the Aging Network

Title XX (Public Law 93-674) of the Social Security Act was passed in 1974, and incorporated what was previously categorically related federal social service grants into a revenue sharing block grant program. Each governor is required to designate an agency of the state government to be the Title XX agency. It is the states' responsibility to develop and implement an annual plan, identify service priorities, estimate plan expenditures, set eligibility guidelines, maintain appropriate records and adhere to necessary program reporting requirements. In states with strong county governments, such as Virginia, the local government units (Social Service Departments) play a vital role in the development and administration of the Title XX plan. States receive their Title XX allocation based on most recent state population figures--under the current Reagan administration the funds were cut $2.4 billion dollars for fiscal year 1982, and the state "match" requirement was eliminated (Nelson, 1982: 19). The act does outline some broad federal goals which are meant to guide the states in the development of their plan objectives. These federal goals are as follows: (1) achieving or maintaining economic self-support to prevent, reduce, or eliminate dependency; (2) achieving or maintaining self-sufficiency, including the reduction or prevention of dependency; (3) preventing or remedying neglect, abuse or exploitation of children and adults unable to protect their own interests or preserving, rehabilitating, or reuniting families; (4) preventing or reducing inappropriate institutional care by providing for community

based care or home-based care or other forms of less intensive care; and (5) securing referral or admission for institutional care when other forms of care are not appropriate or providing services to individuals in institutions (Senate Special Committee on Aging, 1982: 414).

All services provided by a state must be tied to at least one of these goals, and at least one service for each goal must be provided. Title XX does require the states to offer at least three services for aged, blind or disabled people receiving SSI. Beyond these basic requirements, the states are left free to choose their own mix of services based on a needs assessment and a highly structured and mandated planning process. Title XX services are provided strictly on the basis of eligibility status, and services are typically provided through state and local welfare offices (also called social services departments). Eligibility categories are basically divided into four groups: (1) categorical income maintenance, (2) income eligibility, (3) group eligibility and (4) universal access. Categorical recipients are those receiving Aid to Families with Dependent Children (AFDC) and Supplemental Security Income (SSI) which includes a large proportion of elderly recipients. Under income eligibility, persons may receive services at no charge if their income does not exceed 80 percent of the state's median income. The group eligibility applies where the state can provide assurance that 75 percent or more of the individuals in a group (i.e. the elderly) possess less than 90 percent of the state's median income. Universal eligibility services are

provided without regard to income, and frequently include but are not limited to information and referral, and protective services.

Prior to the implementation of SSI in 1974, the complete responsibility for income maintenance programs for the poor, aged and disabled was primarily in the hands of state and local welfare departments. The Supplemental Security Income Program (SSI) was enacted in 1972 as Title XVI of the Social Security Act, and was designed to provide a base income for aged, blind and disabled people who have little or no income and few resources. When the program was implemented in 1974 it replaced three separate state-operated programs which for the prior forty years had provided aid with federal financial assistance. Congress, by transferring recipients to the federal rolls, and establishing consistent income and eligibility guidelines, had "expected the new program to help eradicate the 'welfare' stigma that was associated with the previous programs" (Senate Special Committee on Aging 1982: 199). The SSI program is administered by the Social Security Administration and its network of district and branch offices, and is funded from general tax revenues. Under this program, the federal government guarantees eligible recipients (blind, disabled, and elderly) a monthly income minimum which for the period of July 1981-June 1982 is $264.70 maximum for single individuals and $397 maximum for a married couple. The program provides that no recipient is to fall below a common national minimum income standard no matter where they live in the fifty states or the District of Columbia, and monthly payments are increased annually to

reflect the increase in the consumer price index if it rises by 3 percent or more during a specified one year period. It is important to note that though the Social Security Administration makes the payments and oversees the program, it does not provide social services. Many of the SSI recipients receive social services through state and local agencies, primarily under Title XX programs (Nelson, 1982: 19).

Using data from 1981 it can be determined that of the four million people receiving SSI Payments (as of 8/81) 1.7 million were aged, 57 percent of the recipients were ages 65+ years, and 16 percent ages 80+ years. Though the SSI program is frequently perceived as dealing mainly with needy older persons, the fact is that the proportion of disabled recipients has been growing rapidly. Since 1976 about 80 percent of new SSI applications have been based on disability and blindness rather than age. At the end of 1981 for new SSI awards, there were 66 percent of them made based on disability and 34 percent for age (Senate Special Committee on Aging, 1982: 201). According to the Senate Special Committee on Aging, there are several possible reasons to explain the relatively low number of elderly applicants. One explanation, based on numerous studies is that the "stigma attached to public assistance inhibits participation" (Senate Special Committee on Aging, 1982: 201). The Senate Committee cites a recent 1981 study by Menefre et al which indicated that "dread of stigma associated with dependence on welfare does not seem to have been eliminated by the switch from state-administered programs to the

federal SSI program" (Menefre et al, 1981). The Menefre report also suggests that substantial numbers of people who qualify for small SSI payments or who are living with relatives are not willing to accept SSI payments under what they see as a welfare program.

Nelson, in his research on Title XX in the aging network, found that Title XX "programs to the elderly are certainly no stepchild to Older Americans Act programs. In program size (they) are if anything perhaps co-equal partners in their efforts to serve the elderly." (Nelson, 1982: 23). Nelson believes though that most of the "discussion and interest in social services to the elderly are focused on the Older Americans Act programs to the near exclusion of Title XX programs for the elderly" (Nelson, 1982: 23). He concludes that this is so because of the constituent-based, non-means testing policy of The Older Americans Act, which in his opinion is represented by a "more middle-class constituency who have more potential clout, less stigma associated with them, and more community visibility" (Nelson, 1982: 24). Nelson, in his research, examines how Title XX and Older Americans Act programs could be coordinated so as to protect the interests of each of their elderly constituent groups while still offering them the opportunities and benefits that would be afforded by a coordination of the programs. Nelson states that Older Americans Act constituents who are "largely nonpoor" frequently find their access to homemaker, chore and companion services are blocked by a "restrictive mean test, while the poor elderly find their access to life enhancement services limited. He suggests that this situation

points out the need for a "melding together of aspects of each program to better serve the interests of both the poor and the nonpoor elderly who are in need of services" (Nelson, 1982: 24). This becomes even more interesting an idea in view of the current Reagan Administration cuts in social welfare programs, and the heightened competition for social services dollars. Nelson states that another likely result of the current fiscal climate will be "an increased competition within the elderly population over the social welfare dollar" (Nelson, 1982: 25), and that this competition will be particularly divisive between the middle and lower middle income elderly and the poor elderly. Nelson postulates that the programs for the first group such as Medicare, Social Security and The Older Americans Act will fare better than programs for the latter group, the poor elderly, who utilize SSI, Medicaid and Title XX. Nelson attributes this to several factors. One factor being that the programs for middle class and lower middle class elderly are more visible, as compared to programs for the poor elderly that are frequently lost in the maze of welfare programs. A second factor is two, that the middle and lower middle class elderly are more likely to be politically active and organized into political interest groups than the poor elderly who frequently rely wholly on human services staff to do their advocating. Nelson sees the need for planners to examine the distribution of benefits and dollars to those elderly who are in greatest need and at risk; and, he believes that pressure will increase for Older Americans Act programs to become more selective in their targeting of services. This prophecy has already

come to pass somewhat in the latest Older Americans Act amendments that were passed. Though means testing is still prohibited for services provided under the OAA programs the move is definitely on to target the available resources to those in greatest need and those that are frail and at risk. Nelson makes an excellent suggestion when he points out that this challenge of scarce resource allocation can be in part met by a "recognition that the elderly as a 'class' are not all equally in need of public social services" (Nelson, 1982: 25), and that the development of "multiple criteria of need," including possibly a family resource inventory, a flexibile working definition of low income status, living arrangements, functional disabilities, etc. could be most helpful and even essential in determining entitlement to services.

The Area Agency on Aging in the Services Network

During the 1960's the needs of the elderly were addressed by policy makers in three important ways: Social Security benefits were increased by 50 percent, Medicare was introduced in 1965, and in the same year the Older Americans Act was passed (Simpson and Farrow, 1973: 96). It was the passage of the Older Americans Act and its later amendments, that initially established the basis for the area agency on aging network. The Older Americans Act mandates state and area agencies to mobilize and coordinate resources for the elderly to the end of establishing a comprehensive and coordinated social

services delivery system. There are ten broad objectives outlined in the Act, though this paper will only concern itself with the following four objectives: (1) an adequate income for older persons; (2) retirement in health, honor and dignity; (3) efficient community services; and (4) freedom to plan and manage their lives. Title III of the Older Americans Act (which funds social and nutritional services) authorizes grants to state agencies or units on aging. They, in turn, to qualify for funds must divide the state into separate planning and service areas, and establish area agencies for developing a delivery system within the PSAs (planning and service areas). As part of their mandated delivery system, area agencies coordinate existing resources and foster the expansion and development of community services for the elderly (Senate Special Committee on Aging, 1982: 404). The Title III aging network, linking the administration on aging, state units and local area agencies is intended to provide a continuum of services to assist older persons to remain independently in their own homes as well as provide social and economic opportunities for older people. The Title III funds are distributed to the states according to a formula (mandated by Congress) based on the population of older people in each state. The states then allocate the funds to their local area agencies based upon an intra-state funding formula which has to be approved by the Administration on Aging. Title III funds are spent in accordance with a state approved area plan, which is developed at the local level through a structured planning process, including public hearings,

needs assessments, etc. intended to involve the public in the planning process.

In Nelson's research on area agencies and Title XX services is woven the premise that area agencies are oriented to a "preoccupation with life-enhancement social integration and access services" (Nelson, 1980: 377) to the exclusion of basic life sustaining services for the poor elderly. Though Nelson acknowledges the state units and area agencies on aging as "lead agencies" in the aging network, he believes it is likely that social services department (departments of welfare) see themselves as the best guarantors of the rights of poor elderly "in comparison with the Older Americans Act programs whose track record in that regard is somewhat suspect" (Nelson, 1982: 18).

Greenblatt and Ernst's research of the Title III program shortly after it was implemented included field impressions that tend to substantiate Nelson in his claim that area agencies tend to ignore the poor elderly in service delivery. In Greenblatt and Ernst's study (a sample of 18 states) they found that "many, if not most, Title III projects seem to reach mainly those aged people who are somewhat better off. . .the neediest of the aged do not seem to be getting their fair share of the Title III dollar." (Greenblatt and Ernst, 1972: 192). Though this field impression of Greenblatt and Ernst's was more than likely intended as a criticism of the Title III program, one may also see it as a possible reflection of the difference in program orientation between Older Americans Act programs with their universal entitlement to services as contrasted with welfare based

services and their means testing. Too, it is difficult to document statistically the actual number of poor elderly being served through area agencies because of the Older Americans Act prohibition against means testing and the subsequent lack of information concerning clients' financial situations.

In 1976 Nelson undertook a research study to ascertain, among other things, if different funding resources are apt to influence the nature of area agency on aging service provision. For purposes of his study, he grouped services to the aged into four major types: integrative, access, therapeutic and self-care services. Integrative services were those that help the older person to compensate for loss of role and position in the community, and included services such as employment programs, senior centers, etc. Access services are the type that act to link the older person to bureaucratic and community resources which enhance the individual's well-being, such as taxi and escort service, information and referral, etc. Therapeutic services are meant to compensate for the inability of the individual to deal with certain life situations, and include services such as mental health counseling. Self-care services include protective services, in-home services, and other services which seek to compensate the elderly individual for losses in health and capacity for self-maintenance. Nelson then grouped these four classes of services into two broad categories of service intervention: life-enhancing and life-sustaining services. Integrative and access services were considered for his study to be life-enhancement, in that they seek to

improve the quality of life. While therapeutic and self-care services were considered as life-sustaining services, in that they are directed to the most at risk elderly. Nelson, in his study, postulated that the "area agency's ability to gain access to certain resources influences the organization's claims on the types of problems covered, clients served, and services offered" (Nelson, 1980: 383). The question being whether or not particular types of resources, specifically Title XX and Older Americans Act funds, predispose area agencies to target specific types of services to certain service constituencies. Nelson predicted that those area agencies with Title XX funds will shift from what he considered to be a preoccupation with life-enhancing services to a life-sustaining services orientation. On the other hand, Nelson postulated that the more an area agency relied on Older Americans funds the more likely they are to show little or no emphasis on life-sustaining services. This is due to what he believes is the inter-twining of the Older Americans Act with age interest groups and politics, and the OAA programs being perceived as primarily oriented to the needs of the relatively well and nonpoor aged. The findings of his study supported both of the hypotheses. Nelson found that for those area agencies which rely on Title III for 75 percent of their overall budget, 32 percent delivered no therapeutic or self-care services. In contrast, for those area agencies where a third or less of their budget was Title III, only seven percent were without therapeutic and self-care services. Nelson thus found a strong association between Title XX and service provision by area agencies to the most at

risk elderly.

Somewhat contrary to Nelson's findings are those findings from a study done by Gilbert et al regarding Title XX planning by area agencies. Gilbert's study examined how well area agencies fared in obtaining Title XX funds, and when successful in obtaining the funds, what characterized the area agency and the type of effort used in fund raising. Of the 402 area agencies who participated in the survey research, Gilbert characterized at least 50 percent of them as being "lively participants" in the Title XX planning process (Gilbert, 1979: 215). However, Gilbert states that participation alone does not of itself guarantee any special success in securing Title XX funds. There were 134, or 33 percent of the area agencies surveyed that received some Title XX funds. Contrary to Nelson's findings, Gilbert found that among AAA's that received Title XX funds, transportation services, nutrition related services, information and referral and homemaker-management services led the list of services provided and were done by about 60 percent of the AAA's receiving Title XX. Except for homemaker-management services, the rest of the services are what Nelson termed "life enhancement" services (Nelson, 1980: 383). At the bottom of the list in Gilbert's study were health and medical services, employment-related services and institutional care services. Less than ten percent of the AAA's receiving Title XX funds used the money to support these types of programs, two of which are what Nelson termed "life sustaining" services (Gilbert, 1979: 266). Gilbert examined which strategy used or type of effort made by the AAA in the

Title XX planning process would yield the most positive result in securing Title XX funds. His findings suggest that if AAA's are faced with the choice of channeling their time and energy into a single realm of planning activity, their most fruitful option is contacts with public officials in order to enlist their support. High degrees of AAA involvement with city, county, state and federal officials around Title XX planning were more strongly associated with requests for and receipt of proportionately greater amounts of Title XX funds than AAA's who exerted themselves in other planning efforts (Gilbert, 1979: 267). Gilbert hypothesized that the size of an AAA's budget and professional staff would be postively associated with their efforts in Title XX planning. This hypothesis was only partially supported by the findings, which indicated that AAA's with large budgets and staff were somewhat more likely than others to have made high degrees of effort in Title XX planning. The data showed that large AAA's were more likely than small units to apply for and obtain Title XX funds and in comparatively greater amounts (Gilbert, 1979: 269). Gilbert's explanation of these findings is that the larger AAA's had a greater financial capacity to overcome the cash flow difficulties that are inherent in the Title XX program funding procedures. Title XX operates on a reimbursement system to the states for 75 percent of the money they spend for services, (Title XX no longer requires a 25 percent match) and AAA's with small budgets cannot easily spend the large sums of money prior to reimbursement. Gilbert also postulated that area agency stability, most specifically

the age of the agency and length of director's tenure, had a bearing on Title XX planning efforts and success in obtaining Title XX funds. Gilbert's findings regarding the effect agency stability has on Title XX planning efforts and funding are tenuous. The study's findings suggest that the AAA age and length of director's tenure have only a marginal impact on the area agency's capacity to influence Title XX applications (Gilbert, 1979: 270). Finally, Gilbert examined the Title XX funding success rates of different public AAA's and private, non-profit AAA's, as well as the degrees of effort exercised by each type in the Title XX planning process. He had hypothesized that those AAA's connected to the public sector were likely to be better connected and wield more influence with the state Title XX administration than their private non-profit counterparts (Gilbert, 1979: 270). Actually, he found the reverse to be true--his findings indicated that private non-profit AAA's achieved a slightly greater margin of success over public agencies. This finding was qualified though by Gilbert's discovering that AAA's who are lodged administratively in a public welfare agency (county/city) requested and received comparatively large Title XX grants in substantially greater proportion than other AAA's in either the public or private sector (Gilbert, 1979: 271). Gilbert believes that private non-profit AAA's fare better than non-welfare connected public AAA's because they face greater uncertainty about obtaining funding from sources other than Title III and are thus more motivated to request Title XX funds.

One particularly interesting finding in the Gilbert study was

that efforts to mobilize constituents and agency allies (as an aid to securing Title XX funding) were somewhat positively associated with outcomes, but did not seem to merit a major role among AAA strategies to impact on Title XX allocation (Gilbert, 1979: 272). This finding is rather contrary to the prevailing commitment to obtain citizen input and participation in the services planning process. However Gilbert's findings indicate that AAA investment of effort in working directly through the political system is most likely to produce the desired results.

In the late 1970's Gary Nelson, undertook an interesting study, the purpose of which was to present findings and analyze the implications of rural-urban differences in AAA organizational characteristics and capacities. Data for his study were based on a mail survey of 402 area agencies, of which 137 were selected for detailed analysis. The urban-rural mix of the sample was fairly consistent with what the Administration on Aging has identified as the breakdown of the two types of agencies. For Nelson's sample he used 43 percent rural and 57 percent predominantly urban--the AoA identified 39 percent of all AAAs as rural and 61 percent as urban or urban-rural mix (Nelson, 1980: 202). Nelson found that rural and urban AAs are very similar in regards to their organizational auspice. Rural AAs are somewhat more likely than urban AAs to be located in a general purpose public agency, (i.e. unit of local government), 72 percent as compared to 63 percent. Conversely, rural AA's are less likely (27 percent) to be located in private non-profit settings than is the case with urban AAs

of which 33 percent are located in private non-profit settings (Nelson, 1980: 202). Of all the AAs in the study, only three percent were located within social services departments. Findings on rural/urban differences in budget size came as no surprise. Rural AAs budgets are significantly smaller than urban AAs budgets, with the average for rural agencies at $344,917 as compared to $800,500 for urban AAs (Nelson, 1980: 202). Only 17 percent of the rural AAs had budgets of over $600,000 compared to 45 percent for urban AAs, while 38 percent of the rural AAs had budgets of less than $200,000 compared to 21 percent for urban agencies. The average rural per capita expenditure was $7.90 in comparison with $6.56 for urban agency per capita expenses. Nelson's findings also indicate that the average age per capita social service expenditures were 20 percent higher for rural than urban area agencies (Nelson, 1980: 206). Yet, rural agencies in general spend less of their overall budgets for services than do urban agencies. Nelson believes this per-capita difference is accounted for partly because those services the rural agencies do buy are more expensive (largely due to geographic distances), which thus limits the range of services the rural AAs can provide (Nelson, 1980: 206). As one could guess from the data on budget size, the rural agencies professional staff capacity is also limited. The professional staff average per rural AAs is 4.3 compared to 8.1 for urban agencies. In fact, 45 percent of the rural agencies have no more than two professional staff positions, while for urban agencies this figure is only 25 percent (Nelson, 1980: 203). Drawing from his data on smaller

professional staffs and budgets, Nelson had postulated that rural AAs would not be as successful in mobilizing additional resources (i.e. Title XX, General Revenue Sharing funds, etc.) as urban agencies. To his surprise, he did not find this to be the case. Findings showed that rural and urban agencies were equally successful in mobilizing Title XX resources. Some 12 percent of the rural agencies and 13 percent of the urban agencies had over a fourth of their budget made up of Title XX funds (Nelson, 19890: 203). Neither urban nor rural AAs were very successful in obtaining General Revenue Sharing funds--only 11 percent obtained this funding. However, the urban AAs were twice as likely as their rural counterparts in securing this funding--15 percent as compared to seven percent (Nelson, 1980: 204). Rural area agencies, because they were more likely than urban agencies to be located within general purpose units of local government, were also slightly more successful in obtaining local funding--65 percent as compared to 61 percent respectively. Nelson found that rural area agencies provide the elderly in their planning area with a more limited range of services than urban agencies (Nelson, 1980: 205). For his study purposes he identified fourteen discrete services types, and out of this possible range the average rural agency implemented 4.7 services compared to 6.1 for urban agencies (Nelson, 1980: 205). In terms of actual service distribution, it was found though that 40 percent of the rural as compared with 14 percent of the urban AAAs were limited to providing between one and three different services types. Only 23 percent of the rural as compared with 39 percent of

the urban agencies offered an extensive range of services, between eight and twelve different services. Nelson also examined the types of services provided by rural versus urban agencies. He found that the two most frequently provided services, and services in which there was a minimal rural-urban difference are information and referral and transportation. Ninety-four percent of the urban agencies and 85 percent of the rural agencies provided information and referral services. Transportation was provided by 100 percent of the urban AAAs and 93 percent of the rural agencies. Little differences were found in the provision of housing services, with 36 percent of the rural and 43 percent of the urban agencies providing it (Nelson, 1980: 205). Nelson found the most striking difference between the two types of agencies to be in the provision of health related and in-home services to the frail/impaired elderly. For day care services to the elderly, 24 percent of the urban agencies and only three percent of the rural agencies funded it; 50 percent of the rural provided home-maker/chore services compared to 72 percent of the urban agencies and 46 percent of the urban AAAs and only 23 percent of the rural agencies provided a health related service such as health screening (Nelson, 1980: 205). Generally, Nelson's findings demonstrated a large gap in the provision by rural AAAs of therapeutic and self-care services (i.e. counseling, foster care, in-home services) to the at-risk elderly population. He found that 34 percent of the rural agencies are totally without such services, in contrast to 16 percent of the urban AAAs (Nelson, 1980: 206). Nelson believes that this finding,

in conjunction with the data on rural-urban differences in range of services, demonstrates that rural area agencies have a harder time implementing a continuum of care for the elderly and special efforts need to be made to help rural agencies in this regard (Nelson, 1980: 206).

Nelson feels that his findings on rural-urban area agency differences reveal a number of important issues that should be of concern to planners and policy analysts in the aging network. He believes that if area agencies are to be viable, guidelines that establish minimums in the way of essential service programming and administrative resources need to be established. He specifically addresses the need for professional staffing requirements and budgetary minimums, as well as restrictions on the number/size of counties in the AAA planning and service area. He singles out tnese criteria as most important due to the fact that his sample findings indicated that 38 percent of the rural area agencies surveyed had budgets of less than $200,000, 45 percent of these agencies had no more than two professional staff members, and 52 percent served six or more counties (Nelson, 1980: 207), organizational variables which can impair the availability and accessibility of services in rural settings.

Social Security--Overview and Background

Social Security was born in the Great Depression and while it has grown and changed tremendously over the years, the basic principles

which guided its creation in 1935 have remained unchanged. The original act established only a federal old-age insurance program (OAI) with mandatory coverage for workers in commerce and industry. In the beginning, only 43 percent of the labor force was covered, with employer and employee contributions each set at one percent of the first $3,000 of earnings (U.S. Senate Special Committee on Aging, 1982: 65). Many of those who originally designed Social Security intended that it become a universal social insurance program with compulsory participation. Eventually, it should provide workers and their families with a basic or minimum level of protection in the event that the worker could no longer earn income due to retirement, disability or premature death. This basic level of protection was designed to be only a portion of the income needed by the worker and his family--the remainder of his income was to come from supplementary insurance, savings, investments, etc. The original designers of the program, in recognition that workers with low earnings would have more difficulty providing supplemental income than high earners, weighted the program benefits to give a higher replacement of earnings to low earners. In keeping with the insurance concept, benefits were paid based on a determination that the insured--against condition or event had occurred, without regard to whether the individual had other means of support (U.S. Senate Special Committee on Aging, 1982: 65).

The Social Security program was not initially intended to be either an investment program or a welfare program--its primary function has been to insure some earnings replacement for workers who

are no longer working. Social Security provides workers with earned benefits--the funding for the program and the benefits have therefore always been "earnings related" (U.S. Senate Special Committee on Aging, 1982: 65). Funding for the program comes from special purpose tax contributions which are a set proportion (6.7 percent in 1982) of each worker's earnings matched by an equivalent employer's contribution. When benefits are paid out they are based on the average lifetime earnings of the worker.

Throughout the years the Social Security program has been changed to expand coverage, improve the quality in benefits and increase the funding. During the 1950's and 1960's jobs in agriculture, state and local government (optional), uniformed services, and the self-employed were brought under the system. By the year 1970 almost all gainfully employed workers except federal and some state and local government workers, were covered by Social Security, so that today about 95 percent of all jobs are covered by it (U.S. Senate Special Committee on Aging, 1982: 65). Through the addition of new benefits and increases in the benefit amendments the quality of income protection has improved. When the original program was enacted in 1935, benefits were paid to the individual worker only, but in 1939 Congress added monthly benefits for dependents and survivors of workers and the program was renamed Old-age and Survivors Insurance (OASI). The disability insurance program was added in 1956, providing cash benefits for severely disabled workers and for adult children of retired workers if disabled before age eighteen. In 1965 the Medicare

program was added with two parts--the compulsory hospital insurance program and a voluntary supplementary medical insurance plan. The Medicare program was expanded in 1972 by extending benefit coverage to individuals under 65 entitled to disability cash benefits for 24 months and to certain victims of chronic renal disease (U.S. Senate Special Committee on Aging, 1982: 66). Also in 1972 the Congress enacted an automatic annual adjustment for increases in the Consumer Price Index of three percent or more. This became effective in 1975 and was to remove the need for ad hoc benefit increases.

Now in 1982 the Social Security program is encountering a myriad of problems, mostly financial. It appears that financial troubles are happening because the original program was never designed to provide an individual and his family with the total income needed to maintain their previous standard of living. As stated previously, Social Security benefits were to be just a portion of the needed income, and the balance of what is needed was to come from other sources. What was not known in 1935 was that inflation and the cost of living would rise so rapidly, eating up retired individual's savings and forcing them to exist solely on what was really intended to be a minimum basic income. In response to the perceived problems of the Social Security program several major changes were made in 1981. Benefits were reduced which included the elimination of the minimum Social Security benefit except for current recipients and the phasing out of student benefits.

In addition to administrating the basic Social Security benefits

program (Old-Age, Survivors and Disability Insurance) the Social Security Administration also administers the SSI program, the Low-Income Home Energy Assistance program and shares responsibility for the Black Lung program with the Department of Labor. Though local Social Security offices process applications for Medicare entitlement to assist individuals in filing claims for Medicare benefits, the overall federal administrative responsibility for Medicare rests with the Health Care Financing Administration.

In September 1981, already retired workers received an average monthly benefit of $384, and disabled workers received an average payment of $414. Newly retired workers in September 1981 received $427 on the average and disabled workers received an average initial benefit of $424 (U.S. Senate Special Committee on Aging, 1982: Vol. 2, 96).

Bureaucracy and the Service Delivery System

Gary and Margaret Bowers, in their research work on client information systems, worked out an analysis of the service provision system to clients. The Bowers found that service delivery under the various federal, state and local human services programs is basically the same for most programs, generally proceeding along what they feel is a standard path (Project Share, 1975: 10). Step one in the process is client identification, whereby an individual with a problem or need is detected by the human services delivery agency. Whatever

method of client finding is used, the client must nonetheless be identified in order to begin the service delivery process. Problem assessment follows client identification--in that the (1) nature of the problem or need must be defined or ascertained as precisely as possible, (2) the services defined that will be required to fill the need or solve the problem, and (3) it must be decided which agency and/or worker can provide the required service. The third step in the delivery system is intake, which is the formal procedure that an agency uses to begin services for a client. The intake process usually consists of an interview, which may be in person or over the phone, and the length of the interview as well as the extent of data collected will vary according to the agency and type of service being provided. Depending on the agency, the fourth step may vary considerably, and that is eligibility determination. For public funded services the eligibility is generally based on the individual's age, income/assets, family size, health, need or problem, etc. In the case of Older Americans Act services, this is universal entitlement based on age alone, with all emphasis on <u>targeting</u> services to those most in need. This is in contrast to most Title XX based services with strict eligibility requirements based on income and assets, and depending on the service, health and/or need and problem. Once eligibility is determined and the problem or need diagnosed, a case plan is drawn up. This involves establishing the goal and objectives of the services being provided, who will provide them when, and in what amount the service is needed to fulfil the case goal and/or objec-

tives. Following the development of the case plan the service is actually delivered. This can be done in several ways: the agency which established the client's need; it may be purchased or contracted for from another source provider; it could be arranged with other agencies to provide the service at no cost; or it could be provided by a combination of these methods. While the service is being provided, assuming it is ongoing for any length of time, the case is monitored to assure that the quality and amount of the service is consistent with that set forth in the case plan and service contract if a purchased service. During the monitoring, or following the closure of the case service delivery is usually evaluated. This provides some insight into future service planning, and if done during the delivery of services it enables the case worker to determine the individual's continued need for the service or the appropriateness of the service(s) being provided. The last step in the delivery process is logically the case closure. It may follow after a very long period or it may follow a very short term need. The case may be closed for a variety of reasons, ranging from successful achievement of the case plan's goals/objectives to the death or relocation of the client. As the Bowers note, all service delivery agencies do not necessarily follow in a formal fashion each step as described. Many organizations are established to accomplish only a few of the described functions, and in some more complex cases several agencies are needed to join forces to complete the entire service delivery process.

Reisenfeld and several colleagues undertook an interesting study

in 1972 to ascertain the differences and similarities of perception found between elderly consumers of public services and the live agency personnel who develop and deliver these services. One of their primary hypotheses is that some wide discrepancies in perception of public service needs exist between the policy makers and the elderly urban poor who used these services. They utilized a sample of 278 older persons (55+ years), with 44 percent of the sample under 65 years and the balance 65+ years old. The majority of the sample was female, and 88 percent were minority individuals, either Mexican-American (25 percent) or black (63 percent), with the remaining 11 percent being white. Income levels of the sample were low, with 72.6 percent receiving less than $200 per month and all but ten percent receiving less than $300 (Reisenfeld, 1972: 188). The research findings indicated that a great similarity existed in the way of the samples' agency personnel and older people view public service needs. This was demonstrated through their lists of priority recommendations. Too, both of the groups cited the need for remedies to the same basic kinds of problems such as health care and protective services. The discrepancy existed in the way each group expressed the means for a remedy (Reisenfeld, 1972: 188). Reisenfeld divided the spectrum of service needs into two categories: (1) direct services which are generally physical-facility oriented such as low income housing and senior centers and (2) supportive services which allow the client maximum flexibility and choice, such as consumer protection and telephone reassurance programs. Research data pointed out that public

agency personnel usually chose remedies or recommendations that solved problems with direct services, as in category one, whereas elderly consumers in the sample chose remedies that fell into category two of supportive services. The researchers suggested that agency personnel were most likely reflecting values that are generated by their own administrative organization. That organizational strength would be a major outcome of this approach to service provision. They further inferred that the elderly respondents were probably reflecting a non-institutional bias that their various needs can best be served through mechanisms that assist them in better adapting to their city environment. It is thought that this bias was set in a context of a history of failures in attempts to obtain needed services (Reisenfeld, 1972: 189). Reisenfeld believed that the data offered important insights, considering that a chasm was shown to exist between what the urban elderly poor perceived as necessary in type of service delivery and what the public agency personnel perceived as desirable. Data findings indicate that urban elderly poor "appear to perceive their physical life space as a given. . . .They want services which will help them adapt to what their current physical environment offers" (Reisenfeld, 1972: 189). Public agency personnel "do not perceive the current physical environment as a given. They want to alter the physical environment in order to provide services" (Reisenfeld, 1972: 189). Reisenfeld and his colleagues call for an integration of both these approaches so that human services reflect the lifestyle of the service recipients rather than imposing an unwanted set of values on

them.

Pat M. Keith of Iowa State University undertook a similar study to that of Reisenfeld. Unlike Reisenfeld and in contrast to previous studies, Keith found that preferences of the professionals and the aged in his sample tended to be relatively congruent. Keith conducted interviews with 124 randomly selected non-institutionalized individuals (65+ years) in a midwestern community of 300,000. The sample of professionals included 22 physicians, 24 ministers, four social workers and four public health nurses--and data from them were collected by means of a questionnaire as opposed to interviews. The study focused on "assessment of preferences for provision of additional health and social services for the elderly by a sample of persons sixty-five or over and the professionals who serve them" (Keith, 1975: 272). Keith objected to the fact that frequently need perception studies are done using somewhat atypical aged populations, such as those in a public housing project, the elderly poor in a lower-income community, etc. Therefore, for his study he chose to use a representative sample of the aged living in a midwestern community. His research was conducted at the request of individuals in the community with private funds to use for service provision to the elderly. The outcome of the research was important to the community because decisions concerning allocation of funds were to be based on the results of the study and its findings. All of the sample's respondents were informed of the intent and use of the research; (It is questioned if this fact being made known to respondents prior to

their responding had a biasing effect on their responses). Participants were asked to evaluate their priorities for the provision of additional services and facilities in 23 "service areas." Keith's findings indicated that professionals tend to evaluate needs for service in much the same way as the elderly clients. There was agreement between the professionals and the elderly on seven of the services ranked as priorities in the top ten needed services. Where there was least agreement was the importance of two in-home services, telephone reassurance and meals assistance. The elderly respondents rated these services as number four and number five respectively, in contrast to a rating of 13th and 18th given by the professionals (Keith, 1975: 275). The findings indicated a further area of incongruence on the need for additional resources to be allocated for recreational centers. Professionals in the sample tended to overemphasize the need for additional resources in this area. Surprisingly, in another area of incongruence the elderly respondents ranked access to physicians and hospitals as a lower priority than the professionals did (Keith, 1975: 276). Of the professional groups, ministers and social workers service ratings most closely matched that of the elderly respondents. Among the ten highest priorities assigned by the elderly, ministers concurred on eight and social workers agreed on seven--physicians and public health nurses both selected six of the ten services given the greatest emphasis by the elderly (Keith, 1975: 276). While the social workers in comparison with the other professional groups in the sample had many of the scores most congruent with

those of the aged, it was their scores that also accounted for the most extreme differences. The item which showed the greatest difference among rankings of separate occupational groups and the elderly is the social workers' rating of access to physicians at 2.5 strongly advocating additional support, while the elderly respondents ranked this as number 20, indicating little need for more provision of service in this area. Overall, Keith found a high degree of congruence between the perceptions of professionals and the aged. Incongruencies in ratings on the top ten services served to point out the importance the elderly assign to supportive services and maintenance activities that help them to remain in their own homes for a longer period of time. In examining why previous studies of this subject, using mostly low-income elderly and professionals found greater incongruity in perceptions Keith suggests that inconsistencies may in part be due to social class differences between the clients and professionals. Greater homogeneity in social class membership and more frequent contact may possibly be among the factors which account for greater congruence by professionals and clients in Keith's study (Keith, 1975: 278).

Previous studies have frequently reported the practitioner's perceptions of their clients as important in the service delivery process (Cyrus, Lutz and Gaitz, 1972; Keith and Casites, 1975; Schroder and Ehrlich, 1968). There is research that supports the hypothesis that professionals attribute certain characteristics to clients because the clients are believed to represent a particular

group, as opposed to evaluating clients on the basis of their individual characteristics. When this occurs the professional is working with a label rather than an individual, even though many times the characteristics associated with a certain label constitute a stereotype. Brubaker and Barresi in their research examined whether service providers with an accurate knowledge of older people view the delivery of services differently than service providers with an inaccurate knowledge base. The study's stated objective was to "explore the differences between high and low knowledgeable clinical social workers in terms of demographic and professional characteristics as well as attitudes toward service delivery for the elderly" (Brubaker and Barresi, 1979: 216). To obtain their sample, the researchers mailed questionnaires to all (n=384) persons from the state of Ohio that were listed in the 1976 Register of Clinical Social Workers. They ended up with 200 returned complete usable questionnaires which they felt were representative of the 384 clinical social workers. To measure the knowledge and perceptions of the social workers, Brubaker and Barresi utilized Palmore's 1977 Facts on Aging Quiz which consisted of 25 items, 19 of them focusing in on service delivery to the elderly (Brubaker and Barresi, 1979: 217). The main objective of the Quiz is to obtain information regarding an individual's knowledge of basic gerontological factual material. The Quiz is not an adequate measure of attitudes towards old age, but measures knowledge about old age. The responses to the Quiz were tabulated and then respondents put into either a high or low knowledge group

according to the number of correct responses they had. The two categories were then analyzed further by a number of additional characteristics such as age and sex. When respondent's sex was compared with level of knowledge, there was no significant difference between male and female respondents. Age and knowledge scores were found to be positively related with this relationship being most significant for the age group of 51-71 years of age. The oldest age group of social workers was found to have the highest knowledge scores (Brubaker and Barresi, 1979: 219). Brubaker and Burresi suggest that personal experiences associated with age are important in acquiring knowledge about old age. This is further substantiated because no statistically significant differences between high and low knowledgeables was found in terms of number of years with MSW degree or enrollment in gerontology courses during graduate work. The researches also compared respondents who had high knowledge scores with those having low knowledge scores in regard to their mean response scores on a series of attitudinal items. This comparison yielded few statistically significant differences. The data lead one to believe that the high knowledgeables are less likely than low knowledgeables to discriminate against the elderly from other age groups in terms of service delivery. Brubaker and Barresi felt that the major finding of their study was the "lack of differences between the high and low knowledgeables" (Brubaker and Barresi, 1979: 228). Regardless of their knowledge local clinical social workers tend to support the items that are positively oriented toward service

delivery. Thus, it appears from the findings that an accurate knowledge base about the elderly is not the most important factor for a favorable view of service delivery to the aged. It should be noted that the issue of the impact of the knowledge level about old age on the process of providing services was not addressed by Brubaker and Barresi. Few of the clinical social workers questioned provided direct services to the elderly, and the researchers felt that additional study needs to be done to explore the level of knowledge held by the actual service provider and the way in which services are provided.

Coward, in his issues paper on planning community services for the rural elderly points out the great importance of service delivery cooperation in rural communities. Coward found that of the many problems that have been in the way of development of human services for the rural elderly one of the most important and yet least written about is that which is caused by the attitudes and perceptions ingrained in many of the rural elderly towards social intervention (Coward, 1979: 280). He found in his research that all types of human services programs have "been plagued by an inability to establish credibility in rural areas" (Coward, 1979: 280). E. B. Buxton (1976) argued that in most rural areas their first exposure to human services was through welfare programs and that the attitudes they formed toward that program have persisted to color their perceptions of all subsequent social interventions. This idea appears to be a popular one, for Auerbach stated that "this situation has generated

a concept in the rural elderly that accepts little of the modern philosophy prevalent in the cities that there are government and voluntary agencies which have a social responsibility to look after the welfare of the citizens" (Auerbach, 1975). This "spirit of independence" as Coward calls it, is reflected even further in how the rural elderly perceive their own needs. Auerbach reported that in one needs-assessment survey 85 percent of the rural elderly reported they needed nothing. In contrast to this response, urban elderly in the same state when surveyed responded by 45 percent saying that more money is their greatest need (Auerbach, 1975).

Coward makes the distinction that it is not that rural communities have resisted all community services--it seems that newly created "helping" agencies which are thrust upon these communities are often met with initial resistance. He points out that over the years certain organizations that provide family-oriented services have established credibility and have thus been accepted by rural residents, i.e., Cooperative Extension Service. Coward suggests, along with several other researchers that new services coming into these rural areas could be facilitated by supporting already established groups rather than supplanting them (Coward, 1979: 280). This strategy may help to reduce the resistance on the part of rural residents to what they fell is an outside intrusion and possibly increase the service usage because residents may identify it with an already accepted and credible community organization. Some of the afore mentioned problems with service delivery to rural elderly may also be

impacted by the very nature of community growth and the tendency toward greater bureaucracy. Warren (1963) postulated that "as societies on the whole become more bureaucratic, the horizontal ties between local community units became weaker and the vertical ties of local community units to institutions outside the community became stronger" (Warren, 1963). According to Coward, these horizontal ties could be enhanced in rural communities by the implementation of programs and services which support and cooperate with already established community institutions. Nevertheless, even agencies that initially try this technique have had their problems. The great intercommunity competition for the limited number of available resources serves to breed territoriality as opposed to cooperation and integration. Coward stresses that professionals servicing rural communities may need to commit themselves even more earnestly to cooperative efforts and "reject the self serving, but perhaps self-destructive attitude of separativeness" (Coward, 1979: 280).

Good planning of services should be based on what needs actually are. This means the social planners and the individuals responsible for service delivery to the elderly must be aware of client's preferences for services and need priorities--this in turn translates to the need for communication with clients or service recipients. Benveniste (1972) criticized this omission on the part of professionals when planning services--he remarked "too often the experts do not have the time, the desire, or the know-how to communicate with the beneficiaries" (Benveniste, 1972). He also

pointed out that in many cases the service professionals and planners come from different ethnic and social backgrounds than their clients, which can create a disparate perception of needs. Sterne et al., (1974) were more pointed in his criticism of this when he remarked that well-meaning agencies may define elderly clients' needs in such a was as to ". . .insure that budgets are exhausted each year and the continued need for the program demonstrated, despite what clients very truly need" (Sterne et al, 1974).

Avant and Dressel, in the late 1970's, undertook a study which like Keith's study addressed comparative perceptions of the needs of the elderly from their viewpoint and from the viewpoint of the professionals providing the services. The main question that the study addressed was the degree to which the two groups were congruent, and secondly, whether some professionals are more likely than others to perceive the needs of their older clients with greater accuracy. Their research design consisted of a random mail-out questionnaire to registered voters 60+ years of age in the metropolitan community of DeKalb County, Georgia (Avant and Dressel, 1980: 72). The total sample was 359 respondents, some of which were interviewed in cluster samples (i.e. nursing homes, high-rise apartments for elderly) to offset possible biases inherent in mail-out questionnaire returns and voter samples, which the researchers thought might tap only the more active older person. The sample was considered to be representative of the total elderly DeKalb County population as far as demographic variables go--with one notable exception. The sample was over-

represented by persons who lived alone. The survey instrument asked respondents to prioritize service needs from a list of eighteen specific needs, as well as demographic information being requested. Service providers were asked some additional questions relevant to the researchers' need to ascertain whether particular service providers could more closely perceive the needs of their elderly clients than other service providers.

Avant and Dressel came up with some very interesting findings from a planning perspective. They caution that the close congruence their study and that of Keith's found between the perceived needs of the elderly and the perceptions of the service providers may be misleading (Avant and Dressel, 1980: 75). They believe that these close congruences may in fact obscure some very large differences in single items. Therefore, it is necessary to examine the particulars of the research and not rely solely on a summary statistic, particularly if one is using research of this type for practical planning purposes. Surprisingly enough, they found that the perceptions of needs of the elderly by service providers with gerontological training were not as congruent with the perceptions of the older people themselves as were the perceptions of service providers without gerontological training (Avant and Dressel, 1980: 75)! Several possible explanations were proposed by Dressel and Avant to account for this finding. If it may be assumed that formal gerontological education and training concentrates primarily on theory without giving adequate attention to its applied aspects, then that educational

experience may not prepare gerontologists for actual service delivery or needs assessment of elderly clients (Avant and Dressel, 1980: 75). Too, much of academic gerontology uses as its reference point a national profile of the elderly population, which in many cases may not be applicable or useful at the local level of service delivery. Too, those professionals who have gerontology training may simply assume they already know and understand what older people need without ever asking older people directly, thus increasing the possibility of misjudgment. Another possible explanation may be that the incongruity is due to tunnel vision on the part of trained gerontologists who despite the expressed views of their elderly clients they continue to view the services their particular agency offers as foremost in importance (Avant and Dressel, 1980: 76).

Another finding, contrary to prior expectations, was that the perceptions of elderly needs among service providers working exclusively with the elderly was less congruent with the way the elderly perceived their own needs than the perception of elderly needs among service providers working with all age groups (Avant and Dressel, 1980: 76). The researchers conjectured this may be so because the agencies serving exclusively the elderly are actually the "new kids on the block" providing relatively new programs and services. The agencies serving all age groups and clients have been in existence longer and may possess greater knowledge of elderly needs due to the added time factor.

This study also found that there was greater congruence between

the way agency administrators perceived the needs of the elderly and the needs perceptions of the elderly themselves than exists between agency line staff and the elderly. Avant and Dressel assume this may be so because the administrators may have been involved in human services longer than most of their line staff. The added length of time may provide one with a greater degree of awareness of the needs of the elderly than younger or less experienced workers may have. In many cases though, line staff may have more human services experience and simply less administrative experience than agency administrators.

The finding that Avant and Dressel found by their own account to be "most surprising and distressing" (Avant and Dressel, 1980: 76) concerns that of low-income elderly clients. It was found that service providers who work exclusively with low-income persons show a very low (insignificant) correlation with both the general elderly population and the low-income elderly population. Thus, those service providers who are most responsible for serving the needs of low-income elderly are also least likely to respond to those needs in a way congruent with how the elderly perceive the needs themselves (Avant and Dressel, 1980: 76). It was felt this may be due to the differing socio-economic status and background of the service providers and the clients, and again tunnel vision may account for some of this incongruence.

What this writer found most distressing in Avant's and Dressel's final conclusion--that "Consistently, service providers named the services they were primarily responsible for providing as the most

important to older persons" (Avant and Dressel, 1980: 76). If this is indeed so, it appears the human services delivery system and its component agencies is a well-meaning but self-serving lot.

In gauging the use persons are likely to make of available public services, attitudes surveys are frequently employed--with the assumption being that attitudes are congruent with overt behavior. However, this assumption is questionable, as LaPiere found several decades ago in his study of attitudes and behavior. Powers and Bultena undertook a two-part study beginning in 1960 because it was their contention, along with Blumer's, that "verbal statements of intended action do not accurately predict later behavior" (Powers and Bultena, 1974: 246). Thus, theirs was a longitudinal study conducted in 1960 and 1971 that addressed the issue of whether verbalized statements of needs and of a willingness to use social welfare programs as obtained in the actual use of these programs. In 1960, they interviewed 611 older people in a five county area in Iowa who resided in household units drawn randomly from county maps and property-tax lists. More than half of this sample (56 percent) was unavailable for restudy in 1971, with 32 percent of the original sample known to be deceased. All persons for whom a current address could be obtained and who still resided in Iowa, were considered eligible for restudy; which left 235 individuals to be reinterviewed, of which 211 individuals' responses were analyzed as the balance were institutionalized at the time of restudy. Institutionalized persons were omitted from the reinterviewers because Powers and Bultena's

research was concerned with the utilization of public programs, and institutionalized persons receive their care for the most part from nursing home staff. In 1960 respondents were asked whether they felt each of a set of eight specified programs should be provided in their community and whether they would personally use these programs if they were provided. In 1971, the respondents, all of who were then over the age of 70 years, were questioned about the local availability of the forementioned eight services and whether they had used any of the services at least once during the previous year. They were also questioned to see if they were receiving help from others to meet their daily needs, and if so, who was providing the assistance.

The study's findings were of particular interest due to the incongruity found between respondent's perceptions of community needs and their perceptions of their own personal needs (Powers and Bultena, 1974: 247). A majority of the respondents in 1960 indicated that it was important that each of the eight services be offered in their community, yet for each program listed, twice as many persons felt that the program was important to the community as they felt a personal need for it. The researchers felt that this perception discrepancy might be due to several factors. There is a tendency for people in general to indicate that a given service may be useful, so as not to deny someone else in need, and secondly there is a "stereotypic perception" held by many older people that other older persons have worse life situations than they do and thus, greater needs (Powers and Bultena, 1974: 248). Their responses indicate the

importance of the wording of a questionnaire regarding social welfare programs--if researchers were to ask whether a respondent would personally use a proposed service they would probably elicit a vastly different answer than asking whether others have a need for the service. Considering the above findings, it is not surprising that when respondents were asked in 1971 about their actual use of the eight services listed, no more than nine percent had used any one in the previous year.

Powers and Bultena suggest several explanations for the nonuse of public programs--being unaware that the service exists, lack of need for the service, aversion to welfarism, pride, desire for independence or use of alternative support systems. They discount two of these potential reasons, being unaware of the service and lack of need, because those two reasons do not explain adequately the respondents non-use of services offered. They believe that the bottom line explanation is one of self-perceptions of potential clients and their perceptions, whether accurate or not, of client-agency interactions.

Americans tend to venerate youth, and "old age" conjures up negative imagery, and the researchers state that "it should therefore be expected that persons will resist such definitions of themselves. In conceeding they are 'old,' they must acknowledge that they now occupy a highly devalued status in American society. . . .Thus many older persons do not use existing programs" (Powers and Bultena, 1974: 252). Too, the elderly will at times refuse public assistance because it carries a stigma of charity and for some of them is a source of

embarrassment (Powers and Bultena, 1974: 253). Powers and Bultena cite one instance in which an older person they talked with needed financial help but refused it because she thought that others would consider he a charity case, a status she was unwilling or unable to accept (Powers and Bultena, 1974: 253). Too, older people are frequently unwilling to use public programs, according to Powers and Bultena because of either zeal or imagined anticipated interactions with agency personnel. Older individuals are concerned that agency staff will be "moralistic, punitive, and abrupt and will closely question their economic or life patterns or require an endless number of forms to be filled out" (Powers and Bultena, 1974: 253).

How then does one determine what assistance programs for the aged should be developed if neither questionnaires about their anticipated needs or usage reflects their later behavior, nor will many in true need use existing programs? Powers and Bultena suggest, based upon their findings, that perhaps programs should be developed that better utilize existing helping networks, as their data indicated that major assistance to their respondents was provided by kin-friend linkages (Powers and Bultena, 1974: 253). It is felt that this method would not eliminate the reluctance of older persons to use public assistance, but would reduce the stigmatization they may feel and also produce more effective community input. It is suggested that perhaps practitioners should not try to fit the older person to the service, but rather let the established relationships and life style of the aged individual dictate the service approach.

CHAPTER III

DESIGN OF THE STUDY

The necessity of providing a variety of social services to our nation's elderly, is a widely recognized need which is manifested in an ever increasing demand for these services. What is not known however, is just which services are considered by elderly recipients themselves to be valuable and worthwhile services, and how elderly people want these services delivered to them. This study was designed therefore to look at what services are considered important by the recipients of these services, rather than whether the provision of such services are essential.

Background Information

The nutrition sites and programs from which the sample population for the study was drawn are located in two northern Virginia counties. County "X" is a rapidly growing and changing county which during the 1970's was the fastest growing county in the United States. It is a mixture of rural farmland and suburban communities, with a 1980 population of 144,703 of which four percent or 5,543 are elderly persons sixty years of age or older (1980 Census). An hour's drive from Washington, D.C., it has one of the highest median family incomes

in Virginia $30,056 per year (1980 Census). County "Y," less than ten minutes from the Nation's Capital, is considered for census purposes an inner-suburban urban area (Arlington County Planning Department). Its 1980 population was 152,599 persons, of which nine percent are elderly persons sixty years of age or older (1980 Census). In 1978, the median family income of County Y was $26,865 per year. On a drive through County Y one sees a mixture of commercial and densely clustered residential areas which include many apartment complexes.

Nutrition Sites, Bus Program and Church Group

One large nutrition site in county "Y" was used, because of its unique diverse mixture of Hispanic and Vietnamese immigrants and native born American elderly. This mixture of people gives the site an international flavor, which withstanding language barriers, allows for a lively exchange of ideas and values. In county "X" three nutrition sites were used, members of a senior citizens recreational tour bus program, and a local church group. Each nutrition site in County X differs from the other sites with respect to clients and site environment. The largest nutrition site of the three is located in a Section 8 (low-moderate income rental program through HUD) high rise apartment building for the elderly and handicapped. Its residents come from all over the Commonwealth, and from across the United States, as many of the residents moved to the county to be closer to children. The second nutrition site is housed in a community center

located in an old "downtown" area. The participants of this site are mostly old time county residents, having been born and reared in the county or in a neighboring one and, because of their deep roots have a greater cohesiveness and sense of community pride than the participants at the other two sites. The third and last site is located in a very developed suburban area of the county, what could be called a "bedroom community" of the Nation's Capital. It is a transient area, comprised of many government workers who frequently move their parents to the area with them when they come. Of the three sites, it also has the largest minority population, mostly Blacks, and the greatest proportion of low income participants.

The recreational tour bus program is a social activity sponsored by the county government, which provides low cost recreational trips to senior citizens 60+ years of age several days per week throughout the year. The people who have used it since July 1981--300 unduplicated persons--are drawn from all areas of the county, all racial and ethnic groups and all educational and income levels. The only characteristics they have in common with each other is old age and an enjoyment of travel and outings.

The last group used in county "X," were members of a local Catholic church senior citizens club, whose members get together monthly for conversation and good company.

The nutrition site participants, the tour bus users and the church club members are not strictly mutually exclusive groups. There tends to be some interaction between the groups, particularly the

nutrition program and the bus program. All groups concerned were comparable in age range and other demographic characteristics--however the nutrition program, particularly the third site has a large concentration of low income and "at risk" elderly. It should be pointed out for comparison purposes that all the participants at the nutrition sites are there because they need the benefits of the nutrition program--the service is basically what Nelson referred to as a life-maintenance service. This is in contrast to the tour bus program or church social club, whose participants are there for recreational or social reasons, to benefit from life-enhancement services.

The Sample

The sample consisted of one hundred seventy-one (171) persons sixty years of age or older, who attended one of four nutrition sites, participated in the tour bus program or are members of the church group. Forty-seven (47) of the sample were from county "Y's" nutrition site, thirty-five (35) from the tour bus program, ten (10) from the church group and seventy-nine (79) from county "X's" three nutrition sites. The sample was divided into twelve groups, (one of which was the total sample) on the basis of race/ethnicity, educational level, public benefits recipients/non-public benefits recipients, urban/rural background, and higher income denoted by receiving income in addition to Social Security.

TABLE 1 - SAMPLE SUB-GROUPS

TOTAL SAMPLE	171
MINORITIES**	26
URBAN	60***
RURAL	108***
HIGHER INCOME	83
HIGHER EDUCATION*	46
PUBLIC BENEFITS RECIPIENTS	33
PUBLIC BENEFITS MINORITIES	10
PUBLIC BENEFITS URBAN	11
NON-PUBLIC BENEFITS	138
NON-PUBLIC BENEFITS MINORITIES	16
NON-PUBLIC BENEFITS URBAN	49

* Education received beyond secondary school

** Includes Blacks, Hispanics and Asian

*** All respondents did not indicate urban/rural on questionnaire

The Survey Instrument and Rating Scale

Survey questions that were formulated were based upon the survey design of the Virginia Center on Aging's 1978-1980 Statewide Survey of Older Virginians. The questionnaire was made up of two distinct sections. Part I included one reality orientation question, and background questions on age, religion, gender, educational level

attained, work history, employment status and current source(s) of income. Part II had seven questions regarding satisfaction with current living situation and thirty-three (33) questions the answers to which corresponded to five different scales for scoring purposes (See Appendix A). Scale One--Local Welfare questions pertained to attitudes regarding the local welfare department and how it operates, including bureaucratic rules and agency procedures. Scale Two--Government Help questions ascertained attitudes towards receiving government help in general, mostly federal public benefits. Scale Three--Social Security questions were related to attitudes towards the Social Security system. Scale Four--Area Agency questions were about how the respondent regarded the local area agency on aging and Scale Five--Service Delivery System attempted to get at what respondents considered important qualities in service delivery, in terms of the personal aspects; i.e., how they felt they should be treated. For Part II questions, the respondent circled one of five answers; strongly disagree, disagree, undecided, agree or strongly agree. Responses were scored from 1-5 respectively for all questions phrased in the positive tone, and for the questions phrased negatively, i.e. "what I dislike," the answers were scored 5-1 respectively. This was done to have all responses uniform with no weighting or bias towards any one agency or service.

TABLE 2 -- ORGANIZATION OF SCALES AND CORRESPONDING SURVEY QUESTIONS

SCALE #	DESCRIPTION	CORRESPONDING QUESTIONS	POSSIBLE POINTS
1	ATTITUDES TOWARDS LOCAL WELFARE BUREAUCRACY AND THE AGENCY(S) THAT ADMINISTERS IT.	#8, 25, 26, 34	20
2	ATTITUDES TOWARDS RECEIVING GOVERNMENT HELP IN GENERAL	#9, 10, 11, 14, 15, 17, 22, 24, 28, 35	50
3	ATTITUDES TOWARDS SOCIAL SECURITY SYSTEM	#13, 29, 30	15
4	ATTITUDES TOWARDS LOCAL OFFICE ON AGING (AREA AGENCY ON AGING)	#12, 16, 19, 27, 33, 36, 37, 39, 40	45
5	ATTITUDES TOWARDS LOCAL HUMAN SERVICES DELIVERY SYSTEM AND WHAT IS CONSIDERED IMPORTANT TO RECIPIENTS	#20, 21, 23, 31, 32, 38	30

Data Collection

Questionnaires were self administered at each of the sub-sample locations during the Fall of 1981. All the respondents were obtained on a voluntary basis, and most of them were quite interested in the results. They were all told that the results were to be used to determine what changes, if any, should be made in the area of human service delivery to older people. Each respondent was given his/her own questionnaire after receiving verbal explanations on how to mark their responses, and asked to give what they felt was their opinion

and not what they believed was a "right" answer. Survey administrators asked respondents not to discuss the questions as they completed the survey, stressing the importance of getting only their opinions in regards to the survey questions. After all the surveys were completed (171) each one was scored, and received a five part score, representing the total for each scale (see Table II). Then the total scores per scale were tabulated for the whole sample and each of the eleven other sub-groups obtaining the mean, standard deviations and variance for each sub-group on each scale (see Table III). In addition, scores were tabulated for educational level attained, with elementary and middle school education being assigned a rating of 1, secondary school 2, and college or graduate school a rating of 3. For correlation purposes where income data were used, public benefits income was given a rating of 5, Social Security income only was a 10, and income received in addition to Social Security was given a rating of 15. No aggregate dollars amounts could be used for the income data because the questionnaire only requested sources of income or benefits received. This was done because it was felt older individuals would be more inclined to divulge this kind of information than giving actual dollar amounts for income. Scores were obtained for each respondent's satisfaction with their current living situation and then for various other sub-groups (see Table V), with a rating of 28-35 satisfied, 21-27 accepting and 7-20 dissatisfied.

Hypotheses

The hypotheses for the study can be stated as follows:

1. The area agency on aging is not perceived as a welfare agency by the individuals who utilize its services.
2. As elderly clients' incomes and education rise, their perceived tolerance of welfare and public benefits will decrease.
3. Urban elderly will have a greater perceived tolerance of welfare and public benefits than rural elderly.
4. Minority elderly will have a greater perceived tolerance for welfare and public benefits.
5. Older people who depend on public assistance for their subsistance will be more tolerant of the welfare and public benefits system but more critical of how the services are delivered by local agencies. With the converse being true, older people who do not receive public assistance will be less tolerant of the welfare system but more approving of how the services are delivered.

Limitations

During the time frame that this survey was employed, there was much political turmoil and confusion over the future safety of the Social Security system as well as many other public benefits and entitlement programs that are important to older people. It is quite conceivable considering all the media attention given to this subject, that the elderly respondents of this survey were influenced at the

time they were surveyed. It should also be pointed out that this was not a true random sample survey, as all the respondents except for those in the church group were participating in one or more county sponsored programs for the aged. Any conclusions reached based upon the results of this survey can only be applicable to very similar senior citizens groups in comparable geographic areas.

In any discussion of the limitations of survey research, one should not overlook the admonitions of LaPiere and Wicker, both of whom have stressed the importance of not relying too heavily on the questionnaire findings alone. LaPiere, in his 1934 article "Attitudes vs. Actions" defines a social attitude as a "behaviour pattern, tendency or conditioned response to social stimuli. . .but by derivation social attitudes are seldom more than a verbal response to a symbolic situation" (LaPiere, 1934: 230). LaPiere conceded that a considerable part of the data which social scientists deal with can be obtained by the survey questionnaire method, but cautions that "only a verbal reaction to an entirely symbolic situation can be secured by the questionnaire. It may indicate what the responder would actually do when confronted with the situation symbolized in the question, but there is no assurance that it will" (LaPiere, 1934: 236). Allan W. Wicker, building on LaPiere's research, further admonishes the social scientist using a survey questionnaire that "caution must be exercised to avoid making the claim that a given study. . .is socially significant merely because the attitude objects employed are socially significant...most socially significant questions involve overt

behavior, rather than people's feelings, and the assumption that feelings are directly translated into actions has not been demonstrated" (Wicker, 1969: 75).

With few exceptions, research that involves the study of human behavior is usually influenced by many factors outside the study that cannot be controlled or measured. For these reasons, it is suggested that further research on the subject of human services delivery systems and the perceptions toward these services held by the elderly themselves, utilize a combination of survey research and participant observation.

CHAPTER IV

FINDINGS

The sample involved in this study were elderly individuals (60+ years of age) residing in two Northern Virginia counties. The majority of the sample lived in a predominately rural county and were drawn from three nutrition sites, a Catholic church group and participants in a recreational charter bus program. The other part of the sample was drawn from three nutrition sites in an urban county right outside of the Nation's Capital.

The data, which consisted of the results of 171 questionnaires were analyzed as a whole. Then the data were subdivided for additional analysis and comparisons using the following subgroups: (1) total minorities, (2) total urban (individuals raised in an urban environment), (3) total rural, (4) total higher income (those individuals who were not receiving public benefits and had a supplemental income in addition to their Social Security), (5) total higher education, (education beyond secondary school), (6) total public benefits recipients, (7) public benefit minorities, (8) public benefits urban, (9) total non-public benefits recipients, (10) non-public benefits minorities, and (11) non-public benefits urban. Lastly, the data were divided into males and females, and employed and retired, and analyzed

for life satisfaction (in regards to current living situations) scores, an analysis which used in addition all the above mentioned subgroups.

Findings Grouped By Hypothesis

Hypothesis 1: Is the area agency on aging perceived as a welfare agency by the individuals who utilize its services? The first hypothesis predicted that this was not so, and that findings would show a difference in perception on the part of elderly people towards the area agency. Based upon a review of the literature and this writer's personal experiences at the Area Agency on Aging, one inference is that older individuals would make a distinction in terms of greater approval about the AAA in comparison with the local welfare agency. In examining the mean scores of the Local Welfare Scale and the AAA Scale for the total sample as well as all subgroups, this hypothesis is substantiated. Looking at the total sample alone, the mean score for Local Welfare was 11.18 and for the AAA was 32.35 (Table 3); and, when these scores are converted to a ratio score on a scale of 100 (Table 4) it is apparent that a greater approval rating was given the area agency than the administering welfare agency. On a scale of 100, the mean score for the AAA scale was 71.89, as compared to 55.9 for the Local Welfare scale. The standard deviations for both scales show little variation about the mean, indicating that most of the sample was in concurrence with each other in their responses. It is interesting to note that the highest converted mean score for the

TABLE 3 -- SUMMARY OF MEAN SCORES AND STANDARD DEVIATIONS BY GROUP AND SCALE

	Sample Size	Education*	Attitudes Towards Welfare Agency #1 X_1	SD	Government Help in General #2 X_2	SD	Social Security Agency #3 X_3	SD	Area Agency on Aging #4 X_4	SD	Human Services Delivery System #5 X_5	SD
Total Sample	171	2.1	11.18	2.40	34.44	5.12	9.73	1.92	32.35	3.65	21.78	2.81
Total Minorities	26	1.8	11.42	2.27	36.15	4.43	10.04	1.56	32.12	3.98	21.31	3.41
Total Urban	60	2.1	10.9	2.67	36.03	4.48	9.47	2.01	32.52	3.57	21.82	2.82
Total Rural	108	2.1	11.36	2.24	33.51	5.26	9.94	1.74	32.19	3.61	21.79	2.73
Total Higher Income	83	2.3	10.96	2.23	33.37	5.51	9.71	1.94	32.65	4.06	21.78	2.76
Total Higher Education	46	3	11.04	2.25	33.36	6.14	9.26	1.86	32.00	4.01	21.33	2.80
Total Public Benefits	33	1.6	12.0	2.61	37.03	4.19	10.03	2.28	32.39	3.43	21.55	3.30
Public Benefits Minorities	10	1.6	11.9	1.79	38.40	3.34	10.1	2.42	32.9	3.96	21.80	3.33
Public Benefits Urban	11	1.9	11.55	3.30	38.0	4.20	9.45	2.46	31.0	2.79	21.27	4.13
Total Non-Public Benefits	138	2.2	10.99	2.34	33.54	4.55	9.63	1.93	32.35	3.73	21.83	2.69
Non-Public Benefits Minorities	16	1.9	11.13	2.53	34.75	4.54	10.0	0.73	31.63	4.05	21.0	3.54
Non-Public Benefits Urban	49	2.2	10.76	2.52	36.65	4.47	9.47	1.93	32.84	3.67	21.94	2.48

*1 = Elementary school 2 = Secondary school 3 = Higher education - College and Graduate school

TABLE 4 -- TRANSFORMED MEAN SCORES BASED ON 100

	Sample Size	Attitudes Towards Local Welfare Agency #1 - $\bar{x}_1$	Government Help in General #2 - $\bar{x}_2$	Social Security Agency #3 - $\bar{x}_3$	Area Agency on Aging #4 - $\bar{x}_4$	Human Services Delivery System #5 - $\bar{x}_5$
Total Sample	171	55.90	68.88	64.87	71.89	72.60
Total Minorities	26	57.10	72.30	66.93	71.38	71.03
Total Urban	60	54.50	72.06	63.13	72.27	72.73
Total Rural	108	56.8	67.02	66.27	71.53	72.63
Total Higher Income	83	54.8	66.74	64.73	72.56	72.60
Total Higher Education	46	55.20	66.72	61.73	71.11	71.10
Total Public Benefits	33	60.0	74.06	66.87	71.98	71.83
Public Benefits Minorities	10	59.50	76.80	67.33	73.11	72.67
Public Benefits Urban	11	57.75	76.0	63.0	68.89	70.90
Total Non-Public Benefits	138	54.95	67.08	64.20	71.89	72.77
Non-Public Benefits Minorities	16	55.65	69.50	66.67	70.29	70.0
Non-Public Benefits Urban	49	53.80	71.30	63.13	72.98	73.13

AAA scale was found for the subgroup of non-public benefits urban, a score of 72.89 on a scale of 100, while this same group gave the lowest converted score of all the subgroups, a 53.80, on the Local Welfare scale. The highest converted mean score for the Local Welfare scale, showing what may be considered the most approval by a subgroup of the local welfare bureaucracy, was a score of 60 given by the subgroup of public benefits recipients. They correspondingly had a converted mean score of 71.98 for the AAA scale, a mean score just slightly more approving than that given by the total sample. The lowest converted mean score for the AAA scale was given by the subgroup of public benefits urban, a score of 68.89, which corresponded with a relatively high score of 57.75 on the Local Welfare scale. The difference in these two mean scores is the smallest difference in means found between the Local Welfare scale and the AAA scale; indicating the closest congruence between the two scales. It is also curious to note the difference in mean scores for the two scales between public benefits urban and non-public benefits urban, whose differences in attitudes may be attributed to the fact that the one urban group depends on the local welfare bureaucracy for its subsistance, and the other urban group is not dependent on public benefits to live.

It can be determined that, among the total sample and all subgroups, the area agency on aging is not perceived in the same manner that the local welfare agency is perceived. Thus, it can be said with some certainty that among the individuals sampled who utilize the

services of the area agency they do not perceive this agency as a "welfare" agency. This is not meant to connote the labels of "good" or "bad" agency, but rather that the individuals sampled made a distinction in agency functions, with a relatively higher degree of approval of the functions carried out by the agency on aging. This may also be a reflection of current prevailing societal attitudes about welfare or government assistance in general, more popularly called "Reaganomics." Confirmation of this first hypothesis was expected though, as much has been written about the older person, particularly the rural elderly, feeling a stigma attached to welfare programs. Nelson cited this stigma when he referred to the "welfare image" (Nelson, 1982: 18) that tends to characterize Title XX services to the elderly--and it is the local welfare agency that administers the bulk of the Title XX services to the aged.

What was surprising in the findings, was the relatively low mean score given by the public benefits urban group on the AAA scale. One possible explanation of this could be that the level of expectations regarding what services an AAA should offer are higher in the public benefits urban group. Research (Coward, 1979) indicates that urban areas provide considerably more services for the elderly than do their rural counterparts, thus this group of individuals may have come to expect more.

Hypothesis 2: As elderly clients' income and education rise, does their perceived tolerance of welfare and public benefits decrease? This second hypothesis maintains that perceived tolerance

of public benefits will decrease as clients' income and educational level increases. To substantiate this proposition completely a negative correlation should have been found between the total samples' income and the Government Help scale and between higher education and the Government Help scale. Using the total sample data, no such significant correlation was found. However in the subgroup of minorities, there was indeed a strong correlation (r=-.51) (Table 6) that showed that as the minority individuals' incomes rise, their perceived tolerance of public benefits (Government Help) decreased. Though there was no significant correlation found among the total sample to support the second hypothesis, there were several subgroups among the total sample which had significant differences in mean scores that do tend to lend support to the second hypothesis. It should first be pointed out that a modest correlation (r=.15) was found in the total sample between educational level of individuals and their income level (Table 6). Thus, as "education level achieved" rose, the income of the individual also increased. A significant difference in the means at the .01 level was found between the scores on the Government Help scale for public benefits clients and those individuals who had higher education (Table 5). The individuals in this sample with college or graduate school education showed less tolerance for welfare or public benefits programs (mean converted score on Government Help of 66.72) (Table 4) than public benefit clients with a higher converted mean (74.06) for Government Help (Tables 3 and 4). In regards to income and its effect on tolerance

TABLE 5 -- SUMMARY OF SIGNIFICANT DIFFERENCES IN MEANS

Groups	Group Size	Transformed Mean Scores	Scale Tested	t Score	Significance Level
Total Higher Income	83	54.8	Local Welfare	2.01	0.05
Public Benefits	33	60.0			
Public Benefits	33	60.0	Local Welfare	2.13	0.05
Non-Public Benefits Urban	49	53.8			
Public Benefits	33		Educational	4.52	0.01
Higher Income	83		Level Attained		
Public Benefits	33	74.06	Government Help	2.05	0.05
Higher Income	83	66.74			
Higher Education	46	66.72	Government Help	3.14	0.01
Public Benefits	33	74.02			
Public Benefits Minorities	10	76.80	Government Help	2.35	0.02
Non-Public Benefits Minorities	16	69.50			

TABLE 6 -- SUMMARY OF SIGNIFICANT CORRELATIONS

Group	Group Size	Scales Correlated	Correlation Coefficient	Significance Level
Minorities	26	Income with Government Help	-0.51	.01
Minorities	26	Government Help with Service Delivery	0.35	.07
Non-Minority Public Benefits	23	Government Help with Service Delivery	0.38	.07
Total Sample	171	Age with Local Welfare	0.15	.05
Total Sample	171	Education with Income	0.15	.05
Total Sample	171	Local Welfare with Service Delivery	-0.15	.05
Total Sample	166*	Life Satisfaction with Income	0.17	.05
Public Benefits	33	Government Help with Service Delivery	0.35	.05

* Not all respondents in total sample of 171 answered section on life satisfaction. Thus the difference between 171 and 166.

of public benefits, there was a significant difference in the means (.05 level) between the public benefits clients and their mean score for the Government Help scale and the higher income individuals and their mean score for that scale. The population of higher income individuals was randomized to a smaller sample of thirty-three (33) individuals in order to compare it to the public benefit clients subgroup which had a sample size of thirty-three (33) persons. This randomizing was done in order to reduce the possibility of error in testing the significant differences in the means. This was expected because all of the public benefits clients receive some form of public assistance and being more familiar with these benefits they were more apt to have greater concurrence among themselves as to the value of the benefits' programs. To further substantiate the significant correlation found among the samples' minority population and their income ($r=-0.15$) (Table 6) with the Government Help scale a significant difference in the means was found (.02 level) for public benefit minorities and their Government Help scale mean, and non-public benefits minorities and their mean score on that scale. Non-public benefits minorities had a lower mean converted score on the Government Help scale (69.50) showing a lesser tolerance of welfare programs than public benefits minorities (76.80). Both subgroups had a relatively small standard deviation of under 5 on the Government Help scale, demonstrating agreement among the respective groups as to their perceived attitudes on government assistance and public benefits. Taking into consideration these findings, it may be said

with some degree of accuracy that the second hypothesis was substantiated for the minorities in this sample, and a supportive trend was found among the rest of the sample.

Hypothesis 3: Do urban elderly have a greater perceived tolerance for welfare and public benefits than rural elderly? No evidence was found in this study to support this third hypothesis. Converted mean scores for the two subgroups were sufficiently disparate on the Government Help scale to warrant further investigation, and so a random sample of sixty (60) was drawn from the rural subgroup in order to more accurately compare it with the urban subgroup. The difference in the two subgroups' mean scores were treated for significance, but no significant difference was obtained for their mean scores on the Government Help scale. More specific questionnaire items may have helped to support this hypothesis, by providing more useful and relevant data on who was an urban-rural respondent. For example, asking specifically if respondent was born and reared in a rural or urban area--how many years spent there, etc. It was expected that this hypothesis would be confirmed--considering the number of previous studies (National Strategy Conference, 1979; Coward, 1979) that show such differences in urban-rural perceptions of public programs.

Hypothesis 4: Do minority (Black, Hispanics and Asians in sample) elderly have a greater perceived tolerance for welfare and public benefits? This fourth hypothesis was substantiated to a degree, which is to say that it needs further clarification. For the

TABLE 7 -- INTER-CORRELATION MATRIX

		Income	Local Welfare Agency #1	Government Help #2	Social Security #3	Area Agency on Aging #4	Service Delivery #5
Total Sample n=171	Age	-----	0.155*	-0.106	-----	0.056	-----
	Education	0.150*	-----	-0.135	-----	-----	-----
	Income	-----	-0.056	-0.058	-----	0.072	-----
	Scale #1	-----	-----	0.065	-----	-----	-0.152*
	Scale #2	-----	-----	-----	-----	0.057	0.139
Minor-ities n=26	Education	0.160	-----	-0.094	-----	-----	-----
	Income	-----	-----	-0.510+	-----	-----	-0.117
	Scale #1	-----	-----	-0.110	-----	-----	0.163
	Scale #2	-----	-----	-----	-----	-----	0.350^{o}
Non-Minor-ities Public Benefits n=23	Education	-----	-----	0.210	-----	-----	-----
	Scale #1	-----	-----	-0.100	-----	-----	0.275
	Scale #2	-----	-----	-----	-----	-----	0.389^{o}
Total Public Benefits n=33	Education	-----	-----	0.189	-----	-----	-----
	Scale #1	-----	-----	-0.078	-0.117	-0.098	-----
	Scale #2	-----	-----	-----	0.215	-0.025	0.358*
	Scale #3	-----	-----	-----	-----	0.142	-----

* Significant at .05 level
\+ Significant at .01 level
^{o} Not Significant - indicates a trend

minority sample, their income was correlated with the Government Help scale and a significant correlation (r=-0.51) at the .01 level was found (Table 6). This meant that as their incomes rose, their perceived tolerance of public benefits decreased; and the lower their income, the greater perceived tolerance they had for public benefits. Furthermore, a significant difference in the means was found between public benefits minorities and non-public benefits minorities on the Government Help scale (t=2.35) (Table 5). Therefore, it can be said that for this sample low income minorities receiving public benefits are more tolerant of welfare programs than their higher income counterparts who receive no public assistance.

Hypothesis 5: Are older people who depend on public assistance more tolerant of the local welfare system but also more critical of how the service is delivered? And are older people not dependent on public benefits less tolerant of the welfare system but also less critical of the service delivery system? There was no clear support for this last hypothesis. The total sample was found to have a significant (r=-.152) correlation for the responses to the Local Welfare and Service Delivery scales. Local Welfare scale questions dealt with individuals' attitudes towards the local welfare agency and the way it administers its programs. Service Delivery scale questions revolved around what the respondents considered important in the delivery of services to them, i.e., how agency workers should treat them, etc. What this negative correlation indicates is that there is a disparity between the qualities that should be present in a service delivery

system, and what the respondents feel they are receiving from the local welfare agency. The public benefits subgroup was found to have a greater perceived tolerance ($\bar{x}_1$=12.0) for the local welfare agency than both the higher income subgroup ($\bar{x}_1$=10.9) and the non-public benefits urban subgroup ($\bar{x}_1$=10.8). This difference was statistically significant in both cases; there was a significant difference in the means (.05 level) found between higher income individuals and public benefits' recipients on the Local Welfare scale and the difference of the means was also significant (.05 level) on the Local Welfare scale for public benefits' recipients and the non-public benefits urban subgroup. This difference may be due to public benefits recipients having more interaction and thus greater familiarity with the local welfare agency than either the higher income subgroup or the non-public benefits urban subgroup. Interestingly enough, there was a weak, but positive correlation found in the total sample between responses on the Local Welfare scale and age (r=.155) (Table 6). As respondents' age increased, so did their approval of the local welfare agency and its programs. This is not to say that older people, as they age are more tolerant of government assistance. The correlation, weak as it may be, indicates a growing approval of the local level welfare agency, which must be looked at separately and apart from the services they are mandated to administer. It is possible that older people are showing approval of the job the agency is doing--the way they are handling their duties, and the interactions they have with the community.

Current Life Situation Data

Though this study does not attempt to deal with the relationship between age and life satisfaction, questions were included in the survey for background information to ascertain the respondents' general satisfaction with their current life situation (health and dental care, housing, income, etc.). Not surprisingly, a weak, but nonetheless significant correlation (r=.17) was found in the total sample between respondents' income and their reported satisfaction with their current living situation. To compute this, values of 5, 10, and 15 were assigned, respectively, to respondents with public benefits income only, Social Security income only and higher income individuals. The positive correlation tends to indicate a trend that for this sample the higher the income, the more satisfaction with their current life situation, as it concerns health and dental care, transportation, etc. This result is congruent with data reported in the 1981 National Council on the Aging Survey (Aging in the Eighties: American in Transition) which cited findings which revealed that for those elderly (65+) with incomes of under $10,000 the scores for life satisfaction showed significantly greater declines (from NCOA's 1974 survey) than the scores for older people in the higher income brackets. Unfortunately no data were obtained in this study on health and marital status, which may also have been a good indicator of satisfaction. The mean satisfaction score for the total sample was 22.54, out of a possible score of 35 (Table 8). The most satisfied subgroup was the "young-old" of 60-65 years, who had a mean of 24.48,

TABLE 8 -- SUMMARY OF GROUP SATISFACTION
MEANS AND STANDARD DEVIATIONS

SCALE
28 - 35 Satisfied
21 - 27 Accepting
7 - 20 Dissatisfied

	Sample Size	$\bar{x}$	SD
Total Sample	166	22.54	5.64
Non-Minority	139	23.29	5.02
Minority	26	16.37	8.20
Public Benefits	33	21.85	5.68
Social Security Income Only	37	20.24	5.29
Higher Income	83	23.81	5.14
Education			
0 yrs. - High School	114	21.91	5.89
Higher Education	47	23.17	5.59
Age Groupings			
60 - 65 years	40	24.48	7.93
66 - 70 years	51	23.25	5.06
71 - 79 years	53	21.42	6.11
80+ years	20	21.9	5.54
Work Status			
Employed	19	22.52	5.11
Not Working	137	22.14	6.09
Sex			
Males	35	22.94	4.70
Females	130	22.43	5.87

followed by the higher income individuals (23.81), the non-minorities (23.29) and the 66-70 year olds (23.25). The least satisfied subgroup was the minority sample, with a mean of only 16.37, but a high standard deviation about the mean of 8.20. Public benefits recipients were more satisfied than the individuals who received Social Security only (Table 8), which may be a reflection of the many fears that elderly people face in this political climate of losing their Social Security benefits. The individuals who receive Social Security only have nothing to fall back on (i.e., pensions, Food Stamps, etc.) if their benefits are reduced. Individuals in the sample who had a higher education were found to be more satisfied than those who had less than a college education, and employed persons were slightly more satisfied than retired individuals. No subgroup was found to have a score in the "satisfied" range, all of them fell in the "accepting" or "dissatisfied" ranges. It is interesting to note that these findings, in particular the data on the total sample and that of the "young-old" are highly congruent with the National Council on the Aging data (1981) regarding satisfaction with life. The NCOA questions were more truly relevant to a real study of life satisfaction, but even with just a few background questions regarding how satisfied respondents are with their income, mobility, housing and health care, the findings are similar.

CHAPTER V

CONCLUSIONS AND RECOMMENDATIONS

The results of this study, presented in Chapter IV, can be summarized as follows:

1. Analysis of the data using the total sample scores on the Local Welfare Agency scale and the Area Agency scale substantiated the hypothesis that the area agency on aging is not perceived as a welfare agency by the individuals who utilize its services. The most "approving" attitudes towards the area agency were found among the sample's non-public benefits urban subgroup. The most positive attitudes towards the local welfare agency were shown, not surprisingly, by the sample's subgroup of public benefits recipients.
2. Data analysis of the total sample's income and educational information and comparison with the Goverment Help scale (Scale 2), yielded no significant correlation to substantiate the second hypothesis hat as elderly clients' income and education rise, their tolerance of welfare decreases. Despite the lack of a significant correlation, there were however several significant differences in mean scores that lend support to this hypothesis. Most notable in this respect was the significant difference in the means (at .01

level) found between the attitudes older public benefits clients had about Government Help (Scale 2) and the attitudes held by older individuals with college or graduate school education. The more educated group were significantly less tolerant of government help in general than the recipients of the public benefits.

3. No evidence was found to support the hypothesis that urban elderly have a greater perceived tolerance for welfare and public benefits than rural elderly. This finding was surprising in light of the previous research done on the subject which accentuates the urban-rural diferences in older people and the need to design and plan service delivery systems to suit an area's individual needs and priorities.
4. To a limited extent, the fourth hypothesis was confirmed, at least partially. There is a strong negative correlation ($r=-0.51$) between the minority sample's income and their attitudes towards Government Help in general (Scale 2). Therefore, it can be said that for this sample as minority individuals' incomes rose, their perceived tolerance of public benefits decreased; and the lower their income the greater perceived tolerance they demonstrated for public benefits.
5. Unfortunately for service planners and practitioners, there was no clear cut confirmation or rejection of the fifth hypothesis. There was a weak, but nonetheless significant

correlation (r=-.152) found for the total sample and their respective responses to the Local Welfare Agency scale and the Service Delivery scale. This negative correlation, weak though it may be, indicates that there is a disparity between the qualities that older individuals feel should be present in a services delivery system and what they feel is being produced from the local welfare agency. Even when just the public benefits recipients' responses were examined, and these are the individuals who consistently utilize the services, the mean transformed score (60/100) was quite low in approval for the local welfare agency scale, but a good bit higher (71.8) for the services delivery scale.

Recommendations

An exhaustive search of the literature revealed basically very litle in the way of recent research that concerns itself predominantly with what older people themselves want. Much has been written about what professionals and gerontologists think about services, but very rarely do researchers take their question to the person who is most concerned--the consumer of the service. In reviewing the literature one gets the impression that service practitioners do their planning for the elderly, as opposed to with them. It is certainly no small wonder that study after study showed under-utilized services that well-meaning agencies had offered thinking they would be important and valued services. Yet the research also shows, including the survey

research done for this study, that questionnaires are not an adequate means by which to ascertain what older people, or people in general feel. Richard LaPiere, as far back as 1934, observed that the "questionnaire is cheap, easy and mechanical. [I]t would seem far more worthwhile to make a shrewd guess regarding that which is essential than to accurately measure that which is likely to prove quite irrelevant" (LaPiere, 1934: 237).

The dilemma then for the social researcher and practitioner is to combine the better qualities of various research techniques, and come up with a workable research design that will yield dependable results and findings. It is suggested by this researcher that participant observation be combined with the questionnaire method when assessing the attitudes and perceptions of older service users.

It is also recommended that public program administrators who manage and deliver services to the elderly periodically re-examine their organization's policy and goals. Merton (1957) states that often, in bureaucracies, the bureaucrat makes procedures ends in themselves, instead of making the procedures means to the organization's goal. When this happens the agency policy becomes the prevailing criterion for client decisions and the worker or practitioner bends the clients' needs to fit the policy. Just as the older population grows and changes, we as service practitioners must be always flexible to fit the services to the needs and priorities of the clients we serve.

In looking at specific data of this study, both in the

questionnaire findings and the review of the literature, it becomes apparent that service practitioners have to learn to deal with the problem of welfare stigma--which though it may seem capricious and imaginary to us, is a very real phenomenon to many older people who utilize public programs (Wells, 1972; Nelson, 1982; Nelson, 1980; Powers and Bultena, 1974). This will most likely become more of a problem as resources get scarcer and competition for them gets tougher. More programs will be designed with means tests to weed out those people who do not really need the service, and it is anticipated that within the next ten years universal entitlement to programs will be a thing of the past. Though the study findings showed that AAA's were not perceived as welfare agencies, and appeared to have no welfare stigma attached to their services, it is assumed this is because their services are not means-tested. Yet many of the services that older people need are those very ones with strict means tests, i.e., Title XX services. It should be of paramount importance then for agencies, particularly those which offer means-tested services, to structure or design their delivery system to lessen the discomfort or embarrassment older people may feel at accepting the service. Several ways have been suggested in the literature, ideas which could be implemented at the local level, such as being careful when offering a service that it enhances the existing support network of kin and friends rather than attempts to supplant it. Too, it was suggested by Nelson (1974) that older persons are often unwilling to deal with public programs because of anticipated unpleasant interactions with

agency personnel. To counter this, agencies that deal with the elderly can and should make a concerted effort to train all line staff in how to work better with the elderly client and make them more comfortable and less fearful of these interactions.

The recommendations based on the conclusions of this chapter are summarized as follows:

1. Additional research should be done on what the perceptions of older people are about the services they receive at the local level.
2. This research should combine participant observation with survey research to more correctly ascertain and with greater validity, the needs, perceptions and attitudes of the elderly themselves--not from the perspective of the professional or social planner.
3. A re-examination of the human service agency's goals and objectives should be performed periodically--just as needs change, so should goals and services. Services should be made to fit the older individual, not try to make the individual fit the service.
4. Those who staff agencies that offer means-tested services to the elderly should be instructed to guard against demeaning their clients. In many cases, the regulations and guidelines of the program are a given, i.e., Title XX, and thus the pffort should be concentrated on how these services/benefits are "packaged and delivered" to the client.

APPENDIX A

I.

a). The State that I live in is _____

b). My birthdate is _____/_____
year month

I grew up in _____
city, town, village

c). My age is _____

d). My sex is: Male_____ Female_____

e). My race or nationality background is: White_____; Black_____; Spanish speaking_____; Asian_____; Native American_____; Other_____ (please specify)

f). My religion is: Protestant_____; Catholic_____; Jewish_____

g). The highest grade I completed in school was:

Elementary school_____; Middle school_____ (7th through 9th grades); High school_____; One to two years of college_____; Three to four years of college_____; graduate school_____

h). During my working years I spent the most time in one of the following lines of work:

homemaker_____; technical or skilled labor_____; clerical____; professional_____; manual or unskilled labor_____

i). I am currently: retired____; unemployed____; employed____/_____
full time pt.

j). My income comes from one or more of the following sources: (please check all that apply)

_____ pension from job	_____ General Relief
_____ salary	_____ Fuel Assistance
_____ Social Security	_____ Veterans' Benefits
_____ disability benefits	_____ Medicaid
_____ interest and dividends	_____ rental income
_____ Supplemental Security Income (SSI)	_____ Food Stamps
_____ Other (please specify)	

II. Please answer the following questions with only one response each: strongly disagree, disagree, undecided, agree or strongly agree. The initials to the right of each question stand for these answers. Please circle the answer which best indicates how closely you agree or disagree with the sentences. There are no right or wrong answers.

KEY: SD=Strongly Disagree, D=Disagree, U=Undecided
A=Agree, SA=Strongly Agree

1.	My current income is sufficient to satisfy my needs and wants.	SD	D	U	A	SA
2.	I consider my medical care adequate.	SD	D	U	A	SA
3.	I consider my dental care adequate.	SD	D	U	A	SA
4.	When I need to go some place, I have very little trouble getting transportation.	SD	D	U	A	SA
5.	I may be alone but I rarely feel lonely.	SD	D	U	A	SA
6.	I would really like to meet new people and have more friends.	SD	D	U	A	SA
7.	I am happy with my current housing situation.	SD	D	U	A	SA

KEY: SD=Strongly Disagree, D=Disagree, U=Undecided
A=Agree, SA=Strongly Agree

8.	People who have applied for Food Stamps tell me that there is little red tape involved and that they are treated in a personal manner by the workers.	SD	D	U	A	SA
9.	I have paid taxes all of my life, but I don't feel entitled to government help.	SD	D	U	A	SA
10.	I would like to see Congress reduce the Food Stamp program.	SD	D	U	A	SA
11.	I would rather go hungry than apply for welfare.	SD	D	U	A	SA
12.	Even if I have to eat alone, I find that I still prepare a hot balanced meal.	SD	D	U	A	SA
13.	I sometimes worry what I would do if my Social Security benefits were reduced.	SD	D	U	A	SA
14.	I think that if an older person receives public assistance he (or she) did a poor job of planning for his (or her) retirement.	SD	D	U	A	SA
15.	I am thankful that the government has provided so many programs to help the elderly.	SD	D	U	A	SA
16.	I think that the senior nutrition program is in the same class as Food Stamps or Medicaid.	SD	D	U	A	SA
17.	If a person receives welfare it does not mean he is lazy.	SD	D	U	A	SA
18.	I do not think of Fuel Assistance as being the same kind of program as Food Stamps.	SD	D	U	A	SA

KEY: SD=Strongly Disagree, D=Disagree, U=Undecided
A=Agree, SA=Strongly Agree

19.	Even though they concentrate a lot on rules and regulations, I think agencies that serve the elderly do a good job in outreach to find those that truly are in need.	SD	D	U	A	SA
20.	The most important qualities for an employee to have who works in an agency that serves the elderly are caring and patience.	SD	D	U	A	SA
21.	I think that if a person works with the elderly they must, above all, like old people and understand our limitations.	SD	D	U	A	SA
22.	The need to apply for SSI or Food Stamps makes a person feel worthless.	SD	D	U	A	SA
23.	To make things easier for old people, all available services should be administered by one organization.	SD	D	U	A	SA
24.	Applying for welfare does not make people lose their self-worth.	SD	D	U	A	SA
25.	When I call a public service agency for assistance, I am rarely given the run around and people seem to really care about my problem.	SD	D	U	A	SA
26.	Just because some older people are on ably to get to the office to apply for Food Stamps, the agency worker should not have to come to their home.	SD	D	U	A	SA
27.	I think the senior nutrition program is an opportunity to meet new people and get a well balanced meal.	SD	D	U	A	SA
28.	I think that it is all right for young people as well as the elderly to receive welfare if they need it.	SD	D	U	A	SA
29.	When my Social Security benefits are messed up, it is not a lot of trouble to straighten them out.	SD	D	U	A	SA

KEY: SD=Strongly Disagree, D=Disagree, U=Undecided
A=Agree, SA=Strongly Agree

30.	Though some people complain, I don't think that the workers in public benefits programs, like Social Security, treat us like children.	SD	D	U	A	SA
31.	As long as I am treated with courtesy, I do not mind the rules and regulations in these assistance programs.	SD	D	U	A	SA
32.	Large agencies scare me.	SD	D	U	A	SA
33.	I think that the local agencies that serve the elderly are small and personal enough.	SD	D	U	A	SA
34.	What I dislike about applying for any benefits due me is the way some workers act as if they are paying the benefits out of their own pocket.	SD	D	U	A	SA
35.	The need to be extremely poor to qualify for SSI and fuel relief is unfair.	SD	D	U	A	SA
36.	The Office on Aging is used by many people to obtain information and advice concerning older people.	SD	D	U	A	SA
37.	The services offered by the Office on Aging could not be handled as well by another agency.	SD	D	U	A	SA
38.	Agencies serving the aged population should set an example by hiring older employees.	SD	D	U	A	SA
39.	I like to get the "Tattler" newsletter and I find the information it contains really helpful.	SD	D	U	A	SA
40.	It is nice to know that there is a telephone reassurance program available if ever I need it.	SD	D	U	A	SA

THANK YOU!

APPENDIX B

DEFINITION OF TERMS

For the purposes of this study the following terms shall be defined as follows:

Elderly - As stipulated by the Federal Older Americans Act, an individual aged 60 or older is considered to be elderly.

Older Americans Act - This is a public law that was first enacted in 1965, and subsequently amended, the latest amendment being effective September 1978. The Act declared that it is the "duty and responsibility" of the federal government, and the states and their political sub-divisions to assist older people "to secure equal opportunity to the full and free enjoyment" of ten objectives, ranging from retirement in health, honor and dignity to opportunity for employment without discriminatory personnel practices due to age.

Title III - This is the portion of the above defined Act which mandates provision of social services, and nutrition and access services. This is the authorization for the nutrition program, from which the survey sample will be drawn.

Area Agency on Aging - This is the agency on the local level which serves as the advocate and focal point for the elderly within the community. For purposes of this study, the area agency will

hereafter be referred to as the AAA.

Department of Social Services - This is the local agency that provides the services commonly referred to as "welfare services," and is under the umbrella administration of the State Department of Welfare. To eliminate confusion in this study, the services that the above agency provides to the elderly that the AAA do not, are food stamps, medicaid, general relief, and in-home services. All of the services provided by this department have income restrictions, in contrast to the services provided by the AAA, only one of which has any kinds of means test for income.

Department of Social Security - This is a federal agency, with local branches in states and their political sub-divisions. The department provides the elderly with Social Security benefits, as well as survivor and disability benefits. In addition, the department manages the Supplemental Security Income Program, SSI, which provides these elderly, blind or handicapped individuals with a base income to supplement low social security benefits.

Nutrition Program - This is a program that provides older people, in the greatest social and/or economic need, with a hot noon-day meal five days per week at a congregate meal setting. Besides the nutritional aspect of the program, social, educational and recreational programs are offered through this program to the participants. The nutrition program is funded through Title III-c(1) of the Older Americans Act as defined above.

Administration on Aging (AoA) - the AoA is the federal agency

under the auspices of the Department of Health, Education ad Welfare that is directed to oversee programs mandated by the Older Americans Act of 1965 as amended. Federal funds for aging programs are channeled through the AoA to the State Offices on Aging where the funds are then allocated to the AAA's on a formal basis.

Minority - A "bureaucratic" as opposed to sociological definition of minority is utilized. A minority individual is one who is either Black, Hispanic (Spanish Speaking), Asian or Native American Indian. For purposes of this paper, it does not include the handicapped or any religious groups.

APPENDIX C

INTRA-SCALE CORRELATIONS

Scale #1 -- Local Welfare Agency

Questions	25	26	34
8	.223	.254	.237
25	---	.128	.020
26	---	---	.034

Scale #2 -- Government Help

Questions	10	11	14	15	17	22	24	28	35
9	.184	.179	.212	.201	.171	.210	.151	.208	.057
10	---	.507	.436	.392	.413	.312	.349	.320	.219
11	---	---	.215	.278	.192	.318	.362	.323	.287
14	---	---	---	.510	.166	.309	.217	.315	.238
15	---	---	---	---	.189	.297	.101	.304	.211
17	---	---	---	---	---	.324	.285	.215	.182
22	---	---	---	---	---	---	.352	.308	.225
24	---	---	---	---	---	---	---	.340	.227
28	---	---	---	---	---	---	---	---	.193

Scale #3 -- Social Security

Questions	29	30
13	.215	.078
29	---	.190

Scale #4 -- Area Agency on Aging

Questions	16	19	27	33	36	37	39	40
12	.160	.256	.270	.236	.212	.205	.211	.210
16	---	-.325	-.060	-.302	-.389	-.395	-.352	-.387
19	---	---	.673	.514	.567	.483	.507	.601
27	---	---	---	.205	.189	.177	.210	.283
33	---	---	---	---	.301	.567	.306	.325
36	---	---	---	---	---	.130	.183	.201
37	---	---	---	---	---	---	.077	.102
39	---	---	---	---	---	---	---	.742

Scale #5 -- Service Delivery

Questions	21	23	31	32	38
20	.923	.093	.547	.268	.433
21	---	.101	.561	-.510	.464
23	---	---	.120	.062	.109
31	---	---	---	.043	.238
32	---	---	---	---	.037

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