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An assessment of elderly health care needs and access in three urban San Bernardino communities

De Anna Le Sabin

AN ASSESSMENT OF ELDERLY HEALTH CARE NEEDS AND ACCESS IN THREE URBAN SAN BERNARDINO COMMUNITIES

A Project

Presented to the

Faculty of

California State University,

San Bernardino

In Partial Fulfillment

of the Requirements for the Degree

Master of Science

in

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ABSTRACT

This project was an assessment of elderly health care needs and access. Three urban San Bernardino communities in zip codes 92405, 92410, and 92411 were targeted. The assessment was structured according to King's theoretical construction of community as a multilevel interaction between Personal, Interpersonal and Social Systems. The components of the assessment included digital photographs, web-based internet assessments, key informant interviews, and community business visits. Digital photographs illustrated community struggles; web-based internet demographics identified elderly numbers, income and ethnicity. Key informant interviews discussed advantages and disadvantages in utilizing Public Health care services within the communities. The expressed advantages were the clinics proximity to the communities, the disadvantage being the limited hours of operation. Due to the deficient health care access within the communities, many elderly found it necessary to seek medical management of their acute or chronic disease from surrounding area health care clinics and acute care hospitals. Community business visits tied the gathered information together to convey a clear picture of the health related obstacles that communities in medically underserved areas such as these face.

ACKNOWLEDGEMENTS

This project would not have been possible without the support of Ellen Daroszewski whose skillful guidance helped shape this project into a proud accomplishment.

DEDICATION

This project is dedicated to my loving husband and soul mate Fred, and our amazing children: April, son-in-law Mark and grandsons Anthony and Matthew, Bryan and daughter-in-law Michelle who are anticipating the arrival of our third grandson Dylan, Danielle and Jacob. Thank you for your continued love, understanding, and patience of a distracted wife, mother and grandmother. Honorable mention is given to my parents Charles and Shirley, and in-laws Fred and Donna; I do not tell you enough that I love and appreciate you. I completed my education goal of becoming an advanced practice nurse because of the love and support given from an incredible family.

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CHAPTER ONE

INTRODUCTION

Aging is part of the normal process of living; the incidence of developing disease increases with age especially in the elderly, those over 65 years old (Kimmel, 1990). The elderly also face other issues that impact their aging process and any health problems that may arise. Many of the elderly live on small monthly earnings and out of necessity, reside in low-income urban areas which lack health care professionals and services (Aday & Andersen, 1981). This lack of services can result in less than adequate management of an acute or chronic disease process (Cassel, 2001). Poor access to healthcare and inadequate disease management can result in increased symptoms, disease exacerbation, and early death (U.S. Department of Health and Human Services, 2000).

Purpose of the Project

The purpose of this project was to assess the elderly in an effort to identify their health needs and health care access in three urban San Bernardino communities. Data collection used several methods including digital photographs, Web-based internet assessments, key informant interviews, and community visits. The elderly were

described by population totals, age and ethnicity (U.S. Bureau of the Census, 2001), income (Data Resources Healthy Cities, 2000) and key informant interviews. Health care services assessment included the accessible services available to the elderly in the three communities (County of San Bernardino Department of Public Health, 2002). This information can form the basis for program planning and implementation to address community elderly needs, especially health care needs. Considering the difficulties and challenges of intervening in elderly populations, a case management approach might provide both a cost effective and efficient care delivery model (Dunn, Sohl-Kreiger, & Marx, 2001).

Scope

In the heart of urban San Bernardino, California are the communities in zip codes 92405, 92410, and 92411. The windshield surveys identified four faith-based organizations, which serve the population. Among these faith-based organizations is Central City Lutheran Mission (CCLM, 2002). The Mission is a community development project that brings its members together to find creative solutions to neighborhood problems. According to Pastor Kalke (personal communication, March 18, 2002) of CCLM

(2002) "drugs, gangs and crime have devastated these communities to the extent that it is difficult to locate health care professionals willing to work in the area". Pastor Kalke explains that the neighborhood is destined to remain without appropriate health care access until health professionals' work with community members to bring accessible health services to its residents. It is common for impoverished populations to have poor education, language and culture barriers, deficient health care providers, and limited public transportation that impede access to health services (Andrulis, 2000).

Description of the Project

Comprehensive data was gathered to identify the elderly, their health care needs, and available community resources. A descriptive community assessment was conducted to identify the elderly needs including digital photography during windshield surveys, web-based internet assessments to identify services available in and around the communities, interviews with key informants and visits to community businesses.

Project Significance

The extensive information collected for this project will contribute to the body of nursing knowledge of the

elderly in general. More importantly, the data supports current knowledge that the lack of medical care in underprivileged populations is a real dilemma (Andrulis, 2000). Designing intervention programs, even to address one small problem at a time, will help tackle problems that are more complex and currently considered monumental (Nelson & Arnold-Powers, 2001). Developing appropriate and specific interventions to address community concerns will improve health care for the elderly in these communities. For instance, designing a community-based geriatric case management program aimed at improving health outcomes may help decrease fragmentation of health services and increase needed access to health care for the elderly community residents (Goodwin, 1999).

Assumptions

The following assumptions were made regarding the project:

1. The elderly have an understanding of their past and current health care services.
2. The elderly are eligible for Medicare benefits.
3. The elderly will share their perspectives in an ongoing dialogue with community-based health care providers.

Limitations

The following limitations were identified regarding the project:

1. A small sample size of community elderly were interviewed (N = 20).
2. The elderly were interviewed on the Central City Lutheran Mission campus in zip code 92405, and these elderly may not represent the greater community.
3. The hospital and clinic distances were approximated from the Central City Lutheran Mission campus in zip code 92405 and do not represent actual distances from the elderly populations homes.
4. The yearly earnings were 1999 median incomes and do not represent the actual incomes of every elderly living within the three zip codes.

Theoretical Framework

Imogene King (1968) defines nursing as the process of assisting individuals to cope within their health status. King's (1968) theoretical framework describes three systems which can be used to define a community: Personal, Interpersonal and Social. This assessment utilized King's

(1968) three systems to define the community of elderly and to structure data collection.

History of King's (1968) Model

King's (1968) conceptual framework is a modified version of "Levels and Interrelations of Variables Used in Explaining Social Behaviors" paradigm (Horwitz, 1953). Horwitz's, (1953) paradigm outlined an organizational framework to discuss relationships in data, specifically explaining the effects that independent variables have on each other. King, (1968) modified Horwitz's (1953) paradigm to examine how individuals, groups, and organizations are linked within a community. Specifically, how perceptions and relationships between individuals (Personal Systems), groups (Interpersonal Systems), and organizations (Social Systems) influence each other and their community.

Fostering Integrity

King's (1968) Personal, Interpersonal, and Social Systems may help foster the transition into integrity and discourage the descent into despair (Erickson, 1968). The impression obtained from King's (1968) three conceptual systems was that when individuals (Personal Systems) work together with health care professionals (Interpersonal

Systems) and set mutual goals, society (Social Systems) as a whole benefits (King, 1984).

Personal Systems

Personal Systems (King, 1968) are the human opinions the persons hold in regards to their concept of self. Individual perceptions are founded on human nature, and influence individual behaviors, which tend to become habitual. Therefore, altering behavior requires changing perceptions, a difficult endeavor to undertake. An assessment examining Personal System perceptions in health services should include the topics of aging, physical and psychological implications, growth and development, health perceptions, financial resources and finally, poverty and ethnicity.

Interpersonal Systems

According to King, (1968) populations perceive benefits and disadvantages within Personal Systems (King, 1968) in relation to experiences within groups. Supports within social networks influence an individuals thinking and actions (Morse & Intrieri, 1997). Although, Interpersonal Systems (King, 1968) relationships are the most difficult to measure, an assessment of their presence should include the topics of personal relationships and group interactions (King, 1968).

Social Systems

Social Systems (King, 1968) include the effects organizations have on the health of society and its health care delivery to the community, specifically, the influences from health or social programs (U.S. Department of Health and Human Services, 2000). An assessment of Social Systems (King, 1968) should include discussions of healthy people 2010, implications of deficient health care, medically underserved communities, strategies for healthy aging, and case management.

CHAPTER TWO

REVIEW OF THE LITERATURE

Introduction

The literature review is organized within King's (1968) three concepts of Personal, Interpersonal, and Social Systems with respect to elderly living in medically deficient communities (U.S. Department of Health Services Administration, 2000) to demonstrate how the lack of available health care services may affect their health (Andrulis, 2001).

Personal Systems

Personal Systems (King, 1968) are perceptions that occur during an individual's life and influence their behavior. Personal Systems discussions include aging, physical implications, psychological implications, growth and development, health perceptions, financial resources, poverty, and ethnicity.

Aging

The nation's older population is rapidly growing in numbers and by the year 2020, projections are that the elderly will represent 20% of the population (Heller, Oros, & Durney-Crowley, 2001). According to Glidewell, (2001) one out of eight Americans is over the age of 65,

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which indicate that since 1901, the numbers of older persons have increased more than 11 times (Cassel, 2001).

Aging is part of the normal process of living, but as Petersen (1994) describes, traditional concepts about aging and the elderly are evolving as more elderly live with health challenges. One common discussion among health professionals is whether an elderly person's complaint is a manifestation of normal aging or a disease process. Nevertheless, once chronic disease occurs, the elderly face limitations from the disease process that ranges from bothersome to severe (Kimmel, 1990).

Bothersome limitations may include diminished hearing, vision, taste, and smell (Kimmel, 1990). On the other hand, these bothersome conditions make routine tasks difficult, and the overall experience of becoming older more challenging (Forbes, 1999).

Severe limitations may include daily physical activity difficulties such as walking, dressing, bathing and getting in and out of bed (Forbes, 1999). Two out of five elderly need help with one or more daily activities, and more than one-third of the elderly living in communities have unmet needs. Family and friends have assisted the elderly with daily activity limitations. In 1997, unpaid caregivers provided services that are

estimated to be in excess of 196 billion dollars (National Academy on an Aging Society, 2000)

Physical Implications

Guttman, (2000) in a collaborative effort between nine different U.S. governmental agencies discussed the processes of aging that most challenge the elderly. Guttman, (2000) summarized 11 years of geriatric data on chronic disease and listed the six most common. Guttman (2000) found arthritis to be the most common chronic physical condition in the elderly and affects more than half of the elderly population. Hypertension was second, and present in 45% of the elderly. Heart disease remains the leading cause of death in persons over the age of 65 although; it was third in the ranking. The remaining chronic conditions of cancer, diabetes, and stroke contribute significantly to the functional decline in the elderly by producing increased pain, physical immobility, and decreased energy (National Academy on an Aging Society, 2000). Functional decline places the elderly at risk for becoming dependent on others (Hinshaw, 2000).

Most elderly afflicted with physical activity limitations do not require institutionalization (National Academy on an Aging Society, 2000) however; they may need help with personal care, routine household chores,

shopping, and transportation (Blaser-Bonnel, 1999). Although, for the elderly without extended families, finding the necessary help with difficult activities may not be easy. Add the lack of transportation to access health care services (Nelson & Arnold-Powers, 2001) and the elderly may out of necessity chose to move from their home to a facility where assistance is available (Hicks, 2000).

Psychological Implications

Psychological implications include depression, boredom and isolation. Of these conditions, depression is the most common psychological disorder in the elderly (Social Isolation and Depression, 1999). Approximately 15% of people over the age of 65 are depressed, but the condition may go undiagnosed and untreated, because health care Practioners mistakenly associate depression as a natural state of aging (Kimmel, 1990). Depression is treatable and outcomes are encouraging when a diagnosis is established and treatment consists of medication, and psychological treatments alone, or in combination (U.S. Department of Health and Human Services, 2000).

Growth and Development

Erickson's (1968) theory of human growth and development described collective tasks that occur during

specific periods of the life span. Erickson's "eight ages of life" address those specific life phases. The developmental task of the elderly is the eighth and final stage "Integrity versus Despair." The task of the elderly during this final developmental phase is to evaluate past experiences and come to terms with approaching death. According to Erickson (1968) integrity is the review of experiences, and the appreciation of meaningful adventures and valuable relationships. In contrast, despair is the awareness that time left is short, that life is or was meaningless, and death, predetermined (Kimmel, 1990).

Health Perceptions

The World Health Organization (WHO, 1946) defined health as "a state of complete physical, mental and social well-being and not merely the absence of disease or infirmity". Kane (1999) expanded this well-known description to include the elderly perception of health. The elderly consider health as intact physical abilities without pain or discomfort, companionship and meaningful relationships, social participation with chances to contribute, privacy and dignity, and the spiritual freedom to make choices. The difficulty is designing interventions that reinforce these characteristics of health perceptions in the elderly (Aday & Andersen, 1981).

Health care professionals can improve health awareness in the elderly by explaining disease, its symptoms and treatment options in nonprofessional terms. On the other hand, when health care professionals are not accessible the elderly focus on their disease and may harbor false assumptions. The elderly are challenged to maintain self-identity apart from their disease (Paterson, 2001).

Financial Resources

Financial resources are especially important to elderly populations since so many elderly survive on fixed incomes that are below poverty levels. When available funds barely support necessities such as warmth, housing, food and clothing, the elderly may not have the money needed to support treatment of a chronic disease process. According to the Administration on Aging (2002) Poverty Guidelines, 3.4 million elderly lived in poverty during the year 2000. This guideline defines poverty when two or more persons living together in one household earn less than $11,940 dollars per year.

Poverty and Ethnicity

Ethnicity also plays an important part in regards to poverty in the elderly. Twenty-two percent of elderly African-Americans live in poverty, as do 18.8% of elderly

Hispanics, and 8.9% of elderly Caucasians. Data collected on gender finds that elderly Hispanic women living alone or with non-relatives reach poverty rates of 38.3%, while all other poverty rates in women total 12.2%. In contrast, male poverty rates are much less, at 7.5%. Although, any elderly person alone or without relatives has a 20.8% chance of living in poverty (Administration on Aging, 2002).

Interpersonal Systems

According to King, (1968) individuals perceive health conditions as manageable when personal relationships and group interaction experiences are maintained. Support within social networks influence how an individual thinks about health and the actions that person takes when ill (Morse & Intrieri, 1997). Although, Interpersonal System relationships are the most difficult to measure, an assessment of their presence should include the topics of personal relationships and group interactions (King, 1968).

Personal Relationships

Many elderly need opportunities to explore outside interests, and continue meaningful interactions. When isolative episodes increase, episodes of depression

increase (Social Isolation and Depression, 1999). Morse and Intrieri (1997) found that relationships are important to the well-being of the elderly, although quality exchanges are just as important as the number and frequency of interactions (Hicks, 2000).

Group Interactions

King's (1968) Interpersonal Systems identify the importance of continued social interactions in the elderly. Establishing group social events in communities creates opportunities for the elderly to meet and interact with others. For example, a chronic disease support group would provide the elderly with the opportunity to discuss common health concerns with others who share the same disease and learn what actions were taken to relieve symptoms (Morse & Intrieri, 1997). Inviting speakers who are culturally competent and understand the aging process would provide interactions that are more informative. Although, in these impoverished areas, group socials should be offered in safe and convenient central locations to increase the chance that the community elderly will attend (Falk-Rafael, 2001).

Social Systems

Social Systems (King, 1968) include the effects organizations have on the health care delivery of the community, specifically, the influences from health or social programs (U.S. Department of Health and Human Services, 2000). An assessment of Social Systems should include discussions of significant social programs such as, healthy people 2010, implications of deficient health care services, medically underserved, strategies for healthy aging, and case management.

Healthy People 2010

Healthy People 2010 (U.S. Department of Health and Human Services, 2000) initiatives are committed to the healthy aging of the elderly by recommending strategies of preventative services, early diagnosis, and appropriate treatment to reduce illness. This comprehensive nationwide health promotion and disease prevention agenda includes removing major obstacles in impoverished neighborhoods that impede health maintenance (Andrulis, 2000).

Implications of Deficient Health Care

Despite the fact that health care in the United States is among the finest in the world, it is not available to everyone (Andrulis, 2000). The Health Resources and Services Administration, (HRSA, 2000)

considers medical access as the right or the ability of individuals to obtain medical and health care services. Regardless of this awareness millions of individuals and families, continue to lack access to health care because of distance, poverty, language, or cultural barriers (Andrulis, 2000).

Health care access has several meanings. For example, the Institute of Medicine (1998) defines health care access as the timely use of personal health services to achieve the best possible health outcomes. However, health care access is more than the use or effectiveness of medical care. Access also encompasses the physical existence of services, their hours of operation, and the physical distance or traveling time required to receive necessary care (Hilfinger-Messias, 2001). The lack of health care denotes inadequate services within certain geography that are physically inaccessible when required or desired (Aday & Andersen, 1981).

Medically Underserved Communities

When health care access is deficient due to inaccessible or unavailable health professionals, HRSA (2000) defines these circumstances as Medically Underserved. Health access deficient communities are more common than one would expect in the 21st century and

usually found in inner cities and rural areas. The term inaccessible and unavailable also describes health care that is too expensive, and not geared to the characteristics of the population it serves (Andrulis, 2000).

The impoverished elderly living in medically underserved areas have a greater risk of developing illness due to their lifestyles and habits than those who are more affluent (Andrulis, 2000). For example, impoverished area grocery markets do not carry the same fresh vegetables, dairy products and meats found in upper or middle class communities. Tobacco, alcohol and other drug habits increase the chance that populations will develop disease and that their disease will become chronic (Flaskerud & Winslow, 1998).

Inadequate access to basic health care only exacerbates unhealthy behaviors in the impoverished. The effort it takes to locate dependable transportation that the elderly feel comfortable using make it easier to ignore health concerns than it is to obtain professional diagnosis and treatment. Instead, the elderly may choose to wait and see if the illness improves over time, and the cycle continues (Hilfinger-Messias, 2001).

Strategies for Healthy Aging

HRSA's (2000) strategic plan for its fiscal year 2000 and throughout the century is focused on goals to increase health care access and reduce health disparities in poor populations. The link between HRSA (2000) and Healthy People 2010(U.S. Department of Health and Human Services, 2000) is that both are focusing on goals to improve quality health care access. Thereby, reducing or eliminating preventable exacerbations of illness that encourages disability and promotes premature death. When health disparities are reduced, the impoverished populations may maintain health, perhaps regain physical strength, and once again become active in society (U.S. Department of Health and Human Services, 2000).

Case Management

Case management is defined by the Case Management Society of America (1990) as a "collaborative process which assesses, plans, implements, coordinates, monitors and evaluates options and services to meet individual's health needs through communications and available resources promoting quality, cost effective outcomes."

Case management programs increase health care access in impoverished populations (Nelson & Arnold-Powers, 2001). Case management nurses prepared at the master's

level seek solutions to valid health concerns by collecting relevant data (Hilfinger-Messias, 2001). Solutions to inadequate health care access may include building relationships with key members in the community or negotiating collaborations with members outside of the community (Diwan, Ivy, Merino, & Brower, 2001). Rowell (2001) predicts that community-based case management has just begun to demonstrate its potential in delivering health services to at risk populations.

The large scope of knowledge that an advanced practice nurse encompasses can assist the elderly who are unsuccessful in accessing health services into one who successfully utilizes appropriate health care services (Diwan et al, 2001) by identifying those elderly at high risk of not seeking health care and facilitating health care access for those with complicated health issues (Hinshaw, 2000).

In medically underserved populations community-based case management is an effective intervention (Van Hastregt, Van Rossum, Diedricks, Voorhoeve, De Witte, & Crebolder, 2000) because to the dismay of health care professionals, the variables that influence poor areas are, in themselves, obstacles to health care access (Rowell, 2001). For instance, in zip codes 92405, 92410,

and 92411, crime and violence may create apprehension among the elderly population to access public services such as the public transportation system, which is available, but may be avoided out of fear of victimization (Nelson & Arnold-Powers, 2001).

Summary

The literature review identified the aging issues of the elderly that may intensify health problems. The vital roles that health care professionals play in guiding the elderly are significant in reducing health risks and managing chronic disease (Paterson, 2001). Deficient health care access and inadequate chronic disease management may increase disease exacerbations, and early death in the elderly (U.S. Department of Health and Human Services, 2000). Advanced practice nurses in the role of case manager in community-based settings can affectively influence the health in impoverished populations (Falk-Rafael, 2001) whose health risks are both within and beyond their control to change (Andrulis, 2000).

CHAPTER THREE

METHODOLOGY

Introduction

A descriptive community assessment was conducted to identify and describe the elderly population and available health care services of urban San Bernardino communities in zip codes 92405, 92410, and 92411. Digital photographs, Web-based internet assessments, key informant interviews, and community business visits described the elderly, and the communities they live in. This project is part of a larger ongoing community health needs assessment to develop programs and services for a nurse-managed clinic on Central City Lutheran Mission's (CCLM, 2002) campus. The Institutional Review Board at California State University, San Bernardino, approved the project (see Appendix A).

Digital Photographs

A Hewlett Packard 315 Photo Smart camera was used to photograph the neighborhood as part of a windshield assessment. Fifty photographs were taken with the intent to portray the conditions within the communities visually.

Visually significant photographs include three murals painted on CCLM's (2002) building by young adults in the

neighborhood. The first mural is a young pregnant woman tied to a cross (see Figure 1), the second, a young man tied to a cross with hypodermic needles in both arms (see Figure 2), and finally a prison inmate tied to a cross (see Figure 3).

Photographs of all local churches demonstrated that CCLM (2002) is the only church open daily for the community population to access. Photographs of the busy neighborhood shopping mall demonstrated how important these few stores are to the neighborhood's population. Shops within the mall included a small meat and grocery market, a pawnshop, a laundry mat, a 99-cent discount store, music and video stores. The photographs illustrated many impoverished conditions within the communities.

Web-Based Internet Assessments

An extensive internet search of the 2000 census data of the communities (U.S. Census Bureau, 2001) revealed official demographics of the elderly population (see Table 1) ethnicity (see Table 2) and income (see Table 3, Data Resources Healthy Cities, 2000). Web-based internet searches specific to the communities identified public health clinics (County of San Bernardino Department of Public Health, 2002) and San Bernardino County clinics

(San Bernardino County Medical Plan XXVI-authorized primary care providers, 2002) in the communities (see Tables 4 & 5) and around the communities (see Tables 6 & 7).

Key Informant Interviews

Elderly Community Residents

Twenty elderly community resident interviews included five males (see Appendix B) and 15 females (see Appendix C). Verbal consent was obtained prior to the interviews and questions were asked according to the larger ongoing community assessment project's questionnaire (see Appendix D). The elderly discussed medical care advantages and disadvantages in the community (see Table 9). The participants were recruited during bi-weekly food pantries provided by CCLM (2002) that brings donated non-perishable food to the underprivileged populations living in the communities.

Pastor David Kalke

An interview with Pastor David Kalke of CCLM (2002) was recorded using a hand-held Sony tape recorder on March 18, 2002. The discussions centered on the needs and health care concerns of the elderly population within the

communities. His thoughts and remarks were compiled as a recipe for humanity (see Table 10).

Outreach Group

An interview with two members from CCLM's (2002) outreach group (personal interview March 11, 2002) led to discussions on the elderly who were discovered during community outings. Several elderly have been identified as in need of help, but the elderly generally deny that they are in need of assistance.

Citizen Patrol Officers

Two local officers belonging to the volunteer Citizen Patrol service were interviewed at the local shopping mall, and a few of their community roles were discussed. First, the officers were at the mall to discuss the litter accumulating in the parking lot with the local merchants. The huge garbage bins were overflowing with garbage and unable to close. The volunteers felt that their most significant role was working with Adult Protective services (APS) in identifying and visiting elderly shut-ins who are unable to care for themselves, but refuse to move from their homes.

Community Business Visits

Chamber of Commerce

San Bernardino Chamber of Commerce was visited to obtain a current map identifying zip code boundaries. The zip code boundaries assisted in locating health care services and estimating their distance from a consistent location to the health care sites.

Omnitrans Bus Services Routes

A free Omnitrans Busbook schedule identified various routes within the communities and discussed two ways that the elderly can receive bus travel discounts. A Senior Fare Card can be purchased in advance for $4.00, or a Disability Photo Identification Card can be obtained by submitting a two-page form with proofs of eligibility.

Carniceria Meat Market

A windshield survey of area markets identified many liquor stores with a few offering non-nutritional snack items. The Carniceria Meat Market offered an abundant supply of perishable and non-perishable grocery items. Carniceria is conveniently located for those without transportation to the larger well-known grocery store further away.

Summary

This descriptive community assessment with digital photographs illustrated impoverished conditions within the communities. Web-based internet assessments identified and described the characteristics of the elderly population and their lack of health care services. Key informant interviews and visits to community businesses correlated the findings that these elderly populations live in disadvantaged communities.

CHAPTER FOUR

RESULTS AND DISCUSSION

Introduction

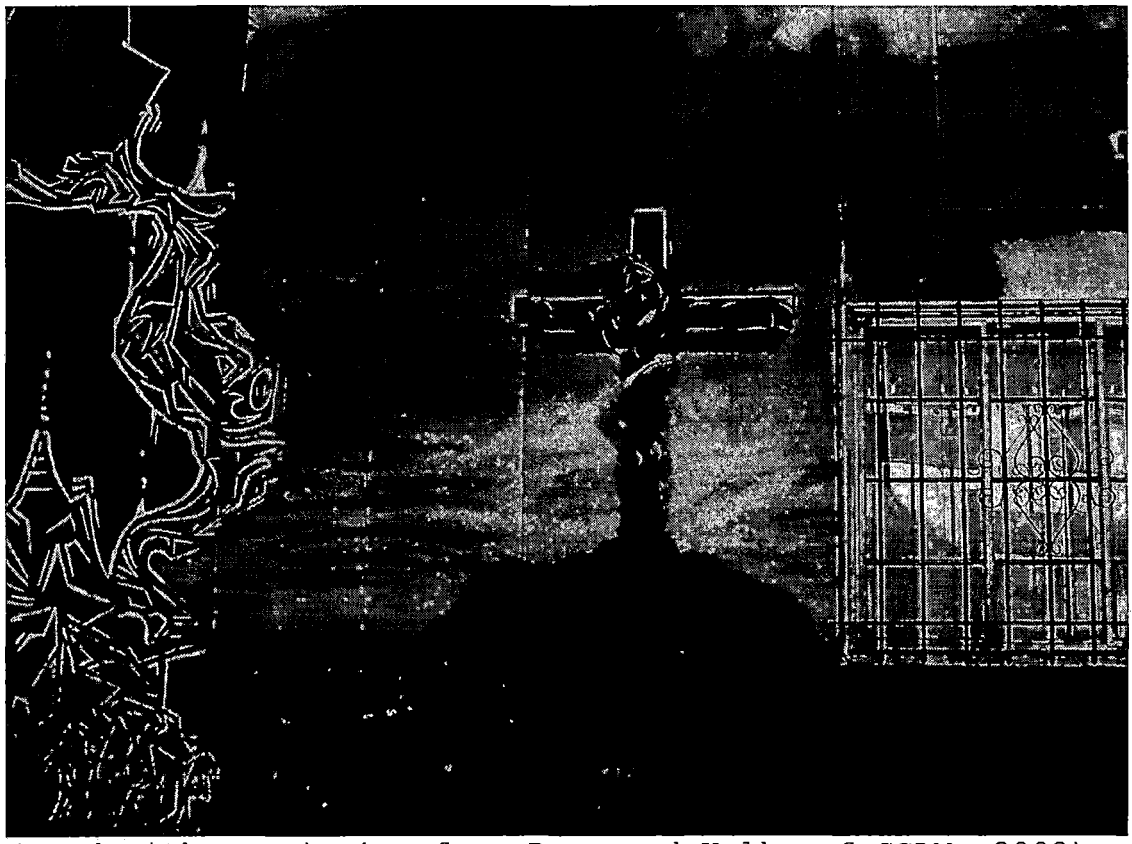
This community assessment included the use of several tools: digital photographs, web-based internet searches, key informant interviews and community business visits. The tools illustrated, identified, and described the elderly population, their communities and available health care services.

Results

Digital Photographs

A Hewlett Packard 315 Photo Smart camera photographed significant representations of the neighborhoods during windshield assessments. For example, three expressive murals painted on the side of CCLM's (2002) building represent the struggles of the young adults. The first mural is of a young pregnant woman tied to a cross (see figure 1) the second, a young man tied to a cross with hypodermic needles in his arms (see figure 2) and the third (see figure 3) mural symbolizes a prison inmate tied to a cross. Pastor Kalke of CCLM (Personal interview, March 18, 2002) explained that the three murals depict unwanted pregnancies and sexually transmitted disease,

drug use and its addiction, and that participation in gangs may lead to crime, violence, and prison sentences.

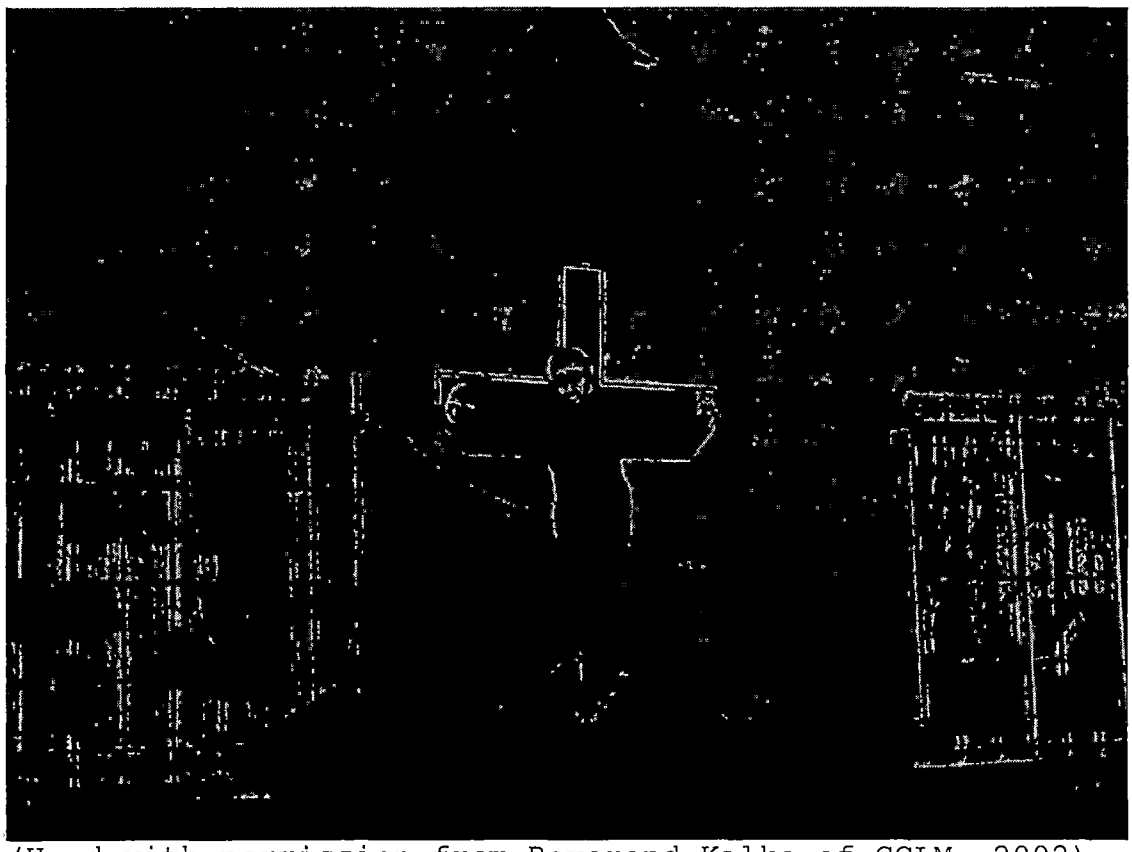


(Used with permission from Reverend Kalke of CCLM, 2002)

Figure 1. Mural Depicts a Pregnant Woman Nailed to a Cross

(Used with permission from Reverend Kalke of CCLM, 2002)

Figure 2. Mural Depicts a Young Man Nailed to the Cross with Hypodermic Needles



(Used with permission from Reverend Kalke of CCLM, 2002)

Figure 3. Mural Depicts a Prison Inmate Nailed to a Cross

Web-Based Assessments

Elderly Population

The elderly populations were identified in the three urban San Bernardino community zip codes 92405, 92410, and 92411 (see Table 1). Zip code 92410 holds the largest elderly population (U.S. Census Bureau, 2001).

Table 1. Elderly Populations by Zip Codes

Zip Codes	92405	92410	92411
No. of Elders	1821	2725	2283

Elderly Ethnicity

The elderly population ethnicities (U.S. Census Bureau, 2001) were identified in the three communities (see Table 2). Zip code 92411 holds the highest number of Hispanic and African American (AA) populations and the lowest number of Caucasian populations.

Table 2. Elderly Ethnic Categories by Zip Codes

Zip Code	Hispanic	AA	Cauc.	Other	Totals
92405	346/19%	106/6%	1308/72%	61/3%	1821
92410	1084/40%	280/10%	1201/44%	160/6%	2725
92411	1226/55%	830/36%	152/6%	75/3%	2283
Totals	2656	1216	2661	296	6829

Elderly Income

The elderly yearly earnings (see Table 3) were presented as 1999 median incomes in dollars, and should not imply that every elderly living within the three zip codes is poor. The elderly living in zip code 92405 have

the highest yearly income while the elderly living in zip code 92411 have the lowest (Data Resources Healthy Cities, 2000).

Table 3. Elderly Incomes by Zip Codes

Zip Code	92405	92410	92411	Average
Income	12,385	9,509	8,709	10,201

Neighborhood Public Health Clinics

The Public Health Department (County of San Bernardino Department of Public Health, 2002) offers three health care clinics for the elderly (see Table 4) in the neighborhood although; the hours of operation are minimal. For instance, in zip code 92405, the clinic is open every third Thursday for one and one-half hours. In zip code 92411, there are two health care clinics open four hours a month. Distance approximations starting from CCLM (2002) and ending at the clinics find the distances range between 1.9 and 3.3 miles.

Table 4. Neighborhood Public Health Clinics

Location	Hours of Operation
Delmann Heights Community 2969 North Flores, 92405 (909) 384-5417 Approximate Mileage from CCLM 3.3 miles	Third Thursday of Month 11:30 AM-1:00 PM
Westside Service Center 1505 West Highland Ave, 92411 (909) 387-4880 Approximate Mileage from CCLM 1.9 miles	Second Thursday of Month 9:00 AM-12:00 Noon
Casa Ramona 1524 West 7th, 92411 (909) 387-4880 Approximate Mileage from CCLM 2.1 miles	Third Monday of Month 11:00 AM-12:00 noon

Neighborhood San Bernardino County Medical Clinics

Three neighborhood San Bernardino County Medical clinics (see Table 5) are open five days a week for at least eight hours a day to provide health services for the medically indigent population without medical insurance or for those with health insurance under the State funded MediCal plan (Arrowhead Health Administration, 2002). Distance approximations starting from CCLM (2002) and ending at the clinics find the distances range between 0.5 and 2.0 miles.

Table 5. Neighborhood San Bernardino County Clinics

Location	Hours of Operation
Arrowhead Westside Community Family Health Center 1543 W. 8th St., 92411 (909) 888-5498 Approximate Mileage from CCLM 2.0 miles	Monday, Tuesday, Wednesdays and Fridays 8:30-5:00 Thursdays 8:30-9:00
Sierra Family Health Center 2150 N. Sierra Way, 92405 (909) 475-2300 Approximate Mileage from CCLM 1.6 miles	Monday-Friday 8:30-5:30
SAC Health Center 1290 N. D St. 92405 (909) 382-7100 Approximate Mileage from CCLM 0.5 miles	Monday-Thursday 8:00-5:00 Fridays 8:00-12:00 Noon

Public Health Department Clinics in Surrounding Areas

The Public Health Department (County of San Bernardino Department of Public Health, 2002) offers three health care clinics in surrounding areas (see Table 6) for the elderly, with an improvement in the hours of operation. Services are available seven days a month, for a total of 27.5 hours. Distance approximations starting from CCLM (2002) and ending at the clinics find the distances range between 1.2 and 3.8 miles.

Table 6. Surrounding Area Public Health Clinics

Location	Hours of Operation
Victoria Woods Adult Apts. 1095 Kendall Drive, 92407 (909) 387-4850 Approximate Mileage from CCLM 3.8 miles	First and Third Wednesday of each month. 8:00 AM-12:00 Noon
San Bernardino Senior Citizen's Service. 600 W. 5th St., 92401 (909) 387-4880 Approximate Mileage from CCLM 1.2 miles	Every Tuesday 8:00 AM-12:00 Noon
Perris Hill Senior Center 780 East 21st, 92404 (909) 387-4880 Approximate Mileage from CCLM 2.5 miles	Second Friday of Month 9:00 AM-11:30 AM

San Bernardino County Medical Clinics in Surrounding Areas

San Bernardino County offers two clinics (San Bernardino County Medical Plan XXVI-authorized Primary Care providers, 2002) in the surrounding areas (see Table 7) and are open five days a week for at least eight hours each day for the medically indigent population without medical insurance or for those who receive health insurance under the State funded MediCal plan. Distance approximations starting from CCLM (2002) and ending at the

clinics find the distances range between 3.8 and 9.0 miles away.

Table 7. Surrounding Area San Bernardino County Clinics

Location	Hours of Operation
Arrowhead McKee Family Health Center 780 E. Gilbert Street, 92415 (909) 888-8587 Approximate Mileage from CCLM 9 miles	Mon. Tues. Wed. 8:30-5:00. Tues. and Fri. 8:30-9:00
SAC Health Center 1455 East 3rd Street, 92408 (909) 382-7100 Approximate Mileage from CCLM 3.8 miles	Mon, and Wed. 8:00-5:00. Tues. and Thurs. 8:00-6:00. Fri. 8:00-1:00

Four local hospitals were identified within and surrounding the communities (see Table 8). Distance approximations starting from CCLM, (2002) ending at the hospitals find the distances range between 2.2 and 12.7 miles.

Table 8. Local Hospitals Interviewed Elderly Identified

Hospital	Address	Distance
St. Bernadine Medical Center (909) 883-8711	2101 N. Waterman Ave. San Bernardino, CA 92404	2.2 Miles
San Bernardino Community Hospital (909) 887-6333	1805 Medical Center Dr. San Bernardino, 92411	2.3 Miles
Arrowhead Regional Medical Center (909) 580-1000	400 N. Pepper Ave. Colton, CA 92324	7.8 Miles
Kaiser Hospital Fontana (909) 427-5000	9961 Sierra Ave. Fontana CA 92335	12.7 Miles

Key Informant Interviews

Key informant interviews included 20 elderly community residents, Pastor Kalke and two outreach group members of CCLM (2002), and two Citizen Patrol volunteers.

Elderly Resident Interviews

Twenty elderly community residents were interviewed (see Appendices B & C) on CCLM's (2002) campus between January 28, 2002 and March 18, 2002. The participants were a convenience sample of elderly who utilized the bi-weekly food pantries at CCLM (2002). The demographics of the five male (see Appendix B) and 15 female participants (see Appendix C) were calculated using SPSS 7.5 for windows

student version (SPSS, INC.). Seventy-five percent of the elderly interviewed were women, 60% were Hispanic and 35% were African American. Three or more chronic health conditions were described by 40% of the elderly that included arthritis, asthma, cardiovascular disease, cardiopulmonary disease (COPD), depression, diabetes, hypertension, seizures, and vision disturbances (see Table 8).

Choosing Surrounding Area Health Care Services

Seventy-five percent of the elderly interviewed (see Appendices B & C) found the neighborhood clinics had insufficient hours of operation and used health care services in surrounding areas (see Tables 6 & 7). Their facility choices were Arrowhead Regional Medical Center (ARMC), SAC Health Center and Arrowhead McKee Family Health Center, Kaiser Permanente (a Health Maintenance Organization, HMO), and St. Bernadine's (St. B's) Medical Center (see Tables 8 & 9). These health care facilities are between 2.2 miles and 12.7 miles away. It is reasonable that the elderly with Medicare insurance would choose to receive health care services at St. Bernadine's and Kaiser, but ARMC and McKee health care facilities are considered part of San Bernardino County health services (San Bernardino County Medical Plan XXVI-authorized

Primary Care Providers, 2002) for the medically indigent population. The use of medical indigent health care services may infer a lack of Medicare eligibility of the community residents.

Transportation Difficulties

Transportation was identified as a significant problem by the 20 elderly interviewed (see Appendices B & C). Four of the elderly owned an automobile to provide transportation for themselves and their families. The remaining elderly identified difficulties in finding transportation and disliked inconveniencing family and friends to transport them to health care services.

Other Requested Services

The 20 elderly participants (see Appendices B & C) requested other services besides health care that included a senior center. More women (see Appendix C) than men (see Appendix B) were interviewed, but the request for senior center activities came from both genders considered part of Kings, (1968) Interpersonal Systems networks where community elderly can meet and interact. Requests included group activities such as bingo and dances and leisure activities such as a big screen television in a comfortable living room to watch favorite shows and movies. Others requested a quiet intimate place to sit by

a fire and read books. The overall idea derived from the elderly in requesting a community senior center (see Table 9) is to provide a convenient safe location where the community elderly could relax or socialize.

Table 9. Common Themes

Health Problems	Arthritis, Asthma, Cardiovascular Disease, COPD, Depression, Diabetes, Hypertension, Seizures, Vision disturbances.
Health Care Provider	Arrowhead MC, D St & Delmann Clinics, Kaiser, McKee Clinic, St. Bernadine MC.
Transportation	Automobile, Bus, family or friends.
Services Needed in Community	Available Health Professionals, Help for shut-in elderly and low-income families, Reasonable medications, Support groups, and a safe fun place for senior activities.

Reverend Kalke Interview

A Recipe for Humanity. An interview with Pastor David Kalke of CCLM (2002) was recorded using a hand-held Sony tape recorder on March 18, 2002 the discussions centered on the elderly population and their health care needs.

From the recorded interview, a recipe for humanity was created of his words and thoughts (see Table 10).

Table 10. A Recipe for Humanity

Be Honest-Others sense dishonesty
Earn Respect-say what you mean, and do what you say
Never judge-offer help from your heart not because of what a person's house looks like, where they were born and if they have proper papers, what language they speak, or if they have insurance. Offer assistance because they need help, period
Identify where the people who need help are , and meet them there, provide guidance and assistance to help them solve problems
Cultural competency with a family oriented attitude, using open non-verbal communication skills with an attitude that is non-threatening
Earn trust-if the community does not trust you, then they will not trust your services, or resources. Bring services to the neighborhood; people will not leave the neighborhood to access services because people do not access services because there is a lack of services, but because they lack trust in the services.
Source: Interview with Reverend Kalke (03/18/2002)

Outreach Group Interview, Participant #1

Two community informant interviews with members of CCLM's (2002) outreach group (personal interview March 11,

2002) led to discussions regarding their impressions of community elderly. According to participant #1, the role of the outreach group is to reach hidden community residents and offer CCLM (2002) services.

Hidden Community Residents

CCLM (2002) offers education on safe sex to prevent unwanted pregnancy and the spread of sexually transmitted disease. Another example of CCLM's (2002) services is the transitional home called St. Martin's house located on CCLM's (2002) campus for community homeless diagnosed with virus disabling immune (HIV+) disease, acquired immunodeficiency syndrome (AIDS) or Hepatitis C. The outreach group extends invitations to all community members to join CCLM's (2002) congregation, to apply for on-site bi-weekly food pantry services and to become involved in community affairs.

Outreach Group Interview, Participant #2

Participant #2 was a female member of CCLM's (2002) outreach group and said she finds several elderly living around Highland Avenue in zip code 92410.

Lonely and Unkempt Community Elderly

Many of the elderly that participant #2 described are Caucasian and speak English although, they are rude when they talk, and never admit that they need help. Other

elderly were described as pleasant and thrilled at the outreach visits admitting loneliness because they have out lived other family members, or their children live out of the area. Elderly driveways were described without automobiles and participant #2 believes that the majority of the elderly do not own a car. The elderly answer the door wearing pajamas no matter what time of the day it is. Their yards are tidy, but the elderly houses and themselves are unkempt with an unpleasant smell. There were several household pets running in and out of the house, with cluttered hallways piled high with garbage and unread newspapers.

Citizen Patrol Volunteer Interview

Two local officers of the volunteer Citizen Patrol were interviewed as community informants while at a local shopping mall. The officers spoke candidly about the elderly population in the community and described two of their roles as volunteers.

Littered Shopping Mall

First, the officers were at the mall to speak to the merchants about keeping the parking lot free of litter. The huge garbage bins are unable to close because of the overflowing garbage that the winds carry away to other areas.

Homebound Elderly

Second, the volunteers work closely with Adult Protective Services (APS) to identify and visit elderly known as shut-ins who refuse to leave their homes despite being unable to care for themselves. The volunteers believe that there are more elderly shut-ins than they know of, but once identified Adult Protective Services (APS) becomes involved and sends social workers and home health nurses to monitor their progress.

Community Business Visits

Omnitrans Bus Service Routes

A free Omnitrans Busbook schedule identified various bus routes within the communities; the routes depend on the destination and travel North and South, or East and West. Each bus route has stops about every two or three blocks for loading and unloading of passengers. Omnitrans offers two discount rate choices for the elderly who use the bus for their transportation needs. First, a $4.00 Senior Fare Card purchased in advance is valid for ten one-way trips. Second, an Omnitrans Disability Photo Identification Card is valid for two-years at free or reduced rates for disabled and senior populations who submit a completed two-page application with proof of

eligibility that may include Veterans letter of Disability, Social Security Letter of Disability Award or Department of Motor Vehicle Disability Receipt to qualify for services.

Carniceria Meat Market

A visit to Carniceria Meat Market identified available perishable and non-perishable food products. The shelves were lined with off brand sodas, a variety of corn and flour tortillas, canned vegetables and meats. The freezer section stocked chicken, burritos, hot dogs, and pre-packaged meals. The refrigerator section held beer, wine, juice and milk. The fresh fruit and vegetable section had papayas, bananas, potatoes, yams, lettuce (old and brown in appearance) and mushrooms (shriveled and dry). The meat counter stocked beef with large fat deposits throughout the meat, chicken, sausage and Chorizo, Menudo and Tripe (animal intestines). Baby and adult female personal sundries were kept behind the counter close to store personnel.

Discussion

The specific characteristics of the elderly population and health care services in zip codes 92405, 92410, and 92411 were carefully evaluated from the various

sources. The gathered information conveys a clear picture of the health related obstacles that communities in medically underserved areas such as these face.

Digital Photography

Murals Depict Suffering and Hope

A Hewlett Packard 315 Photo Smart camera captured windshield assessment photographs. Significant photographs include three murals painted on the side of CCLM's (2002) building by neighborhood young adults who had Pastor Kalke's permission. The first mural depicts a young pregnant woman tied to a cross (see figure 1), the second, a young man tied to a cross with hypodermic needles stuck in his arms (see figure 2), and finally a prison inmate tied to a cross (see figure 3). These murals portray suffering and hope for the neighborhood.

Suffering is portrayed in the pregnant woman (see Figure 1) tied down with multiple children and perhaps sexually transmitted disease. The young man injecting drugs (see Figure 2) portrays the hopelessness that comes with drug addiction, and the young man wearing a traditional orange prison uniform (see Figure 3) portrays the misery of incarceration as the result of belonging to street gangs who commit crimes of violence. Many young

people in the neighborhood will continue to suffer until the cycles are broken.

On the other hand, hope is portrayed in these same self-portraits. Anyone passing by the murals (see Figures 1, 2, & 3) at CCLM (2002) will be drawn to the colorful, expressive and detailed images that may provide an opening for communication between the community member and the church to change behaviors and alter futures.

Murals May Affect the Elderly

The murals (see Figures 1, 2, & 3) may portray a youth focus that perhaps communicates to the elderly that CCLM (2002) provides youth oriented programs and not services of interest to adults, this would be a false assumption. CCLM (2002) is community focused and does not portray the elderly in the same way because the elderly are considered a positive influence in the community.

Web-Based Assessments

Elderly Populations by Zip Codes

Six thousand eight hundred twenty-nine (see Table 1) elderly were identified within urban San Bernardino zip codes 92405, 92410, and 92411. The highest number of elderly (40% or 2,725) live in zip code 92410 (U.S. Census Bureau, 2001). However, there are distinguishable

differences within zip codes in regards to the population's ethnicity. The majority of Caucasian elderly live in zip code 92405 (72% or 1,308). In comparison, the majority of Hispanic (55% or 1,226) and African American elderly (36% or 830) live in zip code 92411 (U.S. Census Bureau, 2001).

Elderly Ethnic Categories by Zip Codes

The majority of elderly identified (see Table 2) are Caucasians (2,661) and Hispanics (2,656) with less than half as many African Americans (1,216). Zip code 92411 had more Hispanics (1,226) and African Americans (830) while the Caucasian (152) population was less in this zip code as compared to the other two zip codes (U.S. Bureau of the Census, 2001).

Elderly Incomes by Zip Codes

The 1999 median elderly incomes in zip codes 92410 and 92411 (see Table 3) are within the poverty guidelines as set by the Administration on Aging, (2002). However, on average their yearly income of 10,192 dollars (Data Resources Healthy Cities, 2000) implies that all three zip codes are within Poverty Guidelines (Administration on Aging, 2002).

Community Informant Interviews

Key Informant Themes

Twenty key elderly community residents (see Appendices B & C) and five-community informant interviews that included Pastor Kalke's interview (see Table 10), two CCLM (2002) outreach group members, and two Citizen Patrol officers identified three common themes in regards to the limitations that the community elderly face. The first theme identified is that the elderly have at least one health condition and more often three or more health conditions. The second theme recognized the necessity of utilizing health care services surrounding the three zip codes due to the inconvenient hours of operation of the health care clinics within the neighborhoods that leads to the third theme of transportation difficulties. Transportation even within the neighborhoods was difficult for the elderly who relied on public transportation or family or friends to access health care providers. Many elderly felt uncomfortable when asking for rides from family and would wait to see health care professionals when it was convenient for their family. The elderly (see Appendices B & C) who discussed the option of using public transportation expressed the difficultly disabled

individuals and their spouses had in accessing the service.

Community Business Visits

A map attained from San Bernardino's Chamber of Commerce showed health care service locations in relation to Central City Lutheran Mission (CCLM, 2002). In zip code 92411, a survey of a local grocery market identified food and non-food items available to its patrons.

Distances Approximations to Health Care Services

Distance approximations started from Central City Lutheran Mission (CCLM, 2002) 1354 North G Street San Bernardino, CA 92405 and ended at the community health care facilities. Neighborhood Public Health Clinic (see Table 4) distances range between 1.9 and 3.3 miles. Neighborhood San Bernardino County clinic (see Table 5) distances range between 0.5 and 2.0 miles. Surrounding area public health clinic (see Table 6) distances range between 1.2 and 3.8 miles, while surrounding area San Bernardino County clinic (see Table 7) distances range between 3.8 and 9.0 miles and finally, the four hospitals (see Table 8) distances range between 2.2 and 12.7 miles.

Carniceria Food Market

A visit to a local food market located at 1208 West 5th Street in zip code 92411, found food items that may be considered high in saturated fats such as beef, Menudo and tripe and foods high in Sodium such as prepackaged meals although; this grocery store probably carries products preferred by their patrons. This small grocery store may be conveniently located for those populations who live close by and unable to travel the distance necessary to access the larger well-known grocery store further away.

Summary

The 6,829 elderly living within these urban communities may be considered poor according to averaged 1999 median incomes. Their may be elderly who continue to live in their homes despite their inability to care for themselves. Health care access is minimal that may account for the majority of elderly who utilize health care services out of the neighborhoods despite their difficulty in arranging transportation. Common health conditions discussed by the 20 interviewed elderly showed that the majority of them had three or more chronic disease conditions. A local convenient grocery market offered food items that may be less than nutritional but probably

represent the food preferences for the community residents who purchase their groceries in this market.

CHAPTER FIVE

CONCLUSIONS AND RECOMMENDATIONS

Introduction

Comprehensive data was collected to identify the elderly, their health care needs, and available community health care resources. Data collection used several methods including digital photographs, web-based internet assessments, key informant interviews, and community business visits. King's (1968) Personal, Interpersonal and Social Systems were used to guide the organization of the conclusions and recommendations.

Conclusions

Digital Photographs

Impoverished Communities. Personal Systems according to King, (1968) are individual perceptions that influence behavior. Fifty digital photographs of the neighborhoods illustrated impoverished conditions that many individuals within the communities are living with. Impoverished communities commonly have uneducated individuals that may become susceptible to detrimental behaviors and bonds that are difficult to sever (Flaskerud & Winslow, 1998). For example, the murals (see Figures 1, 2, & 3) painted on the side of Central City Lutheran Mission (CCLM, 2002) portray

how individual Personal Systems (King, 1968) perceptions affect beliefs and conflicts within Interpersonal Systems (King, 1968) and may influence entire communities. Pastor Kalke of CCLM (personal interview March 18 2002) explained that the three murals (see Figures 1, 2, & 3) represent the concerns of young adults in the communities: unwanted pregnancies and sexually transmitted disease, drug use and its addiction, and gang violence that results in incarceration (Nelson & Arnold-Powers, 2001). CCLM (2002) as a Social System (King, 1968) provides services that empower community populations to actualize individual potentials (Falk-Rafael, 2001) and may improve community conditions overall.

The neighborhoods poverty and visual representations are consistent with the definitions of impoverished communities in the literature (Flaskerud & Winslow, 1998). Therefore, it can be concluded that visually the three communities' appear impoverished.

Web-Based Assessments

Monetary Disparities

Personal Systems according to King, (1968) influence individual behavior and to alter behavior requires changing perceptions that is difficult for those living in

poverty. Census data (U.S. Bureau of the Census, 2001) confirmed 6,829 elderly persons (see Table 1) living within the three urban communities in San Bernardino, California, their ethnicities (see Table 2) and median incomes (see Table 3, Data Resources Healthy Cities, 2000). The majority of Caucasian elderly live in zip code 92405 (see Table 2) and earn a median income of 12,385 dollars (see Table 3) per year. In comparison, the largest groups of Hispanics and African Americans (see Table 2) live in zip code 92411 (U.S. Bureau of the Census, 2001) and earn a median income of 8,709 dollars (see Table 3) per year (Data Resources Healthy Cities, 2000). Therefore, it can be concluded that a monetary disparity exists between ethnicities as identified by the Administration on Aging, (2002).

Poverty

Personal Systems (King, 1968) are perceptions of circumstances that influence individuals. The elderly living within these three communities on average earn a median income of 10,192 dollars (see Table 3) per year that according to Poverty Guidelines (Administration on Aging, 2002) any income less than 11,940 dollars per year is living below poverty levels. Therefore, it can be

concluded that there may be elderly who are living in poverty (Administration on Aging, 2002).

Deficient Health Care Access

A lack of health care professionals can influence individual health behaviors within Personal Systems (King, 1968) and interrelationship networks within Interpersonal Systems (King, 1968). The neighborhood health care services offer insufficient clinic hours for the community elderly to access when necessary or desired (Aday & Andersen, 1981). The U.S. Department of Health Resources and Services Administration, (2000) defined Medically Underserved as those communities with inaccessible health care professionals, services, insufficient hours of operation, or distances that the populations must struggle with transportation to access.

The lack of sufficient public health services and their hours of operation (see Tables 4 & 6) is the Social Systems (King, 1968) direct influence on individuals Personal Systems (King, 1968) and groups Interpersonal Systems (King, 1968) health perceptions. For example, in zip code 92405, the Public Health clinic is open every third Thursday for one and a half hours, and in zip code 92411, two health care clinics open for a total of four hours per month. The assessment of neighborhood Public

Health care services (County of San Bernardino Department of Public Health, 2002) found minimal services. Therefore, it can be concluded that these three communities in San Bernardino, California are Medically Underserved and deficient in Public Health care access.

Key Informant Interviews

Hidden Elderly

Community informant interviews can identify elderly who are homebound due to physical limitations and poverty conditions (Van Hastregt et al., 2000). The homebound status affects the elderly Personal Systems (King, 1968) because their perception of well-being is living in their own home despite their inability to care for themselves. The homebound elderly visited by outreach group members of CCLM (2002) and the Volunteer Citizen Patrol Officers described many elderly who have difficulty with personal care, household chores and may be unable to live independently. CCLM (2002) outreach group visits the elderly to offer their services and the Volunteer Citizen Patrol Officers work closely with the Social Systems (King, 1968) Adult Protective Services to identify and follow the progression of shut-ins so it makes sense that there are homebound elderly who have not been identified.

Therefore, it can be concluded that there are hidden elderly persons in the communities that will not be discovered unless others seek them out.

Chronic Diseases Require Health Professional Management

Twenty key informant elderly community residents were interviewed (see Appendices B & C) over seven weeks during the year 2002. The participants included five male interviews (see Appendix B) and 15 female interviews (see Appendix C). These elderly described three or more chronic health conditions that included arthritis, asthma, cardiovascular disease, COPD, depression, diabetes, hypertension, seizures, and visual disturbances (see Table 9). The 20 elderly interviews (see Appendices B & C) identified chronic disease conditions consistent with the literature (Guttman, 2000). Therefore, it can be concluded that many community elderly suffer from chronic conditions that may benefit from the consistent medical management of health care professionals.

Community Business Visits

Lack of Appropriate Public Transportation

The lack of appropriate public transportation is an important Social System (King, 1968) that influences the ability of community elderly to access health care.

According to the map obtained from San Bernardino Chamber of Commerce ten health care clinics were identified in and around the neighborhoods. Distances were estimated from CCLM (2002) 1354 North G Street San Bernardino, California 92405, and ended at specific health care services. According to approximations, all health care facilities distances ranged from 0.5 miles to 12.7 miles (see Tables 4 through 8). Omnitrans provides sufficient bus routes to transport the elderly to and from health care services in the communities at a reasonable cost. However, persons utilizing public transportation must be ambulatory and many of the elderly have physical limitations that make traveling by bus difficult. Another consideration in the use of public transportation by the elderly is their vulnerability to crime and violence (Nelson & Arnold-Powers, 2001). Therefore, it can be concluded from distance approximations that health care services are difficult for the elderly to access due to transportation limitations.

Recommendations

Further Research

Further research into the health care needs of this elderly population is recommended. The elderly access

health care services according to Personal Systems (King, 1968) perception of wellness and illness. Knowing why the elderly chose specific health care sites to attain their health care services would provide further insight into their choices. For instance, was health care facility choices made for insurance reasons such as, Medicare alone, MediCal alone, or in combination? On the other hand, the elderly may select health care services because the hours are convenient or that transportation to specific health services was available. Transportation is an important factor for the elderly to access any health care provider. Perhaps transportation opportunities for the elderly should be reassessed to locate services that are more accommodating.

Nurse-Managed Clinic

Designing a nurse-managed clinic staffed by advanced practice nurses would provide holistic health services to the community elderly as discussed by King's, (1968) Interpersonal Systems. Advanced nurses could influence how the elderly perceive health and illness by identifying, analyzing, and recommending solutions to community health problems (Hinshaw, 2000). As an important element of Social Systems (King, 1968) a nurse-managed clinic would progress health care of the elderly from a curing model to

a caring model of health care practice (Webb, 1996). In addition, the staff nurses can act as preceptors for advanced practice nursing students as part of the Interpersonal Systems (King, 1968) network of experienced community nurses working with nurses who are learning essential nursing concepts that would prepare them for service in communities such as these (Nelson & Arnold-Powers, 2001).

Case Management

Case management programs with advanced practice nurses working out of the nurse-managed clinic, or in conjunction with the outreach groups at CCLM (2002) would provide support to the hidden and homebound elderly and identify their Personal Systems (King, 1968) perceptions of health and disease. Case management programs are part of the Interpersonal Systems (king, 1968) network of professional nurses decreasing the disparities between no health care access and appropriate health care access within Social Systems (King, 1968) delivery of health care services (Morse & Intrieri, 1997).

An example of a case management program would consist of culturally knowledgeable case managers who would go out into the community either in pairs for safety, or as part of a community outreach group of key informants. The

nurses would carry backpacks with necessary tools: A cell phone, a lightweight battery operated lap top computer for documenting encounter information, blood pressure equipment, disposable ear thermometers, and basic wound cleansing and dressing supplies. The case manager would identify homebound and hidden elderly, screen for appropriateness of case management services and provide case management throughout their health care access (Diwan et al., 2001).

Expand Community Outreach

Central City Lutheran Mission, (2002) has a very active neighborhood outreach group made up of members or Interpersonal Systems (King, 1968) who visit community populations two to three times a week. The outreach group identifies community member needs and offers CCLM (2002) services. Expanding the outreach service by increasing visits would benefit the community Social Systems (King, 1968) as a whole. The outreach groups possess firsthand knowledge of community supports and barriers, and where the elderly with the highest risks live (Nelson & Arnold-Powers, 2001).

Senior Center

A common request emerging from the 20 interviews (see Appendices B & C) with community elderly was a senior

center (see Table 9). The appeal for individual and group activities at a senior center came from both genders can be linked to Kings, (1968) Interpersonal Systems in that the elderly want to participate in activities specifically geared to the elderly. For instance, elderly groups could meet and interact while watching favorite TV shows or videos, while playing bingo, or listening to music by favorite bands. The key of the senior center is to provide a safe, convenient location where impoverished community elderly can escape from the reality of life pressures for a few hours whenever the need arises.

Summary

Conclusions extracted from the project suggest that the three communities in zip codes 92405, 92410 and 92411 were impoverished from individual and group circumstances that are within and beyond their control to change (Andrulis, 2000). The elderly on average earn median incomes within Poverty Guidelines as set by the Administration on Aging, (2002). Deficient health care access is apparent when health care clinics with convenient hours of operation are physically located in areas that the elderly have difficulty finding transportation to access (Health Resources and Services

Administration, 2000). Complicated transportation issues may result in the elderly waiting for their symptoms to improve consequently, delaying access to health care professionals for medical management of acute and chronic disease (Aday & Andersen, 1981).

APPENDIX A

INSTITUTIONAL REVIEW BOARD

CALIFORNIA STATE UNIVERSITY
SAN BERNARDINO

APPROVED
Exempt Review
IRB File #
01016
APPROVED

The California State University

November 16, 2001

Professor Ellen B. Daroszewski
Department of Nursing
California State University
5500 University Parkway
San Bernardino, California 92407

Dear Professor Daroszewski:

Your application to use human subjects, titled, "Community Health Needs Assessment at the Central City Lutheran Mission" has been reviewed by the Institutional Review Board (IRB). Your informed consent statement should contain a statement that reads, "This research has been reviewed and approved by the Institutional Review Board of California State University, San Bernardino." *There is one minor change listed below. Please submit your changes to the IRB Secretary Mr. Michael Gillespie AD-128 Research and Sponsored Programs.*

- Add time that interview will take on informed consent.

Please notify the IRB if any substantive changes are made in your research prospectus and/or any unanticipated risks to subjects arise. If your project lasts longer than one year, you must reapply of approval at the end of each year. You are required to keep copies of the informed consent forms and data for at least three years.

If you have any questions regarding the IRB decision, please contact Michael Gillespie, IRB Secretary. Mr. Gillespie can be reached by phone at (909) 880-5027, by fax at (909) 880-7028, or by email at mgillesp@csusb.edu. Please include your application identification number (above) in all correspondence.

Best of luck with your research.

Sincerely,

Joseph Lovett

Joseph Lovett, Chair
Institutional Review Board

JL/mg

5500 University Parkway, San Bernardino, CA 92407-2397

APPENDIX B

MALE INTERVIEWS

Male Interviews

Sample N = 5

1.

Oral informed consent?
Yes

Age
72

Ethnicity?
African American

No. in family?
Just two of us, me and my wife

Live in the community full-time?
Yes, all of our life

Have friends or family in the community but live elsewhere?
N/A

Work in the community but live elsewhere?
Retired from the post office here in San Bernardino. Wife is also retired

Current Health problems?
Me-high blood pressure. My wife-diabetes and a stroke

What health care services have you used in the past?
We go to a doctor at the McKee clinic because it is open a lot

What was good about those services?
We really like the doctor he has been our doctor for many years

What were the problems with those services?
Too far away, some days I just don't feel like driving

What do you do now when you are someone in your family is sick?
Go to the doctor

What health care services would you like to have for you and your family here at the Mission?
A good doctor and a safe place to bring my wife for fun things to do

2.

Oral informed consent?
Yes

Age?
68

Ethnicity?
African American

No. in family?
Two, I take care of my wife she is an invalid

Live in the community full-time?
Yes

Have friends or family in the community but live elsewhere?
N/A

Work in the community but live elsewhere?
Retired

Current Health problems?
I have high blood pressure and my wife had a stoke

What health care services have you used in the past?
We go to the McKee clinic

What was good about those services?
I don't know

What were the problems with those services?
So far away, but our son takes us when we need to go

What do you do now when you are someone in your family is sick?
Call my son

3.

Oral informed consent?
Yes

Age
Old enough

Ethnicity
African American

No. in family
It is only me, my wife died a few years back, and God rest her soul. You know I still miss her

Live in the community full-time?
Yes

Have friends or family in the community but live elsewhere?
N/A

Work in the community but live elsewhere?
Retired janitor

Current Health problems?
Just problems with my knees getting stiff

What health care services have you used in the past?
We used to go to a clinic on D St. but their never opened

What was good about those services?
I don't know

What were the problems with those services?
Nothing except I have to wait for my daughter to come get me and when I am sick, it takes awhile

What do you do now when you are someone in your family is sick?
Call my daughter to take me to the doctor

What health care services would you like to have for you and your family here at the Mission?
Bingo would be nice

4.

Oral informed consent?
Yes

Age?
75

Ethnicity?
Hispanic

No. in family?
There's about five of us

Live in the community full-time?
Yes

Have friends or family in the community but live elsewhere?
N/A

Work in the community but live elsewhere?
Retired car salesman

Current Health problems?
Arthritis and I don't see too well

What health care services have you used in the past?
I go to Kaiser

What was good about those services?
Good doctors

What were the problems with those services?
It's terrible calling and waiting for the operator to answer, so sometimes I hang up and don't go, other times I can't get an appointment when I need to

What do you do now when you are someone in your family is sick?
Go to Kaiser if I can't get an appointment

What health care services would you like to have for you and your family here at the Mission?
A family doctor

5.

Oral informed consent?
Yes

Age?
69

Ethnicity?
Hispanic

No. in family?
Two of us, me and my wife

Live in the community full-time?
Yes

Have friends or family in the community but live elsewhere?
N/A

Work in the community but live elsewhere?
No, we don't work we are retired

Current Health problems?
I have heart problems and my wife is disabled from a stroke

What health care services have you used in the past?
We go to St. Bernadine's when we can

What was good about those services?
The doctor we have seen for many years

What were the problems with those services?
We have to take a bus to get there and sometimes it is hard for my wife

What do you do now when you are someone in your family is sick?
You mean really sick? We call 911

What health care services would you like to have for you and your family here at the Mission?
I don't know perhaps someone that would become our family doctor; we need a good one, though

APPENDIX C

FEMALE INTERVIEWS

Female Interviews

Sample=15

1.

Age?
62

Ethnicity?
Hispanic

Oral informed consent?
Yes

No. in family/
Six, I take care of my grandkids

Live in the community full-time?
Yes

Have friends or family in the community but live elsewhere?
N/A

Work in the community but live elsewhere?
I never worked I am disabled

Current Health problems?
Previous stroke and seizures

What health care services have you used in the past?
I go to the McKee clinic

What was good about those services?
Close enough to take the bus

What were the problems with those services?
I have to take the bus, and with kids it makes the bus trip and waiting for the doctor terrible

What do you do now when you are someone in your family is sick?
We hope we will get better soon.

What health care services would you like to have for you and your family here at the Mission?
My medications are so expensive it would be nice not to have to pay so much

2.

Oral informed consent?
Yes

Age?
66

Ethnicity?
African American

No. in family?
Three, daughter, my grandson and me

Live in the community full-time?
Yes

Have friends or family in the community but live elsewhere?
N/A

Work in the community but live elsewhere?
Disabled on SSI

Current Health problems?
Arthritis, Hypertension, and Asthma

What health care services have you used in the past?
My doctor is in Colton because I could not find anyone here that I liked

What was good about those services?
My doctor is nice to me

What were the problems with those services?
I have to get rides to see her

What do you do now when you are someone in your family is sick?
Go to the doctor

What health care services would you like to have for you and your family here at the Mission?
Senior activities, exercise room, swimming pool. What we really need is a senior center where we could come to a safe place and have fun

3.

Oral informed consent?
Yes

Age?
67

Ethnicity?
Hispanic

No. in family?
Three, my husband and my daughter live with me

Live in the community full-time?
Yes

Have friends or family in the community but live elsewhere?
N/A

Work in the community but live elsewhere?
Retired

Current Health problems?
Cardiac arrhythmia, hypertension, diabetes, depression, and I take hormones

What health care services have you used in the past?
Kaiser, but they cost too much so I go to St. Bernadine's

What was good about those services?
I did not like either but there is no other choice

What were the problems with those services?
Doctors are mean and rude they don't care

What do you do now when you are someone in your family is sick?
I drive to St. B's if we have to see a doctor

What health care services would you like to have for you and your family here at the Mission?
A good doctor who will examine me, give me meds, and is interested in the way I feel. Support groups are needed for diabetics, I could teach them because I know a lot

4.

Oral informed consent?
Yes

Age?
68

Ethnicity?
African American

No. in family?
Two, me, and my disabled daughter who I have taken care of since a car hit her when she was little

Live in the community full-time?
Yes

Have friends or family in the community but live elsewhere?
N/A

Work in the community but live elsewhere?
I never worked I had to care for my child

Current Health problems?
Heart problems, hypertension, GI problems, and knee problems

What health care services have you used in the past?
Kaiser clinics. Now I use the McKee clinic

What was good about those services?
There okay

What were the problems with those services?
Nothing really, except getting to Kaiser was hard, I don't drive

What do you do now when you are someone in your family is sick?
Go to Arrowhead ER

What health care services would you like to have for you and your family here at the Mission?
For others-You know the ones that need the most help cannot get out of their house. I have a young Mexican family who lives next to me. They are illegal I think. She and the children never go outside; they never have food or electricity. I think she makes less than $25 a month. For me, I would like the gas and electric company to lower my heating costs

5.

Oral informed consent?
Yes

Age?
66

Ethnicity?
Hispanic (interpreted through her friend)

No. in family?
Six, two children and three grandchildren

Live in the community full-time?
No

Have friends or family in the community but live elsewhere?
Her husband works in fields picking strawberries, they move around some

Work in the community but live elsewhere?
She doesn't' work

Current Health problems?
Heart and diabetes

What health care services have you used in the past?
She says they don't go to the doctor

What was good about those services?
N/A

What were the problems with those services?
N/A

What do you do now when you are someone in your family is sick?
No money to go to the doctor

What health care services would you like to have for you and your family here at the Mission?
Free doctor and medicine

6.

Oral informed consent?
Yes

Age?
65

Ethnicity?
Caucasian

No. in family?
Two, my husband and me

Live in the community full-time?
No

Have friends or family in the community but live elsewhere?
Yes, friends I live on the other side of San Bernardino

Work in the community but live elsewhere?
Yes, I work here as a volunteer

Current Health problems?
Arthritis and diabetes

What health care services have you used in the past?
County clinics and hospital

What was good about those services?
It doesn't cost much

What were the problems with those services?
To far to drive in traffic

What do you do now when you are someone in your family is sick?
Drive to the doctor

What health care services would you like to have for you and your family here at the Mission?
I think help for the older people who are unable to get out their house

7.

Oral informed consent?
Yes

Age?
72

Ethnicity?
Hispanic

No. in family?
Seven, my daughter, her husband, their four kids and me

Live in the community full-time?
Yes

Have friends or family in the community but live elsewhere?
N/A

Work in the community but live elsewhere?
Retired

Current Health problems?
Heart, diabetes, arthritis, and depression

What health care services have you used in the past?
The McKee clinic it's the only one that is open enough

What was good about those services?
Their not too far

What were the problems with those services?
Not open all the time.

What do you do now when you are someone in your family is sick?
Sometimes when we are sick, we have to go to the hospital

What health care services would you like to have for you and your family here at the Mission?
Nice people and longer hours. I heard one of the other ladies talking about a senior center and would like to add that a big cozy living room with a fireplace, TV, and books for us seniors to come and relax, talk, drink coffee, or eat ice-cream

8.

Oral informed consent?
Yes

Age?
67

Ethnicity?
Hispanic

No. in family?
Two, my sister and me

Live in the community full-time?
Yes

Have friends or family in the community but live elsewhere?
N/A

Work in the community but live elsewhere?
I am disabled

Current Health problems?
Heart, diabetes and arthritis

What health care services have you used in the past?
The clinics

What was good about those services?
Closer than going to St. B's

What were the problems with those services?
You have to go to different clinics when you sick It depends on who is opened

What do you do now when you are someone in your family is sick?
Go to the clinic or else St. B's

What health care services would you like to have for you and your family here at the Mission?
To have someone nice and who cares that I am sick

9.

Oral informed consent?
Yes

Age?
66

Ethnicity?
Hispanic

No. in family?
Four, me, my husband who is sick all the time, and my daughter and granddaughter

Live in the community full-time?
Yes

Have friends or family in the community but live elsewhere?
N/A

Work in the community but live elsewhere?
Retired

Current Health problems?
Me?

I have TIA's all the time, my husband he has heart problems and lung problems

What health care services have you used in the past?
Kaiser

What was good about those services?
We both have the same doctor

What were the problems with those services?
We rarely get to see our doctor

What do you do now when you are someone in your family is sick?
Go to the doctor

What health care services would you like to have for you and your family here at the Mission?
A doctor who works here all the time and will talk to me when I ask questions

10.

Oral informed consent?
Yes

Age?
67

Ethnicity?
African American

No. in family?
Two, my sister and me

Live in the community full-time?
Yes, all of our life

Have friends or family in the community but live elsewhere?
N/A

Work in the community but live elsewhere?
Retired, I was a nurse at a convalescent hospital

Current Health problems?
Cardiac, Hypertension, and COPD

What health care services have you used in the past?
I like to use the clinics in the neighborhood but sometimes they are not opened when we are sick

What was good about those services?
They are close by

What were the problems with those services?
Not opened enough

What do you do now when you are someone in your family is sick?
Drive to St. B's if the clinics are closed

What health care services would you like to have for you and your family here at the Mission?
Support groups, perhaps a senior center with dancing, videos on a big screen TV

11.

Oral informed consent?
Yes

Age-69
Ethnicity-Hispanic
No. in family-
Three, me and my grandkids

Live in the community full-time?
Yes

Have friends or family in the community but live elsewhere?
N/A

Work in the community but live elsewhere?
Retired

Current Health problems?
High blood pressure

What health care services have you used in the past?
Delmann Clinic

What was good about those services?
Nice people

What were the problems with those services?
They are not opened enough

What do you do now when you are someone in your family is sick?
Go to St. B's hospital

What health care services would you like to have for you and your family here at the Mission?
A nice clinic with nice people who listen to your problems and answer your questions

12.

Oral informed consent?
Yes

Age?
70

Ethnicity?
Hispanic

No. in family?
Four

Live in the community full-time?
Yes

Have friends or family in the community but live elsewhere?
N/A

Work in the community but live elsewhere?
Retired

Current Health problems?
Asthma

What health care services have you used in the past?
St. B's

What was good about those services?
I don't know

What were the problems with those services?
Nothing

What do you do now when you are someone in your family is sick?
Go to St. B's

What health care services would you like to have for you and your family here at the Mission?
I don't know

13.

Oral informed consent?
Yes

Age?
71

Ethnicity?
Hispanic

No. in family?
Two, my husband and me

Live in the community full-time?
Yes

Have friends or family in the community but live elsewhere?
N/A

Work in the community but live elsewhere?
Retired

Current Health problems?
Asthma and heart

What health care services have you used in the past?
Kaiser

What was good about those services?
The doctor and medicine is cheap

What were the problems with those services?
I hate calling early in the morning to get an appointment

What do you do now when you are someone in your family is sick?
Go to Kaiser

What health care services would you like to have for you and your family here at the Mission?
I have to go to Kaiser

14.

Oral informed consent?
Yes

Age?
65

Ethnicity?
Hispanic

No. in family?
Eight, my daughter and her four kids live with my husband and me

Live in the community full-time?
Yes

Have friends or family in the community but live elsewhere?
N/A

Work in the community but live elsewhere?
I baby-sit my grandkids

Current Health problems?
You name it I have it

What health care services have you used in the past?
The clinic on 7th street

What was good about those services?
It's close to my house

What were the problems with those services?
It is only open a few hours a month, I think

What do you do now when you are someone in your family is sick?
I try not to go the doctor, too many kids to take with me

What health care services would you like to have for you and your family here at the Mission?
One that is open all the time and has babysitters while I am in with the doctor. I hate leaving the kids alone

15.

Oral informed consent?
Yes

Age?
70

Ethnicity?
African American

No. in family?
Three

Live in the community full-time?
Yes

Have friends or family in the community but live elsewhere?
N/A

Work in the community but live elsewhere?
I am a retired seamstress

Current Health problems?
High blood pressure, asthma, arthritis, and I had Cancer four years ago, got treatments that made me sick. I am glad that that is all over

What health care services have you used in the past?
St. B's

What was good about those services?
I had good doctors

What were the problems with those services?
Nothing

What do you do now when you are someone in your family is sick?
Go to the doctor when we have a chance

What health care services would you like to have for you and your family here at the Mission?
Open a nice place, pretty to look at, and pretty in side. Nice curtains would be nice, too

APPENDIX D

QUESTIONNAIRE

KI questionnaire #1. I Oral informed consent? _____

_____ M _____ Live in the community full-time?

_____ F _____ Live in the community part time?

_____ Have friends or family in the community but live elsewhere?

_____ Work in the community but live elsewhere?

_____ # in family

_____ Has a current health care problem?

Problem is _____

What health care services have you used in the past?

What was good about those services?

What were the problems with those services?

What do you do now when you are someone in your family is sick?

What health care services would you like to have for you and your family here at the Mission?

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