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Community resource usage by the elderly: A study of senior citizens in the Western Riverside County Brown Bag Program

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COMMUNITY RESOURCE USAGE BY THE ELDERLY:
A STUDY OF SENIOR CITIZENS IN THE WESTERN RIVERSIDE COUNTY
BROWN BAG PROGRAM

A Project
Presented to the
Faculty of
California State University,
San Bernardino

In Partial Fulfillment
of the Requirements for the Degree
Master of Social Work

by
Bob Bennett
Mary Botts
Alberto Chavez
Sam Woodward
June 1993
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A STUDY OF SENIOR CITIZENS IN THE WESTERN RIVERSIDE COUNTY

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Approved by:

Dr. Rosemary McCaslin, Project Advisor, Social Work

Daryl Brock, Executive Director, Survive Food Bank

Dr. Teresa Morris, Director, Research Sequence
ASSIGNED RESPONSIBILITIES

This was a group project and a team effort where authors collaborated throughout the project. However, for each phase of the project, certain authors took primary responsibility. These responsibilities were assigned in the manner listed below.

1. Data Collection:
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   Working with Bob Bennett
   Mary Botts
   Sam Woodward

2. Data Entry and Analysis:
   Assigned Leader Mary Botts
   Working with Bob Bennett
   Alberto Chavez
   Sam Woodward

3. Writing Report and Presentation of Findings:
   a. Problem Statement and Literature Review
      Assigned Leader Bob Bennett
      Working With Mary Botts
      Alberto Chavez
      Sam Woodward
b. Methods:
   Assigned Leader Sam Woodward
   Working with Bob Bennett
       Mary Botts
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c. Results
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       Sam Woodward

d. Discussion
   Assigned Leader Bob Bennett
   Working with Mary Botts
       Alberto Chavez
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ABSTRACT

This paper presents a study of resource utilization by senior citizens in Western Riverside County. Our subjects (n=106) were participants in the Brown Bag Program for commodities distribution. The Brown Bag Program is limited to low-income senior citizens.

Our instrument was a questionnaire consisting of both quantitative and qualitative items. There were twelve categories of resources. Our hypotheses looked for differences in resource utilization based upon the individual's health, ethnicity, religion, gender, age, education, transportation and perception and attitude.

We found that there was a difference in usage patterns in some of the categories at a statistical significance level of p = < .05 The areas of significant usage patterns were 1) age and food resource usage, 2) access to a car and legal services usage, 3) knowledge of medical services and past use, 4) years in school and legal services usage, 5) years in school and use of social activities. We also found a result approaching significance (p = .097) in the relationship between age and transportation services usage.

Discussion of these findings and suggestions for further research are included.
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PROBLEM STATEMENT

Since Medicare and the Administration on Aging were established, there have been a number of programs developed to assist senior citizens. According to the 1990 United States Census, there were more than 41.9 million individuals over the age of 60 years of age. This represents 16.83% of the population of the United States. It has been estimated by the Federal Office of Aging that fewer than 20% of the social services offered to the aforementioned population are effectively utilized by senior citizens who are sixty years of age or older. Former President Reagan stated that the non-use of social services by the elderly is of their own choice. We do not think that this presidential assumption is true. This study examined and documented which resources seniors use or do not use. We also compiled the reasons seniors use resources and the reasons they did not use the resources.

LITERATURE REVIEW

The literature presents a number of contradictory research findings that relate to community service usage by seniors. These past studies have identified numerous factors affecting service use: transportation, health, education, ethnicity, perception, age, gender, socialization, knowledge of service, tangible vs. intangible services, urban vs. rural, married vs. single, disabilities, formal services, housing, legal services, medical, financial, and sociodemographics.
Gender

Gender is directly related to use according to Kahana and Kiyak (1980), and Keith (1978); Gibson (1984) did not find this correlation. In general, female seniors use more services than male seniors. Males tend to rely on spouses for services, then die leaving the wife without a spouse to care for them.

Income

Income was also an important factor when looking at service usage (Gibson, 1982; Starrett & Decker, 1984; Wan & Arling, 1983; Cantor & Meyer, 1978; and Snider, 1981). Gibson (1984) did not find income significant in predicting service usage.

Age

Cantor and Meyer (1978) discovered that age was a predictor of use, while Gibson (1984) and Snider (1981) found age unrelated.

Ethnicity

Ethnicity was an important factor in determining service usage according to Gibson (1982), Mindel and Wright (1982), and Starrett and Decker (1984). Krein and Trevino (1987) found services provided under the Older Americans Act did not under serve the African-American population. Also, ethnic seniors were more likely to use informal services such as the extended family, than Euro-Americans seniors.

Education
The educational levels of seniors had an inverse relationship to the seniors' use of services (Wan and Odell 1981). However, McAuley and Arling (1984) noted that there was a positive relation between education and use. Snider (1981) also supported the finding that education was positively related to use.

**Married versus Single**

Research by Gibson (1982) and Krout (1984) supported previous findings that married individuals used services less frequently than unmarried individuals. Thus, seniors who are married are less likely to use formal services than single seniors.

**Disabilities**

In the physical area, Krein and Trevino (1987) brought to light the fact that seniors with limited functioning exhibited greater use of formal resources than either those with severe incapacity or no functional limitations; whereas Kirwin (1988) detected a low use of services by the multi-impaired aged.

Tennstadt et al. (1990) found that only if clients lived alone did the level of frailty predict reliance on formal services.

**Urban versus Rural**

Nofz (1986) and McAuley and Arling (1984) found that the senior service needs were equal in both urban and rural settings but there were significantly fewer services available
in rural areas. Also, seniors living in rural areas were less likely to use formal services because there were fewer formal services available in rural areas.

**Tangible Services versus Intangible Services**

Regarding the categories of services, the findings suggested that seniors were more likely to seek tangible services such as in-home help, help with transportation, shopping and housing, than intangible services such as counseling and Adult Protective Services (Waring & Kosberg 1978 and 1984; Keith, 1978; Cantor & Meyer, 1978).

**Social Interaction**

With regard to levels of social interaction, Gibson’s research (1984) noted no correlation with use or nonuse of services. However, Krout (1988) found the level of social interaction to be one of the strongest correlates of senior center attendance.

Waring and Kosberg (1978) revealed that a major concomitant of high morale was the use of social services. Social activities were extremely important to the elderly (Waring and Kosberg, 1984). Also in this study, Waring and Kosberg reported that services like shopping and transportation increased morale, but participation in congregate meals did not.

**Formal Services**

A lack of resources was an obvious factor in the use of formal services by seniors (Salcido et al., 1980). Keith
(1978) and Cantor & Meyer (1978) ascertained that attachment to a formal service system or a history of use was a good indicator of current and/or future use. Seniors who were more accepting of the formal service system were more likely to utilize other formal services. Legal Aid is one of the most important needs of the aged (Keith, 1978). Further, shopping, escort services and other tangible services were used more by the elderly than counseling (Waring and Kosberg, 1984).

Medical

The use of medical services has been related to need although nutritional risk is the most important predictor of using medical services (Wollinsky, Coe & Miller, 1983). The clients' knowledge of the service was the most relevant variable in using medical services (Wan & Odell, 1981). However, seniors who utilized formal in home care were generally in better condition regarding instrumental activities of daily living (A.D.L.) than those who did not (McAuley & Arling, 1984). Keith (1978) stated that one of the greatest needs of the aged is in home care. Thus, it appears that formal services tended to target seniors who were fairly high functioning and those who are extremely frail were ignored or failed to employ the formal services.

Financial

There were very few financial resources available for the elderly according to Garcia (1985). Further, the elderly population prefers getting social services from family rather
than from community social services except in the case of money needs (Cantor and Meyer, 1978).

**Health**

In our study, health status was one of the highest predictors of service usage (Cantor and Meyer, 1978). Another researcher found that the client's yearly health evaluation was less predictive of service utilization than the client's projected use of services (Keith, 1978). The physical health status of individuals was related to the use of formal and informal care sources, according to Newhouse and McAuley (1987). Lastly, one of the strongest correlates to health status was the use of senior centers (Krout, 1988).

**Transportation**

Transportation has been identified as an important element in the use of resources. Newhouse and McAuley (1987) stated that having a car for mobility was directly related to the use of informal sources of care. Seniors who depended on public transportation were more likely to use formal services than seniors who had a car. Wan and Arling (1983) determined transportation barriers to be a variable in the use of medical services. Waring and Kosberg (1978) found that services increasing social and physical mobility increased clients morale; while, in 1984, they found that escorted transportation was used frequently. Wan and Arling (1983), Keith (1978), and Waring and Kosberg (1984) all mentioned transportation as probably the most important factor in
securing services.

Knowledge of Services

One of the most commonly identified variables predicting service use is the knowledge of services. McCaslin (1988) confirmed that general knowledge of the formal service system is a good predictor of use. Wan and O’Dell (1981), Starrett and Decker (1984), Snider (1981) and Krout (1984) also have validated prior research findings that knowledge of services is directly related to use. McCaslin (1988) stated that it is the extent of knowledge about a range of services that predicts use of any service.

Gibson (1984) asked a random sample of 501 people aged 60 and over about availability of services and information and whether they were aware of the impact of recent health insurance changes. The results showed over 50% of the respondents were aware of the existence of community services for the elderly needing in-home help, although many could not adequately name any. Also, fifty percent of the respondents in the Garcia (1985) study were aware of services for elderly needing in home help, but many couldn’t name any. Throughout Gibson’s study very few clients were at a loss for informational sources and no correlation was discerned between age, sex, income, education, health status, use of services, or levels of socialization and knowledge of services indicating that most of the elderly know little or nothing about specific community services available as alternatives to
institutionalization.

**Perception and Attitude**

According to McCaslin (1988), "previous researchers have established that use of a particular service is determined by a complex array of motivating and restraining forces in the life of the individual. The lay person's general knowledge and acceptance of the formal service system were better predictors of use than the demographic and functional data generally evaluated". McCaslin (1989) also asserts that "traditionally studied demographic and functional capacity variables have little predictive power in relation to service use. Knowledge of and orientation to the formal service system stand out as important determinants of use, especially in programs for the well elderly".

Salamon and Trubin (1983) found that when staff members had negative attitudes, that the clients reflected negative and self-defeating behaviors. Also, that the client's fear of being poorly received by service providers was related to nonuse was supported by Garcia's research in 1985.

Starrett and Decker (1984) recognized that perceived need had a direct effect on the use of services as did Wan and Arling (1983) and Wolinsky, Coe and Miller (1983). According to Keith (1978) in planning for daily activities seniors reported that the projected use of services had the most influence on use or nonuse. On the other hand, Krout (1984) noted that the lack of perceived need was a major reason for
nonuse.

Summary

Wan and Odell (1981) stated that the most relevant variable in using medical services was knowledge of the service. We tested this population to see if these results hold true. Hypothesis 1: The level of utilization of resources is directly related to the level of health of the individual.

Since there is conflicting information in the literature regarding age and resource utilization we tested the relationship age and resource utilization. Hypothesis 2: Older seniors (75 years and older) will use resources less than younger seniors (less than 75 years old).

Because conflicting results are reported in the literature, we wished to test whether in this population there was a relationship between education and use of community resources. Hypothesis 3: The more formal education an individual has the more likely it is that they will use community resources.

As supported by our literature search we tested whether seniors who own or have access to a car were more likely to use community resources. Hypothesis 4: Seniors with their own transportation are more likely to use community social services than those who do not have their own forms of transportation.

The literature review presented the position that the
attitudes of staff had a direct bearing upon the use of community resources. Hypothesis 5: Seniors who expect to receive or do receive a negative response from a resource will be less likely to use that resource.

**DESIGN AND METHOD**

**Subjects**

One of our research associates worked for a community organization which provides commodity distribution to low-income seniors. Since specific data about Riverside County seniors is needed by that and related programs, we decided to look at the utilization of various community resources by this population. We selected 150 subjects from fifteen service sites so that we would be able to compare urban and rural information. We selected ten individuals from each of the fifteen food distribution sites of the Western Riverside County Brown Bag Program. The sample was selected by assigning a site number and an individual identification number to every participant in the Brown Bag Program. We then randomly selected 15% of site participants by utilizing a table of random numbers (Rubin and Babbie, 1989). This procedure has enabled us to generalize our findings to the total Brown Bag population. Data collection spanned approximately three consecutive months. Participation in these interviews was on a voluntary basis.

The clientele of this program is limited to Senior citizens 60 years of age and older and includes both men and
women. They must be either SSI eligible or be "low income", defined as an income below $719 per month for an individual or $1190 per month for a couple. The total population of the Brown Bag Program at the time of the study was 351 males(40%), 530 females(60%). The Brown Bag Program's ethnic population was comprised of 433 Caucasian (49%), 252 African-American (29%), 177 Hispanic (20%), 14 Native-American/Alaskan Native (1.6%), and 5 Asian-American/Pacific Islander (.4%).

The ethnic breakdown of the sample was 51 Caucasian(48%), 28 African-American(26%), 24 Hispanic(23%), Native-American(2%), 1 Other(1%). There were no Asian-American represented in or respondents. The mean number of years in school in our sample was 10.35 years. The mean age was 73.20 years. Seventy five females and 31 males participated in our survey. Seventy four seniors owned or had access to a car, while 29 did not. The gender relationship in the sample was somewhat representative of the total population.

Our urban Riverside County research project areas included the sites of High Grove, Perris, Casa Blanca, Romney, Corona, Jurupa, Sunnymead, Riverside and Rubidoux. Our rural Riverside County research project areas included the sites of Banning, Hemet, Lake Elsinore, Temecula, Goodhope and Mead Valley.

The subjects were treated in accordance with the ethical principles of the American Psychological Association, and the National Association of Social Workers. We included a
Participant Agreement/Consent form explaining the purpose of our research and how privacy was protected. The overall agreement we developed for the subjects was intended to maintain the privacy and anonymity of the participants, and to secure their commodity food for them, if they were not finished with the questionnaire by the time the food was distributed. We, also, agreed to provide a resource pamphlet identifying community resources in Western Riverside County, which was compiled by the Office on Ageing. Included in the Agreement/Consent form were instructions for contacting the researchers or their faculty advisor in case of problems or questions. This Agreement/Consent form was read aloud to each group of the participants by a member of the research team and participants were given a chance to ask for clarification of the agreement prior to requesting they sign the agreement. We had a Spanish speaking member of the team available to translate the agreement and to communicate with those participants who were Spanish speaking.

Instrument

In our study we used an open and closed-ended questionnaire administered by our research team (cf. Appendix IV). The questionnaire inquired about senior community resource usage and was completed by the subjects in an individual or group setting. Prior to administering the questionnaire to the entire sample, it was pretested on ten senior citizens who were participants in the Brown Bag
Program. Alberto (Richard) Chavez conducted the pretest and received positive verbal feedback from those respondents concerning the questionnaire.

The questionnaire measured the use of various resources including education, transportation, hospital, medical, food resources, housing, legal, mental health, home based care, social activities, financial and organized church social programs. The independent variables included in the aforementioned hypotheses were health, age, education, transportation and perception.

Limitations

The study population was limited to the Brown Bag participants who are, by definition, familiar with some community resources. One questionnaire item proved to be problematic. In trying to discover if past experience would effect one's expectations of future usage we asked the question "How would you expect to be treated if you used such resource in the future?" Consistently our responses were that no matter what happened before the subjects would wish to be treated with respect, decently and well. These responses indicate that our questionnaire was poorly phrased in this particular inquiry.

In our study we asked qualitative questions regarding the quality of the services our subjects had in the past applied for and received. The responses were generally positive. There were a couple of seniors who were unhappy with the
service because of racial or socio-economic discrimination which was expressed in all categories of resources. Socio-
 economically those subjects who were aware of the issue of finances felt they were not being treated equivalently by providers of services to low-income seniors as seniors with high income are treated, and this also goes across the board from transportation, through medical and legal resources all the way through financial services. A negative response is considered treatment by a service provider that demeans, embarrasses or otherwise treats the senior(s) without respect.

During our data collection, one of the sites (Lake Elsinore) provided interesting and generally negative responses regarding all aspects of senior's programs, in particular the programs provided at the senior center. In investigating this anomaly it was determined that certain political problems occurring at the site including cliquish behaviors, exclusion of eligible seniors, and possible mismanagement of resources may have soured the members of the Brown Bag program for all senior programs provided at this particular senior center.

Since we sampled only a limited population we were only able to generalize to individuals in the Brown Bag Program. 

Strengths

The strength of our study was the utilization of a large numbers of respondents. A study of this design has not been previously conducted with this population and the results will
prove beneficial for social work practitioners working with them.

Procedure

We began with 150 prospective subjects from fifteen sites who were given questionnaires. The 150 selected subjects returned 106 (71%) questionnaires. Reasons for dropout included refusal, death, unavailable, did not return the questionnaire, or had moved. We interviewed the selected subjects at the food distribution sites while they were waiting for their commodities. Those individuals who were housebound were sent the questionnaire with their food, and asked to return the completed questionnaire during the following weeks.

Our original idea was to administer the questionnaire to each subject individually. Logistically, we found that we needed to administer the questionnaire in groups at the individual sites. Some of the subjects were able to go through the questionnaire without assistance while others needed aid in the completion of the questionnaire. There was also a situation in which an English-only speaking researcher had to administer the questionnaire to Spanish speaking subjects. In that particular situation, those participants who were bilingual assisted those participants who were Spanish speaking only, and the researchers helped those who were having difficulty with the questionnaire and who spoke English. In one case, the researcher helped explain the
questionnaire to the spouse of the subject and the spouse translated the questions into Spanish for the subject and then she wrote the responses. In other words the administration of the questionnaire, while not completely standardized, was as consistent as we could get and still reach those chosen as subjects for the research.

RESULTS

Our statistical analyses were accomplished by using t-tests, Tau tests and Chi-squares. We achieved interesting and significant results in various areas.

Hypothesis 1: The level of utilization of resources is directly related to the level of health of the individual.

Regarding the use of medical service, only one notable finding emerged. A Chi-Square was performed which showed a relationship between having heard of medical services and the past use of medical services.(See Table 1.) The individuals who had not heard of medical services did not use medical services but the individuals who had heard of medical services used medical services (Chi-squared=9.19, df=1, p=.002).

Hypothesis 2: The age of an individual will determine the use of the community-support services.

A t-test revealed a significant relationship between age and the future use of food services (t=2.45,df=94,p=.016). (See Table 2.) The mean age of the group who would not use
food services in the future was 76.0000. The mean age of the group who would use food services in the future was 71.8077. A t-test also revealed that a relationship between age and the future use of transportation services was approaching significance (t= 1.67, df=98, p= .097).(See Table 3.) The mean age of the group who would not use transportation services in the future was 74.79. The mean age of the group who would use transportation services in the future was 72.25. This was not significant but it was similar in many ways to the analysis of age and the future use of food services.

In the area of age and the past and future use of the various community support services, we found that for this particular population the null hypothesis was supported in the remaining cases.

Hypothesis 3: The more formal education an individual has, the more likely it is that they will use community support services.

Regarding the use of legal services, we found that there was a relationship between years in school and the past use of legal services with a preponderance of our subjects who answered the question stating they would not use legal services (t=3.30, df=84, p= .001).(See Table 4.) The mean years in school of those who had not used legal services was 9.7143; those who had used legal services had a mean of 14.5625 years in school.
A $t$-test revealed a relationship between years in school and past use of social services that was significant ($t=-2.24$, $df=83$, $p=.028$). (See Table 5.) Those people who answered that they had used social activities they had a higher mean level of years in school (11.7955 years in school) than those who had not (9.0976 years in school). In the area of years in school and the past and future use of the various community support services, we found that for this particular population the null hypothesis was supported.

**Hypothesis 4:** Seniors with their own transportation are more likely to use community social services than those who do not have their own form of transportation.

A chi-square for the relationship between legal services and access to a working car revealed that those who had access to a working car were more likely to use legal services than those who did not have access to a working car (chi-squared=7.31, $df=1$, $p=.006$). (See Table 6.) For all other community support services there was no statistical significance in participation and access to a working car.

**Hypothesis 5:** Seniors who expect to receive or do receive a negative response form a resource will be less likely to use that resource.

The results of the qualitative section of the
questionnaire were as follows. Seniors were asked to identify community resources they had used or had heard of. The following is a list of the services the seniors named. Seniors used a variety of transportation resources such as taxi, bus, dial-a-ride, RTA, medi-trans, car (friends and neighbors). They also used food services other than the Brown Bag Program that include commodities, SHARE, Meals-on-Wheels, HOPE, Senior Nutritional Service. The housing services used were HUD, shared housing, retirement housing, Senior home repair, low income housing, Housing Authority, utility assistance. Legal services used were para-legal, private attorney and pro-bono. Mental health services used were California State hospital at Patton, San Bernardino and Riverside Counties Hospitals, San Bernardino and Riverside Counties Departments of Mental Health and Counseling. None of the subjects surveyed had knowledge of the ACCESS program that assists seniors in locating needed community services. Home-based care services included In-Home-Supportive Service (IHSS), Visiting Nurses Association (VNA), social worker, paramedics, home health aide. The social activities used were bowling, tours, square dancing and senior centers. Financial services used were bank, tax-preparation, investment counselor, trusts, conservatorship, power of attorney. Church services used were potluck meals, bingo, religious services, food and clothing pick up, charities, bridge and counseling.

In general seniors who used transportation services were
satisfied with the service they received, commenting that they were treated well, courteously and helpfully. There were a few seniors who commented that the facilities were "poorly maintained" and that the buses were "off schedule." Although some seniors received a negative response from transportation services none referred to the negative response as a reason for nonuse. A negative response was defined by our clients as impersonal, dehumanizing, uncaring, thoughtless and other similar types of responses.

Seniors who used food services responded that they were generally satisfied stating that they were treated "nice," "kind," "politely," "courteously" and "excellent." A few responded that they were treated "rotten," and "not good." The survey did not include the question "would you use food services?" thus we cannot make any statements regarding the relationship between use and negative response.

Seniors who used housing services responded that they were treated "well," "good," "nice," "according to man's ability," "fair," "fine" and "excellent." Only a few seniors responded that they were treated "not nice," "sloppy job," and "not courteous." Though most seniors responded that they would use housing services due to need, only one senior stated that they would not use housing services again due to "lousy work".

Seniors who used legal services stated that in general they were treated "professionally," "courteously," and "good."
A few seniors stated that they were treated "rotten," and that they had an "incompetent attorney." Seniors stated that they would use these services in the future due to affordable legal services, and need for wills and "right to die" documents. No seniors commented that they would not use the services due to a negative response from the service provider.

Seniors who used mental health services indicated that the treatment they received was "great," "nice," "fair," and "fine." There was no indication that seniors received a negative response from mental health providers. They would use the services in the future due to need, low cost and good past results.

Seniors who used home-based care stated that they were treated "good", "respectfully", "courteously", "fair", "normally", "understandingly", "compassionately", "well", "fine", "excellently", "decent", "skillfully" and the provider "worked beyond the call of duty". There was no indication that seniors received a negative response from home-based care providers. They will use home-based care services in the future due to need, inexpensive cost and doctor recommendation. Those who will not use home-based care services indicated that they had no need for the service one senior felt it was too dangerous to go outside.

Seniors who used social activities were treated "well", "good", "nice", "fine", "respectfully" and "at home." There was no indication that the seniors were treated with a
negative response. They will use social activities in the future for entertainment, recreation, activity, social interaction, and need. Those who will not use social activities in the future don’t need it, can’t use it (physical limitation), are homebodies, are too busy and do not like the senior center.

Seniors who used financial services were treated "good", "okay", "fine", "nice", "well", "normally", "professionally", "with no problems", "friendly" and "excellently". There was no indication that seniors were treated with a negative response. They will use financial services in the future due to need, good past treatment, to save money, like having a checking account, it is safer to directly deposit their checks, financial problem solving. Those who will not use financial services in the future have no need or find it difficult to get an appointment.

Seniors who used church social activities and services were treated "well", "okay", "nice", "with respect", "businesslike", "good", "fine", "lovingly", "kindly", "with interest", "fun", "with no problems", "excellent" and "polite". There was no indication that seniors were treated with a negative response. They will use church social activities and services in the future for socializing, to assist others (altruism), for social variety (MCC), enjoyment, to play Bingo, currently using and loving the Lord. Those who will not use church social services in the future are
physically disabled, are not able to, have no time, are not members of a church, have no need, poor health, do not like organized activities.

One of the issues which we have not yet discussed is that the subjects history affects their attitude. For this generation, manners required that they not complain about problems and "If you don’t have anything nice to say about someone, don’t say anything." We suspect that this does mean that our results are skewed towards being less critical (and they would define criticism as negative instead of looking for the positive parts of it).

**DISCUSSION**

The data supports the view that seniors will use medical services if they are familiar with them. Originally, we expected to measure health using the responses to questions about hospitalizations or frequent doctor visits. The variance for these items were too limited to assist in developing a health scale. In medical services the data supports previous findings that seniors would use the service if they were aware of the particular medical service. There appears to be an error or confusion since the research team could not provide rational for 3 respondents saying that they have used services, they have not heard of. We surmise that the seniors did not understand the question or they did not know the specific service.

Among these Brown Bag recipients, 81% of the sample plan
to use food services in the future. Nineteen percent of the sample do not plan to use food service in the future. There seems to be a break in responses by age. At 72 years of age the subjects appear to have a perception of need for food services in the future, while those seniors 76 years of age and older appear to not have a perceived need for services in the future. Perhaps food has become less of a priority for this population. Their perceptions may be changing because of the longevity of their lives.

Seventy two percent of our sample said that they would use transportation services while 28% said that they would not use transportation services in the future. There is also a measurable age peak when people stop looking forward to anticipate use of this service. At 72 years of age people were still looking to use transportation services in the future. As in our analysis of food and age, at 75 years of age, seniors are not intending to use transportation services in the future. Some of the reasons for this may be that they are old, they assume they are going to die, they can not transfer, they are less ambulatory, they have become more physically infirm and day-to-day living becomes a chore.

For most services, years in school was not significantly related to use. This would seem to indicate that people do not need education to decide and determine their need for community resources, to have used them, or to contemplate the use of them in the future.
On the other hand, respondents with more education were more likely to have used legal services. One would assume that this was because the higher level of education of an individual, the more they would be able to determine which problems would need consultation with a lawyer. It may also be that those who have higher levels of education have fewer problems with which they need consultation with legal advisors. This would be an area for further study among the population of those who do use legal services.

In past use of social activities, there was a significant difference by amount of education. It may be that those with higher education are more socially oriented or socially needy than those with fewer years of completed school. Further research in the area of social comfort and utilization of resources should be conducted in order to obtain more information in this area. Our goal as social workers is to connect seniors with resources as needed. In order to accomplish this, social service agencies need to be aware, and adjust their programs to maximize the comfort and accessibility of services for seniors.

Of those who had access to a working car few of them used legal services. Those who did not have access to a working car did not use any legal services. Since only 19% of our population had used legal services in the past it is recommended that other variables be looked at regarding their influence on usage of this service. Perhaps this indicates
that seniors are not aware of legal services.

CONCLUSIONS

An implication for future research may be that researchers need to be very clear, precise, and allow ample time in working with the elder population.

Future research needs to investigate the elderly population's changing perceptions of themselves and their needs as they age. It appears that there is a trend, according to our research that life perceptions change around 75 years of age. Service providers need to be aware of this trend in order to meet the needs of this population.
REFERENCES


APPENDIX 1

Table 1.
Past Use of Medical Services and Heard of Medical Services

<table>
<thead>
<tr>
<th>Past Use of Medical Services</th>
<th>Have Not Heard</th>
<th>Have Heard</th>
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<tbody>
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<td>Have used</td>
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Table 2.
Future Use of Food Services and Age

t-test for: Age

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<tr>
<th>Food Services</th>
<th>Number of Cases</th>
<th>Mean</th>
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<th>Standard Error</th>
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Pooled Variance Estimate

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Future Use of Transportation Services and Age

t-test for: Age

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Pooled Variance Estimate

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Table 4.

Past Use of Legal Services and School Years Completed

t-test for: School Years Completed

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<tr>
<th>Legal Services</th>
<th>Number of Cases</th>
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Pooled Variance Estimate

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Table 5.
Past Use of Social Services and School Years Completed

t-test for: School Years Completed

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<th>Standard Deviation</th>
<th>Standard Error</th>
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Pooled Variance Estimate

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<th></th>
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Table 6.
Past Use of Legal Services and Access to a Working Car.

Access to a working car

<table>
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<tr>
<th>Legal Services</th>
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<th>Have Access</th>
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Chi-Square Value DF Significance

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<td>Pearson</td>
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APPENDIX 2

CONSENT FORM

I agree to participate in a study of Community Service Usage. The nature and general purpose of the study has been explained to me and the following statement has been read to me by one of the following persons: Robert Bennett, Mary Botts, Alberto "Richard" Chavez, or Sam Woodward. They are from the Social Work Department at California State University, San Bernardino.

I understand the purpose of this research is to find out which services people actually use. This will be done by completing and returning the questionnaire. After I have answered the questionnaire, I will be given a directory of services available within Western Riverside County. This directory is published by the United Way and is available by courtesy of the Office of Aging.

I understand that my participation is voluntary and that all information is confidential. I can stop answering questions at any time. Any question that I have about the project will be answered by the researcher or by our faculty sponsor, Dr. Rosemary McCaslin.

I understand that my name and other identifying information has been separated from the questionnaire so my identity is protected and will not be revealed by the researchers. Nor will my answers be singled out and shown to
other people without special and separate written consent.

Rosemary McCaslin, Ph.D. - Faculty Sponsor - 714-880-5501
Alberto "Richard" Chavez - Researcher - 714-359-4757

Tear Here

Signature Block for Consent Form

PC# _______________________

_________________________  __________________________
Participant's Signature    Researcher's Signature

_________________________
Date                       2950-B Jefferson Street

_________________________
Address                    Riverside, Ca., 92504

_________________________
909-359-4757 / 909-880-5501
Home Phone / Office Phone
APPENDIX 3

Office Use Only

PC#_____

BROWN BAG APPLICATION - SITE _________________________________________

(Please Print)

NAME ______________________________ DATE ____________

ADDRESS ________________________________________________

CITY __________________________ STATE __ ZIP CODE ______

PHONE __________

I D NUMBER: ______

DATE OF BIRTH _____________ AGE ______

SEX: M ____ F ____

<table>
<thead>
<tr>
<th>ETHNIC GROUP:</th>
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<tbody>
<tr>
<td>ASIAN</td>
<td></td>
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<tr>
<td>BLACK</td>
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<td>CAUCASIAN</td>
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<td>HISPANIC</td>
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<td>INDIAN</td>
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<td>OTHER</td>
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<table>
<thead>
<tr>
<th>NUMBER OF SENIORS IN HOUSEHOLD</th>
<th>I NEED MY BAG DELIVERED:</th>
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<tr>
<td>_______________________________</td>
<td>YES ____ NO ____</td>
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<table>
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<td>$ 0.00 - $ 450.00 ______</td>
</tr>
<tr>
<td>$ 451.00 - $ 719.00 ______</td>
</tr>
<tr>
<td>$ 720.00 - $ 900.00 ______</td>
</tr>
<tr>
<td>$ 901.00 - $1190.00 ______</td>
</tr>
<tr>
<td>$1190.00 - OVER ______</td>
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</table>
Appendix 4

Survey Questionnaire

Please answer the following questions as they pertain to your experience over the last five years.

Category one: How many years of school did you complete? ______

Category two: Transportation, public or private (Dial-a-Ride, Medi-trans, bus, taxi, private auto, etc.)

a. Do you own, or do you have access to a working car?
   Yes ___ Go to b. No ___ Go to b.

b. Have you heard about any transportation services?
   Yes ___ Which ones? ___________________________
   Go to c.
   No ___ Go to d.

c. Have you used transportation services?
   Yes ___ Which ones? ___________________________
   Go to d.
   No ___ Go to e.

d. How often do you use transportation services?
   Choose one of the following:
   5 to 7 times a week ______
   3 to 4 times a week ______
1 to 2 times a week ______
Less than 3 times a month ______

Go to e.

e. If you have used or attempted to use transportation services how were you treated?______________________________

f. Would you use transportation services?

Yes ___

Why? ________________________________

Go to g.

No ___

Why not? ________________________________

Go to g.

g. How would you expect to be treated if you use transportation services in the future?

________________________________________________

Category three: Hospitalization

a. Have you been hospitalized in the last year?

Yes ____ How many times? _____

No _____

Go to category four.

b. What was the duration of each hospitalization?

__________________________________________________

Go to c.

c. What was the reason for each hospitalization?

__________________________________________________
Go to Category four

Category four: Medical

a. Have you heard about medical services?
   Yes _____
   Go to b.
   No _____
   Go to c.

b. Have you used medical services?
   Yes _____
   Go to c.
   No _____
   Go to c.

c. Would you use medical services?
   Yes _____
   Go to c 1.
   No _____
   Go to c 2.

c 1. Why would you use medical services?

   __________________________________

   Go to d.

c 2. Why would you not use medical services?

   __________________________________

   Go to d.

d. If you used or attempted to use medical services how were you treated?

   __________________________________
Go to e.

e. How would you expect to be treated if you use medical services in the future?

__________________________________________

Go to f.

f. How often do you use medical services?

Choose one of the following:

12 or more visits per year ______

6 to 11 visits per year ______

1 to 5 visits per year ______

Less than 1 visit per year ______

Go to g.

g. Please list the medical services you have used:

__________________________

Category five: Food resources (Brown Bag, Share, Meals-on-Wheels, Salvation Army)

a. Do you or have you used a food resource other than the Brown Bag Program?

Yes____

Go to b.

No____

Go to b.

b. Have you heard about any food services other than the Brown Bag Program?

Yes____

Go to c.

39
No____
Go to d.

c. Have you used any food services other than the Brown Bag Program?
Yes ____
Which ones? __________________________________________
Go to d.
No ____
Go to d.

d. Would you use any food services other than the Brown Bag Program?
Yes ____
Which ones? __________________________________________
Go to e.
No ____
Go to e.

e. If you have used or attempted to use food services how were you treated?
_______________________________________________
Go to f.

f. How would you expect to be treated if you use food services in the future? ________________________________
_______________________________________________
Go to g.

g. How often do you use food services?
Choose 1 of the following:
24 or more times per year ______
18 to 23 times per year ______
12 to 17 times per year ______
6 to 11 times per year ______
0 to 5 times per year ______

Category six: housing (HUD, shared housing, home repair, etc.)

a. Do you own your own home? Yes _____

Go to b.

No _____ Go to b.

b. Have you heard about any housing services?

Yes _____

Which ones? __________________________________________

Go to f.

No _____ Go to d.

c. Have you used housing services?

Yes ____ Which ones? ________________________________

Go to d.

No _____ Go to e.

d. How often do you use housing services?

Choose one of the following:

More than once a month ____

Once a month ______

8 to 11 times per year ______

4 to 7 times per year ______

less than 3 times per year ______

Go to e.
e. If you used or attempted to use housing services how were you treated?

___________________________________________

Go to f.

f. Would you use housing services?

Yes ____ Why? ____________________________________

____

Go to g.

No ____

Why not? ________________________________________

Go to g.

g. How would you expect to be treated if you used housing services in the future?

_________________________________________

Category seven: Legal Services (Inland County Legal Services, Legal Aid, etc.)

a. Have you heard about legal services?

Yes ____

Go to b.

No ____

Go to e.

b. Have you used legal services?

Yes ____

Which ones? _________________________________

Go to c.

No ____
Go to d.
c. How often do you use legal services?
   Choose one of the following:
   More than once a year _____
   Once a year _____
   Less than once a year _____
   Once in the last five years _____
   Go to d.
d. If you have used or attempted to use legal services how were you treated?
   _____________________________________________________________
   Go to e.
e. Would you use legal services?
   Yes _____
   Why? _______________________________________________________
   Go to f.
   No _____
   Why not? ___________________________________________________
   Go to f.
f. How would you expect to be treated if you use legal services in the future?
   _____________________________________________________________

Category eight: Mental Health (County Mental Health, sliding scale mental health clinics, Pastoral/religious counseling)
a. Have you heard about mental health services?
Yes ____
Which ones? ________________________________
Go to b.
No ____
Go to e.
b.  Have you used mental health services?
   Yes ____
   Which ones? ________________________________
   Go to c.
   No ____
   Go to d.
c.  How often do you use mental health services?
   Choose one of the following:
      More than once a month ____
      Once a month ______
      6 to 11 times per year ____
      1 to 5 times per year ____
   Go to d.
d.  If you have used or attempted to use mental health services how were you treated?
   ________________________________
   Go to e.
e.  Would you use mental health services?
   Yes ____
   Why? ________________________________
   Go to f.
No _____
Why not? ________________________
Go to f.
f. How would you expect to be treated if you use mental health services in the future?
_______________________________

Category nine: Home Based Care Services (Adult Protective Service, Homemaker Services, Visiting Nurse, Social Worker, etc.)
a. Have you heard about home based care services?
   Yes _____
   Which ones? ________________________
   Go to b.
   No _____
   Go to e.
b. Have you used home based care services?
   Yes _____
   Which ones? ________________________
   Go to c.
   No _____
   Go to d.
c. How often do you use home based care services?
   Choose one of the following:
   5 to 7 times per week _____
   3 to 4 times per week _____
   1 to 2 times per week _____

45
less than 3 times a month _____

Go to d.

d. If you have used or attempted to use home based care services how were you treated?

___________________________________________________________

e. Would you use home based care services?

Yes _____

Why? ________________________________

Go to f.  

No _____

Why not? ________________________________

Go to f.

f. How would you expect to be treated if you use home based care services in the future?

___________________________________________________________

Category ten: Social Activities (Senior Centers, Social Clubs, etc.)

a. Have you heard about Social Activity Services?

Yes _____

Which ones? ________________________________

Go to b.

No _____

Go to e.

b. Have you used social activity services?

Yes _____

Which ones? ________________________________
Go to c.

No _____ Go to d.

c. How often do you use social activity services?

Choose one of the following:

5 to 7 times per week _____
3 to 4 times per week _____
1 to 2 times per week _____

Less than 3 times a month _____ Go to d.

d. If you have used or attempted to use social activity services how were you treated?

________________________________________

Go to e.

e. Would you use social activity services?

Yes _____

Why? ______________________________________

Go to f.

No _____

Why not? ________________________________

Go to f.

f. How would you expect to be treated if you use social activity services in the future?

________________________________________

Category eleven: Financial Services (Tax Preparation, Power of Attorney, Conservatorship, banks, trusts, investment companies, etc.)

a. Have you heard about financial services such as tax
preparation, power of attorney, conservatorship, banks, trusts, investment companies?

Yes ____
Which ones? ____________________________
Go to b.

No ____
Go to e.

b. Have you used financial services?

Yes ____
Which ones? ____________________________
Go to c.

No ____
Go to d.

c. How often do you use financial services?

Choose one of the following:

5 to 7 times per week ______
3 to 4 times per week ______
1 to 2 times per week ______
Less than 3 times a month ______

Go to d.

d. If you have attempted to use financial services how were you treated?

______________________________

e. Would you use financial services?

Yes ____
Why? ____________________________
Go to f.
No _____
Why not? ____________________________
Go to f.

f. How would you expect to be treated if you use financial services in the future?

Category twelve: Organized Church Social Programs (charities, counseling, potluck meals, Bingo, etc.)
a. Have you heard of organized church social programs?
   Yes _____
   Which ones? ____________________________
   Go to b.
   No _____
   Go to e.

b. Do you or have you participated in organized church social programs such as charities, counseling, potluck meals, Bingo or any others?
   Yes _____
   Which ones? ____________________________
   Go to c.
   No _____
   Go to d.

c. How often do you participate in organized church social programs?
Choose one of the following:

5 to 7 times per week ____
3 to 4 times per week ____
1 to 2 times per week ____
Less than 3 times a month ____

Go to d.

d. If you have used or attempted to participate in organized church social programs how were you treated?

________________________________________

e. Would you participate in organized church social programs?

Yes ____
Why? ________________________________

Go to f.

No ____
Why not? ________________________________

Go to f.

f. How would you expect to be treated if you participate in organized church social programs in the future?

________________________________________