Survey of Health Needs of Older Citizens and Their Potentials in Home Health Work

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MUCH PUBLIC attention recently has been drawn to the medical care needs of older citizens in the United States. The total number of patients confined to their homes by chronic disease in 1959–61 was estimated by the National Health Survey to be 915,000. Of this number, 584,000 were in the older segments of the population. For a number of reasons the major focus of attention has been on ways of paying for the treatment of elderly patients in hospitals or other institutions. The potentialities of organized home health services for providing care in the homes of older citizens have not been fully and imaginatively explored.

Visiting nurse services, homemaker services, organized home care programs, and a variety of services can augment physician care in the home. However, even though physicians' home visits are becoming less frequent, home care programs have been slow to develop, and the use of visiting nurse services has not been proportional to the growth in the number of chronically ill-aged in our communities.

One possibility for remedying the situation would be to recruit and train older persons willing to serve in the promotion of good health and morale among the elderly. In this article, we describe the efforts of a local health department in discovering, in conjunction with community agencies, the health needs of older citizens living in the community and the potential manpower contribution of this group.

In 1960 the Newton (Mass.) Health Department and the Newton Community Council established a home care and geriatric program in this suburb of Boston (*1*). The primary purpose of this program was to plan and coordinate the delivery of health and supportive services to the patient and his family in the home.

The identification of the Newton Health Department as a locus of concern for the provision of services to the chronically ill at home gave rise to opportunities for exploring other problems of older citizens who live at home. Among the requests received for service, which the home care program attempted to satisfy, the commonest was for nonprofessional assistance. The most readily available source of manpower for such services was generally an older woman living at home, usually a widow or a mother with adult children, with time on her hands, looking for employment which would use her talents and satisfy her need to feel useful.

These were, however, merely the impressions of the professional workers in the health department's program and needed verification. Accordingly, a study was planned to answer the following questions.

1. How many older people at home needed nonprofessional health care?
2. What kinds of services did they need?

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Copies of the interview schedule used in the survey described in this paper may be requested from Dr. Lambert.

3. How many older persons were willing to give service to other older people in their homes?

4. What kinds of services would they be able and willing to give?

To finance the study, the Newton Health Department obtained a 1-year grant from the Medical Foundation in Boston. The Newton Community Council assisted in organizing an advisory committee with members drawn from health and health-related agencies in the community. This group had essentially the same membership as the advisory group that assisted in the promotion of the health department's home service program. It provided a channel of communication to those agencies affected directly or indirectly by the project. The Newton Retired Men's Club and the Florence Heller Graduate School for Advanced Studies in Social Welfare of Brandeis University agreed to participate in the planning, organization, and direction of the project.

The role of the Newton Retired Men's Club is of special interest. At the beginning, its leaders were most cautious about joining the project since they feared that their organization might be exploited commercially or otherwise by outsiders. However, after several meetings with members of the health department and representatives of the university, the retired men's club agreed to provide an ad hoc advisory group who would participate in the development of the interview schedule and to encourage members to volunteer as interviewers.

Methodology

Our data were obtained through household interviews of 297 noninstitutionalized older persons who lived in Newton, Mass., in the fall of 1961. The sample was selected on a probability basis from the list of assessed polls prepared annually by the city government. This listing records the year of birth, ward, precinct location, and current address of all residents aged 20 and over. There were 9,864 persons aged 65 or older. Of these, 475 were eliminated because they resided in nursing homes, rest homes, and homes for the aged. A proportionate random sample, stratified by ward, of 500 persons was drawn from the remainder. The sample was well overdrawn to insure a study group of about 300 persons, since the interviewing was to take place 9 months after the last noted residence of the individual. In the random sample 42 were not interviewed because they had died, were too ill, or had been admitted to a hospital or nursing home, and 113 were excluded because they had moved out of the city, were under age 65, or for other reasons. The sample size was further reduced by the selection of only one person from each household. Therefore, a total of 297 persons were interviewed.

The prestructured interview schedule was developed jointly by members of the four participating groups—the Newton Health Department, Brandeis University, the retired men's club, and the community council's advisory committee. Each person to be interviewed was sent a letter by the director of the health department. Seventeen volunteer interviewers completed the interviewing in the fall of 1961. This aspect of the study has been described elsewhere (*2*).

Group Characteristics

The sex and age composition of the respondents compared favorably with these characteristics of the older Newton population as reported for 1960 by the U.S. Bureau of the Census (table 1). According to Warner's Index of Status Characteristics, two-thirds of the men and three-fourths of the women were in the middle or upper class. More than half of the group either owned their own homes outright or owned them jointly with another person. Almost half of the men and 18 percent of the women worked either full time or part time. Most of the men were professional or business men, while the women were fairly evenly divided among the various occupational groups. The educational level of the group was somewhat higher than that reported for the population age 65 and over in Massachusetts. Of the men, 47 percent, and of the women, 63 percent had completed high school.

Because of the high educational and socioeconomic attributes of the group, it was expected that unmet health-related needs would be few, since these people would be both oriented toward preventive care and able to purchase

Table 1. Distribution of study group by age and sex compared with population of Newton, Mass., 1960

Age group (years)	Males		Females		Totals	
	Study group (N=125) (percent)	Newton (percent)	Study group (N=172) (percent)	Newton (percent)	Study group (number)	Newton (number)
65–69	37. 0	41. 2	30. 6	33. 3	99	3, 586
70–74	23. 6	28. 2	27. 1	27. 3	76	2, 726
75–79	19. 7	15. 6	23. 5	18. 4	65	1, 712
80–84	11. 8	9. 2	13. 5	12. 1	38	1, 080
85 or older	7. 9	5. 8	5. 3	8. 9	19	760
Total	100. 0	100. 0	100. 0	100. 0	297	9, 864

needed health care. At the same time, manpower potential would be relatively large on the assumption that the potential is related directly to health and well-being.

The findings of the survey were projected to the older noninstitutionalized population of Newton after eliminating from this larger group a proportion equivalent to those found in the study to be too ill to be interviewed. At best, therefore, the findings are only an estimate, but biased in favor of the healthy.

It should be noted, too, that health-related needs are not necessarily unmet needs. In many instances they were being met by services which the informant had received during the previous weeks from neighbors and friends.

The Needs

Health aids and devices. Need for such items as eyeglasses, hearing aids, dentures, canes, crutches, and wheelchairs was investigated. Fifty-two respondents said they needed glasses, dentures, hearing aids, or more than one of these three items (table 2). Replacements were needed for these items by 40 women and 10 men; 2 other persons who lacked such health aids thought they needed them. No one indicated a need for canes, crutches, or wheelchairs.

If these findings were projected as "needs" of the city's older people, approximately 1,500 persons wanted such health aids. Whether these people actually required these aids and whether they could afford them is not being discussed here. Need, as expressed in the survey, is an indication of the proportion of those who thought they required these devices. Undoubtedly others who expressed no need might, in the judgment of professionals, require such aids.

Home health services. Twenty-seven informants said they had had to make special arrangements because of a health condition during the 4 weeks prior to the interview—14 had required assistance with shopping and housework, and 13 had required home nursing services. More than half of these had made these arrangements because of a "cold" or "flu." In each instance arrangements had been concluded with a physician, relative, friend, neighbor, or employee. The study did not identify the extent which these arrangements could have been continued over a long period of time.

If this finding were projected to the total Newton population, 782 persons aged 65 and over could have been expected to have made some arrangements during the 4-week period preceding the survey—405 for assistance with

Table 2. Proportion of study group expressing need for health aids and devices and projection to older population of Newton, Mass.

Item requested	Study group (N=297)		Projection to 8,600 Newton oldsters (number)
	Number	Percent of total	
Eyeglasses	21	7. 1	608
Dentures	16	5. 4	464
Hearing aids	11	3. 7	318
More than one item	4	1. 4	116
Total	52	17. 6	1, 506

housekeeping because of illness and 377 for some medical care.

Informants were also asked about current housekeeping needs and presented with a list of tasks such as buying and cooking food and washing and ironing clothes. They were asked who usually did these things in their households and whether or not they were satisfied with the arrangement. Only 8 indicated dissatisfaction with present arrangements but, if this proportion is projected to Newton, about 231 older persons could be estimated to be dissatisfied with current housekeeping arrangements.

Diminished mobility. Respondents were asked whether or not during the past year they had had any difficulty getting around, either inside or outside their homes, if they still had difficulty, and the cause. Forty-eight indicated this difficulty had persisted—1,390 with hampered mobility would be expected if all Newton had been surveyed (table 3).

Combined need. To determine to what extent individuals commented on more than one condition or need, respondents were categorized in four groups: (*a*) those who expressed no need; (*b*) those who requested only health aids and devices; (*c*) those who had to make housekeeping or home nursing arrangements, were dissatisfied with housekeeping arrangements, or who also requested health aids; and (*d*) those who only had difficulty getting around or, in addition, perceived need in one of the other areas. It is apparent that one-third of the noninstitutionalized older citizens of Newton have some health-related needs (table 4). Of this group, almost two-thirds required some form of personal care, homemaker arrangements, or assistance in shopping, running errands, or with transportation.

Table 3. Proportion of study group having diminished mobility, by perceived cause and projection to older population of Newton, Mass.

Perceived cause	Study group		Newton (number)
	Number	Percent of total	
Arthritis	11	3. 7	318
Dizziness	7	2. 4	203
Heart	7	2. 4	203
Sight	6	2. 0	174
Unspecified	17	5. 7	492
Total	48	16. 2	1, 390

Table 4. Proportion of study group with health-related needs and projection to older population of Newton, Mass.

Needs and limitations	Study group		Newton (number)
	Number	Percent of total	
No need	197	66. 3	5, 705
Health aids	32	10. 8	926
Home care or both health aids and home care	20	6. 7	579
Diminished mobility and other need	48	16. 2	1, 390
Total	297	100. 0	8, 600

Available Manpower Potential

In this survey potential manpower is identified by relying primarily on responses to the following question: "Are you willing, feel you are able, and do you have enough time to do things like these regularly for other older people?" Of the total study group 113 respondents (38 percent) indicated they would be willing to perform one or more of the tasks indicated in table 5.

On the basis of stated willingness, more than one-third of the sample were available to perform services for the community welfare. There were, however, several serious restrictions. Many older persons were prepared to provide only certain kinds of services. Of the 113 who were willing, when asked if they expected to be paid for their services, 9 said "yes" while 34 said they "did not know." Similarly, 29 said they would require transportation for the performance of these services, while 42 said "they did not know."

From the kinds of services respondents said they were willing to perform, it was concluded that tasks specifically requiring and dependent upon interpersonal exchange attracted the greatest interest. However, a fairly large num-

Table 5. Proportion of 297 respondents willing to do the indicated tasks

Tasks	Study group		Newton (number)
	Number [1]	Percent of 297	
Social activities:			
Visit, talk, play cards and games, read, be a companion, take for a ride	87	29. 3	2, 520
Refer someone to a health agency such as home care program or visiting nurses association or discuss the health agencies in Newton	66	22. 2	1, 909
Physical activity and personal care:			
Buy food, plan meals, cook food	38	12. 8	1, 101
Sweep, dust, mop, wash dishes, wash, iron, mend clothes	22	7. 4	636
Help with crutches, move someone from bed to wheelchair, or to use a walker	17	5. 7	490
Garden, care for lawn, repairs outside of home	14	4. 7	404
Shampoo, set hair, bathe, trim nails, shave, cut hair	7	2. 4	206

[1] A total of 113 respondents were willing to do one or more of the indicated tasks.

ber of informants were willing to buy food, plan meals, or cook food for someone else. Even for such activities as personal care, some informants indicated interest. In fact, when this figure is projected to the total noninstitutionalized older population of Newton, more than 200 persons would be willing and able to provide personal care services.

The older people who were willing to provide services were compared with those who were not willing (table 6). Rather surprisingly, there were no statistically significant differences with respect to age, sex, marital status, employment status, occupational group, and religious affiliation.

However, the better educated expressed more willingness to provide services than the less educated. Persons who were currently working as volunteers or had previously done such work were more willing to assume or increase their community service work than those who were not or had not been volunteers. As expected, a significantly smaller proportion of persons with diminished mobility were willing to perform various community tasks compared with those in other groups. Finally, the older person's self-evaluation of his health status was a significant predictor of his willingness to contribute services, and similar proportions of those rating their health "good" or "fair" were willing to serve.

Conclusions

From this survey of a community which is above average socioeconomically, it appears that older persons living in their homes frequently need additional help because of ill health. In general, these needs are being met fairly satisfactorily through available resources. However, this survey did not encompass the extent to which these arrangements were satisfactory from a professional viewpoint or could be con-

Table 6. Characteristics of older citizens willing to perform community services

Attribute	Total in group	Number willing to serve	Percent
Education:			
Less than high school	127	35	27. 6
Completed high school	72	27	37. 5
Beyond high school	95	50	52. 6
Unknown	3	0	--------
Currently a volunteer:			
Yes	52	34	65. 4
No	245	79	32. 3
Did voluntary work previously:			
Yes	128	67	52. 3
No	168	46	27. 3
Unknown	1	0	--------
Expressed health needs:			
No need	197	77	39. 1
Health aids	32	18	56. 3
Home care or both health aids and home care	20	7	35. 0
Diminished mobility and other need	48	11	23. 0
Self-evaluation of health:			
Good	178	76	42. 7
Fair	87	32	36. 8
Poor	31	4	12. 9
Unknown	1	0	--------

tinued over a long period. Furthermore, although many of the health-related needs may appear trivial, they cannot be dismissed lightly because unfulfilled needs further reduce the already limited physical and social reserves of this older population.

During interviews, more than one-third of the sample expressed willingness and ability to be of service to others. Although only a fraction of these persons were willing and able to give personal care to others, the numbers were such as to suggest that there were potentially 200 home health aids in this community of 92,000. In addition, volunteers, initially recruited for less-demanding roles, probably could be stimulated to perform more challenging tasks. After all, the value of such a program must be measured by its worth to the helper as well as to the helped.

It would seem that the task that lies ahead for the public health administrator consists in developing ways of effectively using this manpower. Our data indicate that this requires formulation of a plan flexible enough to allow for the range of interests and capacities of potential older recruits. One obvious next step is to test the feasibility of actually using older persons in organized health programs to meet the health-related needs of others. This currently is being demonstrated by a Brandeis University study under a contract with the Gerontology Branch, Public Health Service.

REFERENCES

(1) Phillips, H. T., Palmer, L., and Weinberg, R.: Local health department services for long-term patients. Public Health Rep 77: 815–819, September 1962.

(2) Kravitz, S., and Lambert, C.: Volunteer interviewers among the elderly. J Geront 3: 55–61 (1963).

"Federal Assistance for Projects in Aging"

The first four of a new series of pamphlets describing Federal financial assistance programs that support projects in aging have been published by the Office of Aging, Welfare Administration, Department of Health, Education, and Welfare. Entitled "Federal Assistance for Projects in Aging," the series will cover four major types of projects: research and demonstration, training, selected services, and facility construction.

Three of the booklets published to date are on research and demonstration projects: the "Cooperative Research and Demonstration Grant Program of the Welfare Administration in cooperation with the Social Security Administration," the "Cooperative Research Program of the Office of Education," and the "Research and Demonstration Grant Program of the Vocational Rehabilitation Administration." The fourth booklet, on demonstrations of selected services, concerns "Pilot Project Contracts and Cooperative Agreements available through the Gerontology Branch, Public Health Service."

Among subjects of other early pamphlets will be the Public Health Service's "Project Grant Program in Community Health Services for the Chronically Ill and Aged" and the Service's "Mental Health Project Grants Program."

New booklets will be announced, as they are printed, in the monthly periodical *Aging*. Free copies may be obtained by writing to the Office of Aging, Department of Health, Education, and Welfare, Washington, D.C.