

A PRE-PROGRAM PLANNING PROJECT FOR
DETERMINING THE NEEDS OF ELDERLY CITIZENS
IN TWENTY-EIGHT SOUTHWESTERN KANSAS COUNTIES

by

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B.S., Kansas State University, 1970

A MASTER'S REPORT

submitted in partial fulfillment of the

requirements for the degree

MASTER OF SCIENCE


College of Education

Department of Curriculum and Instruction

KANSAS STATE UNIVERSITY
Manhattan, Kansas

1973

Approved by:


Major Professor

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PREFACE

Acknowledgement for professional and technical assistance and support is gratefully extended to:

The Department of Health, Education, and Welfare, Social and Rehabilitation Service, Administration on Aging.

The State of Kansas Division of Social and Rehabilitation Service, Division of Services to the Aging.

The Western Kansas Community Services Consortium.

The Southwest Kansas Area Agency on Aging.

Dodge City Community College.

College of Education, Kansas State University, Department of Curriculum and Instruction.

I want to personally express my appreciation to Dean Harlow D. McCosh, Dodge City Community College, to my secretary, Bonnie Nightengale, and to my husband, Warren, for their time, patience, and guidance during the preparation of this Master's Report.

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CHAPTER I

INTRODUCTION

The question of aging and growing old has been one that has plagued philosophers for hundreds of years. Most cultures throughout the years have shunned their elderly in very overt ways. Eskimos persuade their elderly to lie in the snow and wait for death. The Hopi Indians set aside a special hut with small amounts of food and water, and then abandon their aged.¹

The Ojibway Indian, however, holds the status of his elderly in a different way. The grandparents are a very integral part of family life. Their job is to name grandchildren and most of their days are spent in play with the children. The old ones serve on councils which make decisions for the whole tribe. Because of their great respect for herbal remedies, they form plant studying societies and it is a great honor for young men to be admitted to these groups. This is true only until advanced age and decrepitude begin to set in on the old ones. Then a dramatic change occurs. The tribe begins to treat the old ones as if they have lost their magical powers. The elderly are dispensed with by the son killing his father in a ceremony.²

We pity the poor Eskimo, Hopi and Ojibway, but not too far removed from these stories are the problems faced by middle-aged Americans today. The not unfamiliar scene of Sonny leading Pop to the nursing home door with guilt and remorse leads us to the problems of Twentieth Century America. The problems of old age have been with us, but not until recently have we had the courage to try and solve some of the problems.

The Scientific Study of Aging didn't even begin in America until the twentieth century. Why was there this sudden concern with our aging population? Suddenly twentieth century scientists and the public alike

became aware of some of the problems that the elderly were beginning to suffer. A result of this new awareness was the passage of the Social Security Act of 1935. President Harry Truman further amplified the growing problem in 1950 when he called the First National Conference on Aging. The aging were rapidly becoming the new minority in America.

According to 1970 census data, one out of nine people were age 65 or over. A look at a United States Census Population study (see chart A and B Appendix) shows that the world population has grown since 1650. The death rate has dropped and the birth rate has increased.

There are several reasons given for this increased life rate. One is commonly called the "Green Revolution". Farmers rapidly learned more effective methods of agriculture, which in turn produced more and more nutritious food products. This rapid increase in production could then support and feed a larger population. People no longer were as intent in searching for their next meal as they had once been.

Another reason for population growth was the improved sanitation conditions. People suffered less from diseases spread by poor sanitation. Typhoid, and diphtheria were becoming less known as killers. The proverbial outhouse was being replaced by more modern methods of sewage disposal.

Another primary reason for the increase in population was the number of children surviving childhood. Infant mortality rate was improving. No longer were families expecting to lose at least one child in infancy.

There are several theories about the social process of aging. One is posed by Ernest Burgess, so called the "Founding Father of Gerontology". His theory is commonly called role theory. Basically he posits that the elderly give up their roles as they age (examples: breadwinner, mother, spouse). If they are to survive they must adjust to new roles of widower, institutionalization, and no job.³ (See chart D, Appendix)

Another theory is entitled the disengagement theory. In 1950, Elaine Cumming and Wm. E. Henry began a study called the Kansas City Adult Life Study of 1950's. Their theory is based on the assumption that since death is inevitable, withdrawal from society is necessary. In other words if a citizen can no longer work and be productive in society, he should withdraw. (Far too often today this theory prevails in the minds of the senior citizens.)⁴

There are several other minor but growing theories about how humans should age socially. One is called the activity theory. Basically this states that the elderly should remain active in older age. Activities should be designed to keep them busy and physically in shape. Professor Per-Olof Astrand, M.D. says that ". . . moderate training can lead to a 10-15 year biological rejuvenation. . . in motor power by the elderly".⁵

Another theory held by many professionals in the field of social gerontology is the continuity theory. Basically, this merely is a statement that how people adjust to old age depends on how they've always lived. If a person has always been a recluse, then he will probably not change in old age. Women who have always been the "social-bridge club type" will not change in old age unless forced to by illness or lack of mobility.

There are basically three areas where the elderly must face changes in their life style as they begin to grow old: 1) work 2) family and 3) social participation.⁶

Probably the most difficult of these areas to face is the changing work role. Only about 10 per cent of our nations working force is self-employed, so some 90 per cent probably have no options about when they retire. Most firms have mandatory retirement ages. Many of us carry stereotypes about older workers around as part of our built in prejudice systems.

The ideas that older workers are slow, dangerous, late or unreliable due to forgetfulness are not born out by the facts. In fact quite the opposite is true. And many big companies are taking advantage of this and are beginning more flexible retirement policies. This gives them a chance to utilize those personnel who have the experience they need and takes into account the fact that people don't age at the same rate.⁷ (see chart C, Appendix)

The second area of change that the elderly must face is the changing role in their families. Relations with children sometimes become very strained at this point in life. Dr. William T. Clute of the University of Nebraska at Omaha, gave several interesting facts about children and their elderly parents at a workshop on Social Gerontology, April 3-6, 1973. He stated that most elderly have 1) living children 2) the majority have more than one child 3) 80-90 per cent have one child who lives within a one hour drive of his parents, and 4) there are children who contribute some monetary contribution for their living. (see chart D, Appendix)⁸

The elderly couple must also face some problems in just generally living together as they grow old. They will be spending more time together than they ever have before. This adjustment period is particularly difficult for the male who has been in a work role all his life. Some substitute for going to work each day must be found. What does he do at home all day long? The wife too must adjust to the man at home. She may have her days all planned and they may not include a husband hanging around. The real stability of a marriage may be tested by just this event.⁹

It is generally felt that the more education a couple can have prior to the retirement period, the better they will adjust. Formal education also plays a part in the adjustment. Those of a higher educational and

social level will develop social, political and religious ties that will soon replace the void left by retirement from work.¹⁰

At the White House Conference on Aging held in Fall 1971, three priorities seemed to arise in regard to the aging process: 1) income 2) nutrition and 3) housing.

In regard to income, the White House delegates recommended several suggestions to alleviate the income plight of the retired. Some examples of this were: providing a floor of income, widow's benefits, remission of property taxes, national health security program, and the reordering of national priorities for the aging.¹¹ (see chart E, Appendix)

The next on the list of priorities was nutrition. It was recommended that: programs be funded for research, consumer education in nutrition, food services in elderly housing projects, elimination of hunger and malnutrition and government responsibility for food safety and wholesomeness.¹²

The third area of major concern was in the area of housing. There were many suggestions for improving the plight of the elderly made by the delegates in Washington. Some of them were: earmarked funds of elderly housing, housing production based on need, property tax relief, allocation of housing to minority groups, preservation of the neighborhood, direct loan housing, rent supplement, assistance for home maintenance, protection for elderly homeowner, housing research and training, and housing standards, to state just a few.¹³ (see chart F, Appendix)

With these three priorities, income, housing, and nutrition in mind various steps have been taken to try and alleviate the burdens these areas can bring to our senior citizens.

In regard to income there is still much to be done. But there have been Federal laws passed since the White House Conference on Aging that do give the elderly a tax break. Several states now also give their

senior citizens property tax relief. The Homestead Act in Kansas provides for a refund of property tax up to four hundred dollars if the applicant is a male over age 60 or a widow over age 50, and their annual income is less than \$8,400.00 per year.

The next priority covered by the White House Conference was in the area of nutrition for the aged. The Cooperative Extension Service at Kansas State has undertaken to educate their local Home Economists on the nutrition needs of the elderly. Several programs have been begun by volunteers in various locations without the aid of Federal funds. Some have been aided by programs such as the "Meals on Wheels" program offered through the auspices of the Older Americans Act of 1965 amended. There is another new program entitled Title VII Nutrition which has been authorized by Congress. This Title VII is the most comprehensive nutrition program to develop from the White House Conference. It will fund projects for training dieticians to work in meals programs, senior centers, nursing homes and elderly citizens complexes. In addition, it will provide monies on a sliding scale for delivered meals, congregate meals, etc. It will provide assistance in training individuals in the importance of a well-balance diet for sound minds and bodies.¹⁴

Housing is the third area of priorities stressed by the elderly citizens. When monies are poured into Federal Housing Projects, there are still problems faced by those who move into them. For one thing, elderly Kansans, who have been farmers all their lives, might have problems moving into the twelfth story of a high rise structure. Some may not have even been on an elevator before. This is not to imply that the eldery cannot change and adjust, but that it becomes increasingly more difficult to want to adjust. It is my contention that it is better to keep our elderly at their own home as long as possible.

It is difficult to give up life-long possessions that have been housed in a 20-room farmhouse, and move into a 3-room efficiency apartment.

Other problems of housing the elderly together in complexes is that we lose all the experience and skill these people have gained throughout the years. There are also dangers involved in security of the elderly when they all live together. Social Security checks come at the same time each month, so center residents have to fear robbery right in their own homes. There are also problems in planning the construction of these complexes so that they are accessible to grocery stores, banks and other services. Without transportation these people become even further isolated. There is also the problem of preserving the old neighborhoods. If you have lived in a certain area for fifty years, it is very disheartening to be uprooted and transplanted into a sterile high rise. It would make it a lot easier to keep the people in the same neighborhoods, so that they can be among old friends.¹⁵

Another stereotype that our elderly citizens are going to have to live down is that after a certain age, their minds start to degenerate. All the cross sectional studies that have been done point to this fact. As to late, however, several longitudinal studies have shown a slow increase in I.Q. scores over the years, and that there is no appreciable decrease until about two to three years before death. This, of course, is barring evidence of physical degeneration such as hardening of the arteries. If these studies bear out under the scrutiny of all the doubters, then this will probably have the largest impact on our treatment of the elderly in the future. What a waste it would have been to have retired Michaelangelo at age 65. The Sistine Chapel was completed when he was over eighty years.¹⁶

Several proponents of using the valuable skills of our senior citizens have come up with volunteer programs to try and utilize these unused talents.

One is entitled the "Green Thumb" program. This is an attempt to utilize the agrarian skills of our retired citizens. Areas around our state parks, lakes and reservoirs all need care of grass, trees and shrubs. These give part-time job opportunities to retired citizens, both men and women who like and are able to work outside.

Other programs have been developed to utilize the experience and capabilities of the elderly. One is a tutorial program in the public schools. Retired teachers and laymen alike enjoy the one-to-one contact with older persons, and young people enjoy the Adopt-a-grandparent program. This enables children to be around an older person and to be spoiled by a grandparent he does not have, or who lives too far away.

Another Kansas program that is beginning to develop for voluntary services by the elderly, is entitled R.S.V.P. or Retired Senior Volunteer Program. Anyone over the age of sixty years is eligible to be a volunteer. There are no educational or experience requirements. The only prerequisites are a desire to serve and a willingness to serve on a regular basis. The program can be funded initially by ACTION on a decreasing annual basis. Volunteers in this program serve in hospitals, in nursing homes, day care centers, school lunch supervisors, and playgrounds.

As a final note in this dilemma over what to do with our aging population, I want to say that the best way to prepare the population is to educate them about what to expect in retirement. Television and magazine advertisements mislead us that retirement will be a glorious rest, fishing and basking in the sun. Sunny Florida, Arizona, and California, because of their mild climates, get top billing as retirement havens. Middle class Americans can't afford all that luxury on a limited income in such an inflationary time in our country.

Many of our elderly citizens need to be counseled about legal pitfalls which may face them as they become retired from the work world and enter

the retirement years. Many leisure time activities or retirement clubs require you to sign a contract. Before signing anything it is always wise to check with legal counsel. The retired population's growth in the last few years had made it a target group for merchants looking for another consumer for their products. This also then means that graft artists will be looking for plunder in the area of the elderly.

In Kansas, a research project in Marion County and Holton, Kansas brought about some enlightening information. Professor Esther Twente of the University of Kansas made her study about the rural aged and community life. It was her contention that to remain young at heart, persons must stay mentally and physically active. It is then one of the jobs of the communities to see that an elderly person can remain useful to their community and their families. It is when this usefulness ceases that our problems begin.¹⁷

CHAPTER 2

THE ORGANIZATIONAL PLAN FOR
SURVEYING THE NEEDS OF THE ELDERLY IN SOUTHWEST KANSAS

Purpose of the Study

The purpose of the study coincided with the objectives of the Southwest Kansas Area Agency on Aging. They were to undertake planning within the selected project area to determine the needs of the elderly citizens of the area. The purpose of the planning will result later in a plan for satisfying those needs on a priority basis and for affirmatively changing those conditions which pose significant barriers to those older people who desire to live independently and to participate in a meaningful way in community life.

Procedures for the Study

The procedures used for the study were as follows:

- A. To survey needs of the elderly by questionnaire utilizing a random sample of the designated county within each task area.
- B. To compile a ranking of counties based on the following Planning and Services Area Formula:
 1.
$$\frac{\text{No. of 65+ population} \times \text{no. of 65+ low income (per county)}}{\text{No. of total 60+ population in the 28-county area}} \times 100$$
 2. This ranking would yield priorities in the counties based on the number of low income elderly residing within the project area.
- C. To compile a list of social services which would be available to assist program planning within each task area.
- D. To designate those overall common barriers to the elderly based on all of the above, and to suggest a plan for alleviating these barriers in the project area.

Background for the Study

The Southwest Kansas Area Agency on Aging* was created by the State of Kansas, Division of Services for the Aging of the Department of Social Welfare, in cooperation with the Western Kansas Community Services Consortium, under a Title III grant of the Older Americans Act of 1965 amended, administered by the Office of Aging of the U.S. Department of Health, Education, and Welfare. The Agency's official date of establishment was April 1, 1973, with the fiscal year ending March 31, 1974.

- A. The project area and/or planning service area is the following twenty-eight counties in southwest Kansas:
Barton, Stafford, Pratt, Barber, Rush, Pawnee, Edwards, Kiowa, Comanche, Clark, Ford, Hodgeman, Ness, Lane, Finney, Gray, Meade, Seward, Haskell, Scott, Wichita, Kearny, Grant, Stevens, Morton, Stanton, Hamilton, and Greeley.
- B. The hub for each project or task force area is as follows:
 - 1. Great Bend - Barton, Stafford, Rush, and Pawnee.
 - 2. Pratt - Edwards, Pratt, Kiowa, Comanche, and Barber.
 - 3. Dodge City - Gray, Ford, Hodgeman, Ness, Clark, Meade, and Lane.
 - 4. Garden City - Finney, Scott, Wichita, Greeley, Hamilton, and Kearny.
 - 5. Liberal - Seward, Haskell, Grant, Stanton, Morton, and Stevens.

The Agency staff consists of the Executive Director, Karen D. Pollock;

*Hereafter referred to as the Agency.

Director, Linda L. Eckelman; and, Secretary, Bonnie Nightengale. The Board of Directors of the Agency consists of the Western Kansas Community Services Consortium Board of Directors.

During the first year the Agency had the following functions throughout its task force area.

A. In cooperation with the Board of Directors' representative for each area, the Agency involved recipients of social services in determination of general policy in the development of a coordinated and comprehensive area plan of service for the Aging.

1. Target areas of greatest need were determined, either by survey or use of data collected by previous surveys. (In many areas this was not necessary, the need had been determined in another manner.)
2. An inventory of services for the elderly was compiled for each task force area, and placed on file in the Agency office for quick reference.
3. An evaluation was to be made of the effectiveness of existing services in meeting these needs.
4. Goals were set for identifying needs on a priority basis in each task force area.
5. The Agency would assist each task force area in developing new services, improving and/or expanding delivery of existing services to the Aging.

B. The Agency staff would finalize a coordinated and comprehensive plan of service for the Aging and submit it for approval funding.

During the first year, the Agency would try to implement its assigned function by the following:

- A. Each member of the Board of Directors of the Western Kansas Community Services Consortium will appoint a coordinator to head his task force area. \$500.00 will be available to each Dean for his assistant. This coordinator in each task force area will be responsible for securing meeting rooms, inviting interested local service personnel, and collecting information brought to him by the county coordinators within his task force area.
 1. The county coordinator should be a member of the Board of County Commissioners, who will be reimbursed for mileage to meetings at the hub city of the task force area. This coordinator will be responsible to the Agency board for the coordination of all functions and operations in each county.
 2. Within each county there should be an assistant county coordinator who will bring together representatives of those engaged in services to the elderly. If at all possible this assistant coordinator should be aged 65 or over, and coordinator to Task Force meetings.
 - a. The primary duty here will be to compile a listing of all social services available to the elderly and present it to the Task Force Coordinator.

b. The county coordinators will by survey or some other pre-determined means be able to show the target areas of greatest need for the county. This will be presented to the Task Force coordinator, who will submit it to the Agency Director for inclusion in the final area plan.

B. The Agency will:

1. Study the needs and goals with providers of direct services and help prepare programs to meet the stated needs. This includes helping to secure Federal Funds when available, coordinate already available resources, etc.
2. From each Task Force Area, collect all data available, evaluate existing services, and pull together a coordinated Area Plan for services to the elderly.

CHAPTER 3

EVALUATION OF DATA REGARDING
ELDERLY CITIZENS OF SOUTHWEST KANSAS

Utilizing the organizational structure outlined in an earlier section, an attempt was made to ascertain the needs of the population over age 65 years in the outlined twenty-eight county area. Realizing that not every county could be surveyed and data realized in the short six month span allotted for this project, a representative county was chosen in each of the task force areas. A sampling of fifty persons over age 65 drawn at random from the 1970 census rolls of each representative county were interviewed utilizing the attached interview questionnaire. (See appendix). Using the data from these surveys, available 1970 census material, personal observations, and geographic data, the following interpretation of each task force area's needs in regard to aging were established.

Task Force Area #1

The area task force coordinator for this four county area is Sister Malachy Stockemer of Catholic Social Services at Great Bend. Her assistant in this area is Mr. Larry Carter, Dean of Community Service at Barton County Community College. Mr. Carter assigned the duties of conducting the survey to a sociology class at Barton County Community College.

The four county area covered by this task force is quite rural in nature. Barton County is the most populous in numbers of persons over age 65. However, in the percentage department of total population over 65, it has only 11.1 percent.

The industry in this community has been for years primarily petroleum and oil related industries, as well as farming. So from this we might assume that the middle class elderly would be financially fairly secure. This assumption is born out by our survey data which shows 22 percent of our respondents pay only \$50-75 per month for housing. This could mean that they own their own homes and the amount paid was property tax, insurance.

Another indicator of financial stability is that 77.8 percent of the respondents said they never missed a meal and 33.4 percent spent between \$20 and \$30 per week for food. This could also show a definite need for nutrition education as this would seem very high even in these times of inflation.

Comparing the population characteristics of the more populated Barton County with the other three very rural counties, we show larger percentages of elderly. In the county seat of Stafford County, St. John, we see a 25.9 percent of the persons falling into the over 65 category. It is also significant that the town of Stafford boasts similar statistics to St. John and lies only fifteen miles east of the former. These two rural towns boast over half of Stafford County's elderly population. It is for this reason I would recommend that Stafford County become the number two priority area in Southwest Kansas. It would be ideal for various programs that could be jointly sponsored by the two rural towns and easily administered.

It is also apparent from the amount spent on medical bills information on the survey that medical care is very expensive in this area. Over half of the respondents reported 0-\$350 per year spent on medical. Eleven percent reported \$500-1000, which on retirement pensions would be near disaster.

The validity of this particular survey could be challenged because out of fifty requested surveys, there were only eighteen respondents. I believe this is a direct result of the distrust felt by many elderly citizens of this county for any type of Federal program. Even with their answers remaining anonymous, and with the hope that elderly citizens might reap benefits from the information, there was still this poor response in Barton County.

Stafford County, in direct contrast to this, were very enthusiastic. The county commissioners and all in this area were and are most cooperative. They appear to be a rural area that could make great strides on their own if given a consultant and moral support for programs to aid the elderly. Great sums of money would not be wanted or needed in this area, but would make long strides of progress for rural elderly given the right push.

Services available in this four-county area for the elderly are minimal. In Barton County there is a Senior Citizens High Rise, a self-supporting Meals on Wheels, Catholic Social Service (who seem to be the only lively force in the community), and of course S.R.S., and County Extension. If you live in the more rural counties, S.R.S. and County Extension Service are the only available resources, and their impact is very small. A services respondent list is attached to this document indicating those agencies willing to respond to our request for information in this task area.

Immediately following this narrative is the compilation of data resulting from the survey taken by community college students. Only those questions which were answered are listed. The percentages following each response shows the percent that question elicited versus the 18 respondents.

BARTON

AGE: 65-68	10 55.5%	SEX: Female	11 61.1%	NO. OF YEARS IN COMMUNITY:	
69-70	3 16.7%	Male	7 38.9%	1-10	6 33.3%
71-73	1 5.5%			11-20	0
74-75	0	RACE: White	18 100%	21-30	0
76-80	2 11.1%			31-40	3 16.7%
81+	2 11.1%			41-50	1 5.5%
				51-60	1 5.5%
				61-70	3 16.7%
YEARS OF SCHOOL:		BUSINESS: 1 year	1 5.5%	71-80	0
1-6	0			80+	1 5.5%
7-8	6 33.3%	COLLEGE: ½ year	0	No Res.	2 11.1%
9-10	1 5.5%	1 year	0		
11-12	7 38.9%	2 years	1 5.5%	OTHER: 2 years	1 5.5%
No Re.	4 22.2%	3 years	0	4 years	1 5.5%
		4 years	1 5.5%		
				DEGREES: BA	1 5.5%

MAJOR OCCUPATION:	Working Person (Business)	7 38.9%	AFTER RETIREMENT:	Business	1 5.5%
	Homemaker	7 38.9%		Homemaker	3 16.7%
	Minister	1 5.5%		Hobbies	1 5.5%
	Farmer	2 11.1%		Farmer	1 5.5%
	Mechanic	1 5.5%		None	2 11.1%
AGE OF RETIREMENT:	60-63	2 11.1%			
	64-65	5 27.8%			
	66-69	1 5.5%			
	70+	1 5.5%			

HEALTH AND PHYSICAL CONDITION

AILMENTS:	Paralyzed	1 5.5%	NO. OF TIMES IN HOSPITAL:	1	3 16.7%
	Arthritis	4 22.2%		2	2 11.1%
	Emphysema	1 5.5%		No R.	1 5.5%
	Blood pressure	1 5.5%			
	Heart	2 11.1%	NO. OF DAY IN HOSPITAL:	1-5	1 5.5%
	Gall Bladder	1 5.5%		6-10	0
	Bones	1 5.5%		11-20	2 11.1%
	No Response	9 50.0%		20+	1 5.5%
				No R.	1 5.5%

AMOUNT SPENT ON MEDICAL:	0-100	4 22.2%
	101-200	1 5.5%
	201-350	4 22.2%
	351-500	0
	500-1000	2 11.1%
	1000+	1 5.5%

LIVING ARRANGEMENTS

HOW MANY YOU LIVE WITH:	1 other	8 44.4%	PROPERTY TAX:	-100	2 11.1%
				101-150	2 11.1%
				151-200	1 5.5%
				201-250	1 5.5%
				251-350	2 11.1%
				351-450	1 5.5%
				450+	0
				No Resp.	6 33.3%

LIVING ARRANGEMENTS

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HOW MUCH SPENT EACH MONTH:

Water; \$ - 2 0
 2- 5 2 11.1%
 6- 8 3 16.7%
 9-12 3 16.7%
 13+ 0
 None 2 11.1%
 No Re. 9 50.0%

Electricity: \$ 5-10 3 16.7%
 11-15 3 16.7%
 16-20 2 11.1%
 21+ 2 11.1%
 No Re. 8 44.4%

Rent or Home Payment:
 \$ -50 1 5.5%
 50-75 4 22.2%
 76-100 1 5.5%
 101-150 0
 151+ 1 5.5%
 None 7 38.9%
 No Res. 4 22.2%

Heating: \$ - 9 1 5.5%
 10-13 2 11.1%
 14-16 2 22.2%
 17-19 1 5.5%
 20+ 1 5.5%
 No R. 8 44.4%
 None 1 5.5%

Phone: \$ - 4 0
 5- 8 2 11.1%
 9-11 3 16.7%
 12-15 3 16.7%
 17-20 2 11.1%
 21-30 2 11.1%
 No Re. 5 27.8%
 None 1 5.5%

EATING HABITS

SKIP MEALS: 1 1 5.5%
 2 2 11.1%
 None 14 77.8%
 No Re. 1 5.5%

AMOUNT SPENT ON FOOD: \$ -10 4 22.2%
 11-15 0
 16-20 2 11.1%
 21-25 3 16.7%
 26-30 3 16.7%
 Don't Know 1 5.5%
 No Re. 3 16.7%
 30+ 2 11.1%

ACTIVITIES

CALLS YOU MAKE A DAY: 1-3 7 38.9%
 4-5 0
 6+ 1 5.5%
 No Resp. 3 16.7%
 Don't Know 4 22.2%

CALLS YOU RECEIVE A DAY: 1-3 8 44.4%
 4-5 0
 6+ 2 11.1%
 No Resp. 2 11.1%
 Don't Know 3 16.7%

GENERAL QUESTIONS

11. Money 4 22.2%
 Age 1 5.5%
 Health 2 11.1%
 Loneliness 2 11.1%
 Yardwork 1 5.5%
 None 3 16.7%
 No Response 5 27.8%

12. SPECIAL THINGS: Travel 3 16.7%
 Visit 1 5.5%
 Hobbies 1 5.5%
 No Re. 12 66.7%

13. ENJOY MOST OF: Travel 1 5.5%
 Yardwork 1 5.5%
 Home 1 5.5%
 Hobbies 5 27.8%
 Activities 6 33.3%
 People 2 11.1%
 No Response 1 5.5%

MAKING PLANS FOR: Going to Heaven 1 5.5%
 Home 1 5.5%
 Travel 4 22.2%
 Visit 3 16.7%
 Relatives 3 16.7%
 No Response 7 38.9%

* DIRECT SERVICES SURVEY RESPONDENTS

Task Force Area I

<u>Agency Name</u>	<u>Director</u>	<u>Address</u>	<u>Telephone</u>
Meals on Wheels of Barton County Inc.	Mrs. Mary Lou Warren	P.O. Box 101 Great Bend, KS 67530	(316) 792-2821
Barton County Health Department	Josephine Cole, R.N.	1410 Polk Great Bend, KS 67530	(316) 793-7879
Central Kansas Library System	James Soester	1409 Williams Great Bend, KS 67530	(316) 792-2400
Barton County Welfare Agency	Calvin Hagelgantz	Box 1041 Great Bend, KS 67530	(316) 792-2136
Job Opportunity Center		1616 William Great Bend, KS 67530	(316) 793-5445
Catholic Social Service	Revernerd Lisle Pottorff	2546 Twentieth St. Great Bend, KS 67530	(316) 792-1393
Golden Belt Chapter, AMERICAN RED CROSS	Mills Hollis	Courthouse Great Bend, KS 67530	(316) 793-6762
Barton County Community College	Larry Carter	Barton County Community College Great Bend, KS 67530	(316) 792-2701

* Information regarding agencies, such as services, costs, eligibility requirements, funding etc. on file in area agency office and available upon request.

Task Force Area #2

The Area Task Force Coordinator for this area is Mrs. F. G. Freeman. At the first organizational meeting in Pratt, we were met by only two members of the task force, both from Pratt County. None of the other four counties in this task area responded to our invitation or subsequent letters.

A week later I followed with letters to S.R.S. directors and county extension agents requesting assistance in locating elderly citizens who would be interested in assisting in the program. To date the only reply has been from Kiowa county extension agent who suggested two persons, neither of whom answered my inquiries.

Recurring problems have kept me from conducting a survey in this area, but the following narrative gleaned from available data on this area may be helpful.

Population statistics for this area show a widely dispersed rural population. The largest concentration of elderly for this area appears to be in Pratt County where they have 1,682 persons over age 65, and of those 1,135 live in Pratt City.

The second largest concentration of elderly appears to be in Barber County, but less than 1/5 live in the county seat of Medicine Lodge. The transportation problem of such a widely dispersed rural elderly would seem to pinpoint this as a major problem.

Because of the vast amount of wheat farming in this area, there are no extremely large concentration of people. Pratt City seems to be the only small concentration of elderly in the whole area.

Following this narrative is a listing of those service agencies available in the Pratt County Area for the elderly.

* DIRECT SERVICES SURVEY RESPONDENTS

Task Force Area II

<u>Agency Name</u>	<u>Address</u>	<u>Telephone</u>
Health Department	106 E. Second Pratt, KS 67124	(316) 672-6122
Social Welfare	Courthouse Pratt, KS 67124	(316) 672-6651
Mental Health Institute Pratt County	301 S. Jackson Pratt, KS 67124	(316) 672-2332
Siesta Rest Home Inc. No. 4	906 N. Jackson Pratt, KS 67124	(316) 672-3271
Villa Manor	1221 Larimer Pratt, KS 67124	(316) 672-6541
Pratt Public Library	4th & Jackson Pratt, KS 67124	(316) 672-3041
Red Cross	114 N. Main Pratt, KS 67124	(316) 672-3651
Speech Rehabilitation	Lawrence & School Pratt, KS 67124	(316) 672-5132
Pratt County Community College (John White)	Pratt County Community College Pratt, KS 67124	(316) 672-5641

*Information regarding agencies, such as services, costs, eligibility, funding etc. on file in area agency office and available upon request.

Task Force Area #3

The Area Task Force Director for this seven county area is Mrs. Helen Toalson, wife of the retired school superintendent in this district. Mrs. Toalson has been instrumental in achieving 100 percent attendance at our first organizational meeting of county commissioners in Dodge City. All seven county commissioners were present or sent representatives. All give their support to our efforts to set up the Area Agency and to ascertain the needs of elderly citizens of Southwest Kansas.

The Ness County survey credit should go to the Northwest Kansas Area Agency on Aging. The compilation of data however was conducted in the Southwest Area Agency on Aging. Ness County is the Chosen representative county where a survey was completed for fifty-seven residents over age 65. Of this group 84 percent were Homemakers and Farmers. This statistic shows that very rural nature of the entire area. Most of the persons interviewed had been in the community for forty or more years. So we have a population that is not very mobile and over half educated beyond the eighth grade. 73.7 percent of those interviewed paid no rent on their homes so they are a fairly well-off group. 71 percent also spent between \$15-20 per week for groceries, so they seem to be pretty good money managers, except a little nutrition education on wise buying might be in order. I think it is a little sad that almost 28 percent of this group reported that they were making no future plans. This definitely could point toward a need for some sort of community action in the needs of the elderly and their community's commitment and involvement.

I think the Ness County survey data is representative of the other rural counties, however, in this task area, I feel Ford county and Dodge City proper takes some different types of scrutiny.

Ford County boasts the largest number of persons over age 65 in the entire Southwest Kansas region. It also has a large population that falls into the 60-64 age category with 1,025 persons. Of this area 65 group, we have 25.9 percent or 666 persons who have incomes below poverty level.

Ford and Finney counties also show a high percentage of their population who are Mexican American. I have received numerous complaints from these groups stating that census data available on Mexican American is grossly misleading. Because of fear on the part of the census takers and this populace as a whole, this 1970 census data may not be entirely fair. However, after examining some survey data taken by a Mexican American group in Dodge City, I found that the increases in numbers of Mexican American elderly were not significant to warrant alarm. Even if Federal monies are to be allocated on the basis of low income elderly, an increase of 40-50 persons would not be significant.

Two other very rural counties in this area are Hodgeman and Gray. Although Hodgeman is the smaller of the two counties by half in population, it ranks right behind Gray in numbers of citizens over age 65. Both county seats in these counties have high percentages of elderly citizens.

I have singled out Gray and Hodgeman counties as representative of the rural populace in the Southwest region. And I propose that when linked with Finney and Ford counties this area should be designated my number one priority area. It has components of the rural dryland

farming that is typical of this region. It has two under four thousand populated cities, along with two cities of over 14,000 population, (both Garden and Dodge claim to have over 16,000 populations, but the figures used above are the 70 census.) Within these cities are farm and agribusiness industries which are representative also of this region. This four county area becomes representative of the 28 county region and exemplifies both the elderly rural and urban components that must be represented in this large area.

Attached are services survey data taken in Ford and Finney counties, and they are the service agencies willing to assist in promoting programs for the elderly in this area.

*DIRECT SERVICES SURVEY RESPONDENTS

Task Force Area III

<u>Agency Name</u>	<u>Director</u>	<u>Address</u>	<u>Telephone</u>
Social Security District Office	Norman H. Ehrlich	117 East Spruce St. Dodge City, KS 67801	(316) 227-8591
State Dept. of Social and Rehabilitation Services	Opal Crowe	106 East Spruce Dodge City, KS 67801	(316) 227-8508
American Association of Retired Persons		2301 Fifth Ave. Dodge City, KS 67801	(316) 227-6009
Dodge City Public Library	Terry Risko	606 First Ave. Dodge City, KS 67801	(316) 225-4241
Area Mental Health Center	H. C. Lester	500 W. Highway 56 Dodge City, KS 67801	(316) 227-8566
Ford County Extension Council	Don K. Wiles	Box 159 Dodge City, KS 67801	(316) 227-3159
Kansas Soldier's Home	L. H. Johnson	Fort Dodge, KS 67801	(316) 227-2121
Dodge City Community College	Harlow D. McCash	Dodge City Community College Dodge City, KS 67801	(316) 225-1321

*Information regarding agencies, such as services, costs, eligibility requirements, funding etc. on file in area agency office and available upon request.

Task Force Area #4

The area Task Force Coordinator for this area is Mrs. Leona Meadors. As director of the Homemaker Aide Service in Garden City, she is in a prime position to assist me setting up meetings and making contacts in the Garden City-Finney County Area.

For this task area, I am attaching the results of two surveys taken in this task force area. The first is limited to the city of Garden City proper. It was administered by Mrs. Dorothy H. Neufeld, Area Extension Home Economist, Kansas State University, whose regional office is based in Garden City. It was on the basis of this survey that a self-supporting meals on wheels program was started in Garden in March 1972. The survey and the results are attached and in a nutshell show this. Garden needed a meals program, they need some kind of transportation assistance as 1 out of 3 do not have a current driver's license or a car.

The second attached survey was taken in the very rural county of Hamilton. Primarily a truck farming, sugar beet industry and irrigated farming community, it has the most enthusiastic county commission and county representatives I have encountered yet. Mrs. Tippy Cross and Mr. George R. Schroll county representatives are very anxious to begin a senior center, but need counseling and assistance.

The results of the survey taken in Hamilton follows this section.

Basically this survey backs up the need for a senior center in the community as proposed by the community leaders. Most of the respondents (over 50 percent) listed as activities such as church, and school as paramount, 22 percent listed recreational activities (golf, and woodworking) as their main diversion. 17.6 percent look forward to visiting as a social activity. With these statistics in mind, a senior center looks as though it would be very beneficial and based on definite needs.

The other rural counties in this task area have not taken any apparent interest in our meetings and my letters to county extension, S.R.S. and county commissions have been largely ignored.

A list of direct services available for aid to the elderly in this task area follows this section.

Summary
Survey of Certain Needs of Older Persons in Garden City
February 1972

I. How was the survey done?

a. Questionnaire developed to get facts about:

1. Health
2. Food Habits
3. Housekeeping Needs
4. Social Needs
5. Older Person's Sense of Need

b. List was made of all persons 50 years of age and older. Information included:

1. Name
2. Address
3. Age
4. Sex
5. # in household

1971 Enumeration
(Residents on January 1, 1971)

<u>Age</u>	<u>People</u>	<u>Households</u>
50-59	1,260	927
60-69	898	690
70-79	515	440
80-89	190	177
90+	19	19
	<u>2,882</u>	<u>2,253</u>

II. Who did the survey? Garden City Junior College Students:

Shyerl Erwin	El Rita Reule
Karla Glunt	Scotty Scott
Carol Hahn	Juanita Stanard

III. Who was surveyed?

<u>Age</u>	<u>#</u>
50-59	13
60-69	12
70-79	16
80-89	10
90+	10

IV. Where do they live? In all parts of Garden City.

V. What did we find?

a. About Health

1. 1 out of 4 are sick.
2. 1 out of 8 see a Dr. often.
3. 1 out of 2 see a Dr. occasionally.
4. 1 out of 10 are hindered in getting about (store, doctor, church and visiting friends) due to sickness.

b. About Food Habits

1. 9 out of 10 eat 3 meals a day.
2. 8 out of 10 prepare their own meals.
3. 1 out of 6 have help in meal preparation.
4. 1 out of 12 need help in meal preparation.
5. 1 out of 12 do not get enough to eat.
6. 8 out of 10 are able to get to grocery store.
7. 1 out of 10 need help grocery shopping.

c. When do they eat big meal?

1. 1 out of 20 - Breakfast
2. 1 out of 2 - lunch
3. 1 out of 3 - supper
4. 1 out of 5 - didn't answer

d. About Housekeeping Needs

1. 3 out of 4 are able to do own housework.
2. 1 out of 4 have help with housework.
3. 1 out of 5 said they need help with housework.
4. None need help every day.
5. 1 out of 10 said occasionally.

e. Social Needs

1. 1 out of 20 never get out of their home.
2. 1 out of 8 seldom get out of their home.
3. 1 out of 4 occasionally get out of their own home.
4. 1 out of 30 do not have friends.
5. 1 out of 30 never have friends visit them.
6. 1 out of 12 seldom have friends visit them.
7. 1 out of 20 never visit friends.
8. 1 out of 61 seldom visit friends.
9. 1 out of 8 occasionally visit friends.
10. 1 out of 12 do not have a telephone.
11. 1 out of 5 do not have a car.
12. 1 out of 3 do not have a current driver's license.

VI. Should Garden City have Homemaker Service?

- a. 59 Yes
- b. 1 No
- c. 1 didn't answer

VII. Should Garden City have Meals on Wheels?

- a. 58 Yes
- b. 1 No
- c. 2 didn't answer

VIII. Observations

a. Was individual clean and neat?

1. 2 out of 3 - Very
2. 1 out of 3 - Reasonably
3. 3 out of 100 - Needs Attention

b. Were house and surroundings clean and neat?

1. 2 out of 3 - Very
2. 1 out of 4 - Reasonably
3. 1 out of 16 - Needs Attention
4. 1 didn't answer

Dorothy H. Neufeld, Area Extension Home Economist, Kansas State University, in cooperation with the Social Psychology Class at the Garden City Community Junior College.

Name _____
 (Older person interviewed)
 Address _____

SURVEY OF NEEDS OF OLDER PEOPLE

The interviewer will visit with the older person and fill in answers to the following questions. In addition, the interviewer will indicate his judgment on the accuracy of the older person's answer.

Living Arrangement: 16 alone 35 husband/wife 5 son/daughter 5 with other

Answers Provided by Older Person	Interviewer's judgment (if you differ with the older person, indicate your judgment)
1. Health of the older person:	1.
a. Are you sick? <u>17</u> yes <u>44</u> no	a.
b. What is your sickness(es)? _____ (How long? _____)	b.
c. Do you see a doctor? <u>8</u> often <u>32</u> occasionally <u>9</u> seldom <u>1</u> never <u>11</u> DA*	c.
d. Does your sickness hinder you... <u>7</u> in getting to the store? <u>7</u> in getting to the doctor? <u>7</u> in getting to church? <u>6</u> in visiting friends? _____?	d.
2. Food habits of older person:	2.
a. Do you eat three meals a day? <u>56</u> yes <u>2</u> no	a. <u>3</u> DA
b. Which is your big meal? <u>3</u> breakfast <u>29</u> lunch <u>19</u> supper <u>10</u> DA	b.
c. Do you prepare your own meals? <u>50</u> yes <u>5</u> no	c. <u>6</u> DA
d. Do you have help preparing meals? <u>10</u> yes <u>48</u> no	d. <u>3</u> DA
e. Do you need help preparing meals? <u>5</u> yes <u>53</u> no	e. <u>3</u> DA
f. Do you get enough to eat? <u>57</u> yes <u>3</u> no	f. <u>1</u> DA
g. Are you able to get to the grocery store? <u>50</u> yes <u>7</u> no <u>4</u> DA	g.
h. Do you need help grocery shopping? <u>6</u> yes <u>53</u> no <u>2</u> DA	h.

<p>3. Housekeeping needs of the older person:</p> <p>a. Are you able to do your own housework? <u>48</u> yes <u>10</u> no <u>3</u> DA</p> <p>b. Do you have help? <u>16</u> yes <u>36</u> no <u>9</u> DA <u>8</u> son/daughter <u>5</u> friends <u>9</u> other</p> <p>c. Do you need help with housework? <u>10</u> yes <u>44</u> no <u>7</u> DA Everyday <u>0</u> Occasionally <u>7</u></p>	<p>3.</p> <p>a.</p> <p>b.</p> <p>c.</p>
<p>4. Social needs of the older person:</p> <p>a. Do you get out of your home? <u>34</u> each day <u>15</u> occasionally <u>1</u> DA <u>8</u> seldom <u>3</u> never</p> <p>b. Do you <u>48</u> visit friends? <u>50</u> go to the store? <u>39</u> go to church? <u>46</u> visit family? <u>2</u> DA</p> <p>c. Do you have friends? <u>57</u> yes <u>2</u> no <u>2</u> DA How often do they visit you? <u>10</u> each day <u>41</u> occasionally <u>1</u> DA <u>5</u> seldom <u>2</u> never</p> <p>d. How often do you visit your friends? <u>5</u> each day <u>49</u> occasionally <u>1</u> seldom <u>3</u> never</p> <p>e. If you don't visit friends, why not? _____ _____</p> <p>f. Do you have a telephone? <u>54</u> yes <u>5</u> no <u>2</u> DA If yes, about how many calls do you make a day? _____ About how many calls do you receive a day? _____</p> <p>g. Do you have a car? <u>46</u> yes <u>14</u> no <u>1</u> DA Do you have a current driver's license? <u>41</u> yes <u>19</u> no <u>1</u> DA</p>	<p>4.</p> <p>a.</p> <p>b.</p> <p>c.</p> <p>d.</p> <p>e.</p> <p>f.</p> <p>g.</p>

5. Older person's sense of need:

5.

a. Do you think Garden City should have Homemaker Service? 59 yes 1 no 1 DA

a.

b. Do you think Garden City should have Meals on Wheels? 58 yes 1 no 2 DA

b.

c. What do you need most? _____

c.

Signed: _____
 (name of interviewer)

Observations:

Was the individual clean and neat? 41 very 18 reasonably 2 needs attention

Were the house and surroundings clean and neat? 39 very 17 reasonably
4 needs attention 1 DA

CONFIDENTIAL PAGE
Hamilton

AGE: 65-68	6	17.6%	SEX: Female	27	79.4%	RACE: White	all	100%
69-70	6	17.6%	Male	7	20.6%			
71-73	6	17.6%						
74-75	8	23.5%						
76-80	3	8.8%						
81+	4	11.8%						

NO. OF YEARS IN COMMUNITY:	1-10	3	8.8%	YEARS OF SCHOOL:	1-6		
	11-20	0	-		7-8	6	17.6%
	21-30	2	5.9%		9-10		
	31-40	5	14.7%		11-12		
	41-50	6	17.6%		No Resp.	3	8.8%
	51-60	9	26.4%				
	61-70	4	11.8%	COLLEGE:	1/2	1	2.9%
	71-80	2	5.9%		1	1	2.9%
	No Resp.	3	8.8%		2	2	5.9%
					3	0	-
MILES FROM TOWN:	5 miles		2.9%		4	3	8.8%
	1 block		2.9%		5+	1	2.9%
	1/8 mile		2.9%				

MAJOR OCCUPATION:	Working Person (Business)	7	20.6%	AFTER RETIREMENT:	Business	6	17.6%
	Teacher	9	26.5%		Babysitting	2	5.9%
	Homemaker	14	41.7%		Homemaker	5	14.7%
	Farmer	4	11.8%		No Resp.	16	47.0%
	No Resp.	2	5.9%				

AGE OF RETIREMENT:	60-63	4	11.8%
	64-65	7	9.5%
	66-69	3	8.8%
	No R.	9	26.5%

LIVING ARRANGEMENTS

HOW MANY LIVE WITH YOU:	1-3	14	41.2%	PROPERTY TAX:	-100	3	8.8%
	12+	1	2.9%		101-150	3	8.8%
					151-200	2	5.9%
HOW MUCH SPENT EACH MONTH:					201-250	2	5.9%
Water: \$	2-5	14	41.2%		251-350	2	5.9%
	6-8	4	11.8%		351-400	2	5.9%
	9-12	2	5.9%				
	13+	3	8.8%				
Rent or Home Payment:	\$50-70	2	5.9%	Heating: \$	-9	1	2.9%
	None	5	14.7%		10-13	7	20.6%
	No R.	15	44.1%		14-16	7	20.6%
					17-19	1	2.9%
					20-25	4	11.8%
					30+	1	2.9%
					No R.	1	2.9%
				Phone: \$	- 4	6	17.6%
					5- 8	8	23.5%
					9-11	3	8.8%
					12-15	2	5.9%
					16-20	1	2.9%
					20-30	1	2.9%
					30+	1	2.9%

EATING HABITS

SKIP MEALS: 1 1 2.9%
 2 1 2.9%
 3 1 2.9%
 Several 1 2.9%
 None 19 55.9%
 Don't Know 2 5.9%

AMOUNT SPENT ON FOOD \$ -10 3 8.8%
 11-15 6 17.6%
 16-20 5 14.7%
 21-25 6 17.6%
 26-30 2 5.8%
 Don't Know 2 5.8%

ACTIVITIES

CALLS YOU MAKE A DAY: 1-3 12 35.3%
 4-5 7 20.6%
 6+ 1 2.9%
 Don't Know 4 11.8%
 No Resp. 7 20.6%

CALLS YOU RECEIVE A DAY: 1-3 12 35.3%
 4-5 6 17.6%
 6+ 1 2.9%
 Don't Know 4 11.8%
 No Resp. 8 23.5%

GENERAL QUESTIONS

11. WORRIES: Financial 2 5.9%
 Health 4 11.8%
 World 1 2.9%
 Relatives 1 2.9%
 Work 1 2.9%
 No Resp. 21 61.8%

12. SPECIAL THINGS: Golf (Recreation) 1 2.9%
 Clean house 1 2.9%
 Paint 1 2.9%
 Travel 3 8.8%
 No Response 26 76.5%

13. ENJOY MOST OF: Church, Club or School 8 23.5% Yardwork 3 8.8%
 T.V. 3 8.8% Correspondence 1 2.9%
 Going downtown 2 5.8% Mail 2 5.9%
 Visiting (travel) 6 17.6% Reading 2 5.9%
 Recreation (golf) 11 32.3% Staying 1 2.9%
 Woodworking 11 32.3% Painting 1 2.9%
 Cooking 1 2.9% No Response 21 61.8%

14. MAKING PLANS FOR: Visiting 6 17.6%
 Operation 1 2.9%
 Vacation 3 8.8%
 No Response 22 64.7%

*DIRECT SERVICES SURVEY RESPONDENTS

Task Force Area IV

<u>Agency Name</u>	<u>Director</u>	<u>Address</u>	<u>Telephone</u>
Garden Valley Retirement Village	Donald Klassen	Box 1175 Garden City, KS 67846	(316) 276-3019
Project for Settled Out Migrants	Sister Elvira Ramirez	504 St. John Garden City, KS 67846	(316) 275-4116
St. Catherine Hospital	Dale E. Gillan	608 N. Fifth St. Garden City, KS 67846	(316) 276-8241
Migrant Health Service	Judith K. Shedd Evalyn S. Gendel M.D.	525 N. Eighth St. Garden City, KS 67846	(316) 275-4297
Finney County Social Service Center	Melvin Fager	Courthouse Garden City, KS 67846	(316) 276-3247
First Baptist	Reverend Wm. H. Travis	Box 662 Garden City, KS 67846	(316) 275-5266
Garden City Community College	Doris Nonken	Garden City Community College Garden City, KS 67846	(316) 276-7611

*Information regarding agencies, such as services, costs, eligibility requirements, funding etc. on file in area agency office and available upon request.

Task Force Area #5

The Area Task Force Coordinator for this six county area is Mrs. Margaret Sullivan, secretary for this local unit of the American Association of Retired Persons.

Through the assistance of this fine organization, a survey was taken in Seward County to ascertain the needs of their elderly populace. The Seward County area has the lowest percentage of population over 65 years of age in the entire Southwest region. I think that this statistic makes it important that we examine some of the data found significant in this area.

Over half of those persons interviewed were between the ages of 70-80, and over 70 percent were women. Most had lived in the community for 10-40 years. An interesting fact is that almost all retired after the magic age of 65. Even though it was an affluent group for the most part, they still suffered from arthritis, spent the same amount of time in the hospital, but seemingly paid less for their medical expenses.

Almost 70 percent reported that they never missed a meal, and over half spend between \$15-25 per week for food. Since most of this group live alone, either food is very high here or some education on food buying might be in order.

The other five counties in this region have a very low percentage of 65+ population. The range in these counties is from 5.6 percent to 10.5 percent over age 65. Even putting together all the rural elderly, the number only barely reaches 1600 in this task area.

For purposes of programming, it would seem almost utterly impossible to coordinate this area. This is not to say that the rural isolated elderly are not suffering, but only to point out the problem of

distance between clusters of needy. For this reason Western Kansas drastically needs a community coordinator who can be a catalyst in the communities, because without the masses of population, most Federal funding is out of the question.

A poor response was received from service agencies requesting information, but for the most part there just are no services available except social security, S.R.S. and extension service.

A direct services list follows this section.

SEWARD

CONFIDENTIAL

AGE:	65-68	9	19.6%	SEX:	Female	33	71.7%	NO. OF YEARS IN COMMUNITY:	1-10	5	10.9%
	69-70	1	2.2%		Male	13	28.3%		11-20	7	15.2%
	71-73	8	17.4%	RACE:	C	2	4.3%		21-30	5	10.9%
	74-75	6	13.0%		B	1	2.2%		31-40	7	15.2%
	76-80	14	30.4%		W	43	93.5%		41-50	3	6.5%
	81+	8	17.4%						51-60	6	13.0%
YEARS OF SCHOOL:				COLLEGE:	½	1	2.2%	DEGREES:	ME	1	2.2%
	1-6	4	8.7%		1	4	8.7%		MS	1	2.2%
	7-8	12	26.1%		2	1	2.2%		BS	1	2.2%
	9-10	5	10.9%		3	1	2.2%				
	11-12	8	17.4%		4	2	4.3%				
	No R	6	13.0%		5+	1	2.2%				
MAJOR OCCUPATION:	Homemaker	21	45.7%	AFTER RETIREMENT:	Homemaker	8	17.4%				
	Florist	1	2.2%		Farmer	1	2.2%				
	Farmer	3	6.5%		Teacher	1	2.2%				
	Teacher	6	13.0%		Business	1	2.2%				
	Business	7	15.2%		Babysitter	1	2.2%				
	Nurse	3	6.5%		No R	34	73.9%				
	Barber	1	2.2%								
	Dietician	1	2.2%								
	Sheriff	1	2.2%								
	Mechanic	1	2.2%								
	Carpenter	1	2.2%	AGE OF RETIREMENT:	60-63	1	2.2%				
					64-65	12	26.1%				
					66-69	5	10.9%				
					69+	4	8.7%				
					No R	24	52.2%				

HEALTH AND PHYSICAL CONDITION

AILMENTS:			NO. OF TIMES IN HOSPITAL:	1 time	5	10.9%	MEDICAL EXPENSE:			
	Blood pressure	1		2 "	3	6.5%		\$ 0-100	13	28.3%
	Bones	2						101-200	12	26.1%
	Sciatic nerve	1	NO. OF DAYS IN HOSPITAL:	0-5	3	6.5%		201-350	3	6.5%
	Arthritis	7		6-10	3	6.5%		351-500	1	2.2%
	Eyes	1		11-15	1	2.2%		500-1000	3	6.5%
	Gout	1		16-25	1	2.2%		1000+	1	2.2%
	Rheumatism	1						No R	13	28.3%
	Diabetes	1								
	Heart	6								

LIVING ARRANGEMENTS

PROPERTY TAX:	0-100	2	4.3%	HOW MUCH SPENT EACH MONTH:			ELECTRICITY:	\$ 5-10	13	28.3%
	101-200	13	28.3%		Water:	\$ 3-5		11-15	8	17.4%
	201-300	8	17.4%			6-8		16-20	3	6.5%
	301-400	4	8.7%			9-12		21+	2	4.3%
	401-500	2	4.3%			13+		No R	20	43.7%
	500+	3	6.5%			None				
	No R	14	30.4%			No R				

Heating: \$ - 9	12	26.1%	Telephone: \$ 5- 8	14	30.4%
10-13	12	26.1%	9-11	5	10.9%
14-16	2	4.3%	12-15	6	13.0%
17-19	1	2.2%	16-20	0	0.0%
No R	19	41.3%	21-30	2	4.3%
			No R	19	41.3%

EATING HABITS

SKIP MEALS/WEEK: 2-3	1	2.2%	CALLS RECEIVED: 1-3	20	43.5%	CALLS MADE: 1-3	21	45.7%
4-7	3	6.5%	4-5	8	17.4%	4-5	11	23.9%
Never	32	69.6%	6+	4	8.7%	6+	3	6.5%
No R	10	21.7%	No R	12	26.1%	No R	11	23.9%
			Don't know	2	4.3%	Don't know	0	0.0%

AMOUNT SPENT ON FOOD: \$ -10	4	8.7%
11-15	12	26.1%
16-20	8	17.4%
21-25	5	10.9%
26-30	6	13.0%
30+	4	8.7%
NoR	7	15.2%

GENERAL QUESTIONS

11. Health	5	10.9%	12. Travel	2	4.3%	13. Travel	6	13.0%
Financial	2	4.3%	Pollution	1	2.2%	Home	5	10.9%
Family	3	6.5%	No R	43	93.5%	Activities	13	28.3%
Lonely	1	2.2%				Social life	4	8.7%
None	10	21.7%				Painting	1	2.2%
No R	25	54.3%				Helping others	1	2.2%
						Visiting	8	17.4%
14. Travel	7	15.2%				Job	1	2.2%
Visit	4	8.7%				No R	7	15.2%
Retirement	2	4.3%						
Relaxation	1	2.2%						
No R	32	69.6%						

* DIRECT SERVICES SURVEY RESPONDENTS

Task Force Area V

<u>Agency Name</u>	<u>Director</u>	<u>Address</u>	<u>Telephone</u>
Seward County Dept. of Rehabilitation and Social Services	Mrs. Carol Ellis	412 N. Washington Liberal, KS 67901	(316) 624-5666
Seward County Extension Services	Henry L. Kivett	Courthouse Liberal, KS 67901	(316) 624-5604
Seward County Community College	Dudley Freeman	Seward County Community College Liberal, KS 67901	(316) 624-1951

*Information regarding agencies, such as services, costs, eligibility requirements, funding etc. on file in area agency office and available upon request.

CHAPTER 4

PRIORITY RANKING OF PROJECT AREA

Immediately following this section is a series of charts.

The first chart is a ranking of the twenty-eight counties in this planning and service area for priorities based on low income elderly. The statistics for this base were taken from the 1970 census figures and the formula provided by the Division of Services for the Aging in Topeka.

The subsequent charts show how each county ranks within its task force area as well as within the total project area.

COUNTY	RANK IN PROJECT AREA	PRIORITY RANKING NUMBER
Barton	1	7949.6
Ford	2	4406.5
Pratt	3	2051.8
Finney	4	1941.1
Pawnee	5	1174.1
Ness	6	843.7
Seward	7	726.6
Rush	8	658.6
Stafford	9	565.9
Edwards	10	371.7
Meade	11	364.9
Kiowa	12	225.8
Gray	13	212.6
Comanche	14	206.7
Scott	15	164.5
Clark	16	157.0
Hamilton	17	130.2
Barber	18	108.3
Hodgeman	19	99.0
Stevens	20	89.6
Grant	21	87.8
Lane	22	76.8
Haskell	23	65.2
Morton	24	48.8
Wichita	25	48.6
Kearny	26	35.0
Stanton	27	34.6
Greeley	28	25.9

TASK FORCE AREA NUMBER ONE
COUNTIES: Rush, Barton, Pawnee, Stafford
MAJOR CITIES: Great Bend, LaCrosse, Larned, St. John

	Total Population	Percent of 65 years over	Number over 65	Number and percent 65+ below poverty
Great Bend Barton	16,133 30,663	9.8% 11.1%	1,581 3,403	766 22.49
LaCrosse Rush	1,583 5,117	20.1% 18.0%	318 919	235 25.40
Larned Pawnee	4,567 8,484	7.3% 15.5%	333 1,314	293 24.50
St. John Stafford	1,477 5,943	25.9% 19.9%	382 1,182	157 13.63

* U.S. Department of Commerce
Bureau of the Census

TASK FORCE AREA NUMBER TWO

COUNTIES: Pratt, Edwards, Kiowa, Comanche, Barber
 MAJOR CITIES: Pratt, Kinsley, Greensburg, Coldwater, Medicine Lodge

	Total population	Percent of 65 years over	Number over 65	Number and percent 65+ below poverty
Pratt County	10,056	16.7%	1,682	400
Pratt	6,736	16.8%	1,135	24.69
Edwards	4,581	17.5%	802	152
Kinsley	2,212	20.9%	462	19.87
Kiowa	4,088	17.4%	612	121
Greensburg	1,907	19.8%	377	20.79
Comanche	2,702	18.7%	506	134
Coldwater	1,016	25.7%	261	28.94
Barber	7,016	16.9%	1,184	25.35
Medicine Lodge	2,545	16.7%	427	

* U.S. Department of Commerce
 Bureau of the Census

TASK FORCE AREA NUMBER THREE

COUNTIES: Ford, Hodgeman, Ness, Clark, Meade, Lane, Gray
 MAJOR CITIES: Dodge City, Jetmore, Ness City, Ashland, Meade, Dighton, Cimarron

	Total population	Percent of 65 years over	Number over 65	Number and percent 65+ below poverty
Ford Dodge City	22,857 14,127	11.4% 10.4%	2,571 1,463	562 25.41
Hodgeman Jetmore	2,662 1,208	13.6% 17.3%	361 208	90 27.27
Ness Ness City	4,791 1,756	16.9% 17.1%	809 300	342 46.66
Clark Ashland	2,896 1,244	18.3% 20.7%	531 257	97 19.80
Meade County Meade	4,912 1,899	13.8% 17.1%	680 324	176 28.62
Lane Dighton	2,707 1,540	13.3% 15.2%	360 234	70 20.53
Gray Cimarron	4,516 1,373	13.2% 19.0%	596 250	117 22.90

* U.S. Department of Commerce
 Bureau of the Census

TASK FORCE AREA NUMBER FOUR

COUNTIES: Finney, Scott, Wichita, Greeley, Hamilton, Kearney
 MAJOR CITIES: Garden City, Scott City, Leoti,
 Tribune, Syracuse, Lakin

	Total population	Percent of 65 years over	Number over 65	Number and percent 65+ below poverty
Finney Garden City	18,947 14,708	7.8% 8.3%	1,470 1,228	433 30.30
Scott County Scott City	5,606 4,001	9.4% 11.1%	529 446	102 24.28
Wichita Leoti	3,274 1,916	8.1% 10.4%	266 199	60 24.69
Greeley Tribune	1,819 1,013	11.2% 13.8%	213 139	40 22.73
Hamilton Syracuse	2,747 1,720	13.0% 14.4%	356 247	120 35.93
Kearney Lakin	3,047 1,570	9.7% 11.4%	295 178	39 14.94

* U.S. Department of Commerce
 Bureau of the Census

TASK FORCE AREA NUMBER FIVE

COUNTIES: Seward, Haskell, Grant, Stanton, Morton, Stevens
 MAJOR CITIES: Liberal, Sublette, Ulysses, Johnson, Elkhart, Hugoton

	Total population	Percent of 65 years over	Number over 65	Number and percent 65+ below poverty
Seward	15,744	6.9%	1,093	218
Liberal	13,471	6.7%	908	21.56
Haskell	3,672	7.4%	271	79
Sublette	1,208	8.1%	97	32.24
Grant	5,961	5.6%	331	87
Ulysses	3,779	6.9%	261	31.75
Stanton	2,287	7.3%	167	68
Johnson	1,038	9.3%	96	42.77
Morton	3,576	8.1%	291	55
Elkhart	2,089	8.3%	173	18.96
Stevens	4,198	9.0%	377	78
Hugoton	2,739	10.5%	287	22.03

* U.S. Department of Commerce
 Bureau of the Census

TASK FORCE AREA NUMBER ONE
PROJECT SERVICE AREA PRIORITY RANKING

COUNTY	PROJECT RANK	TASK FORCE RANK
Barton	1	1
Rush	8	3
Pawnee	5	2
Stafford	9	4

TASK FORCE AREA NUMBER TWO
PROJECT SERVICE AREA PRIORITY RANKING

COUNTY	PROJECT RANK	TASK FORCE RANK
Pratt	3	1
Edwards	10	2
Kiowa	12	3
Comanche	14	4
Barber	18	5

TASK FORCE AREA NUMBER THREE
PROJECT SERVICE AREA PRIORITY RANKING

COUNTY	PROJECT RANK	TASK FORCE AREA RANK
Ford	2	1
Hodgeman	19	5
Ness	6	2
Meade	11	3
Lane	22	6
Gray	13	4

TASK FORCE AREA NUMBER FOUR
PROJECT SERVICES AREA PRIORITY RANKING

COUNTY	PROJECT RANK	TASK FORCE AREA RANK
Finney	4	1
Scott	15	2
Wichita	25	4
Greeley	28	6
Hamilton	17	3
Kearny	26	5

TASK FORCE AREA NUMBER FIVE
PROJECT SERVICE AREA PRIORITY RANKING

COUNTY	PROJECT RANK	TASK FORCE AREA RANK
Seward	7	1
Haskell	23	4
Grant	21	3
Stanton	27	6
Morton	24	5
Stevens	20	2

DESIGNATION OF PRIORITY AREAS

The map which follows this explanation delineates the task force areas of this region, (red lines). Within each task area is shading which attempts to show those areas with the greatest concentration of elderly citizenry.

Based on the priority ranking formula, geography, enthusiasm, and personal observations, the following is the recommended priority areas for this region of Southwest Kansas.

NUMBER ONE PRIORITY:

Based on the priority ranking scale, Ford and Finney counties rank number two and four on our list of priority areas. Hodgeman and Gray counties rank 19 and 13 respectively. Ford and Finney also house the two largest cities and concentration of elderly in our area. Hodgeman and Gray, because of their rural nature and geographic location close to the elderly concentrations, would fit with the larger counties to provide an area with enough needy elderly for ongoing Federal Programs.

For the first project year, it is recommended from this data that a Title VII Nutrition Program be developed for this four county area.

NUMBER TWO PRIORITY:

Looking at the extreme right and left corners of this project area, Stafford and Hamilton counties have been designed as priorities two. Because of their rural nature, avid enthusiasm and response to area agency efforts, along with their nine and 17 priority ranks, I feel they should not be overlooked in project year one.

Both counties have expressed interest in a senior citizen center which could be funded through Title III.

PROJECT YEAR II:

In the second year, the Nutrition Project could be expanded

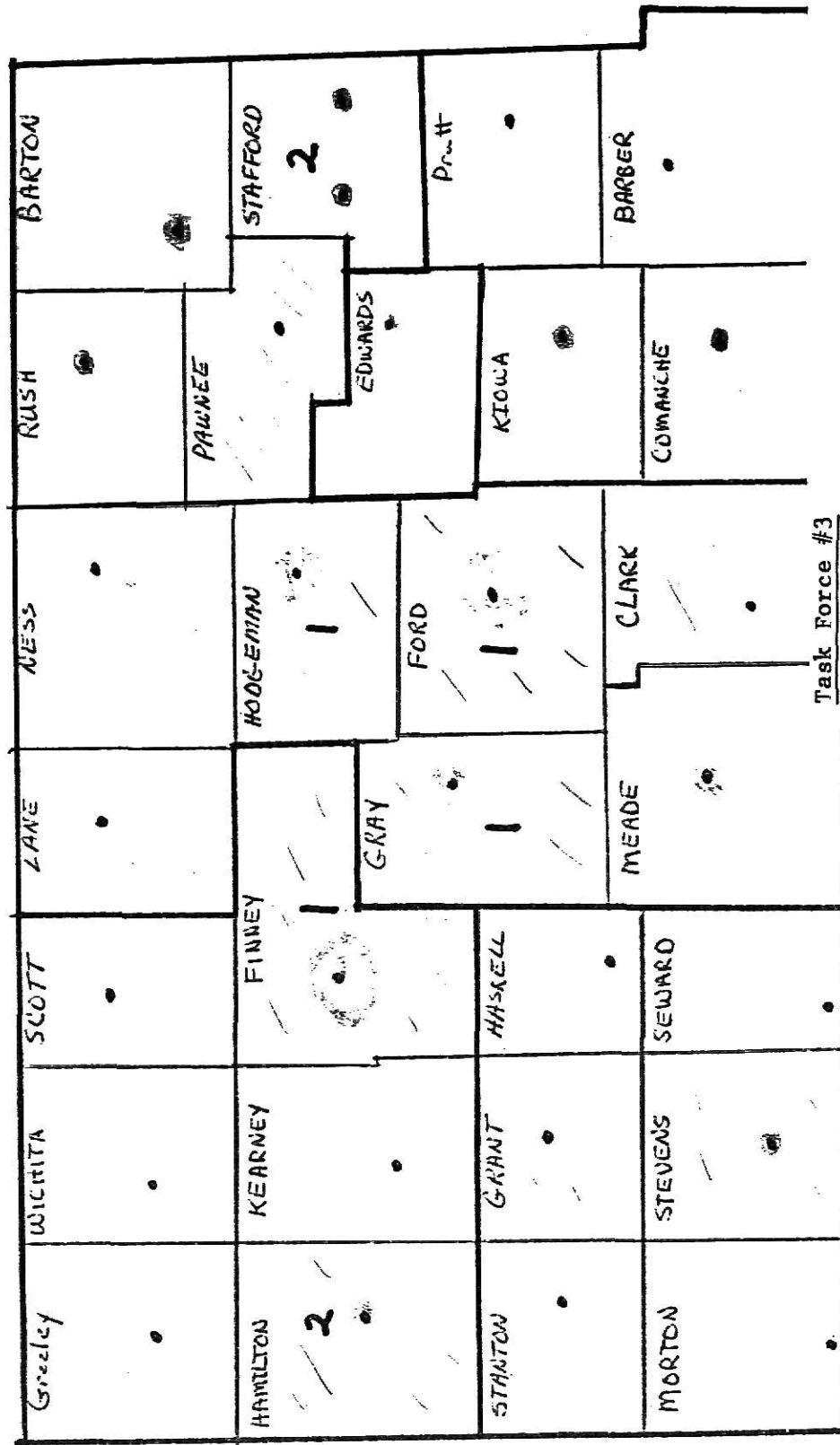
to include a multi-county project of delivering frozen meals to various sites in the twenty-eight county area. I think a justification especially could be seen in the Barton and Pawnee county areas which rank one and five on our ranking list. They were not in the first priority area for year one due to poor response and enthusiasm by anyone in these counties, plus their geographic isolation from the two large concentrations in Dodge City and Garden City, which because of their close proximity made them desirable for a multi-county nutrition project.

SOUTHWEST KANSAS AREA AGENCY ON AGING

Twenty-eight counties

//// Delineates diffused rural elderly throughout county
 Shading--Delineates areas of concentration of elderly.

Red Lines encompass each task force area.



Task Force #1

Barton, Stafford, Rush and Pawnee Counties.

Task Force #2

Edwards, Pratt, Kiowa, Comanche, and Barber Counties.

Task Force #4

Finney, Scott, Wichita, Greeley, Hamilton, and Kearney Counties

Task Force #5

Seward, Haskell, Grant, Stanton, Morton and Stevens Counties

Ford, Hodgeman, Ness, Clark, Meade, Lane and Gray Counties.

CHAPTER 6

EXPANDING ROLE OF THE AREA AGENCY ON AGING

The following outline has been compiled to exemplify the expanding role of the Area Agency on Aging in year two of its operation. To exemplify to the reader exactly what will be its objectives in the five general areas as shown in the outline, I have listed the categories and attempted in an abbreviated fashion to outline the functions for 1974-75.

The five categories are 1) Outreach 2) Advocacy 3) Evaluation 4) Planning and 5) Information Referral.

The specific programs which will fall in each of these categories are yet to be conceived in each of the communities, but will be developed as the year progresses.

I. THE EXPANDING ROLE OF THE AREA AGENCY ON AGING

A. Outreach

1. Consultant to direct service groups within the communities.
2. Consultant to individual lay persons concerning specific problems of aging.
3. Assist local communities in ongoing short and long-range planning for the elderly.

B. Advocacy

1. Assistance in organizing elderly advocacy groups.
2. Assistance in promotion and advertisement of pending Federal legislation for the elderly.
3. Developing an open line between the area agency and legislators to lobby for elderly legislation.

C. Evaluation

1. Ongoing monitoring and evaluation of existing programs in the project area, both Federally funded and when solicited non-Federally funded.
2. Auditing and evaluation of proposed Programs for the Elderly.
3. Assistance in implementing new programs into the various communities.

D. Planning

1. Ongoing planning as an extension of the first area agency plan of action.
2. Resource specialist in the area for innovative program ideas for the elderly.
3. Consultant to other planning groups in the areas economics, health, transportation, housing, etc.

E. Information Referral

1. Have on file in the agency office a list of director service agencies, including eligibility requirements, costs, functions, and phone numbers.
2. Agency director shall be cognizant of community sentiments and favor regarding programs for the elderly.
3. Agency should keep State office aware of imminent or existing problems in the project area.

CHAPTER 7

CONCLUSION

As a result of the comprehensive study and planning involved in this project sponsored by the Western Kansas Community Services Consortium, various changes in the curriculums of the individual schools have resulted.

The first area that we have seen change is in the field of recreation and worthy use of leisure time. Dodge City Community College offers their golf course free to any senior citizen. They also have designated time when the recreation facilities (billiards, snooker, pin ball, ping pong and lounge areas) are available free of charge to seniors.

Dodge City and Garden City are deeply involved in developing the Title VII Nutrition Project in a four county area as part of their community service programs at the community college

Barton County and Garden City Community Colleges have implemented a Homemaker Health Aide Course into their academic offerings. This course of study was developed by Sister Malachy Stockemer of Catholic Social Services in Great Bend as a result of the need of elderly citizens for low cost home health care and related homemaker services. Homemakers are trained in basic elderly health care and are then placed in private homes at minimum wage to provide a much needed gap in services that nursing homes and hospitals could not provide.

In the planning stages, are the blueprints for implementing supplementary course material to already existing degree programs in Nursing, Dietetics, and Foods and Nutrition at the community colleges.

In the area of outreach, the colleges now see the need of developing expanding extension programs aimed at our seniors for taxation problems, real estate, pre-retirement, retirement and leisure time problems. It is anticipated this can be accomplished through seminars, conferences and short courses.

In conclusion, it can be said that this is only the beginning of a period of change in the way higher education institutions view their commitments to lifetime learning and community education.

A P P E N D I X

APPENDIX

Questionnaire	p. 1
The Aged Population Explosion	p. 10
Pre-Retirement Role Set	p. 13
Income	p. 14
Housing	p. 15
Shares of Aggregate Money Income of Persons 65+	p. 16
Annual Expenses, "Average Retired Couple"	p. 17

Date_____

Town or Township_____

CONFIDENTIAL

Interviewer_____

County_____65

SOUTHWEST KANSAS AREA AGENCY ON AGING
SURVEY OF PERSONS 65 AND OLDER

Age_____ Sex_____ Race_____ Number of years in community_____

Resides in town_____ Resides in country_____ Miles from town_____

Marital Status (Check one):

☐ Never married
☐ Married, living with spouse
☐ Married, not living with spouse
☐ Widow or widower
☐ Divorced or legally separated
☐ Unknown

Education (Check one - if not graduated, enter years attended):

☐ Grade school _____ years
☐ High school _____ years
☐ Business school _____ years
☐ College _____ years _____ degree
☐ Other _____ years
☐ None
☐ Unknown

Occupation:

Major lifetime
 occupation_____

Age at retirement_____ Not retired_____

After retirement
 occupation_____

Now employed

full-time_____ part-time_____

Approximately Total Yearly
 Income at Present (combined
 for husband and wife):

☐ Under \$2,000
☐ \$2,000 to \$4,000
☐ \$4,000 to \$6,000
☐ Over \$6,000
☐ Unknown
 Other response_____

Source of Income (combined for husband and wife):

If more than one, indicate portion.

	<u>Portion</u>
<input type="checkbox"/> Salary	_____
<input type="checkbox"/> Pension	_____
<input type="checkbox"/> Social Security	_____
<input type="checkbox"/> Help from relatives	_____
<input type="checkbox"/> Public assistance	_____
<input type="checkbox"/> Other_____	_____
<input type="checkbox"/> Unknown	_____

Check any of the following used for current expenses:

Investments	Portion used
Principal_____	past year_____
Interest_____	
Savings	Portion used
Principal_____	past year_____
Interest_____	

Information furnished by:

Sample person_____

Other person_____ Relationship_____

Comments by interviewee:

Comments by interviewer:

RETIREMENT

1. How do you feel about retirement?

- ☐ Good
- ☐ Partly good
- ☐ Bad
- ☐ No opinion

2. What do you think is good about retirement?

- ☐ Time for hobbies, travel, interests
- ☐ Enjoy better health
- ☐ Freedom from pressures of job
- ☐ More time for community and church activities
- ☐ Taking it easy
- ☐ Independence
- ☐ Other _____

3. What do you think is bad about retirement?

- ☐ Lower standard of living
- ☐ Financial worries
- ☐ Loneliness
- ☐ Boredom
- ☐ Loss of status
- ☐ Other _____

4. If you are retired, why did you retire?

- ☐ Policy of the employer
- ☐ No longer needed to work
- ☐ Wanted more leisure
- ☐ Poor health
- ☐ Work unavailable or too hard
- ☐ Wanted to draw Social Security or other pension
- ☐ Other _____

5. After paying for living expenses, do you have money for:

- ☐ Entertainment and recreation?
- ☐ Savings and investments?
- ☐ Gifts and contributions to charity?

6. Do you feel your retirement income is (will be):

- ☐ Enough to get along on very well?
- ☐ Adequate?
- ☐ Barely enough?
- ☐ Not enough for necessities?

HEALTH AND PHYSICAL CONDITION

1. How is your health? (check one)

Excellent	Very good	Good	Poor	Very poor
-----------	-----------	------	------	-----------

Ailments

- 2. Are you physically disabled?**

No Yes In what way?

3. Can you without help

If "NO" who helps you?

Prepare your meals?

Yes No

Go to the grocery?

Yes No

Do the laundry?

Yes No

Go to church?

Yes No

Go to visit friends
and relatives?

Yes No

Clean the house?

Yes No

Bathe, feed, and dress
yourself?

Yes No

Take care of your
business affairs?

 Yes No

Work in the yard and garden?

Yes No

Do minor household repairs?

Yes No

Go to the doctor when
necessary?

Yes No

4. Do you have your own personal doctor? Yes No

5. How often do you see a doctor?

 Never Every month Every 2 or 3 months Once a yr.
or less

Anytime you feel you should Not as often as you should

6. Do you have trouble going to the doctor because of

Distance? Yes No Lack of transportation? Yes No

Parking problems? Yes No

Having to climb stairs? Yes No

	Yes	No
Difficulty in getting an appointment?		

7. Does the cost keep you from going to the doctor as often as you think you should? ☐ Yes ☐ No
8. Are you satisfied or dissatisfied with the help doctors have given you? Satisfied ☐ Dissatisfied ☐
9. Have you been in the hospital the past year? ☐ Yes ☐ No
- If "Yes", number of times and number of days .
10. Do you have Medicare? ☐ Yes ☐ No Medicaid? ☐ Yes ☐ No
- Other hospital or health insurance? ☐ Yes ☐ No
11. Do you go to a public health clinic? ☐ Yes ☐ No
12. Do you receive care from a visiting nurse? ☐ Yes ☐ No
13. Do you have trouble getting prescriptions filled? ☐ Yes ☐ No

If "Yes":

Do you need someone to go to the drug store? ☐ Yes ☐ No

Is the cost too high? ☐ Yes ☐ No

Do you sometimes forget to have them refilled? ☐ Yes ☐ No

14. About how much did you spend for medical care during the past year? \$

LIVING ARRANGEMENTS

5

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1. Do you live
 (a) alone? _____
 (b) with others? _____ How many? _____
 _____ with husband or wife _____ with son or daughter
 _____ with friend(s) _____ in extended care or nursing home
 Other _____

2. Do you live in
 _____ your own home? _____ the home of someone else?

3. Is the place you live one which you:	House	Apartment or Duplex	Trailer	Room
Own?				
Rent?				
Have free use of?				

4. If you rent, do you live in a low-rent housing project?
 Yes _____ No _____

5. What is the condition of the place where you live?
 Excellent _____ Very good _____ Good _____ Poor _____ Very poor _____

6. Do you have problems with maintenance and repairs? Yes _____ No _____

7. If you own your home, approximately how much is your property tax? \$ _____

Do you feel property taxes are:

- Much more than you can afford? _____
 Somewhat of a burden? _____
 Not too high; about right? _____
 Quite low? _____

8. Are you satisfied with your present home? Yes _____
 Yes but not suitable for the future _____ NO _____

Check the following list if not satisfied or not suitable for the future:

- _____ Too far from stores _____ Too far from doctor
 _____ Too far from church _____ Too far from friends or
 _____ Undesirable neighborhood _____ relatives
 _____ Poor condition of home _____ Cannot afford better
 _____ Better housing not available
 _____ Unable to keep up with expense of maintaining a home
 _____ Would rather live with other people
 _____ Would rather live alone and able to
 _____ Would rather live alone but unable to
 _____ Other _____

9. About how much do you spend each month for
 water? \$ _____ Heating? \$ _____
 electricity? \$ _____ telephone? \$ _____
 rent or house payment? \$ _____

EATING HABITS

1. Most of the time do you eat
 (a) with others? _____ Whom? _____
 (b) alone? _____
2. How many meals do you usually eat a day? _____
3. Which is your largest meal of the day?
 Breakfast _____ Lunch (dinner) _____ Supper _____
 Place an "H" beside the ones which are usually hot meals.
4. Are you on a special diet? Yes _____ No _____

5. How often do you eat or drink

	3 or 4 times (or servings) a day	at least once a day	3 or 4 times a week	once a week	never	if never, why?
(a) milk, cheese, cottage cheese, ice cream, ice milk						
(b) vegetables and fruits raw ----- cooked						
(c) meat, poultry, eggs, fish, dry beans or peas, peanut butter						
(d) whole grain or enriched bread, cereal, crackers, cornmeal, flour, grits, macaroni, spaghetti, noodles, rice						

6. How often do you take vitamins? Everyday _____ Occasionally _____
 Never _____
7. How many times a week do you miss (or skip) a meal? _____
8. Do you believe you do or do not get all you need to eat?
 Do _____ Do not _____
9. Approximately how much a week do you spend on food? \$ _____
10. How often do you drink coffee or tea?
 Never _____ Occasionally _____ Daily _____ More than once a day _____
11. How often do you drink alcoholic beverages?
 Never _____ Occasionally _____ Daily _____ More than once a day _____
 If you drink alcoholic beverages, what do you usually
 drink? _____
12. Do you receive surplus commodities? Yes _____ No _____
13. Do you purchase Food Stamps? Yes _____ No _____

TRANSPORTATION

1. Do you own a car? ☐ Yes ☐ No
Have a driver's license? ☐ Yes ☐ No
2. When you have to go someplace, do you usually drive your car?
☐ Yes ☐ No
3. If you do not drive or do not have a car, does someone else usually take you where you need to go? ☐ Yes ☐ No
If "Yes" check below: If "No" check below:

<input type="checkbox"/> Neighbor	<input type="checkbox"/> Usually walk
<input type="checkbox"/> Friend	<input type="checkbox"/> Hire someone to provide
<input type="checkbox"/> Relative	<input type="checkbox"/> transportation
<input type="checkbox"/> Public transportation	<input type="checkbox"/> Other _____
4. Do you take long trips by

<input type="checkbox"/> Car?	<input type="checkbox"/> Not available	<input type="checkbox"/> Would if available
<input type="checkbox"/> Plane?	<input type="checkbox"/> Not available	<input type="checkbox"/> Would if available
<input type="checkbox"/> Bus?	<input type="checkbox"/> Not available	<input type="checkbox"/> Would if available
<input type="checkbox"/> Train?	<input type="checkbox"/> Not available	<input type="checkbox"/> Would if available

ACTIVITIES

1. Do you visit friends and relatives?
☐ Every day ☐ Once or twice a week ☐ Once or twice a month
☐ Seldom ☐ Never ☐ Would you like to visit them more? ☐ Yes ☐ No
2. Do relatives or friends visit you?
☐ Every day ☐ Once or twice a week ☐ Once or twice a month
☐ Seldom ☐ Never ☐ Would you like to have them visit more often? ☐ Yes ☐ No
3. Do you attend church, lodge, clubs, or other social meetings?
☐ Never ☐ Seldom ☐ Occasionally ☐ Often
If not, would you like to attend these functions? ☐ Yes ☐ No
4. If you do not attend church, is it because
☐ Preferred church is not available?
☐ You do not belong to a church?
☐ Dissatisfied with present church?
☐ Do not believe in going to church?
5. Do you do volunteer work in your community? ☐ Yes ☐ No
6. Do you take part in any political or business interest groups?
☐ Yes ☐ No
7. Do you travel or take short pleasure trips.
☐ Never ☐ Seldom ☐ Occasionally ☐ Often
8. Do you have a telephone? ☐ Yes ☐ No
If so, how many calls do you make a day? _____
How many do you receive a day? _____
If not, is there a telephone you can use in an emergency?
☐ Yes ☐ No

ACTIVITIES CHECK LIST

Which of these things have you done in the past and which do you do now? What ones that you do not do now are things which you could do and would like to do?

Activity	Used to do	Do now	Would like to do
Gardening			
Fishing			
Hunting			
Carving			
Playing cards			
Playing chess			
Playing other table games			
Sewing			
Golfing			
Knitting			
Embroidering			
Woodworking			
Collecting stamps			
Painting			
Boating			
Playing musical instrument			
Watching T.V.			
Going to movies			
Playing bingo			
Making ceramics			
Reading			
Listening to radio			
Singing			
Baking			
Carving or woodturning			
Making jewelry			
Collecting coins			
Other			

GENERAL QUESTIONS

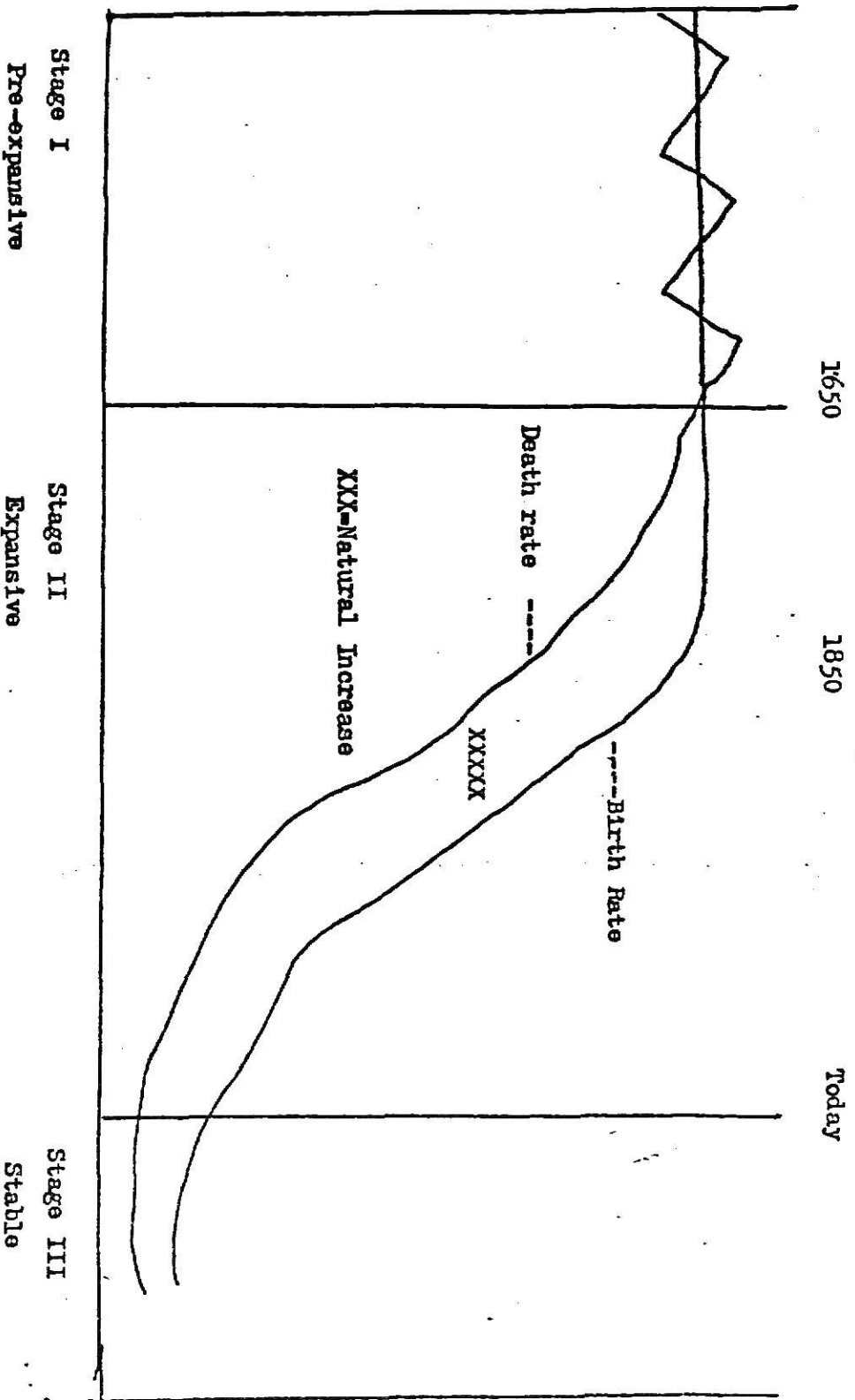
9

73

1. Would you live in a low-rent housing project if one were available in your community? ☐ Yes ☐ No
2. If it were available, would you order one warm meal a day brought to you, as in the Meals on Wheels program, if it cost ☐ \$1.00? ☐ 50¢? ☐ 25¢?
3. Would you be interested in getting one low-cost warm meal a day at a dining place near your home? ☐ Yes ☐ No
Unable to go out ☐ Live too far from possible centers ☐
4. Would you join a club organized for people your age in your community? ☐ Yes ☐ No
5. If transportation were available, would you go to an activities center where you could visit with others, play cards or games, have activities, and attend programs of education and entertainment? ☐ Yes ☐ No
Would need transportation ☐ Transportation not needed ☐
6. Would you be interested in doing volunteer work (like Foster Grandparents program, Gray Ladies, teacher's aide, hospital auxillary, helping with child care center or nursery)?
☐ Yes ☐ No
7. Would you like to have some way of earning money? ☐ Yes ☐ No
If "yes": ☐ Full-time ☐ Part-time If "No": ☐ Unable to work ☐ Not necessary
8. Are you interested in hiring someone to help you?
☐ Yes ☐ Full-time ☐ Part-time
☐ No ☐ No need for help ☐ Cannot afford it
9. If it is not available to you now, would you like to have transportation provided so you could:
Go shopping? ☐ Yes ☐ No Go to doctor? ☐ Yes ☐ No
Go to church? ☐ Yes ☐ No Get a job? ☐ Yes ☐ No
Take care of business? ☐ Yes ☐ No
Visit friends or relatives? ☐ Yes ☐ No
Other
10. Would you like to have someone available who could help with filling out insurance claims and other forms? ☐ Yes ☐ No
To help with other business matters? ☐ Yes ☐ No
11. What are your chief problems or worries?
12. Is there some special thing you would like to do, something you can do but don't get to?
13. What do you enjoy most?
14. Is there something in particular you are now looking forward to or making plans for?

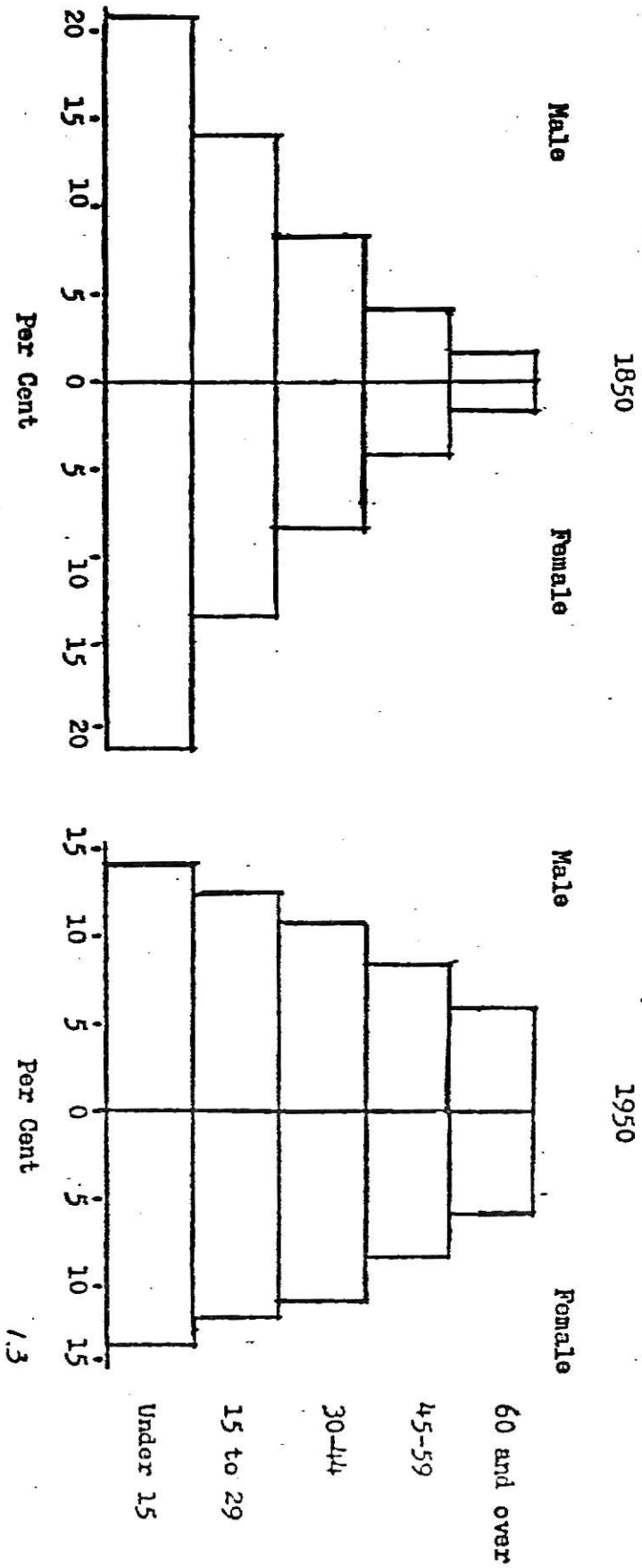
"The Aged Population Explosion"

DEMOGRAPHIC REVOLUTION (OR DEMOGRAPHIC TRANSITION)



¹⁷ 1970 Census of Population, General Population Characteristics, Kansas, September 1971.
U.S. Department of Commerce, Bureau of Census.

THE AGED POPULATION EXPLOSION
U.S. Population, 1850-1950



181B1D.

REASONS FOR RETIREMENT^a

Reason	Percentage of men receiving OASDI ^b benefits in 1963 who retired at	
	Age 62 to 64	Age 65 or over
Own Reason	59	62
Poor Health	42	35
Preferred Leisure	11	19
Other Reasons	5	8
Employer's Decision	41	38
Compulsory Retirement	3	20
Poor Health	11	5
Laid Off or Job Discontinued	18	8
Other Reasons	8	4
All Reasons	100	100

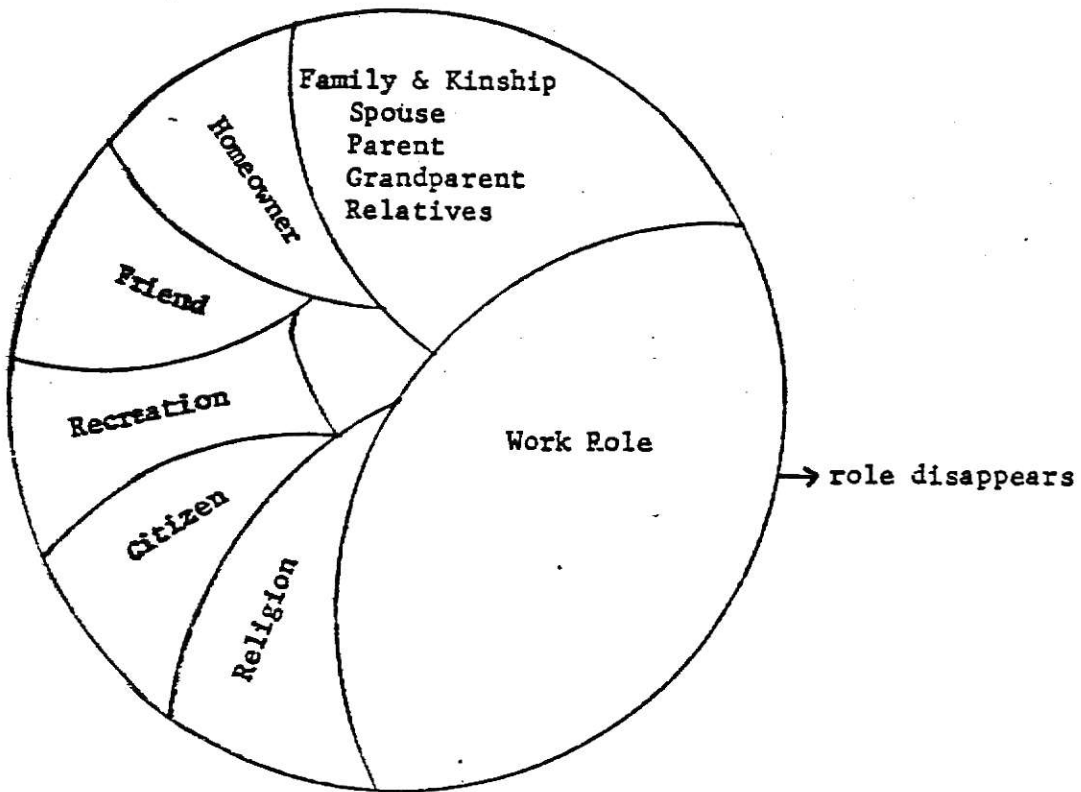
a. From Lee Taylor. Occupational Sociology. (Oxford University Press, 1968), p. 372.

b. Includes wage and salary workers who retired between 1957 and 1962. Retirement means not working at a full-time job (35 or more hours per week for 6 or more consecutive months).

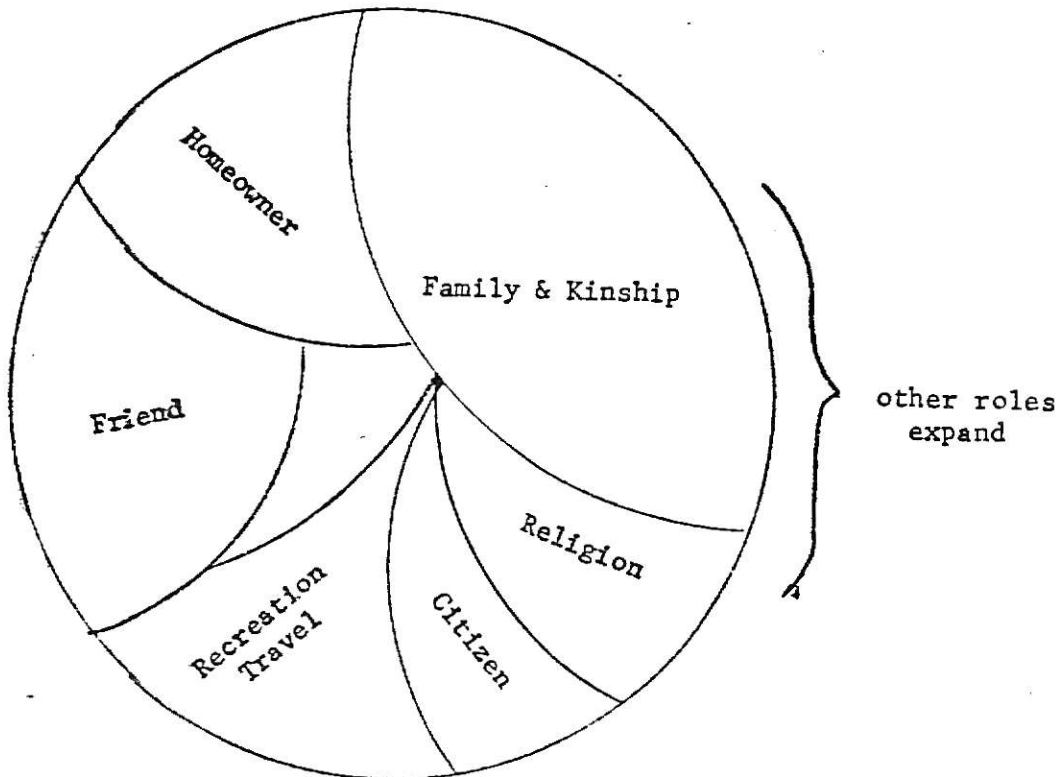
Note: Sums of items may not equal totals because of roundings.

Original Source: Lenore A. Epstein and Janet H. Murray. The Aged Population of the United States: the 1963 Social Security Survey of the Aged. U. S. Department of Health, Education, and Welfare, Social Security Administration, Office of Research and Statistics, Research Report No. 19 (1967). (See also The Older American Worker (Washington, D.C.: U.S. Department of Labor, Research Materials, 1965), p. 74.)

Pre-retirement Role Set



Retirement Role Set

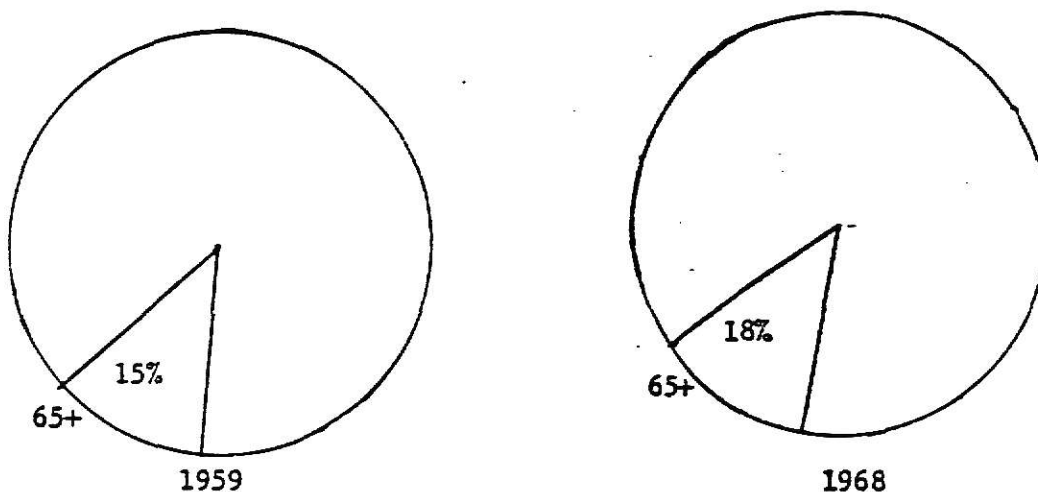


¹⁹Clute, Op. Cit.

INCOME

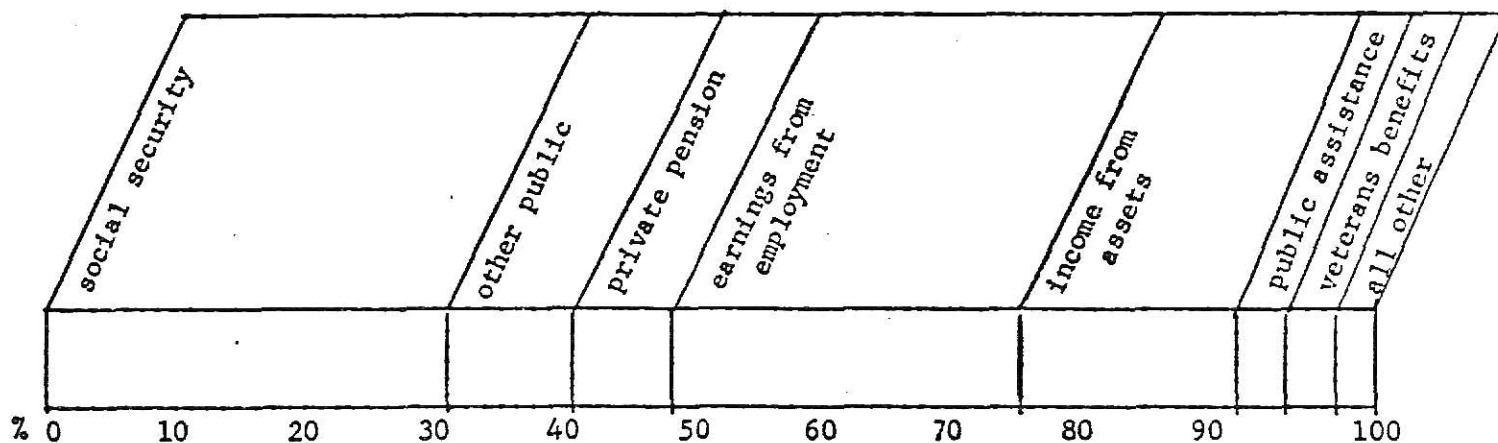
Not only are most older people not sharing in the increasing per capita income of the nation, they are suffering from an erosion in their purchasing power of their dollars saved during productive years.

Poverty for entire population is decreasing while poverty for over 65 increasing.



A larger percentage of those over 65 are falling below the poverty line.

Where Do the Elderly Get Their Money?



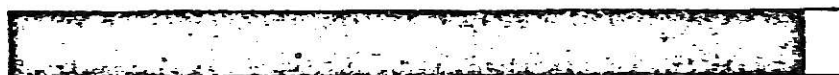
Kansas average social security \$97.76
 Kansas average old age assistance \$78.65

²⁰ Aging in Kansas, White House Conference on Aging 1970-72. (Division of Services for the Aging, Kansas). p.41.

HOUSING

The majority of older Kansans are living outside any kind of institution.

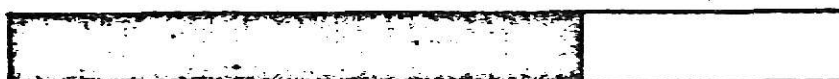
Older Kansans Living Arrangements



Live either in own home or home of relative

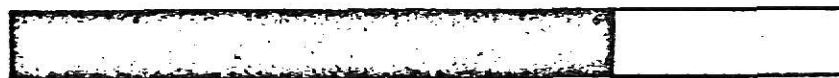
7% live in institutions

and many own their own homes



66% live in their own home

and studies show that the elderly have a tendency to stay put



70% stay in original community

and their income is greatly reduced

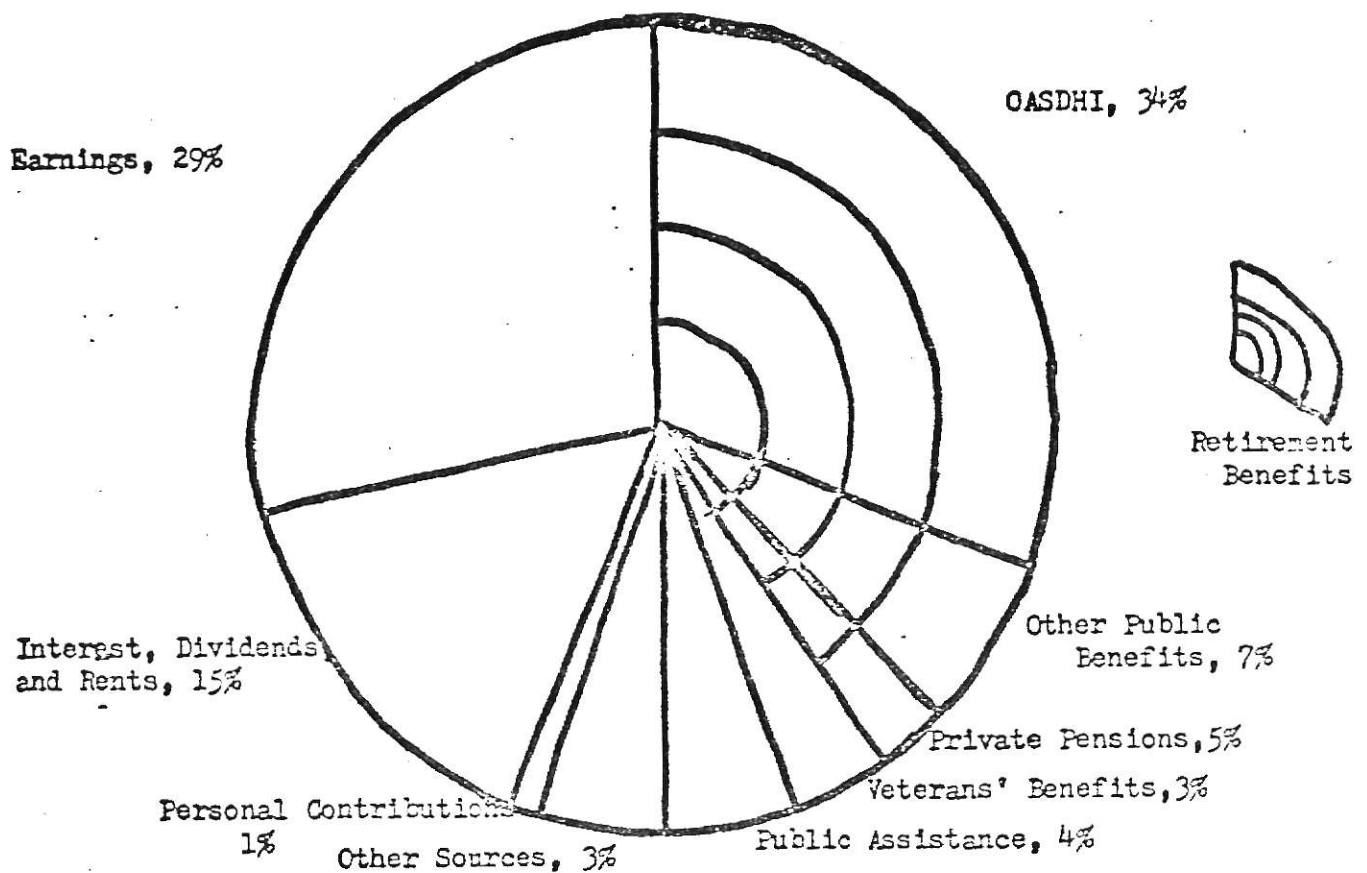


46% below poverty line

This indicates that low cost housing should be widely distributed throughout Kansas and special measures should be undertaken to aid elderly homeowners prolong their span of self-sufficiency. Safe and suitable housing is a major consideration for all ages, but there is a particular significance for the elderly. It can be the difference between living independently or in an institution; between solitude and socialization; between safety and danger; or in extreme cases, between life and death.

²¹IBID. p. 53. (see above).

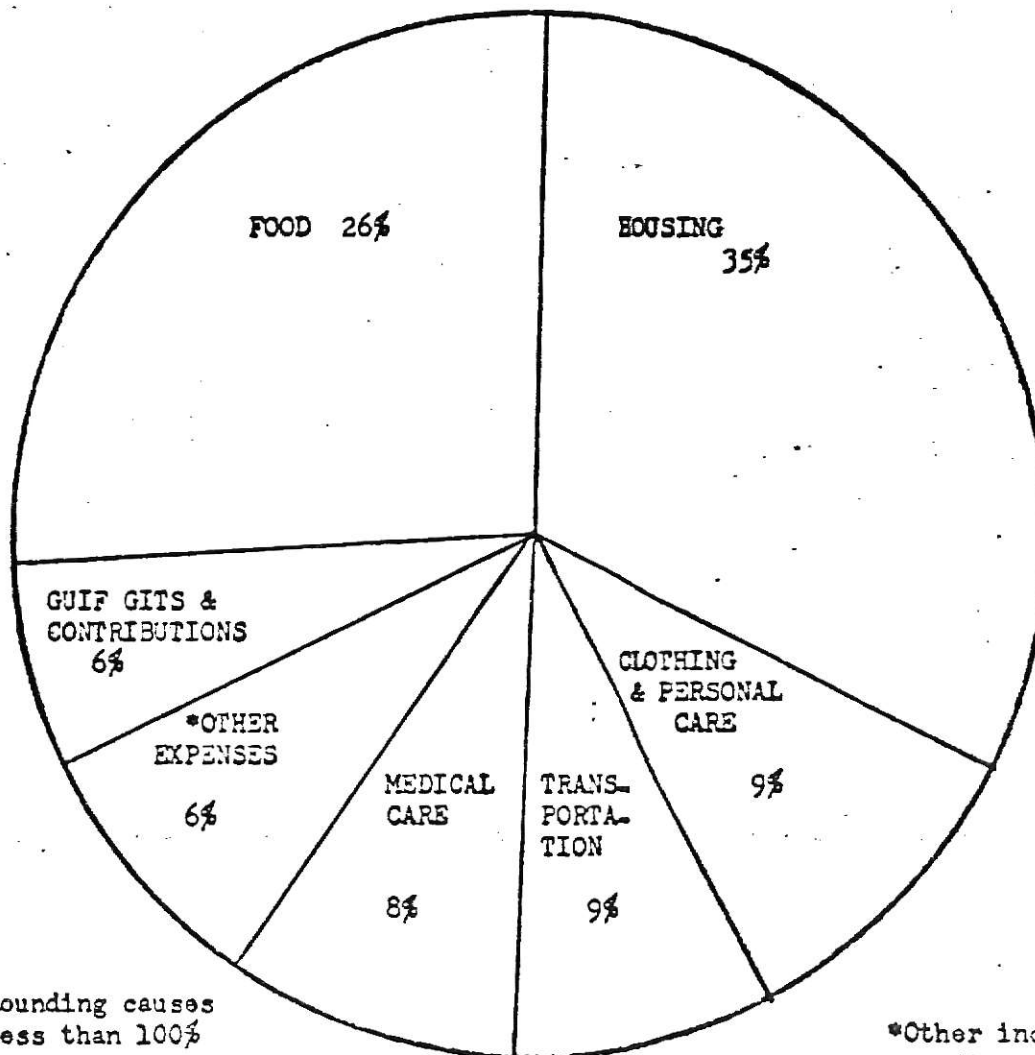
Shares of Aggregate Money Income of
Persons Sixty-five and Over (Including
Spouses), by source, United States,
1967.



²²Robert C. Atchley, The Social Forces in Later Life: An Introduction to Social Gerontology (Wadsworth, 1972), p. 141.

ANNUAL EXPENSES, "AVERAGE RETIRED COUPLE"

Here's how the "average" retired couple spends their dollars, according to the Bureau of Labor Statistics:



Rounding causes less than 100%

*Other includes recreation, reading material, etc.

On a "moderate" budget in a city, an "average" retired couple allocates their money this way, according to the Bureau of Labor Statistics. Renters usually need 20% more than mortgage-free homeowners.

FOOTNOTES

¹Simone de Beauvoir. The Coming of Age. (G.P. Putnam's Sons, 1973). p. 77.

²IBID. p. 79-81.

³Ernest W. Burgess (ed.) Aging in Western Societies. (University of Chicago, 1960).

⁴Elaine Cumming and William E. Henry. Growing Old: The Process of Disengagement. (Basic Books, 1961).

⁵Professor PER-OLOF ASTRAND, M.D. Health and Fitness (Stockholm by Universaltryek, 1972) p. 13.

⁶Wm. Clute, Lecture on Applied Social Gerontology, April 3-6, 1973 Kansas City Quality Inn. Professor University of Nebraska at Omaha. Workshop on Social Gerontology.

⁷IBID.

⁸IBID.

⁹IBID.

¹⁰IBID.

¹¹Toward A National Policy on Aging. Proceedings of the 1971 White House Conference on Aging, Nov. 28-Dec. 2, 1971. Washington D.D. Vol. II. p. 37-39.

¹²IBID. p. 43-47.

¹³IBID. p. 29-35.

¹⁴Clute, Op. Cit.

¹⁵Op. Cit.

¹⁶Patrice Horn and editors of Behavior Today, "Life, Death and I.Q." Psychology Today, May 1973. p. 101.

¹⁷1970 Census of Population, General Population Characteristics, Kansas, September 1971. U.S. Department of Commerce, Bureau of Census.

¹⁸IBID.

¹⁹Clute, Op. Cit.

²⁰Aging in Kansas, White House Conference on Aging 1970-72. (Division of Services for the Aging, Kansas). p. 41.

²¹IBID. p. 53.

²²Robert C. Atchley, The Social Forces in Later Life: An Introduction to Social Gerontology (Wadsworth, 1972), p. 141.

²³AIM Guidebooks, 1972 edition, ACTION FOR INDEPENDENT MATURITY, 1225 Connecticut Avenue, N.W. Washington, D. C. 20036.

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- Aging in Kansas, prepared for the White House Conference on Aging 1970-72. (Division of Services for the Aging, Kansas).
- Toward A National Policy on Aging, 1971. Whitehouse Conference on Aging Report. Volumes I, II.
- The Aged Population of the United States: The 1963 Social Security Survey of the Aged. U.S. Department of H.E.W., Social Security Administration, Office of Research and Statistics, Research Report No. 19 (1967).

A PRE-PROGRAM PLANNING PROJECT FOR
DETERMINING THE NEEDS OF ELDERLY CITIZENS
IN TWENTY-EIGHT SOUTHWESTERN KANSAS COUNTIES

by

LINDA L. ECKELMAN

B.S., Kansas State University, 1970

AN ABSTRACT OF A MASTER'S REPORT

submitted in partial fulfillment of the

requirements for the degree

MASTER OF SCIENCE

College of Education

KANSAS STATE UNIVERSITY
Manhattan, Kansas

1973

The purpose of the study was to undertake planning within the twenty-eight county area in Southwest Kansas to determine the needs of the elderly citizens, and to develop a plan for satisfying those needs on a priority basis.

Five counties were chosen to serve as models for the area and a random sample survey of persons over age 65 was taken to ascertain what were the problems of the rural elderly.

Utilizing this survey data, available population census statistics, and known geographic data, an evaluation was made and a priority ranking of counties with the greatest need developed. The formula for the priority ranking is as follows:

$$\frac{\text{No. of 65+ population} \times \text{no. 65+ low income} \times 100}{\text{No. of total 60+ population in the 28-county area}}$$

In addition, a list of social services which have volunteered to assist in program planning, was compiled.

From the above data, a plan was developed to utilize the survey statistics and available services in developing a Title VII Nutrition Project for the four-county number one priority area.

The data now available is being used to implement specific programs into the curriculum of the various community colleges for the growth and enrichment of the elderly citizens. Specifically a Homemaker Health Aide Course has been introduced into the curriculum of Barton County Community College and Garden City Community College. This course was developed by Sister Malachy Stockemer of Catholic Social Services in Great Bend, based on the need of the elderly for low cost homemaking services.

Other community colleges are now experimenting in offering free library services, free recreational services (golf, billiards), reduced or nominal tuition fees, nutrition consultants, nutrition education, real estate, tax and retirement seminars, as part of their curriculum planning

for meeting the needs of the elderly in their ever expanding continuing education programs of the community colleges.