

DETERMINATION OF NEED FOR A HOMEMAKER SERVICE IN
RILEY COUNTY, KANSAS

by

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TABLE OF CONTENTS

INTRODUCTION 1

PROCEDURE 2

 Leadership Survey 3

 Selection of Organizations 3

 Conduct of the Survey 3

 Factors Affecting Second Phase 7

 Consumer Survey 7

 Selection of Population 7

 Development of Questionnaire 8

 Method of Distribution 9

 Publicity 11

 Collection and Treatment of Data 11

 Follow-up Survey 12

RESULTS 12

 Leadership Survey 13

 Concepts Selected 14

 Comments 14

 Problems Indicated 17

 Extent of Need 19

 Consumer Survey 20

 Initial Mailing 20

 Respondents 21

 Response by Age, Sex, Marital Status,
 Admittance and Occupation 24

Estimated Length of Service	29
Reasons of Nonusers of Service	29
Follow-up Survey	32
Respondents	33
Response by Age, Sex, Marital Status, Admittance and Occupation	33
Reasons of Nonusers of Service	36
Projected Survey Response	37
Estimate of Need	37
CONCLUSIONS	40
Observations	41
Recommendations	42
ACKNOWLEDGMENTS	43
LITERATURE CITED	44
APPENDICES	45
Appendix A - Letter Requesting Information	46
Appendix B - List of persons contacted for information	47
Appendix C - Representatives and Organizations Included in Leadership Survey	50
Appendix D - Statement of Concepts	52
Appendix E - Leadership Survey Introductory Letter	56
Appendix F - Leadership Survey Follow-up Letter	57
Appendix G - Letter to Selected Persons Reviewing Sample Questionnaire Booklet	58
Appendix H - Questionnaire Booklet	59

Appendix I - Newspaper Publicity	60
Appendix J - Radio Publicity	61
Appendix K - Worksheets	62
Appendix L - Letter to Nonrespondents in Follow-up Survey	65
Appendix M - Letters Received	66

INTRODUCTION

The Riley County Council of Social Agencies has had a standing Homemaker Service Committee since 1959. This committee has acquainted itself and the Council with the Homemaker Service program as conducted in other parts of the country. Various attempts were made by the committee to establish a service. Failure to effectuate a service resulted from lack of funds, support of a sponsoring agency able to give effective support, and other factors. A representative of the State Social Welfare Department, Division of Services for the Aging, met with the Homemaker Service Committee in March of 1963. She pointed out that if a need for the service was established, matching funds could be obtained through the state and federal welfare programs to aid in establishing a service. This research is the result of the Homemaker Service Committee's request for determination of the need for the service in Riley County.

Persons or organizations known to have some connection with a Homemaker Service Program were contacted by letter to obtain information about studies designed for determining the need for a Homemaker Service. A copy of the letter is in Appendix A and a list of persons contacted is in Appendix B. The information received revealed only studies that projected the need for Homemaker Services for the total community based on interviews with persons affiliated with agencies providing service for a portion of the community. Also revealed was the tendency for homemaker services to begin on a limited basis and gradually broaden to provide

services for additional groups. There was no report of surveys made from the point of view of the user, conducted prior to or following the establishment of a service.

Since Riley County had no established service in operation from which to project the total need, and in the absence of precedence for undertaking a survey of need, it was decided to develop a survey method. Hopefully, the survey method developed would be useful to other communities for estimating their need for a homemaker service.

The specific objectives of this study were:

1. To develop a method of determining the need for a Homemaker Service in communities the size of Manhattan.
2. To determine the type(s) of Homemaker Service needed by families and individuals in the county.
3. To determine the extent of need for this service.

PROCEDURE

To meet the objectives of the study, cooperation and support of organized groups within the county were enlisted. These groups provided assistance through cooperation of representative members and/or contribution of funds. They are listed in Appendix C. Periodic reports of progress were made to the Council of Social Agencies and the Social Welfare Department, State Division of Services for the Aging.

Two approaches for determining need were made. The first, referred to as the Leadership Survey, was directed to the established leaders of the community. The second, referred to as the Consumer Survey, focused on potential users of the Homemaker Service by virtue of their having been

hospitalized. The specific procedures used in each of the two surveys is detailed and discussed as each survey is considered.

Leadership Survey

The leadership survey was exploratory. It was undertaken to uncover first, the kinds of problems persons had who approached various organizations for assistance, second, the concepts the leaders had of a homemaker service, and third, their estimate as to the need for and feasibility of a homemaker service.

Selection of Organizations

The survey included representatives of agencies which dealt directly with families and individuals who might use or need a homemaker service. Also included were a practicing physician, a former social worker, and one full-time housewife to represent other groups who might see the need for such a service. The twenty organization leaders and representatives of other groups selected are listed in Appendix C.

Conduct of the Survey

The survey was conducted in several stages beginning with the development of homemaker service and concept definitions, interviewing leaders, a mailed survey with a follow-up sample, and the collection and treatment of data.

The author, when chairman of the council's homemaker service committee, had observed that people tended to identify homemaker service with domestic help or with various groups of people needing a certain

type of service, such as home nursing care. It was thought that the classification of concepts would facilitate discussion and increase the leader's understanding of the types and scope of a homemaker service program. A four page statement entitled Concepts was developed. It defines and describes a homemaker service and the three major concepts: Home Management Aide Program, Homemaker and Personal Care Services, and Homemaker Service for Children. A copy of the statement appears in Appendix D.

Briefly the definitions of a homemaker service and the major concepts are as follows:

A Homemaker Service is defined as a "community service sponsored by a public or voluntary health or welfare agency that employs personnel to furnish home help services to families, with children; to convalescent, aged, acutely or chronically ill, and disabled persons; or to all of these," (Public Health Service Publication, 1964).

The Home Management Aide Program is designed to provide training in homemaking for low-income families. Agency personnel are trained in the areas of "food preparation and nutrition, the use of donable foods, sanitation and housekeeping, clothing selection and care, physical care of children, shopping and money management" which they in turn teach to the mothers in their own homes (Department of Public Welfare, 1963).

The Homemaker and Personal Care Services program provides assistance in the home to ill or disabled persons "given by a 'homemaker' under the direction and supervision of medical professional personnel," (American Medical Association, 1960).

The Homemaker Service for Children concept involves the services of a trained 'homemaker' employed by an agency who works closely with an agency caseworker to provide protection, love, care and guidance to children who lack or are deprived of parental care because of family circumstances, or problems of the parents. Help is given to "families and individuals who need assistance in solving a wide range of problems associated with impaired functioning of the person who ordinarily takes care of members of the family," (Child Welfare League of America, Inc., 1959).

The term 'homemaker' is used in this thesis as it is defined by the National Council for Homemaker Services (Doscher, 1964). She is a "mature, specially trained woman with skills in homemaking who is employed by a public or voluntary health or welfare agency to help maintain and preserve family life that is threatened with disruption by illness, death, ignorance, social maladjustment or other problems." Certain personal characteristics are considered essential.

The concept statements were presented at a meeting of the Council of Social Agencies to inform them of the various concepts of Homemaker Services currently recognized throughout the United States, to advise them of the planned survey, and to solicit their cooperation and suggestions.

Each organization included in the survey was sent a letter in advance of the interview. The letter stated the purpose of the survey, focused attention on the concept statement, requested that specified questions be the topic for discussion during the interview, and requested cooperation. A copy of this letter appears in Appendix E. Each respondent was contacted by telephone to set the time for the interview.

The interview was conducted in the office or home of each person. The average interview was completed in approximately one hour; however, several persons were willing to spend one hour and 30 minutes discussing the various aspects of such a service. After each interview, a summary was written and a copy mailed to each person with a note asking that it be read, corrected and returned. A copy of the follow-up letter is in Appendix F.

The three questions given in the letter of introduction were as follows:

1. How would you visualize a Homemaker Service for the Manhattan area?
2. What kinds of problems were exhibited by families requesting assistance from your agency which related to a Homemaker Service?
3. How many times during the year could you have referred families to a Homemaker Service if one had been available?

Answers to question one were to be phrased in terms of those concept(s) appropriate to the needs of families assisted by the organization. Question two was to be answered by citation of case histories of those families and individuals indicating a need for homemaker service. It was thought that these would indicate the types of situations which might precipitate the need for a homemaker service. Question three was asked to obtain some indication of the extent and areas of need in quantitative terms.

Factors Affecting Second Phase

The predominate reason for need of a homemaker service cited by all but five of the interviewees was hospitalization of the mother. For those other than mothers, hospitalization also commonly was cited. It was therefore decided to use hospitalization as a major variable in determining need for homemaker service. The hospital records served as the principal source of information about persons included in the consumer survey.

Consumer Survey

The consumer survey was designed to determine the need for a homemaker service as indicated by responses of individuals and families who had been hospitalized the previous year in Riley County. Also to be determined was the respondent's opinion concerning the initiation of such a service. The consumer survey was conducted in two stages: a mailed survey and a follow-up survey of a sample of nonrespondents to the original mailing.

Selection of Population

The records at Saint Mary and Memorial Hospitals located in Riley County were used as the principal sources of information. Patients at Irwin Army Hospital located on the Fort Riley Reservation were not included because army personnel present an uncertain cross section of Riley County residents. Their needs are specialized and are not the primary obligation of the county.

The administrators of both hospitals were very cooperative in making available admittance records. Information obtained was name, address, age, sex, occupation, admittance, and marital status. The total number of admissions in both hospitals in 1964 was 4,582. Persons included in this survey were Riley County residents who were: married, widowed, divorced, separated or independent single persons above the age of 17 living at home or independently. Persons excluded because they were not likely to use a homemaker service if it were available were: unmarried students, the aged living in rest homes, Roman Catholic Sisters, non-county residents, single women admitted for obstetric care, young children, and infants.

The total number surveyed was 2,140 persons. A master code book contained the identity number for each interviewee as well as coded information as to sex, marital status, age, occupation and reason for admittance.

Development of Questionnaire

It was necessary to develop a questionnaire which could be mailed, would present the homemaker service in a meaningful way, would be attractive enough to be read, and would encourage replies. A cartoon-type of booklet seemed a feasible type of questionnaire that would meet the above criteria. With the use of clip art supplied by the agricultural extension service, a booklet was developed. It (1) indicated several possible reasons for persons to have been included in the study, (2) described what a homemaker service could have provided for them, (3) stated that no such service was currently available in Riley County and

(4) asked their cooperation in returning the self-addressed and post paid postal card questionnaire accompanying the booklet. The sponsors of the study were listed and an impersonal post office box number was used as the return address.

A copy of this booklet was prepared for review and criticism by selected persons. A copy of the letter may be found in Appendix G and a copy of the questionnaire booklet in Appendix H. The final booklet was improved in several details as a result of this review and included better references to the elderly. The booklet was printed by the Division of Services for the Aging of the State Department of Social Welfare. The cover and the questionnaire card were supplied by the Family Economics Department of Kansas State University. Because the printing was done in two locations, the cover and card were not attached to the booklet as originally planned. As a result the booklet can be readily adapted for use by any county or unit merely by changing the card and cover to meet local conditions.

Method of Distribution

The postal cards were identified with the individual's hospital entry number as obtained from the hospital records and posted in the master code book. Also, information about the person's age, sex, marital status, occupation or reason for hospital admittance was placed in code on each card. The coded information was tabulated by hand sorting for the entire population.

Mailing address labels were typed from the hospital records. The labels were sorted alphabetically in order to remove any duplications,

since some persons had used both hospitals or had been in a hospital more than once during the year. The individual's code number was also typed on the label, then cut off as the booklets were prepared for mailing. The number on the label permitted a final check that the coded card was being sent to the proper person.

The booklet questionnaire was assembled with the eight page cartoon booklet followed by the card questionnaire inserted in the folded cover. The right edge was stapled to secure the booklet and card to the cover. The return address had been stamped in the upper left corner prior to assembling. When the address label was affixed the code on the card was again reviewed to insure agreement between coded card and addressee. The covers were stamped and a final check was made to sort out any duplications. Before posting they were sorted by location to determine how many persons were included from each town or city in Riley County. Volunteer help was used in preparing the questionnaire for mailing.

First class mail was used, making it possible to determine the number of undeliverable books, and to re-address any which were found to carry an incorrect address. A bulk mailing permit was considered but this was discarded as more expensive and not informative as to undeliverable mailings. A business reply card was used for the return mailing. A permit for business reply mail was obtained at the post office, and a copy of the booklet questionnaire placed on file before mailing. Postage paid on returned cards only, was two cents higher than the normal card postage rate.

As the cards were returned by the post office they were sorted into three groups: undeliverable, in need of correct address, and

addressees unknown at address used. Hospital records were again checked for errors in addressing. If a correct address was available it was applied to a new cover and the booklet was remailed.

Publicity

The newspaper and area radio station carried publicity items prepared for release at the time the booklet questionnaires were mailed. The publicity included an announcement of the study, information about a homemaker service program and encouraged cooperation with the study. Another newspaper article and the radio announcement were used four days later. Two weeks after the booklets were mailed the radio station used a reminder notice to encourage people to return the postal card. Copies of the newspaper articles and radio script are to be found in Appendix I and J.

Collection and Treatment of Data

The postal cards were collected from the post office over an eight week period. Almost all were returned within three weeks after mailing.

The cards were checked off the master list of identifying numbers as they were returned. Numbers not checked were later used to draw the follow-up sample.

The cards were sorted and counted by hand according to the social characteristics on the cards and by the answers given. Worksheets shown in Appendix K were designed to facilitate recording information.

Follow-up Survey

A random sample of 100 names was selected from among the 1,549 persons who did not respond to the first mailing. The purpose was to determine what the response might have been from those who had not replied to the initial mailing. A random sample was chosen using every fifteenth identity number placed in numerical order from among the 1,549 nonrespondents.

A follow-up contact was made initially by telephone and if this failed a repeat mailing was made. The second mailing included a letter shown in Appendix L and a copy of the questionnaire booklet. This was sent to the 18 persons the investigator was unable to contact by phone. The cards were stamped with the person's identifying number and coded information as before. An additional identifying mark was made to distinguish the follow-up from the initial mailing cards.

Estimates of need were made by calculating the number of man years of service for the initial and follow-up surveys, and by projecting the follow-up estimate for the remaining members of the population group it represented. No allowance was made for irregularities in need, scheduling difficulties and other considerations.

RESULTS

Information is given for the two phases of the study: the Leadership Survey and the Consumer Survey.

Leadership Survey

All 23 persons selected and contacted for an interview cooperated with the study. Their opinions as to the desirability of a homemaker service for Riley County ranged from "very much in favor" to "doubt if it is needed." Those who had contact with families needing such help were most in favor. All indicated that such a community service would be desirable if a definite need were shown.

The leaders read the paper on concepts prior to the interview and referred to it during the interview. All of them were interested in how such services were organized in other cities. The majority thought that such a service would need to be provided by an agency established for that purpose or enlarged to include the service. They did not know who might provide such a service. Comments were made that there might be a stigma connected with the service if offered by social welfare or the guidance center. Their opinions as to the type of structure needed varied from "very well structured" to "some structure needed." Those in the social welfare field, who were better informed about the homemaker service program, thought that the service should be provided by an agency with professional staff including case workers and trained 'homemakers.' Each leader indicated a willingness to refer families to such a service if established.

The agency indicating the greatest need for a homemaker service was the employment agency. Requests for service which the agency had the most difficulty in finding suitable workers for, were those in the area of a homemaker service.

Concepts Selected

All of the leaders were asked how they would visualize a homemaker service for the Manhattan area, and their replies can be classified largely in terms of the concepts. The Homemaker Service for Children Concept was selected by nineteen of the interviewees with hospitalization of mother given as the primary reason. Eight mentioned the Personal Care Concept, five for elderly persons and three for others. Two mentioned the Home Management Aide Concept as desirable for families they dealt with. In addition, four mentioned the need for assistance with the elderly but their needs were limited and of a specified nature, such as occasional or regular meal preparation and domestic services. Most of the respondents mentioned only one concept, however, the Chief of Police in the Manhattan Police Department indicated need for all three concepts. The representatives of the Memorial Hospital, public health department and social welfare department thought all three concepts were appropriate but cited cases involving only two of the concepts.

Comments

Perhaps a better indication of their estimate of the need for a homemaker service can be ascertained from the comments made by some of the leaders.

Miss Ona Hubert, R.N., Memorial Hospital administrator, indicated that Homemaker Service could help in freeing much needed hospital beds for use by those with a greater need. She also indicated that auxiliary services such as a Visiting Nurses Association, a Meals on Wheels program, Day Care Centers or foster homes for children might fill the need in

place of or until a Homemaker Service was established. Mrs. B. D. Bateman of the Red Cross, in referring to foster homes, thought that foster homes, or a 'homemaker' who would take the children into her home, would be needed in cases where the family lived in substandard housing.

Miss Frances Sewell, Director of Riley County Social Welfare Department, commented that there is a shortage of children's boarding homes and foster homes in Manhattan. More of such homes could help fill the need for a place for children to stay a short time until more permanent arrangements could be made for their care. A Homemaker Service could also assist in this way.

Mr. J. E. Des Jardines, Manager, Kansas Employment Service, pointed out that elderly people who have the funds will go into a rest home, unless they are bed ridden in which case the rest homes will not take them. He pointed out that those who want to live in a rest home often cannot afford it. He also mentioned that the majority of calls indicating the need for a Homemaker Service are from white people. He felt that the minority groups are more inclined to take care of their own people. Mr. Des Jardines thought that there would be people to hire as 'homemakers' if the wages were adequate.

According to Mrs. Lawrence Jones, Executive Secretary of the Lutheran Welfare Service, the council's Homemaker Service Committee conducted a study among new mothers during 1962. As a result of the study there were 12 inquiries, 10 involving children and two involving elderly persons. In 1963 a leaflet was sent to local churches requesting

names of persons who might be employed as homemakers. Fifteen inquiries were made for the service, seven involving children and eight involving the elderly. The committee thought that the increased number of requests in 1963 from the elderly was due to the type of groups contacted.

Mrs. Phillip Kirmser, former social worker, was familiar with a St. Paul, Minnesota Homemaker Service in a family service agency through her former employment as a school social worker. She thought Manhattan was big enough to think in terms of a family service agency which could handle marital problems, legal aid service to clients, child care problems, homemaker service and other types of preventive aid. She commented that in order to serve the community best a homemaker service would need to be provided on a quickly available basis. She thought it would be a mistake to consider the care of the elderly on a long-term basis since this would tie up the 'homemaker' and defeat the intent of the temporary nature of a good homemaker service.

Mrs. G. L. Dohm, Secondary School Nurse, commented that the Home Management Aide Concept involved much the same principles as the Public Health Program of the Visiting Nurses program. She mentioned that potential drop-out students tend to stay home from school when the mother works and there is an ill child at home, or when the mother is ill and needs help at home. Use of a homemaker service in such cases might enable students to stay in school.

Dr. W. C. Schwartz, practicing physician, said that some elderly patients need not be hospitalized, but without help at home there is no alternative. He commented that some elderly patients would need the help of a visiting nurse. Trained Assistance under the direction of a

physician would be acceptable according to Dr. Hilbert Jubelt, County Health Officer. He felt the medical society would be receptive to the Personal Care concept of a Homemaker Service and would use it if it were of good quality and of help to patients.

Mrs. Lee Goetsch, elementary school nurse, handles cases during the school year which involve two parent homes in which the children are being neglected or receiving poor care. She said that she actually had more cases of carelessness and neglect of children than those involving other needs and problems. She had not had any problems with military families.

Problems Indicated

The need for homemaker service also was sought in terms of specific problems which families requesting assistance from the agency might have presented. The need most frequently cited by the 20 agencies revolved around family situations: illness of mother at home or away (19 cases), death or divorce (6 cases), desertion (3 cases), incapacity of elderly persons in the home (2 cases), confinement of mother by law enforcement agencies (3 cases), convalescence at home (2 cases), and neglect of children poorly cared for at home (2 cases). Mental illness was the most frequently cited (11) reason for homemaker service associated with illness of the mother.

Excerpts of examples of need for homemaker service are listed below. These are specific examples which had come to the attention of the persons interviewed and are examples they cited as reflecting the need for a homemaker service.

- Example 1. Head of household (man or woman) widowed or divorced and needed assistance with children when ill.
- Example 2. Mother cited for a second offence of driving while intoxicated. Friends took care of the nine year old boy while she was in jail and the father worked. At the same time mother was in jail, father was arrested for DWI. This was his first offence, so he was fined and released. The family could have afforded a Homemaker service had it been available.
- Example 3. Father was in military service and stationed in the east. He was called back to Manhattan when the mother became mentally ill and was confined in the county jail.
- Example 4. Physician recommended commitment of a mother to the state hospital for treatment. Woman did not go because no one available to care for children.
- Example 5. Mother with nine children had a tenth. After two or three days in the hospital she returned home to assume complete charge of the home and family.
- Example 6. Mother hospitalized for an operation. Father stayed home from work to care for children.
- Example 7. Woman involved in car accident and died. She was divorced and had several children above the age of twelve. Grandparents eventually gave children a home.
- Example 8. Neighbor appeared late one night at a woman's home with her three small children. Neighbor appeared to be having a nervous breakdown and created quite a scene, frightening the children. Woman called hospital, and then cared for children until their father was located. The mother was committed to the state hospital and the children were sent to a children's home. The woman did not know what the father did with the children until they were placed in the home.
- Example 9. Six year old boy lived in the country with his mother who worked. While mother was ill the boy took care of himself. Homemaker service would have had to be provided without charge.
- Example 10. Mother with three small children had multiple sclerosis and needed someone to live in during a three month period.

Example 11. Home Management Aide: An agency worked with a foster mother helping her to learn how to care for a handicapped child.

Example 12. Personal Care: An elderly woman with a broken hip needed someone to live in and give her assistance.

Extent of Need

An effort was made to obtain further information from the interviewees as to whether a homemaker service of some type were needed, the kinds of problems which they thought the homemaker service could meet, and to estimate the extent of service which they thought was needed. This was expressed both in terms of length of service needed by the specific cases and the number of cases they thought would arise in a years time. (The length of service mentioned most frequently was short term help; thirteen of the twenty-three interviewees mentioned this.) Three mentioned cases which would require long term assistance, two of which were the concept of Home Management Aide. Five mentioned daily service of 8-10 hours, two mentioned 24 hour service and four mentioned service of only a few hours, and three did not know the length of service required. The estimates were not sufficiently specific to permit statistical extrapolation.

The interviewees indicated the average number of families dealt with during the year who might have used a homemaker service had it been available. The estimates are shown in Table 1, and are classified by the homemaker service concepts.

TABLE 1

NUMBER OF CASES CITED AS POSSIBLE USERS OF HOMEMAKER SERVICE
IN LEADERSHIP SURVEY--RILEY COUNTY, 1964

Source of Information	Homemaker Service Concept			Assist Elderly
	Mgmt. Aide	Personal Care	Children	
Riley Co. Rehabilitation Com.			2	
Red Cross			9	
Guidance Center			1	
Memorial Hospital		1	36	6
Methodist Church			30	1
Employment Agency		2	60	4
Lutheran Welfare			2	
School Nurse I	12			
School Nurse II				
School Psychologist				
County Health Department		1	1	
Lutheran Church			1	
Alcoholics Anonymous			1	
Police Department	2	10	3	
Probate Court		1	2	
St. Marys Hospital			1	
Eagles Auxiliary		1	4	
County Welfare Department		6	5	
Physician		6		
Volunteer Service for Aged				2
Former Social Worker	—	—	2	—
Total Cases:	14	28	180	13

Consumer Survey

Data are presented for the two parts of the consumer survey: the initial mailing and the follow-up contact.

Initial Mailing

The total population included mailings to 2,140 persons: 1,908 persons living in Manhattan, 84 in Riley, 47 in Ogden, 14 in Randolph,

69 in Leonardville, 1 in Milford, 3 in Bala, 9 in Keats and 5 in Fort Riley, Kansas. Cards returned were from: Manhattan 427, Riley 14, Ogden 2, Randolph 5 and Leonardville 7, with 11 from other towns in Kansas and 9 from out of state.

Reply cards were returned by 23% of the population. Four percent of the questionnaires were not delivered because the individuals were deceased or had moved leaving no forwarding address. The number and percent of nonrespondents are shown in Table 2.

TABLE 2
RESPONSE FROM INITIAL MAILING

Result	Number	Percent
Initial mailing	<u>2,140</u>	<u>100</u>
Returned	498	23
Unclaimed	93	4
No response	1,549	73

Respondents. Those responding to the questionnaire (498) were classified by age, sex, marital status, occupation and reason for admittance to hospital as a means of comparison with the total mailing, and to determine whether certain characteristics were evident among those indicating use or nonuse of the service. The results are shown in Table 3. The characteristics of those answering and those who were unable to be contacted are very similar to the characteristics of the total population, thus indicating no selective differences in response rates.

TABLE 3

MAIL RESPONSE TO HOMEMAKER SURVEY - RILEY COUNTY, 1965, BY SEX,
MARITAL STATUS, AGE, ADMITTANCE AND OCCUPATION

	Sent out	Returned		Could Have Used			Should Have Service			
		Answered	Un-answered	Yes	No	No Opinion	Yes	No	Maybe	No Opinion
Number	2,140	498 (23%)	93 (4%)	237 (48%)	254 (51%)	7 (1%)	379 (76%)	14 (3%)	96 (19%)	9 (2%)
Sex:	100%	100%	100%	100%	100%	100%	100%	100%	100%	100%
Females	72	81	73	89	75	43	82	50	81	89
Males	28	19	27	11	25	57	18	50	19	1
Marital Status:	100%	100%	100%	100%	100%	100%	100%	100%	100%	100%
Married	79	83	65	82	84	58	83	93	82	89
Widowed	12	11	14	11	10	14	11	7	9	
Divorced	2	1	8	1	1	14	1		2	
Single	6	5	10	4	5	14	4		7	1
Separated	1		1	1			1			
Unknown			2	1						
Age:	100%	100%	100%	100%	100%	100%	100%	100%	100%	100%
Under 16			1							
16 - 24	24	19	43	21	17		18	14	19	33
25 - 34	17	19	15	27	12	14	20	14	13	34
35 - 44	13	15	7	13	17		15	21	15	11
45 - 64	23	27	10	21	32		26	22	33	
65+	23	20	24	18	21	86	21	29	19	22
Unknown					1				1	

TABLE 3 (continued)

	Sent out	Returned		Could Have Used			Should Have Service			
		Answered	Un-answered	Yes	No	No Opinion	Yes	No	Maybe	No Opinion
Number	2,140	498 (23%)	93 (4%)	237 (48%)	254 (51%)	7 (1%)	379 (76%)	14 (3%)	96 (19%)	9 (2%)
Admittance:	100%	100%	100%	100%	100%	100%	100%	100%	100%	100%
Medical	42	38	44	36	38	100	39	43	30	45
Surgery	28	34	16	28	41		31	36	46	33
Obstetric	26	27	36	36	21		29	14	24	22
Unknown	4	1	4				1	7		
Occupation:	100%	100%	100%	100%	100%	100%	100%	100%	100%	100%
White Collar	19	21	9	17	25	14	20	14	23	22
Blue Collar	6	3	8	1	4		4	7		
Service Worker	5	3	5	2	4		3	7	4	
Farm Worker	3	1		1	1		1	7	2	
Student	3	3	3	2	3		2	14	2	
Homemaker	47	55	48	66	47	29	56	37	55	67
Retired	13	11	15	8	12	43	11	14	10	11
Unemployed	1	1	5	1	1	14	1		3	
Not known	3	2	7	2	3		2		1	

Response by Age, Sex, Marital Status, Admittance and Occupation.

Nearly half (48%) of the respondents could have used a homemaker service during 1964 as shown in Table 3. A number of persons qualified a "no" response with statements such as "could have used it last year," "three years ago I could have," or "not this time, but I might in the future."

Slightly more than three-fourths indicated that Riley County should have such a service, about one-fifth indicated "maybe," and only 3% said "no it should not." Persons writing comments indicated various attitudes toward the service, ranging from "definitely needed" to "our taxes are too high already." The returns indicated that some families in the rural areas and small towns in Riley County could have used the service. One person in Randolph expressed the belief, however, that no one would go out there to provide assistance.

The responses given by males and females were tabulated in order to determine whether or not sex had any direct bearing on their indication of use of a homemaker service (Table 4) or attitude toward such a service (Table 5). Nearly one-half of the female respondents "could have used" the service in contrast to little more than one-fourth of the male respondents. Furthermore, since 89% of those who could have used the service were females, and since 72% of those hospitalized were females as shown in Table 3, the survey indicates the greatest demand for homemaker services is from women respondents. Although the sex of the respondents did affect the response, marital status, age, admittance and occupation did not affect the response. The percentage distribution of the replies for each of the characteristics was very similar to that for the totals for both males and females.

TABLE 4

"COULD HAVE USED" RESPONSE TO INITIAL AND FOLLOW-UP SURVEYS,
CLASSIFIED BY SEX, MARITAL STATUS, AGE, ADMITTANCE,
AND OCCUPATION - RILEY COUNTY, 1965

Response	Initial Survey								Follow-up Survey					
	Male				Female				Male			Female		
	All	Yes	No	No Opn	All	Yes	No	No Opn	All	Yes	No	All	Yes	No
Number	93	26	63	4	405	211	191	3	21	2	19	52	12	40
Percent	100	28	68	4	100	52	47	1	100	10	90	100	23	77
Marital Status:	<u>100</u>	<u>100</u>	<u>100</u>	<u>100</u>	<u>100</u>	<u>100</u>	<u>100</u>	<u>100</u>	<u>100</u>	<u>100</u>	<u>100</u>	<u>100</u>	<u>100</u>	<u>100</u>
Married	85	73	92	50	82	84	81	67	90	100	90	75	66	78
Widowed	3	4	3		12	11	12	33	5		5	21	17	22
Divorced	2	4		25	1	1	2					4	17	
Single	10	19	5	25	4	2	5		5		5			
Separated					1	1								
Unknown						1								
Age:	<u>100</u>	<u>100</u>	<u>100</u>	<u>100</u>	<u>100</u>	<u>100</u>	<u>100</u>	<u>100</u>	<u>100</u>	<u>100</u>	<u>100</u>	<u>100</u>	<u>100</u>	<u>100</u>
Under 16														
16 - 24	4	4	5		22	23	21		20		21	34	25	38
25 - 34	13	19	10	25	20	27	13		20	50	15	8	17	5
35 - 44	12	12	13		16	13	19		9		11	12	8	13
45 - 64	42	42	44		23	19	28		9		11	19	25	17
65+	29	23	28	75	18	18	18	100	42	50	42	27	25	27
Unknown					1		1							
Admittance:	<u>100</u>	<u>100</u>	<u>100</u>	<u>100</u>	<u>100</u>	<u>100</u>	<u>100</u>	<u>100</u>	<u>100</u>	<u>100</u>	<u>100</u>	<u>100</u>	<u>100</u>	<u>100</u>
Medical	69	69	66	100	30	31	29	100	52	100	47	34	25	38
Surgery	29	31	30		35	28	43		48		53	27	33	25
Obstetrics					34	40	27					37	42	35
Unknown	2		4		1	1	1					2		2

TABLE 4 (continued)

Response	Initial Survey								Follow-up Survey					
	Male				Female				Male			Female		
	All	Yes	No	No Opn :	All	Yes	No	No Opn :	All	Yes	No	All	Yes	No
Number	93	26	63	4	405	211	191	3	21	2	19	52	12	40
Percent	100	28	68	4	100	52	47	1	100	10	90	100	23	77
Occupation:	<u>100</u>	<u>100</u>	<u>100</u>	<u>100</u>	<u>100</u>	<u>100</u>	<u>100</u>	<u>100</u>	<u>100</u>	<u>100</u>	<u>100</u>	<u>100</u>	<u>100</u>	<u>100</u>
White Collar	41	42	41	25	16	12	19		14		15	19	17	20
Blue Collar	15	19	14				1		14	50	11			
Service Workers	3		5		3	2	5		10		11	4	8	2
Farm Workers	4	8	3						5		5			
Student	5		8		2	3	2		14		15	6		8
Homemaker					68	74	62	67				54	67	50
Retired	27	27	24	50	8	7	8	33	33	50	32	17	8	20
Unemployed	2		2	25	1	1	1							
Unknown	3	4	3		2	1	2		10		11			

TABLE 5

"SHOULD HAVE SERVICE" RESPONSE TO INITIAL AND FOLLOW-UP SURVEY,
CLASSIFIED BY SEX, MARITAL STATUS, AGE, ADMITTANCE,
AND OCCUPATION - RILEY COUNTY, 1965

Response	Initial Survey									Follow-up Survey						
	All	Male			:	Female			:	All	Male			:	Female	
		Yes	No	Maybe	All	Yes	No	Maybe	All	Yes	No	Maybe	All	Yes	No	Maybe
Number	93	67	7	19	405	312	7	86	21	16	1	4	52	49	3	
Percent	100	72	8	20	100	77	2	21	100	76	5	19	100	94	6	
Marital Status:	100	100	100	100	100	100	100	100	100	100	100	100	100	100	100	100
Married	85	87	100	74	82	82	86	84	90	88	100	100	75	74	100	
Widowed	3	3		5	12	12	14	8	5	6			21	22		
Divorced	2	1		5	1	2		1					4	4		
Single	10	9		16	4	3		6	5	6						
Separated					1	1										
Unknown								1								
Age:	100	100	100	100	100	100	100	100	100	100	100	100	100	100	100	100
Under 16																
16 - 24	4	4	14		22	21	14	24	20	25			34	35	33	
25 - 34	13	12	14	16	20	22	14	14	20	25			8	8		
35 - 44	12	10	29	11	16	16	14	16	9	13			12	10	33	
45 - 64	42	44	14	47	23	22	29	27	9	12			19	18	34	
65+	29	30	29	26	18	19	29	18	42	25	100	100	27	29		
Unknown					1			1								
Admittance:	100	100	100	100	100	100	100	100	100	100	100	100	100	100	100	100
Medical	69	73	57	58	30	32	28	26	52	50			34	24	34	
Surgery	29	25	29	42	35	32	44	45	48	50	100	25	27	37	33	
Obstetrics					34	35	28	29					37	37	33	
Unknown	2	2	14		1	1							2	2		

TABLE 5 (continued)

Response	Initial Survey								Follow-up Survey						
	All	Male			Maybe	All	Female			All	Male			Female	
		Yes	No	Maybe			Yes	No	Maybe		Yes	No	Maybe	All	Yes
Number	93	67	7	19	405	312	7	86	21	16	1	4	52	49	3
Percent	100	72	8	20	100	77	2	21	100	76	5	19	100	94	6
Occupation:	100	100	100	100	100	100	100	100	100	100	100	100	100	100	100
White Collar	41	43	14	42	16	15	14	19	14	13	100	100	19	18	34
Blue Collar	15	19	14						14	19					
Service Workers	3	3		5	3	3	14	3	10	12			4	4	
Farm Workers	4	2	14	11					5	6					
Student	5	5	29		2	2		2	14	19			6	6	
Homemaker					68	68	72	69					54	54	66
Retired	26	25	29	26	8	8		6	33	25		75	17	18	
Unemployed	2			11	1	1		1							
Unknown	4	3		5	2	3			10	6		25			

Estimated Length of Service. The estimates of length of service are given in Tables 6 and 7 in relation to admittance, age, and sex. Four to seven days of service was indicated as the length of service most frequently required among those who "could have used" the service. This was true for three categories of admittance: medical, surgical and obstetric. These data reflect the predominance of females. Among the males the most desired lengths of service were 4-7 days (23%) and 15-30 days (23%) with a little over two-thirds being confined for medical care. Of the females indicating use of the service, 39% were hospitalized for obstetric care, and a little more than one-third required 4-7 days service with one-fourth indicating 8-14 days.

The relationship between age, and length of service required by those who "could have used" the service is shown in Table 7. Their responses tend to reflect the characteristics of the population to which the survey was directed and not differences in rates, as shown in Tables 4 and 5.

Reasons of Nonusers of Service. A number of reasons were given by the 51% indicating they could not have used the service. Assistance from "family and relatives" was the reason given by 44% and "no children" at home by 11%. Table 8 contains these and other reasons.

Three persons receiving the booklet questionnaire not only returned the card, but also wrote letters which indicated their interest in the homemaker service project. Two of the letters are included in Appendix M.

TABLE 6

ESTIMATED LENGTH OF SERVICE REQUIRED
BY ADMITTANCE AND SEX
(MAIL RESPONSE)

Males N=26		Days of Service							
Admittance	1-3	4-7	8-14	15-30	31-60	60+	Total	%	
Medical	1	4	2	5	5	1	18	69	
Surgical	2	2	2	1		1	8	31	
Obstetrics									
Unknown									
Total	3	6	4	6	5	2	26	100	
%	12	23	15	23	19	8		100	

Females N=211		Days of Service							
Admittance	1-3	4-7	8-14	15-30	31-60	60+	Total	%	
Medical	6	21	12	9	5	14	67	32	
Surgical	12	16	14	11	4	2	59	28	
Obstetrics	15	38	23	7		1	84	39	
Unknown			1						
Total	33	75	50	27	9	17	211	100	
%	16	36	24	12	4	8		100	

Males and Females N=237		Days of Service							
Admittance	1-3	4-7	8-14	15-30	31-60	60+	Total	%	
Medical	7	25	14	14	10	15	85	36	
Surgical	14	18	16	12	4	3	67	28	
Obstetrics	15	38	23	7		1	84	35	
Unknown			1					1	
Total	36	81	54	33	14	19	237	100	
%	15	34	23	14	6	8		100	

TABLE 7

ESTIMATED LENGTH OF SERVICE REQUIRED
BY AGE AND SEX
(MAIL RESPONSE)

Males N=26		Number of Days						Total	%
Age	1-3	4-7	8-14	15-30	31-60	60+			
16-24			1				1	4	
25-34	1	3			1		5	19	
35-44	1			1		1	3	12	
45-64	1	1	1	5	2	1	11	42	
65+		2	2		2		6	23	
Unknown									
Total	3	6	4	6	5	2	26	100	
%	12	23	15	23	19	8		100	

Females N=211		Number of Days						Total	%
Age	1-3	4-7	8-14	15-30	31-60	60+			
16-24	14	22	9	3	0	1	49	23	
25-34	8	26	15	6	1	2	58	28	
35-44	2	7	12	3	2	2	28	13	
45-64	5	14	5	9	2	4	39	18	
65+	4	6	9	6	4	8	37	18	
Unknown									
Total	33	75	50	27	9	17	211	100	
%	16	36	24	12	4	8		100	

Males and Females N=237		Number of Days						Total	%
Age	1-3	4-7	8-14	15-30	31-60	60+			
16-24	14	22	10	3		1	50	21	
25-34	9	29	15	6	2	2	63	27	
35-44	3	7	12	4	2	3	31	13	
45-64	6	15	6	14	4	5	50	21	
65+	4	8	11	6	6	8	43	18	
Unknown									
Total	36	81	54	33	14	19	237	100	
%	15	34	23	14	6	8		100	

TABLE 8

WHY HOMEMAKER SERVICE WASN'T NEEDED BY SOME FAMILIES
IN RILEY COUNTY, 1965

Reason given	Initial Mailing		Follow-up Sample	
	Number	%	Number	%
Could not use	<u>254</u>	<u>100</u>	<u>59</u>	<u>100</u>
Family and relatives	112	44	32	54
Friends and neighbors	3	1		
No need	80	32	14	23
Couldn't afford	7	3		
No children	27	11	8	14
Hired help needed	5	2	1	2
Could have used in past	3	1		
Miscellaneous	8	3		
Misinterpreted	1			
Didn't answer	8	3	4	7

Follow-up Survey

The nonresponse from 1,549 (73%) of the initial mailing indicated the need for a follow-up survey to determine what the response might have been, why they had not responded, and what proportion could have been recovered with continued effort.

A sample of 100 was selected at random, as described in the procedure. When follow-up telephone contact was made, 69% were reached, and when the follow-up letter was used an additional 4% replied. Thus, a total of 73% of the nonrespondent sample was reached through follow-up

measures, as shown in Table 9. Those persons who were deceased or had moved leaving no forwarding address represented 13% of the sample.

TABLE 9
RESPONSE FROM FOLLOW-UP SAMPLE AND ESTIMATED
RESPONSE RATE OF NON-RESPONDENTS

Result	Number	Estimated rate*
Follow-up sample	<u>100</u>	<u>73</u>
Returned	73	53
Unclaimed	13	10
No response	14	10

*Estimated response rate for 1,549 nonrespondents, based on response rate of follow-up sample.

Respondents. The characteristics of the respondents (Table 10) were similar to those in the total population (Table 3). They were present in approximately the same proportions, thus, indicating no specific differences between those who did or did not respond initially. Persons contacted by phone recalled receiving the booklet when it was described to them. Several commented that they thought they had mailed the card. Others said it did not apply to them, therefore they did not return the card. All those called cooperated by answering the questions.

Response by Age, Sex, Marital Status, Admittance and Occupation. Of the 73% returned, 19% could have used a homemaker service while 81% could not, as shown in Table 10.

TABLE 10

FOLLOW-UP RESPONSE TO HOMEMAKER SURVEY - RILEY COUNTY, 1965
 BY SEX, MARITAL STATUS, AGE, ADMITTANCE, AND OCCUPATIONS

Follow-up Sample	Total	Contacts		No Contact	Could Have Used		No Opinion	Should Have Service			
		Returned	No Response		Yes	No		Yes	No	Maybe	No Opinion
Number	100	73 (73%)	14 (14%)	13 (13%)	14 (19%)	59 (81%)	0	65 (89%)	1 (1%)	2 (3%)	5 (7%)
Sex:	100%	100 %		100%	100%	100%	100%	100%	100%	100%	100%
Females	72	71	86	54	86	68		75		50	40
Males	28	29	14	46	14	32		25	100	50	60
Marital Status:	100%	100 %	100 %	100%	100%	100%		100%	100%	100%	100%
Married	73	80	57	54	72	81		77	100	100	100
Widowed	22	16	36	38	14	17		18			
Divorced	2	4			14			3			
Single	2		7			2		2			
Separated	1			8							
Unknown											
Age:	100%	100%	100%	100%	100%	100%		100%	100%	100%	100%
Under 16											
16 - 24	27	30	14	23	21	32		32			20
25 - 34	15	11	37	15	21	8		12		50	
35 - 44	9	11	7		7	12		11			
45 - 64	16	16	21	9	21	15		17			20
65+	33	32	21	53	30	32		28	100	50	60
Unknown											

TABLE 10 (continued)

Follow-up Sample	Total	Contacts		Could Have Used			Should Have Service				
		Returned	No Response	No Contact	Yes	No	No Opinion	Yes	No	Maybe	No Opinion
Number	100	73 (73%)	14 (14%)	13 (13%)	14 (19%)	59 (81%)	0	65 (89%)	1 (1%)	2 (3%)	5 (7%)
Admittance:	100%	100%	100%	100%	100%	100%		100%	100%	100%	100%
Medical	45	40	58	62	36	41		38		50	60
Surgery	30	33	21	23	28	34		32	100	50	20
Obstetric	24	26	21	15	36	24		28			20
Unknown	1	1				1		2			
Occupation:	100%	100%	100%	100%	100%	100%		100%	100%	100%	100%
White Collar	14	18		8	14	19		16	100		20
Blue Collar	4	4	7		7	3		5			
Service Worker	9	5	29	8	7	5		6			
Farm Worker	1	1				2		2			
Student	6	8				10		9			
Homemaker	38	39	43	31	58	34		40		50	20
Retired	25	22	21	46	14	24		20		50	40
Unemployed	1			7							
Unknown	2	3				3		2			20

A favorable attitude toward having the service was indicated by an 89% affirmative response that Riley County "should have" such a service; only 1% said "no," as given in Table 10. This favorable opinion was also expressed frequently in the telephone conversations. One elderly man commented that he might be needing such help in the future in caring for his wife, and an elderly woman mentioned that she had placed her husband in a rest home because it had become impossible for her to care for him by herself.

Opinion as to whether Riley County "should have" the service as given in Table 5 was favorable among both males and females. Three-fourths of the males and nearly 100% of the females indicated "yes." Although 8 out of 10 could not have used the service last year they still thought it should be available in case there was a need.

Percentage responses by characteristics for both males and females are given in Tables 4 and 5. The percent distributions of each response group are similar to the totals for both male and female respondents and the total population given in Table 3. So again more women than men indicated use of the service. One-tenth (2) of the males could have used the service and nearly one-fourth (12) of the females as shown in Table 4.

Reasons of Nonusers of Service. Reasons given by those in the follow-up survey for not needing the service in 1964 were essentially the same as in the initial mailing group. Assistance from "family and relatives" was given as the reason by 54%, "no need" by 23% and "no children" by 14% as shown in Table 8.

Projected Survey Response. In order to determine the potential response of the survey if follow-up contact had been used throughout, the 73% response rate of the follow-up sample of 100 nonrespondents was used to project the response of all 1,549 nonrespondents. It was estimated that 53% of all nonrespondents could have been reached with follow-up procedures used, as given in Table 9.

The projected overall result of the survey if follow-up procedures had been used would have been a 76% return, with 14% unclaimed and only 10% not responding as shown in Table 11.

TABLE 11
PROJECTED SURVEY RESPONSE RATE IF FOLLOW-UP
CONTACTS MADE

Result	Initial	Follow-up	Projected
	%	%*	%
All	<u>100</u>	<u>73</u>	<u>100</u>
Returned	23	53	76
Unclaimed	4	10	14
No response	73	10	10

*Estimated response rate for 1,549 nonrespondents based on response rate of follow-up sample.

Estimate of Need

Determination of the number of workers needed was based on the number of man years required to provide service for those families giving a "yes" response in the initial and follow-up surveys and for the projected responses.

Man-hours of service was calculated by multiplying the mid-range of days service by the number of families. The numbers of man-hours of service for the families requiring each length of service in both the mailed and follow-up surveys are given in Table 12. The 237 families in the mailed survey who could have used the service required 35,572 man-hours of service while the 14 families in the follow-up survey required 2,904 man-hours.

TABLE 12

NEED ESTIMATE FOR HOMEMAKER SERVICE
RILEY COUNTY, 1965

Days and Hours			: Initial Mailing		: Follow-up Sample	
Days Service Required	Mid Range of Days	Hours @ 8/day	: No. of Families	Man-Hours	: No. of Families	Man-Hours
1-3	2	16	35	560	2	32
4-7	5.5	44	81	3,564	4	176
8-14	11	88	55	4,840	2	176
15-30	23	184	32	5,888	3	552
31-60	46	368	15	5,520	1	368
60+	100	800	19	15,200	2	1,600
Total			237	35,572	14	2,904

The number of man-years was determined for the mailed and follow-up surveys by dividing man-hours by a forty hour week and then by a fifty week working year as shown in Table 13. It was determined that 17.7 and 1.5 man-years were required to provide the service for families in the mailed and follow-up surveys respectively. In order to determine

TABLE 13
SUMMARY AND PROJECTED NEED

Source	Man-Hours +40	Man-Weeks +50	Estimated Man-Years	S.E.	Range in Estimate*	
					Minimum	Maximum
Mailed	35,572	889.3	17.7	1.41	13.5	21.9
Follow-up	2,904	72.6	1.5	17.8	0	75.9
Projected (for 1,449 nonrespondents)			<u>21.0</u>		—	—
Total workers			40.2**		13.5	97.8

*Probability is 98% that the number of workers required would not be less than or more than the estimate shown.

**Number of workers required full time, assuming 100% scheduling.

the number of man-years required to provide service for those 1,449 others who did not respond to the survey, a blow-up factor of 14 was used with the result from the follow-up survey of 100 to project for the 1,449. This yielded an estimate of 21 man-years which added to the 1.5 man-years for the sample of 100 gives a total of 22.5 man-years required for all who were initially nonrespondents. Thus, a total of 40 workers is estimated as needed to meet the needs of persons hospitalized in 1964.

The reliability of the projected number of needed workers was checked by calculating the standard error of the mean in terms of man-years for the initial mailing and all nonrespondents. The standard error of the mean in terms of man-years was 1.41 for the 17.7 workers from the initial mailing. Thus, the estimate based on plus or minus 3 standard error indicates that as few as 13.5 workers or as many as 21.9 workers might be needed for the initial respondents.

The estimated standard error for the estimated total (22.5) number of man-years for the nonrespondents was 17.8 man-years. Thus, the estimate based on plus or minus 3 standard error indicates that anywhere from 0 to 75.9 workers might be needed for the nonrespondents.

It may be stated that the lowest number of workers needed would be 14 and the highest possible 98. This estimate is based only on those hospitalized in Riley County during 1964. This does not show the need of such other population groups who might utilize the service though not hospitalized such as the handicapped, aged, chronically ill and otherwise "normal" individuals.

CONCLUSIONS

Use of the homemaker service is related to the situation in the home at the time the need for assistance arises rather than to other related factors. Whether it is the adult male or the female in the home who is hospitalized is not the primary question. Even though it might be assumed that married males or single persons could not use the service, the results show that they could use the service. The reason for hospital admittance though related to sex, as in the case of obstetric care, is not a limiting factor in use of the service nor is occupation or age. Families tended to require this type of service for short-term rather than long-term assistance.

The attitude towards having such a service was very favorable regardless of whether the persons could have used the service or not. Those who could have used it were nearly all in favor of having such a

service yet many who could not, also favored it.

The leadership survey indicated that need of all three major concepts of a homemaker service was exhibited in the county with the greatest need for a homemaker service for children.

The consumer survey was a successful means of contacting persons in the county about the use of a homemaker service. It provided a definite quantitative estimate of need. The consumer survey can be used by other communities for determination of need.

Observations

The cases cited by those in the leadership survey were families who approached various agencies for assistance in 1963-64, who may or may not be represented in the consumer survey during 1964. It may be assumed that there were persons served by the agencies who, though not having been hospitalized, could have used such a service during 1964. There may also be others in the community neither served by an agency nor hospitalized who could have used such assistance. This aspect would become apparent if a homemaker service were initiated.

The procedure developed for carrying out the consumer survey worked well and no changes are recommended for future survey. Some mechanical means of sorting might be desirable for a larger population.

Recommendations

It is recommended that the Council of Social Agencies maintain its standing committee on homemaker service, and that the council work cooperatively with the State Department of Social Welfare, Division of Services for the Aging, in all efforts to establish and maintain a homemaker service in Riley County.

It is further recommended that communication be continued with the local head of the area vocational-technical school as to the progress made towards establishment of the service and the resultant need for a training program to be provided either by the vocational technical school or in cooperation with the Family Economics Department, Kansas State University.

In the event that the State Social Welfare Department does not establish a service in Riley County, it is recommended that the Council of Social Agencies homemaker service committee continue to communicate with other organizations such as the Lutheran Welfare Service in regard to homemaker services as a possible extension of their service.

Further, it is recommended that the committee consider the possibility of establishing a community service financed by United Fund contributions and fees of families using the service, as is done in some other communities, such as Baltimore, Maryland, (Health and Welfare Council of the Baltimore Area, Inc., June, 1962).

ACKNOWLEDGMENTS

The author wishes to thank Dr. Richard L. D. Morse, Professor and Head, Department of Family Economics, for his ideas, suggestions, guidance, and constructive criticisms during the study and manuscript preparation.

The author also wishes to thank Miss Tessie Agan, Professor, Department of Family Economics and Dr. Ruth Hoeflin, Assistant Dean, for their assistance with and constructive criticism of the manuscript during its preparation. Also, Mrs. Loudell Frazier, Head, Division of Services for the Aging, State Department of Social Welfare, for her assistance with and constructive criticism of the booklet during its preparation.

Thanks are also due those special persons who made graduate study possible: my son Michael; my mother, Mrs. Herman Magnus; and Mr. Richard King, my District Agricultural Agent, who assisted me in obtaining leave from the Kansas Cooperative Extension Service in order to complete the degree.

LITERATURE CITED

- American Medical Association, Homemaker Services Bulletin, Vol. I, No. 4, "Report of Conference on Personal Care in Homemaker Services," July, 1960.
- Child Welfare League of America, Inc., Child Welfare League of America Standards for Homemaker Service for Children, New York, 1959, 1.
- Department of Public Welfare, DPW Baltimore Reviews, Vol. III, No. 7, April 5, 1963. Baltimore, Maryland.
- Doscher, Virginia, Report of the 1964 National Conference on Homemaker Services, National Council for Homemaker Services, New York, 1964, 12.
- Health and Welfare Council of the Baltimore Area, Inc. Study of Homemaker Service Needs in Metropolitan Baltimore, Baltimore, Maryland, June, 1962.
- Public Health Service Publication, Directory of Homemaker Services. No. 928, Government Printing Office, Washington, D. C., 1964, 219.

APPENDICES

APPENDIX A - Letter Requesting Information (sample copy)

1321 Colorado
Manhattan, Kansas
July 2, 1963

Dr. Wilfred D. David
Chief of Chronic Disease Branch
Division of Special Health Services
U. S. Public Health Service
Washington 25, District of Columbia

Dear Sir:

The Council of Social Agencies in Manhattan, Kansas, is attempting to establish an Emergency Homemakers Service.

I am a graduate student at Kansas State University and am conducting the research for this project. I am attempting to determine the need for such a service in Manhattan, the type and extent of need and to justify the establishment of the service.

Would you be able to furnish research information which could be used in this study? The type of information which would be most helpful would include:

- Surveys (copy of questionnaire if one was used)
- Results of surveys and studies done
- Persons or groups contacted (lawyers, doctors, churches)
- Age groups considered
- Family composition
- General procedures followed
- Any other information which applies.

If you have statistical information concerning the Homemakers Services in the United States I would appreciate receiving it. If not, perhaps you could refer me to someone who might have it.

Sincerely,

Alverda Moore (Mrs.)

APPENDIX B - List of persons contacted for information:

American Medical Association
535 N. Dearborn Street
Chicago 10, Illinois

Miss Kathleen Zurbucken
Family Service Guidance Agency
2055 Clay
Topeka, Kansas

Miss Felisa J. Bracken
Home Economist
Department of Public Welfare
Baltimore, Maryland

Miss Gertrude Lotwin
Home Economics Consultant
Division of Welfare
New Jersey Dept. of Institutions and Agencies
Trenton, New Jersey

Mr. James L. Turrentine
Executive Director
Family Service Association of America
44 East 23rd Street
New York 10, New York

Mr. J. R. Majors
Director
Family Services of Kansas City, Missouri
417 East 13th Street
Kansas City 6, Missouri

Superintendent of Documents
U. S. Government Printing Office
Washington 25, D. C.

Child Welfare League of America, Inc.
44 East 23rd Street
New York 10, New York

Dr. Clara Tucker
Director, School of Home Economics
Louisiana State University
Baton Rouge, Louisiana

Mrs. Mariella Smith
Director of Aging
State Social Welfare Department
State Office Building
Topeka, Kansas

Visiting Homemaker Service of Morris County
38 Elm Street
Morristown, New Jersey

American Home Economics Association
1600 Twentieth St., N. W.
Washington, D. C.

Dept. of Public Health Nursing
National League for Nursing
10 Columbus Circle
New York, 19, New York

Dr. Wilfred D. David
Chief of Chronic Disease Branch
Division of Special Health Services
U. S. Public Health Service
Washington 25, D. C.

Mrs. Loudell Frazier
Director, Division of Services for the Aging
State Department of Social Welfare
State Office Building
Topeka, Kansas

Miss Ellen Winston
U. S. Commissioner
Department of Health, Education, and Welfare
Welfare Administration
Washington, D. C.

Mr. George H. Dengler
Research Associate
Health and Welfare Council of the Baltimore Areas, Inc.
22 Light Street
Baltimore, Maryland

Mrs. Johnnie U. Williams
Homemaker Services Specialist
Social Service Methods Group
Division of Welfare Services
Department of Health, Education, and Welfare
Welfare Administration
Washington, D. C.

Mr. Nathan L. Stein
Director
Field Services
U. S. Department of Commerce
Room 2011, 911 Walnut Street
Kansas City, Missouri

342 Education Building
University of Illinois
Urbana, Illinois

APPENDIX C - Representatives and Organizations Included in Leadership
Survey

First Methodist Church
Rev. S. Walton Cole
Minister

First Lutheran Church
Rev. Paul Olson
Minister

Manhattan Public Schools
Mrs. Lee Goetsch
Elem. Nurse

Mrs. G. L. Dohm
Sec. Nurse

Mrs. Deane Darnell
Psychologist

Manhattan Police Department
Leo Osbourn
Chief of Police

Riley County Health Dept.
Dr. H. P. Jubelt
County Health Officer

Riley County Social Welfare Dept.
Miss Francis Sewell
Director

Riley County Red Cross
Mrs. B. D. Bateman
Director

Riley County Rehabilitation Committee
Bud Cunningham
Rev. Paul Olson

Alcoholics Anonymous
Bud Cunningham

North-Central Guidance Center
Rix Shanline
Director

St. Mary's Hospital
Sister Fidelis
Administrator

Memorial Hospital
Miss Ona Hubert
Administrator

Kansas State Employment Service
J. E. Des Jardins
Manager II

Probate Court
Scott Pfuetze
Judge

Lutheran Welfare Service*
Mrs. Lawrence Jones
Exec. Secretary

Volunteer Services for the Aged
Mrs. Tom Parker
Director

Eagles Auxiliary*
Mrs. Donna Lundquist
President

Also included were:

Dr. Willard C. Schwartz, practicing physician
Mrs. Phillip Kirmsler, former social worker
Mrs. Roy Langford, full time housewife

*Contributed funds:

Manhattan Soroptomist Club
Family Economics Department, K.S.U.
Division of Services for the Aging,
State Department of Social Welfare
Riley County Council of Social Agencies
Home Economists in Homemaking, Manhattan Chapter

APPENDIX D - Statement of Concepts

CONCEPTS

The Homemaker Service is "a community service sponsored by a public or voluntary health or welfare agency that employs personnel to furnish home help services to families with children; to convalescent, aged, acutely or chronically ill, and disabled persons; or to all of these. Its primary function is the maintenance of household routine and the preservation or creation of wholesome family living in times of stress." Professional staff members evaluate each case on the basis of a social and often a medical diagnosis. They determine the type of service needed as well as the length of service.

The definition given above was developed by the participants of the 1959 National Conference on Homemaker Services.

The main purposes of the Homemaker Service are: to maintain the usual household routine and to help provide wholesome family living when the natural homemaker (wife, mother) is unable to assume her responsibilities; to make it possible for the individual to stay in familiar surroundings; to provide economic, physical, mental and emotional relief; to reduce the need for extended hospitalization; to provide education in homemaking to adults and children so they will be better able to serve themselves; and to provide for the care of a child, ill relative or an elderly parent, thus permitting the breadwinner to continue in employment. The traditional Homemaker Service is reflected in the first purpose listed above.

The kinds of services provided by the employed homemaker depend upon the type of agency, its policies and purposes, source of funds, as well as the needs of the family or individual.

Home Management Aide Program

The Department of Public Welfare in Baltimore, Maryland, sponsors a Home Management Aides Program. Services of this type have been offered by other public welfare agencies. This program is designed to provide training in homemaking for low-income families. The Home Management Aide is a job classification under the supervision of the department's Home Economist. The Aide is given several weeks of training covering the areas of "food preparation and nutrition, the use of donable foods, sanitation and housekeeping, clothing selection and care, physical care of children, shopping and money management." The Aide works in the client's home giving practical instruction to the mother in the areas mentioned previously. The Aide works with the mother rather than replacing her. Clients receiving this service are those who do not meet the agency's standards as determined by the social worker.

The Homemaker and Personal Care Services

The National Health Council sponsored a conference on Personal Care in Homemaker Services in 1960 upon the recommendation of the executive committee of the 1959 National Conference on Homemaker Services. The participants at this conference developed the following definition in regard to personal care services. "Personal care services given in

the home for an ill or disabled person are those services required to help provide and maintain normal bodily and emotional comforts and to assist the patient toward independent living in a safe environment. These services, when given by a 'homemaker' under the direction and supervision of medical professional personnel, can contribute to the realistic maximal functioning of the patient."

The patient's condition is evaluated at intervals and specific activities delegated to the homemaker by professional personnel. Two-way communication must exist between the homemaker and other members of the team.

Personal care services were recommended by the conference to be an integral part of Homemaker Services especially where ill or disabled or aged persons were involved.

The report of the 1959 National Conference on Homemaker Services reveals that 83% of the families included in the 1958 Nationwide Study who received Homemaker Services had an ill member at home and 10% more had a family member in the hospital.

Homemaker Service for Children

The definition of Homemaker Service developed by the Child Welfare League of America differs from the definition developed at the 1959 National Conference on Homemaker Services. The emphasis in the former is on providing protection, love, care and guidance to children who lack or are deprived of parental care because of family circumstances, or problems of the parents. The persons caring for the children receive

assistance in fulfilling their responsibilities if they are unable to do so for any reason.

"Homemaker service is a specialized social service which the community, through its social agencies, provides to help families and individuals who need assistance in solving a wide range of problems associated with impaired functioning of the person who ordinarily takes care of members of the family."

Homemaker Service, offered as a child welfare service, involves the services of a trained homemaker employed by the agency who works closely with an agency caseworker. The aim of the Homemaker Service is to promote wholesome development of the child while he remains in his own home.

APPENDIX E - Leadership Survey Introductory Letter

Dear

The enclosed paper presents various concepts of a Service as found in the United States at the present time.

The Riley County Council of Social Agencies with the cooperation of the Family Economics Department, K.S.U., is attempting to determine the need for a Homemaker Service in Riley County.

I would like to visit with you after you have read the paper to discuss the following questions:

1. How would you visualize a Homemaker Service for the Manhattan area?
2. What kinds of problems were exhibited by families requesting assistance from your agency, which related to a Homemaker Service?
3. How many times during the year could you have referred families to a Homemaker Service if one had been available?

May I call you next week to make an appointment?

Sincerely,

Alverda Moore
Homemaker Service Committee

APPENDIX F - Leadership Survey Follow-up Letter

Dear

I interviewed you awhile ago regarding the need for a Homemaker Service in Riley County.

Will you please read the enclosed summary of the interview for accuracy? Note on the copy any changes or additions you think should be made, then return it to me.

Thank you.

Sincerely,

Alverda Moore

APPENDIX G - Letter to Selected Persons Reviewing Sample
Questionnaire Booklet

Family Economics Dept.
Kansas State University
Manhattan, Kansas
February 16, 1965

Dear

I am enclosing for your inspection a sample copy of the publication which is part of the research study on the need for a Homemaker Service in Riley County.

This publication will be mailed to those who were in the hospital during the past year. It includes a questionnaire which is to be filled out and returned by the recipient.

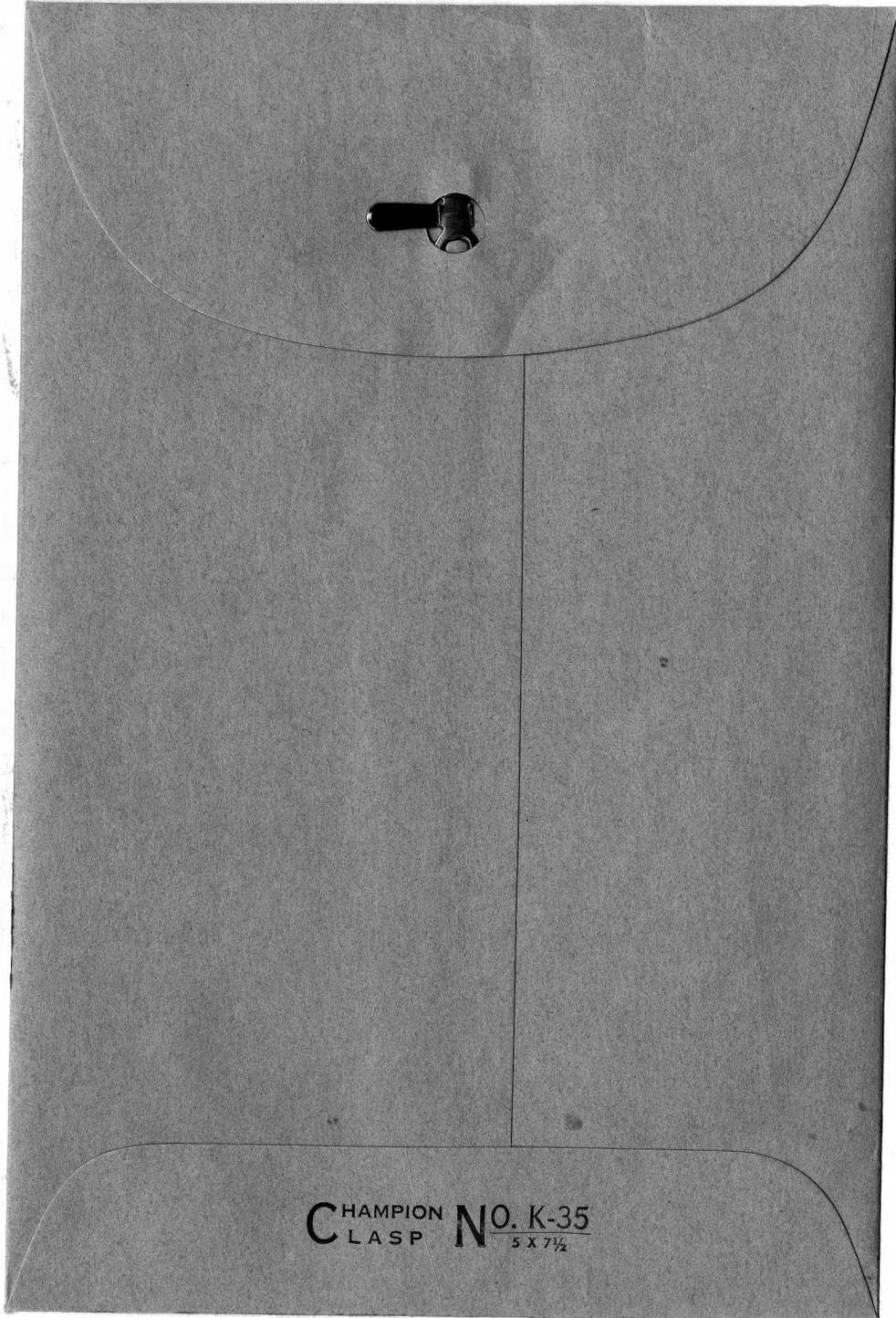
Please review this copy carefully. Any comments you wish to make concerning the suitability or appropriateness of the publication will be appreciated. Let me hear from you within the next 10 days as I will then be sending it to the printer.

Sincerely,

Alverda Moore

Enc.

APPENDIX H - Questionnaire Booklet



APPENDIX I - Newspaper Publicity

Conduct Survey For Homemaker Service In Area

Could you have used a Homemaker Service during 1964? This question is being asked of 2,158 Riley County residents this week as part of a community research study. These persons were selected for the study because they were hospitalized during 1964.

Sponsor of the study is the Riley County Council of Social Agencies, composed of representatives of local health, welfare, education and service organizations. The study is being conducted by a graduate student in the Family Economics Department, KSU.

A Homemaker Service is a community service sponsored by a public or voluntary health or welfare agency that employs personnel to furnish home help services to families with children; to convalescent, aged, acutely or chronically ill, and disabled persons. The personnel receives training for the type of service they provide to families and individuals, who hire them for a specified period of time. The primary purpose of the Homemaker Service is the maintenance of household routine and preservation or creation of wholesome family living in times of stress.

Homemaker Services at present are established in 44 states, the District of Columbia, and Puerto Rico. Two Kansas communities have Homemaker Services at the present time. Results of this study will indicate whether or not Manhattan should be the third.

County Families Discussing Need For New Service

This week, more than 2,000 families in Riley County are helping to determine the need for a community service called Homemaker Service. These families were selected because a member of each family had been hospitalized sometime during 1964.

By filling out and returning a postal card questionnaire, they are assisting the Riley County Council of Social Agencies and the Family Economics Department, Kansas State in determining the extent and kind of need for such a service.

There are any number of situations affecting families and individuals which might precipitate a need for assistance as provided by a Homemaker Service, such as an accident or other family emergency, an addition to the family, a heart attack or other organic disease requiring hospitalization, or a long convalescence at home. Such situations, especially if they involve a mother, often disrupt a family for a short or longer period of time.

A Homemaker Service could assist a family or individual by placing in the home at a reasonable rate a person trained to care for children, the convalescent, the elderly, and to maintain normal household routine until assistance was no longer needed.

Such a service is not now available in the Manhattan area. If you are interested in obtaining such a service for Manhattan and are not among the 2,158 families being contacted, you may write to P. O. Box 311, Manhattan, expressing your interest.

APPENDIX J - Radio Publicity

Residents of Riley County this week are helping to determine the need for a new community service called "homemaker service."

2,140 persons who were in the hospital during 1964 will receive a publication and questionnaire designed to inform them about a homemaker service and to inquire about their use of such a service if it were available.

A homemaker service is a community service sponsored by a public or voluntary health or welfare agency. The agency employs personnel who are then trained to provide home help services to families or individuals during times of stress. Families desiring help may hire a trained woman to come into their home during a mother's illness or convalescence to help maintain household routine and preserve wholesome family living.

Those answering the questionnaire will help determine if such a service is needed in Riley County.

Homemaker Service - Total SheetMailed SurveyTelephone SurveyTotal _____Total _____

Response		
Cards returned	No.	%
Answered		
Unanswered		

Contacts	No.	%
Calls completed		
Mailed		
Returned		
Answered		
Unanswered		

Reason for return		
Why	No.	%
Moved-no for. ad.		
Unclaimed		
Adressee unknown		
Deceased		

APPENDIX L - Letter to Nonrespondents in Follow-up Survey:

P. O. Box 311
Manhattan, Kansas
May 12, 1965

Dear

Recently you were sent a booklet like the one enclosed. I did not receive in reply the post card questionnaire.

I am sending you another copy hoping that you will fill out and return the post card to be found in the back of the booklet.

Your answers will help us determine the need for a Homemaker Service in Riley County. Thank you.

Sincerely,

Alverda Moore

Enc.

APPENDIX M - Letters Received

April 21, 1965

Gentlemen:

We have been residents of the Manhattan area since 1903. Our interests are there.

Had such a service been available for my elderly ailing husband under doctor's direction, I believe we might still be in our apartment. Very limited "sitter" service was available, but when need was desperate too often unavailable.

Visitation in a dozen representative Kansas "homes" and life in one for 8 months confirm my belief that many couples or persons could live in their own homes if the service were constant and/or dependable.

Since we are not under contract for any definite term of residence here, I shall note with personal interest your progress.

Respectfully yours,

April 28, 1965

Dear Sirs:

I read in the Thursday, April 22, 1965 Manhattan Mercury about county families discussing need for a new service. My sister, _____ was hospitalized from November 23, 1965 until February 14, 1964 with a heart condition which paralyzed her right side. She can walk with a canadian crutch from her hospital bed to the kitchen, but I frequently need help for her care, so I am greatly interested in a service.

Sincerely,

DETERMINATION OF NEED FOR A HOMEMAKER SERVICE IN
RILEY COUNTY, KANSAS

by

ALVERDA MAGNUS MOORE

B. S., Kansas State University, 1951

AN ABSTRACT OF A MASTER'S THESIS

submitted in partial fulfillment of the

requirements for the degree

MASTER OF SCIENCE

Department of Family Economics

KANSAS STATE UNIVERSITY
MANHATTAN, KANSAS

1965

This study is an outgrowth of the long time interest of the Riley County Council of Social Agencies in a homemaker service for Manhattan. The study was undertaken in order to determine the need for a homemaker service in Riley County. It's three objectives were:

1. To establish a method of determining the need for a homemaker service in communities the size of Manhattan.

2. To determine the type (s) of homemaker services needed by families and individuals in the county.

3. To determine the extent of need for this service.

Two approaches for determining the need were used: A Leadership Survey and a Consumer Survey. The leadership survey consisted of interviews with selected leaders in the county. The consumer survey consisted of a cartoon-type booklet questionnaire mailed to 2,140 persons hospitalized in 1964 who might have needed such a service, and a follow-up survey of 100 of the nonrespondents. All those who were: married, widowed, divorced, separated and independent single persons above the age of 17 living at home or independently and residents of Riley County were included.

Leaders indicated that such a community service would be desirable if a definite need were shown. Those who had contact with families needing such help were most in favor. Most of the leaders chose the "Homemaker Service for Children" concept (having previously been apprised of the major concepts) as being most needed in Riley County. Hospitalization of the mother was given as the primary reason for need, and the concept selected emphasizes care of children in a home disrupted by the absence and/or illness of the mother.

In the consumer survey, 23% responded initially and 73% of the nonrespondents in the follow-up sample survey of 100. It was estimated if the follow-up procedure had been used with all nonrespondents 76% of the total would have responded with only 10% remaining silent. Of those responding, 48% in the initial mailing and 19% in the follow-up survey could have used such a service. Over three-fourths of all respondents thought that Riley County should have such a service, whether they could have used it or not.

Forty workers were estimated as needed to provide service for those who could have used a homemaker service in 1964. Man years of service were calculated based on the number of families requiring an indicated number of days service, a 40 hour week and a 50 week working year. Full time employment of the homemaker was assumed with one hundred percent scheduling. The reliability of the projected number of workers was checked by calculating the standard error of the mean in terms of man years. The estimate based on plus or minus three standard errors indicated that the lowest number of workers needed would be 14 and the highest possible 98.

The consumer survey was a successful means of contacting persons in the county about the use of a homemaker service, it can be used by other communities for determination of need, and it provides a quantitative estimate of need. The leadership survey served to identify the type of service most needed in the county and the basic reason for need.