**Response Patterns of Older Marrieds to Questions Regarding Anticipated Help**

by

Jan L. McGilliard

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APPROVED:

William J. McAuley, Chairman

Rosemary Blieszner

Janette K. Newhouse

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William J. McAuley, Chairman

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(ABSTRACT)

This study investigated responses of older married persons to questions concerning anticipated availability of help and anticipated sources of help for seven in-home service areas: personal care, nursing care, physical therapy, continuous supervision, household chores, and meal preparation. Variables such as age, gender, level of impairment, proximity of nearest family member, and social resources served as independent variables for this study. Anticipated availability of help and anticipated sources of help, specifically spouse, other family member, friend-neighbor, agency, or other, served as dependent variables.

The investigator's interest was to determine what variables influenced the choice of spouse versus other choices in anticipated sources of help, and to examine gender differences in anticipated assistance. Use of chi square analysis determined the independence of variables characterizing older married respondents and their anticipated sources of help.

Respondents most frequently chose spouse as the anticipated source of help for all in-home services except physical therapy, where agency was the most frequently chosen source of help. Men anticipated help from spouse significantly more than did women. Women anticipated help from sources other than spouse more frequently than men.

Agency was the primary source of expected help for physical therapy services, and a strong choice of respondents for nursing care. Respondents selected spouse, followed by family member, for personal care, continuous supervision, checking, homemaker-household, and meal preparation. Participants infrequently chose friend-neighbor for checking, homemaker-household, and meal preparation. For personal care and continuous supervision, agency represented a frequent choice after spouse. Choices of anticipated source of help reflected the type of service and the demands attached to it.

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## Introduction

Older married persons have greater resources than their unmarried counterparts. They enjoy better health, greater well-being, and more income than single elderly persons (Arling, 1981; Shanas, 1980). Being married confers certain benefits such as companionship, assistance when needed either directly or through others, and independence from institutional care (Hess & Soldo, 1985). Older couples are "survivors"; that is, they are alive because they have experienced good health or good health care. They comprise a little more than half of older adults 65 years of age and older.

Commonly, older married persons rely on each other to provide the necessary emotional and caregiving resources in late life that are required for successful community living (Lowenthal & Haven, 1968; Roberto & Scott, 1986; Stueve, 1982). They also rely upon each other for companionship, love, and security (Johnson, 1983; Simons, 1983-84). George Getzel (1982) has suggested that living as an aging couple is a biological and social achievement. Older couples face special challenges to maintain a balance between the demands of day-to-day living and the capabilities of spouses to fulfill them. The onset of acute illness in one spouse creates new demands for the other. At the same time the "well" spouse may experience one or more health concerns.

When a couple experiences an unexpected shift in the demands of day-to-day living, assistance from informal and formal helpers may restore or maintain balance. The informal support system consists of family, friends and neighbors, and voluntary service providers such as church organizations, community groups, and senior centers. Informal helpers provide most of the assistance needed by older adults. The formal support system consists of paid helpers, agencies, and institutions, who assist in tandem with informal supports or when family and friends are unavailable or unable to provide the necessary help (Arling & McAuley, 1984; Wan & Arling, 1983).

This study concerns the "what ifs" of late life cirumstances; that is, do older married persons expect help in times of need and from whom? Older married persons should consider future sources of help for a number of reasons. First, nuclear families have tended to grow smaller yet more complex. During the depression years couples had fewer children than did later cohorts of the 1940's and 1950's, which means they now have fewer children available to provide assistance. Family systems are smaller and are more complex because of high divorce and remarriage rates, creating abbreviated or blended families (Hess & Waring, 1978).

Second, the work force actively engages more women. The labor force participation of women increases the number of demands on their time and energy, and potentially undermines their ability to provide assistance to older and younger family members. At the same time women need the income and fulfillment provided by involvement in work.

Third, some adult children live at a sufficient distance from older parents to inhibit direct assistance. Hess and Waring (1978) noted a shift from instrumental types of assistance to more emotional support on the part of informal helpers, especially children. In contrast, a more recent text by Hess and Soldo (1985) reported that nearly 90% of older persons with functional impairments rely, in whole or in part, on informal caregiving. Therefore, families, friends, and neighbors care substantially for older persons, but their proximity and availability cannot be assumed.

Fourth, men and women have different capacities for caregiving. Wives are typically younger and live longer than their husbands, which means they can provide care for a longer period of time than their male counterparts. Also, older husbands in the caregiving role may experience more discomfort in performing unaccustomed tasks and roles than older wives, depending on their previous experience (Hess & Soldo, 1985).

Fifth, being married may represent an obstacle to the procurement of health and welfare services. A sudden decline in health of one partner may precipitate a need to "spend down" the couple's assets to attain eligibility for Medicaid. As a result, the couple may have inadequate resources to maintain an independent household (Hess & Soldo, 1985).

Another factor limiting anticipated sources of help among older married persons concerns their preference, in general, to be cared for at home (as opposed to institutionalization) should the need for extended care arise. McAuley and Blieszner (1985) reported on the choice of long-term care arrangements by community-residing elderly. Most participants in the statewide survey indicated they preferred a paid caregiver or a relative to provide assistance in their homes should they become sick or disabled.

Because family members and informal caregivers provide the number one resource of older adults who require assistance in the form of services to maintain independence and older persons prefer to remain in their own homes as long as possible, policymakers should be aware of the resources and preferences of older adults. Public policy should reflect the choices and challenges of the older adult population and at the same time recognize the limited capacity of family members and informal caregivers to provide adequate care. Perceptions held by older married persons about anticipated sources of help in terms of in-home care should provide useful information to service providers and policymakers.

## In-Home Care

In-home care refers to services provided in the home. Examples are homemaking-housekeeping, meal preparation, personal care, continuous supervision, physical therapy, and nursing care. Arling and McAuley (1984) reported that a large majority of impaired elderly require and receive in-home care, provided most frequently

by family members. Lowy (1980) and Rathbone-McCuan, Hooyman, and Fortune (1985) identified the area of in-home care as a necessary component of the continuum of care for frail elders, both in terms of cost containment and the delaying of institutionalization. This study considered seven types of in-home care for older married persons: (a) personal care, (b) nursing care, (c) physical therapy, (d) constant supervision, (e) checking (by phone or in person), (f) household chores, and (g) meal preparation. These seven areas represent services that provide the basic requirements of care to older impaired individuals who might otherwise require institutionalization.

Personal care services refer to daily help in bathing, dressing, grooming, feeding, and toilet care. A nurse or other individual provides nursing care, which involves the provision or monitoring of treatments or medications. Physical therapy refers to a planned set of physical exercises, massages, or treatments. An attendant, nurse, family member, or physical therapist may supervise physical therapy. Continuous supervision means continuous, twenty-four-hour-a-day monitoring of an individual. Someone remains near the patient, within calling distance. Someone must supervise the activities of the patient because the patient's physical or mental status requires it. Checking services refer to checking on an individual, either in person or by phone, at least five times a week. Homemaker-household services refer to help with routine household tasks. Similarly, meal preparation refers to meals prepared for individuals because of their inability to provide the service for themselves.

The purpose of this study was to examine variables that may influence older married persons' choices of anticipated sources of future help with regard to in-home services. A second purpose was to examine gender differences in a sample of married elders concerning responses to questions about future sources of help.

Objectives

Four objectives guided my analysis of older married persons:

1. To examine how older husbands and wives respond to questions concerning whether they anticipate help being available, if needed.

2. To examine how older husbands and wives respond to questions regarding anticipated sources of help.

3. To examine what variables influence choice of spouse versus others as anticipated sources of help.

The concept of anticipated availability of help to older married persons is interesting because their perceptions about the future might play an important role in planning and late life adjustment. Older adults and members of their support systems are all affected by changes that take place unexpectedly or over time. Older married persons who think about future options and consider their resources are at an advantage when an unexpected event occurs. Persons who comprise the support systems of older couples may more effectively and efficiently provide appropriate services if older adults communicate their preferences for support. The following questions helped ascertain the perceptions of older married persons regarding future sources of help: what are the expectations of older husbands and wives regarding help in the future? do husbands and wives perceive that help is available in the future? what variables help explain differences in responses of husbands and wives? what variables help explain choices other than spouse?

Interviewers asked participants questions from the Statewide Survey of Older Virginians (McAuley, Arling, Nutty, & Bowling, 1980) concerning current use of services, anticipated availability and sources of help. For example, they asked the following series of questions regarding personal care:

#127. In the past 6 months has someone helped you with your personal care, for example helping you to bathe or dress, feeding you, or helping with toilet care?

Yes

No

--Not answered

If the answer was No, the interviewer asked the following questions:

b. Do you feel you need help with bathing, dressing, eating, or going to the toilet, etc.?

Yes

No

--Not answered

c. Do you know where you could receive help with personal care services if you needed it?

Yes

No

--Not answered

If the respondent answered "Yes" to c, the following question was posed:

1) Where could you get this help?

Spouse

Other family member

Friend/Neighbor

Agency/Specify_____

Other/Specify_____

This investigation dealt with those respondents who answered "No" to the question ascertaining a need for help. The goal was to separate participants who indicated a need

for help with a particular in-home service from participants who indicated they did not need help with the service at the time of the survey.

Findings from the Statewide Survey indicate that older married persons currently rely most heavily on their spouses as a major source of help (McAuley, et al., 1980). By definition, older married persons have the potential for a live-in caregiver (Hess & Soldo, 1985). I surmised that if the respondent is married and is not using services, help is currently available from the spouse; that is, most older married persons will anticipate help to be available from the spouse should the need arise.

It is likely that persons not using services are generally younger, healthier, and more financially secure, because the use of services increases with advanced age, level of impairment, and resulting increases in expenditures for health care and in-home services (Daatland, 1983; Wan & Arling, 1983). Because individuals in the group under investigation were not using each in-home service, they are likely to fit this description.

Service providers need to be sensitive to the needs and expectations of older persons as they advance through the stages of later life to preserve the desired lifestyle of their family members or clients. Examination of the circumstances that predicted variations in the way that older persons respond revealed a great deal about their expectations regarding anticipated help. This information will help practitioners plan ways of providing appropriate assistance when needs arise.

Independent and Dependent Variables

The independent variables in this study included: age, gender, level of impairment (activities of daily living), proximity of family members, involvement in providing assistance to others, and social resources. In addition, the following demographic variables may influence choice of anticipated source of help: race, years of education, economic functioning, and living arrangement. The two dependent variables were anticipated availability of help, and anticipated source of help.

## Review of the Literature

Older couples constitute a unique category among the elderly for a number of reasons. Approximately 95% of older persons have married at least once. By age 65, 53% remain as married couples. These individuals are younger, healthier (both mentally and physically), economically more secure, and more independent in lifestyle than other old people (Hess & Soldo, 1985).

Because older married persons share a history of personal growth and life events, it is no surprise that elderly persons cite their spouses overwhelmingly as their primary helper/caregiver (Arling, 1981; Johnson, 1983; Shanas, 1979; Streib & Beck, 1980). The tendency toward greater equality in the marriages of older couples (Clark & Anderson, 1967) and increased interdependence (Kelley, 1981) may explain the great adaptability of couples in caring for one another when declining health challenges established lifestyles (Johnson, 1983; Treas, 1977).

Townsend and Poulshock (1986) emphasized the suitability of marital partners as the primary source of care because of their proximity and availability to each other as well as their shared history and commitment in marriage. Clark and Anderson's (1967) work regarding frail couples suggested that daily demands are met by the "able" spouse. This implies that reciprocity between partners becomes extremely fine-tuned; the term "symbiotic" appropriately describes this level of intimacy.

Shanas' (1979) study of caregivers of sick elderly also emphasized the importance of spouse as caregiver, citing the spouse as the main source of care for a bedfast person. Husbands who provide care for their wives must take on traditionally female roles to maintain the household. Both husband and wife caregivers report soliciting additional assistance. This demonstrates the insufficiency of spouse as the sole caregiver. Fengler and Goodrich (1979) and Johnson (1983) also reported the critical role spouses

(especially wives) have played in caring for a disabled marital partner, often while dealing with significant health problems of their own.

Marshall (1978-79) described a theoretical framework which helps to explain why older married persons make certain choices regarding future sources of help. Symbolic interactionism focuses on ways in which individuals seek to gain control or mastery over their situations, relationships, and institutions. Major tenets of this approach include: (a) central meaning, and (b) control. Marshall (1978-79) described central meaning, or identity, as "a sense of sameness or continuity of the organization of selves over time." Control occurs when individuals negotiate with one another to work out some sense of order. The sense of order continually changes, and individuals, dyads, or groups repeatedly renegotiate to arrive at a sense of order. They participate in a social process in which self-identification and negotiation continue across their life span. Because older married persons share a life history or at least a shared later life with a partner, they continually engage each other in this process.

The availability and proximity of married persons to each other suggested to me they would turn first to each other to determine what to do when illness or reduced social or financial resources challenge their daily routine. Therefore, because of the suitability of spouse as a source of many forms of assistance, I expected spouse would be the most frequently anticipated source of help for all in-home services considered in this study.

Anticipated Sources of Help Other Than Spouse

Factors that may influence the choice of anticipated sources of help other than the spouse are age, health (level of impairment), proximity to family members, and involvement in assisting others. It is a well-known fact that increased age is accompanied by physical and psychological changes that occur in varying degrees and times among older members of the population (McPherson, 1983). Most older people

adapt to their impairments and, in fact, report they do not use in-home services (Arling & McAuley, 1984; Cantor, 1980; Stoller, 1983). Most older persons solicit help only when they are no longer capable of performing a task, and their source of help is typically a family member (Cantor, 1980; Stoller, 1983). Hess and Soldo (1985) reported that nearly 90% of older persons with functional impairments rely almost entirely on informal forms of caregiving. When the level of capacity of the older person decreases, the size of the support network increases to meet the expanded need for services (Stoller, 1983). Thus, reliance on family members other than a spouse increases with age and the decreased capacity of the older person.

In-Home Service Use

In general, those who use in-home services are significantly older, have greater needs because of a higher level of impairment, are more likely to be widowed, and to live with someone (Arling & McAuley, 1984). Similarly, Wan and Arling (1983) characterized older persons most likely to use social services (such as home health care, homemaker services, personal care, etc.) as: young-old, female, having attained a higher education level, having perceived more need for services, experiencing physical dysfunction and self-care limitations, and having multiple health disorders.

A number of studies (Branch, Jette, Evashwick, Polansky, Rowe, & Diehr, 1981; Evashwick, Rowe, Diehr, & Branch, 1984; Wan & Arling, 1983; Wan & Odell, 1981) predicted the use of health and social services according to the Andersen model, which categorizes variables into three types. According to this model, service use depends on: (a) the predisposition of a person to use services, (b) ability to secure services, and (c) a person's illness level (Andersen & Newman, 1973). Predisposing variables are demographic characteristics such as age, sex, marital status, past illness, education, race, occupation, and religion. Enabling factors include level of income, availability of

insurance, presence of family, rural/urban location, and availability of health services. Illness level includes both perceived and objective health status.

Among the three categories of variables, need factors seem best able to predict health and social service utilization. The number of health problems, reported psychological symptoms, and perceived health were predictors of health service use in the aforementioned studies. Soldo (1985) found the need for medical care was the most prominent factor in stimulating the use of formal services among middle-income, older women who had informal caregivers available to them.

As age and level of impairment increase, so does the likelihood of informal and formal service use. Cantor (1980) reported a greater reliance on informal and formal supports as older persons reached upper age brackets, and Soldo (1985) documented the higher probability of formal in-home service use among persons with decreased function in instrumental activities of daily living (IADL), activities of daily living (ADL), and medical care needs. Stoller and Earl (1983) examined sources of instrumental support for 753 noninstitutionalized older adults with varying levels of functional capacity. They found the support network of older persons increased in both size and scope as functional capacity declined.

To summarize, researchers find that most older persons do not use services. Those who do use services tend to be more impaired and demonstrate greater need for services than nonusers. Therefore, I anticipated that level of impairment would influence individuals' responses to questions regarding future use of services and correspondant sources of help. That is, older married persons with more ADL problems are more likely than those with fewer ADL problems to anticipate help from sources other than spouse.

Sources of Help and Types of Help Received

A number of researchers reported on the importance of spouses, family members, friends and neighbors, and agencies to provide in-home services to older, impaired

persons (Arling & McAuley, 1984; Cantor, 1980; Stoller, 1983; Townsend & Poulshock, 1986). Reliance on family members other than the spouse tends to increase as the older person ages, capacity declines, and as friends are lost through death or relocation (Blieszner, 1988; Stoller, 1983). Most older persons (approximately 80%) have living children with whom they are in frequent contact, and who provide them with instrumental assistance and affection (Shanas, 1979). Although older parents expect and receive assistance in times of crises and ill health, love and affection from children hold great importance for their day-to-day lives (Seelbach, 1984; Seelbach & Sauer, 1977; Sussman, 1985). Researchers have shown that older adults provide help to others as much or more than they receive it, and maintain reciprocal exchanges with spouses, family members, friends and neighbors for as long as they are able (Cantor, 1980; Hess & Waring, 1978; Shanas, 1980).

Victor Cicirelli (1979) conducted a study of the relationship between social services and the elderly's kin network. Of the 300 subjects studied, 154 were married at the time of the study, reflecting the national average. The investigation included sixteen services. Kin-types included child, parent, aunt/uncle, sibling, cousin, niece/nephew, grandchild, kin of spouse, and spouse of kin.

As in other studies (Arling & McAuley, 1984; Cantor, 1980; Stoller, 1983), large numbers of respondents indicated they did not use services. They either did not need a particular service or provided it for themselves. For those who used services, adult children most frequently provided assistance, but other kin-types were also actively involved in providing services. In fact, no single kin member provided a large number of services. Rather, the specific kin member varied considerably depending on the service provided. For example, one child might provide homemaking services, another child might give emotional support, a niece might provide transportation, a grandchild might provide household chores, and spouse's kin might provide reading materials.

Eugene Litwak's (1985) Principle of Matching Task and Group Structures maintains that a primary group can best provide those services that match it in structure. For example, a spouse is a suitable source of assistance, substituted by other family members, for tasks that lend themselves to face-to-face contact. Cicirelli's findings therefore reinforce Litwak's principle.

Cicirelli also examined the effects of age and sex of older persons on kin identified as service providers. Gender differences were minimal and appeared only for the areas of housing, transportation, and psychological support, where older men named no one more frequently than did older women. Women named an adult child more frequently than did men in these categories. The frequency of adult children as service providers increased with the older respondents' ages in only four categories: income, personal care, health care, and spiritual services. For other services the frequency of adult children as service providers remained approximately constant. However, the numbers of other kin named as service providers increased sharply for the age group over 80 for every type of service except employment.

Proximity to family members is an important variable to include in an analysis of anticipated sources of help because it affects the amount of face-to-face interaction between older persons and their potential caregivers (Hanson & Sauer, 1985). Geographic distance from family members may become an issue for older persons when they are in need of care, particularly if they require services delivered in the home.

Therefore, because the close proximity of a helper enhances the provision of in-home services, I expected older married persons with family members living within a radius of 135 miles to be more likely than those with family members living more than 135 miles from them to mention a source other than spouse as an anticipated source of help.

Patterns of Exchange

From the existing literature on older married persons, we know they prefer to maintain independence as long as they are able. Married elderly are involved in reciprocal exchanges with each other, with their adult children and grandchildren, friends and neighbors until the effects of age and ill health act to reduce the scope of their activity. Blieszner (1988) reviewed the meaning and importance of social support in the lives of middle-aged and older persons. Social support allows a person to feel valued and cared for, and therefore enhances his or her ability to cope with both ordinary and challenging life events. Social relationships contribute to a person's sense of wholeness and continuity because they provide a forum for companionship and personal and instrumental exchange.

Older married persons hold an advantage over their unmarried counterparts because they have, by definition, a built-in social resource in their spouses. The relationship between spouses may or may not be a positive one, but older husbands and wives appear to support one another when one becomes ill or disabled (Stueve, 1982). However, Hess and Soldo (1985) warned that the tendency of spouses to rely solely upon one another may have negative consequences which result from withdrawal from outside stimuli.

Blieszner (1988) also discussed the necessity of a variety of social resources to meet the needs of an individual. Just as there are multiple needs, there should be multiple resources to meet those needs. Therefore, I suggested that older married persons with greater social resources would anticipate help from sources other than spouse more than older married persons who have fewer social resources.

Ingersol-Dayton and Antonucci (1988) examined reciprocal and nonreciprocal social support in intimate relationships in three groups of older adults: 50 to 64; 65 to 74; and 75 and over. They found reciprocity characterized most relationships, and was especially strong among spouses. They reported 85% of the respondents anticipated

mutual care when ill, and 81% participated in mutual confiding. Reciprocity was less prevalent in relation to children. Respondents reported 67% anticipating mutual care when ill, and 51% participating in mutual confiding with adult children. Reciprocity between respondents and friends was 63% anticipating mutual care when ill. Fifty-six percent of respondents participated in mutual confiding with friends.

For nonreciprocal relationships, participants felt that, in general, they gave more than they received, with the exception of spouses. More respondents reported they confided in their spouses than vice versa. Ingersol-Dayton and Antonucci concluded that their findings supported a life course perspective with regard to the giving and receiving of support. Exchanges of emotional and instrumental support vary according to the type of support and to the relationship involved.

An earlier analysis of the data from the same survey used in this study (McAuley, Jacobs, & Carr, 1984) described helping patterns among husbands and wives. Generally, husbands were more likely than their wives to provide assistance to their spouses. Wives, on the other hand, were more likely than husbands to provide help to persons outside the marital dyad. Further, there was a positive association between number of forms of help provided to non-spouses by husbands and number of forms provided by wives to non-spouses. However, husbands and wives provided each other a similar number of forms of assistance, suggesting some degree of reciprocity between spouses. Because older persons generally perceive their relationships as reciprocal in nature, I expected that older married persons who have been recently involved in assisting others outside the marital dyad would anticipate help from sources other than spouse more than husbands and wives who have not been recently involved in assisting others.

Husband/Wife Differences

The difference in marital status of older men and women attracts the attention of the popular press from time to time. Men have an advantage regarding marital economy, or the benefits of marriage, since more men than women at all ages are married. Seven of ten men 75 years and older are married compared to one in five women in the same age category (Getzel, 1982; Monk, 1979). Simply put, most older men are married and live in a family setting whereas most older women are single and live alone (U.S. Senate Special Committee on Aging, 1985-86 ed.). Also, older married men have a built-in confidant in their wives, and benefit from the traditional roles taken by women in terms of household and caregiving tasks.

In the case of widowhood, older men are eight times more likely to remarry than are older women. Because women have a longer life span, men have a larger pool of partners from which to choose, including younger women. Motivation for remarriage may differ for men and women. Men, for example, maintain a smaller social network from which to draw instrumental and emotional support than women do, reflecting their greater need to remarry (Powers & Bultena, 1976; Troll, 1971). Further, current cohorts of older men lack skills in basic household tasks traditionally accorded women.

Women, on the other hand, have a good chance of becoming caregivers to their older husbands, because of the shorter lifespan of men, and their increased tendency toward chronic illnesses, coupled with women's tendency to marry men who are older. More than one-third of older, disabled men residing in the community receive care from a wife, whereas only one-tenth of elderly disabled women receive care from a husband (U.S. Senate Special Committee on Aging, 1985-86 ed.).

With regard to caregiving and social support, Johnson's (1983) research on dyadic family relations revealed significant differences between genders in the area of spouse caregiving. Men who provided care to their wives had significantly more contact with

children and higher involvement with relatives than wives caring for their husbands. Husbands were more likely than wives to enlist formal sources of help. Further, men experienced less role strain than women in the caregiving role, because of their increased involvement of other kin to provide the needed care. In general, women are more involved than men in giving assistance both to spouses and to others.

Powers and Bultena (1976) described gender differences in close relationships in a statewide study of men and women 70 years of age and older. Their findings showed that older men had more frequent social contacts than women, but they limited their associations to immediate family and friends. However, the close associations of older women represented a greater variety of participants. Several researchers (Hanson & Sauer, 1985; Hess & Waring, 1978; Schlesinger, Tobin, & Kulys, 1980; Scott & Roberto, 1984) reported that female bonds with children and other family members were stronger than male bonds in terms of frequency of interaction and level of involvement. Older married men in this study are expected to choose spouse as a source of anticipated help with more frequency than older married women. Also, women are expected to choose sources of help other than spouse with more frequency than men with regard to future assistance.

Cicirelli's (1979) investigation of kin networks and use of social services among older adults included a section about preferred service providers. Interviewers asked participants to specify which kin provider they desired to assist with a given service should they become unable to perform a task themselves. Among kin members, women were the preferred source of help in such areas as homemaking, personal care, health care, and spiritual services, whereas men were the preferred source of help for maintenance and protective services. Overall, he showed evidence that women desired kin, friends, and neighbors as service providers more than do men.

To summarize, women tend to be more involved than men in their family and social networks. Female ties tend to be stronger than male ties across generations, and women have greater filial expectations of their children than do men. Women also tend to prefer family members, friends, and neighbors as service providers more than men. Among older married persons, women are more active than men in terms of providing assistance to persons outside the marital dyad. One hypothesis of this study was that older husbands are more likely than older wives to mention spouse as an anticipated source of help, and older wives are more likely than older husbands to mention anticipated help from sources other than spouse.

Demographic Variables

Demographic variables such as race, living arrangement, economic functioning, and years of education are factors considered in studies on the use of services. They are categorized by the Andersen model (Andersen & Newman, 1973) as predisposing and enabling variables which may affect an individual's predisposition to use services. Although these variables may not directly influence the use of services, they contribute to the need for services, and were therefore considered in this study on anticipated sources of help.

Marjorie Cantor's (1980) study of New York's inner-city elderly included variables of ethnicity and class as predictors of participation in the informal support system of older adults. Information concerning the strength of familial bonds, reciprocity between generations, and the role of friends and neighbors in light of ethnic background and socioeconomic class provided insights into how urban elderly maintain their independence. She found that Hispanic elderly received more help from children, gave more in return, and were closer to their children than whites or blacks. Also, black and white respondents were very similar in their levels of interaction with children.

Even more predictive of family/friend participation was the social class of the respondent. That is, the higher the social class, the less involved were children with their older parents, and the more involved were the elderly with friends. Ethnicity played an especially strong role with respect to neighbor relationships among blacks. They were more likely than whites or Hispanics to give to and receive help from neighbors.

Therefore, the nature of the assistance needed, along with the cultural orientation, value system, and social class of the older person, are salient factors in determining who performs what task. Cantor's investigation provides evidence that an older person's race may have an influence on the use of the informal support system, and is therefore a variable that should be included in this study.

Living arrangements have an impact on use of services, according to Wan and Odell (1981). They reported that persons who lived alone had more physician visits than those who lived with others. Beth Soldo (1985) compared dependent elderly living alone with those living with a spouse or other relatives. Living with others significantly reduced the probability of using formal in-home services unless activity of daily living needs and medical needs became very great. Similarly, living arrangements may influence responses of older married persons regarding anticipated sources of help.

According to Branch, et al. (1981), those with higher family incomes are more likely to use home care services. However, McAuley and Arling (1984) found economic resources had no direct and little indirect effect on use of in-home care among the very old. Soldo (1985) reported that annual income of a caregiving household had only a trivial effect on the probability of formal service use. Thus, the effect of income on use of services is unclear as reported in the literature.

Education is a predictor of service use categorized by Andersen and Newman (1973) as a predisposing variable. They suggest that education influences the life circumstances of an individual and can affect how a person may be inclined to use services. Two studies

(Branch et al., 1981; Evashwick et al., 1984) reported persons with lower levels of education were more likely to use home care services than those with higher levels of education. In contrast, Cicirelli (1979) reported older persons with more education hire or prefer to hire service providers in the areas of homemaking, maintenance, and personal and home health care. McAuley and Arling (1984) found that very old people with higher levels of education receive more in-home services. Thus, the direction of education as a predictor of in-home services is unclear.

Hypotheses

The literature illustrates that, in general, older husbands and wives represent for each other that significant, responsible, "other" who is available in times of need. Although older spouses will most often anticipate future help from each other, they may also anticipate other sources of help in light of increased health concerns and the reduced resources of later life.

Researchers have shown that men and women have different ways of interacting with their spouses, family members, friends, and neighbors. Therefore, variables that predict variations in responses to questions regarding anticipated availability of help and anticipated sources of help should increase our knowledge about older married persons' expectations for the future.

This study of older married persons, based on the Statewide Survey of Older Virginians (McAuley et al., 1980), tested the following hypotheses:

1. The spouse is the most frequently anticipated source of help for each in-home service considered in this study.

2. Older husbands are more likely than older wives to mention spouse as anticipated source of help.

3. Older married persons with more ADL problems are more likely than those with fewer ADL problems to anticipate help from sources other than spouse.

4. Older married persons with family members living within a 135 mile radius are more likely than those having family members living more than 135 miles away to mention a source other than spouse as an anticipated source of help.

5. Older married persons who are recently involved in assisting others outside the marital dyad with any services will anticipate help from sources other than spouse more than husbands and wives who are not recently involved in assisting others.

6. Older married persons with more social resources are more likely than those with fewer social resources to anticipate help from sources other than spouse.

In summary, the primary focus of this study was on older married people and their expectations regarding future sources of assistance with in-home services. I believe that information from this investigation will help service providers to plan and deliver their services according to the expectations of their constituency.

## Methods

I examined data collected in the Statewide Survey of Older Virginians (McAuley et al., 1980). The Virginia Department of Welfare financed the survey with funds made available through Title XX of the Social Security Act. The Virginia Office on Aging was the primary contractor for the survey, with a subcontract between the Virginia Office on Aging and the Virginia Center on Aging at Virginia Commonwealth University giving primary responsibility to the Center for gathering and analyzing the data. The two-year project, which began in July, 1978, sought by comprehensive survey to assess functional aspects of life and the range of services available to older Virginians. The investigators drew a state-level area probability sample of 2,146 non-institutionalized Virginia residents at least 60 years old. Respondents of this survey met criteria of age eligibility for participation in Older Americans Act programs.

Interviewers trained by the Virginia Center on Aging conducted structured, face-to-face interviews of approximately 45 minutes' length in individuals' homes. Participants in the Statewide Survey responded at an 87% response rate. The Final Report of the Statewide Survey of Older Virginians (McAuley, et al., 1980) details the sample design.

### Study Instrumentation

Persons not currently using services or in the past six months answered questions concerning anticipated availability of help. A response of "No" to the question "Do you feel you need (this) help . . .," indicated a person who did not need the service. For purposes of this study, I considered only those whose responses reflected they did not need the service. In addition, I did not use interviews that involved an informant for completion of the questionnaire. Responses to questions regarding anticipated availability of help, if needed, along with questions concerning anticipated sources of help, if needed, served as dependent variables in this investigation.

I used age, gender, level of impairment, proximity of family, helping patterns of older married persons, and social resources as independent variables in this study. I wanted to examine what variables influenced choice of spouse versus others in anticipating source of help, and to examine gender differences regarding anticipation of help.

Because race, education, income, and living arrangement are predictors of service use, I incorporated them into the analysis. I included these variables to assess their influence on respondents' choices of anticipated sources of help.

OARS: The Core Instrument. Researchers at Duke University developed the OARS (Older Americans Resources and Services) questionnaire in 1975 with the purpose of assessing the overall functioning and service use of older adults. The OARS instrument is comprehensive and versatile, and is applicable to a broad spectrum of older adults in a variety of settings. Over 150 agencies and researchers throughout the country have used the OARS for a variety of purposes (George & Fillenbaum, 1985). Because of the comprehensive yet brief nature of the OARS, and its ease of administration by interviewers, researchers at the Virginia Center on Aging chose it for use in the Statewide Survey of Older Virginians.

The OARS Multidimensional Functional Assessment Questionnaire (OMFAQ) consists of two major parts. The first section assesses the functioning of the older person on each of five dimensions: social resources, economic resources, mental health, physical health, and activities of daily living (ADL). Social resources include marital status, living arrangement, presence of family members, friends, and neighbors, as well as the frequency and type of interaction evident within the respondent's social sphere. Economic resources include employment status, income, benefits, living arrangement, and income adequacy. Mental health involves the respondent's intellectual and psychological functioning. Physical health questions assess the respondent's medical

status and the medications related to this status. Activities of Daily Living involve a person's ability to perform normal activities such as using the telephone, preparing meals, performing household tasks, shopping, bathing, and the like.

The second section seeks information about what services individuals receive, intensity of service use, who provides services, and respondents' perceived need for services. A set of summary scores describing functional assessment allows the investigator to analyze a sample according to level of impairment on one dimension or on a combination of dimensions.

Validity and Reliability. Three types of assessments determined reliability of the OARS instrument: (a) test-retest reliability; (b) interrater reliability; and (c) intrarater reliability. In the test-retest reliability trial, 91% of the OMFAQ item responses were identical during a five-week interval, indicating substantial test-retest reliability. Interrater reliability coefficients ranged from 0.67 to 0.87 across the five dimensions of functioning. The intrarater reliability trial showed 80% of intrarater correlations were 0.80 or higher.

Researchers assessed validity by comparing interviewer summary ratings with external, clinically relevant criteria measures for four of five categories. They compared the OMFAQ interviewer ratings with independent ratings of psychiatrists for mental health, physicians' associates for physical health, and physical therapists for ADL. Income adequacy as determined by federal budget standards ascertained validity for economic resources. In the area of social resources, several social workers reported that questions in the OMFAQ were the same as questions they would ask. Social workers provided this information because an appropriate external standard of comparison for social resources could not be identified.

For each of the functional status areas examined there was statistically significant agreement between OARS ratings and professional assessments as determined by

Kendall's tau and Spearman's rank order correlations. Kendall's tau correlations ranged from .62 to .83 and Spearman's rank order correlations ranged from .68 to .89.

The OARS instrument, then, has both content and consensual validity, and in four of five dimensions, it also has criterion validity. Fillenbaum and Smyer (1981), Fillenbaum (1985), and George and Fillenbaum (1985) have described validity and reliability of the OARS questionnaire.

Project supervisors and the Virginia Center on Aging staff also examined validity of the Statewide Survey instrument. Supervisors recontacted by telephone 10% of the individuals interviewed by each interviewer. This recontact determined if the interview was conducted, verified courteous and respectful conduct on the part of the interviewer, and it was used to validate selected objective items from the interview. Interviewers revisited 20% of those respondents who did not have telephones. The Virginia Center on Aging staff also made validations on a more limited basis. They randomly stratified the validated questionnaires according to time of interview and geographic location of the respondent. The validations were consistently positive, demonstrating a high level of accuracy on the objective measures readministered.

Modification of the OARS Questionnaire. Additions were made to the OARS instrument based on advice from the survey's advisory group, consisting of administrators, policymakers, planners, and practitioners throughout Virginia. Modified sections in the Statewide Survey dealt with dental care, nutrition, housing, and political involvement. The expanded service section measured knowledge of available services and services the older person may be providing to others.

## Data Analysis

In the current study I first assessed the question of availability of help among older married persons. Respondents answered a question that asked whether or not help

would be available should the need arise. If they answered yes, they subsequently answered questions regarding sources of anticipated help.

This analysis tested six hypotheses that involved older married persons' response patterns to questions regarding anticipated availability of help and anticipated sources of help for each of seven in-home services. It also ascertained the influence of four demographic variables on respondents' choices to questions regarding anticipated sources of help for each of seven in-home services. These variables included race, years of education, economic functioning, and living arrangement. In-home services included (a) personal care, (b) nursing care, (c) physical therapy, (d) constant supervision, (e) checking (by phone or in person), (f) household chores, and (g) meal preparation. I tested the hypotheses at the $p = < .05$ level of significance.

Hypothesis Testing. Hypothesis one dealt with the frequency of spouse as an anticipated source of help. Hypothesis two dealt with most likely anticipated source of help according to gender. I used a chi square statistic to determine the independence of gender and the anticipated source (spouse, other family member, friend/neighbor, agency, other).

Hypothesis three concerned older married persons and level of impairment. Those with more ADL problems anticipate help from sources other than spouse more than those with fewer ADL problems. I used a chi square statistic to determine the independence of anticipated sources of help (5 sources) from ADL score (6 levels, from excellent ADL capacity to completely impaired ADL capacity).

The fourth hypothesis dealt with proximity of family members, whether being close or far away has an effect on choice of anticipated source of help. I used a chi square statistic to test independence of source of anticipated help and distance of family members (less than 135 miles, at least 135 miles).

Hypothesis five concerned helping patterns of older married persons and their relationship to anticipated sources of help. I used a chi square statistic to determine independence of level of involvement in assisting persons outside the dyad (in any of the service areas), and source of anticipated help (5 sources).

Hypothesis six dealt with social resources in the same way hypothesis two dealt with ADL problems; that is, older married persons with more social resources anticipate help from sources other than spouse more than those with fewer social resources. A chi square statistic determined the independence of anticipated sources of help other than spouse from social resources score (6 levels, from excellent social resources to totally socially impaired).

Demographic Variables. I used a chi square analysis to assess the influence of demographic variables on choices of anticipated sources of help. As the dependent variable I selected anticipated source of help. Anticipated sources of help refer to spouse, other family member, friend-neighbor, agency, and other (5-1, respectively). Independent variables were gender (male, female), economic functioning (1-3), education (1-6), race (white, non-white), and living arrangement (spouse only, 1-3 roomers other than spouse). Economic functioning (1-3) refers to the Economic Resources Rating Scale where resources were excellent, satisfactory, mildly impaired to completely impaired. Education (1-6) refers to six levels of educational attainment: 0-4 years; 5-8 years; high school incomplete; high school complete; post high school or business or trade school; 1-3 years of college; 4 years or more of college completed.

Older married persons numbered 666 for this analysis. This number varied according to the restrictions placed on each in-home service. Respondents must have indicated they were not using a particular service, and did not need help with that service before they were questioned about anticipated source of help.

Because I received too few expected responses in some cells ( > 20% with fewer than five responses expected) to have accurate probability for testing independence with a chi square analysis, I collapsed the original categories for social resource rating, economic resource rating, years of education, and shared housing in the following manner. I combined mild, moderate, and severe categories for social resource ratings and for economic resource ratings to sufficiently raise the number of expected responses in the last level of these categories. I combined the last two categories of years of education to encompass four years or more of college education. I collapsed the shared housing variable to two categories; no roomers or one, two, or three roomers. Likewise, I removed the "other" category from source of personal care, nursing care, and checking service areas due to very low numbers selecting this category. In the area of physical therapy, the "friend-neighbor" choice was removed.

## Results

Approximately one-third of the sample fell into each age category (60-64, 65-69, 70+). Eighty-seven percent of the respondents in this sample were white and 13% nonwhite, consistent with the national average. In 1980, proportionately more blacks lived in the state of Virginia (19%) than in the general U.S. population (16.9%). In 1984, 22% of the U.S. population of 55 years and older was white and 16% was black (U.S. Senate Special Committee on Aging, 1985-86 ed.). All members of this sample lived with their spouses, with 20% living with others also. Fewer than one-third of the respondents reported a high school or higher level of education.

Over all services, a majority of respondents reported good to excellent ratings for social resources (90%), economic resources (73%), and ADL ratings (88%), reflecting a group of relatively healthy individuals with good resources. Sixty-six percent of respondents had a family member living within five miles of them.

When asked if help would be available should the need arise, approximately 85% responded affirmatively. Most indicated that help would be available to them for an indefinite period of time. It is possible that respondents made the assumption that their spouses would be available to provide needed help. Or, it is feasible they assumed family members would be available, especially when most reported a family member living close to them. In either case, it is important to recognize that the majority of respondents anticipated future assistance with regard to in-home services.

Another question of interest was whether or not respondents had assisted someone outside the marital dyad with any of the in-home services considered in this study. Eighty-two percent of respondents indicated they had not helped persons outside the marital dyad with any of the services. Except for the area of personal care services, there was no relationship between help given outside the dyad and anticipated sources of help

other than spouse. For personal care, those who had helped others anticipated an agency for assistance twice as frequently as those who gave no help outside the dyad.

Table 1 presents percentages of respondents choosing each source of anticipated help for each in-home service considered in this study. The first column number given is the number of respondents not currently using the service at the time of interview. The number of respondents considered in this analysis ranged from 409 to 525, depending upon the number of persons who indicated they did not use or need a particular service.

Hypothesis one predicted that spouse would be the most frequent choice of anticipated help for each in-home service. As depicted in Table 1, this was true for all services except physical therapy, where agency dominated all other choices. Agency was also a strong choice for nursing care, indicating the anticipation of outside help for these services.

Next to spouse, other family member represented the prominent choice of future help for personal care, continuous supervision, checking, homemaker-household, and meal preparation services. For checking services, respondents chose family nearly as frequently as they chose spouse. Further, respondents chose friend-neighbor much more frequently (at 10%) for checking services than for any other service considered in this analysis. Respondents selected other as a category more often for homemaker-household services (at 12%) than for any other service. Some respondents were likely to anticipate hired help for this service.

Personal Care

Table 2 presents the percentages of anticipated help for personal care as distributed by age, gender, help given, social resources rating, economic resources rating, ADL rating, nearest family member, educational level, and shared housing. Of all variables, only age and shared housing were independent of anticipated source of personal care

Table 1.

Percentages of Anticipated Sources of Help for In-Home Services

| Service[1] | n | Anticipated Source of Help | | | | |
|---|---|---|---|---|---|---|
| | | Other | Agency | Friend or neighbor | Family | Spouse |
| Personal care | 503 | 1.59 | 9.34 | 2.58 | 22.86 | 63.62 |
| Nursing care | 478 | 3.56 | 30.33 | 3.97 | 17.57 | 44.56 |
| Physical therapy | 409 | 4.40 | 86.31 | 0.98 | 2.93 | 5.38 |
| Continuous supervision | 525 | 2.29 | 2.86 | 1.90 | 20.95 | 72.00 |
| Checking services | 439 | .00 | 2.73 | 10.25 | 41.91 | 45.10 |
| Homemaker household | 417 | 12.95 | 2.40 | 5.76 | 25.90 | 53.00 |
| Meal preparation | 506 | 2.37 | 2.77 | 3.95 | 23.12 | 67.79 |

[1] $X^2 = 1,951$; $p < .05$.

(Chi Square, $p < .05$). Responses were very similar for each source of help regardless of age.

As expected, more men than women responded they would anticipate their spouse as a source of help. Eighty percent of the men answered spouse, whereas only 48% of women answered spouse. Women also anticipated help from other family members and agencies to a greater extent than men. Women, relative to men, anticipated help from family members three times as often and anticipated help from friends or neighbors twice as often. According to hypothesis two, husbands are more likely than wives to mention spouse as an anticipated source of help. Findings in the area of personal care services supported this prediction.

The help given variable was significant in the area of personal care services. Those who had given any help to others (other than spouse) were more likely to choose other family member and agency than were those who had assisted spouse only or no one. Hypothesis five, which predicted that older married persons recently involved in assisting others outside the dyad will anticipate help from sources other than spouse more than those who are not, was supported by the findings.

A majority of respondents with good or excellent social resources anticipated help from their spouses, approximately 21% anticipated help from another family member, and 7-11% anticipated help from an agency. Respondents with lower ratings of social resources anticipated assistance less from spouse and more from other family members and friends than those with good to excellent ratings. Hypothesis six proposed that older married persons with more social resources are more likely than those with fewer social resources to anticipate help from sources other than spouse. Findings in the area of personal care did not support this hypothesis.

Respondents with lower economic ratings anticipated help from other family members and friend-neighbor categories more than those with good or excellent ratings.

Table 2.

Percentages of Anticipated Help for Personal Care

| Characteristic[1] | n | Anticipated Source of Help: Agency | Friend or neighbor | Family | Spouse |
|---|---|---|---|---|---|
| Age (10.7) | | | | | |
| 60-64 | 144 | 11.11 | .00 | 21.53 | 67.36 |
| 65-69 | 162 | 9.88 | 1.85 | 24.07 | 64.20 |
| 70+ | 189 | 7.94 | 5.29 | 23.81 | 62.96 |
| Gender (57.5)* | | | | | |
| Male | 261 | 7.72 | 1.93 | 10.81 | 79.54 |
| Female | 242 | 11.44 | 3.39 | 36.86 | 48.31 |
| Help Given (10.4)* | | | | | |
| No | 415 | 8.19 | 2.65 | 21.69 | 67.47 |
| Yes | 80 | 16.25 | 2.50 | 31.25 | 50.00 |
| Social Resources (41.3)* | | | | | |
| Excellent | 206 | 11.65 | .00 | 21.36 | 66.99 |
| Good | 239 | 6.69 | 2.51 | 23.01 | 67.78 |
| Mild-severe | 50 | 14.00 | 14.00 | 32.00 | 40.00 |
| Economic Resources (50.0)* | | | | | |
| Excellent | 144 | 15.28 | .69 | 13.19 | 70.83 |
| Good | 207 | 9.18 | 1.45 | 20.29 | 69.08 |
| Mild | 87 | 4.60 | 5.75 | 31.03 | 58.62 |
| Moderate-severe | 57 | 3.51 | 7.02 | 47.37 | 42.11 |
| Activities of Daily Living (19.3)* | | | | | |
| Excellent | 204 | 12.25 | .00 | 17.65 | 70.10 |
| Good | 216 | 8.33 | 4.63 | 25.93 | 61.11 |
| Mild-severe | 75 | 5.33 | 4.00 | 30.67 | 60.00 |

[1] (Chi Square), * indicates significant ($p < .05$).

Table 2 (continued)

Percentages of Anticipated Help for Personal Care

| Characteristic[1] | n | Anticipated Source of Help: Agency | Friend or neighbor | Family | Spouse |
|---|---|---|---|---|---|
| Nearest Family (36.54)* | | | | | |
| > 135 Mi. | 45 | 26.67 | 4.44 | 17.68 | 51.11 |
| 35-135 mi | 30 | 13.33 | 3.33 | 10.00 | 73.33 |
| 5-35 | 85 | 12.94 | 2.35 | 14.12 | 70.59 |
| 1-5 | 112 | 8.93 | 1.79 | 21.43 | 67.86 |
| < 1 mi. | 218 | 4.59 | 1.83 | 31.19 | 62.39 |
| Education (45.7)* | | | | | |
| 0-4 yrs. | 42 | 7.14 | 4.76 | 30.95 | 57.14 |
| 5-8 yrs. | 137 | 5.11 | 5.84 | 27.01 | 62.04 |
| 9-12 yrs. | 93 | 6.52 | 1.09 | 26.09 | 66.30 |
| High School | 93 | 9.09 | 2.27 | 25.00 | 63.64 |
| Post High School | 31 | 6.45 | .00 | 12.90 | 80.65 |
| Some College | 52 | 11.54 | .00 | 19.23 | 69.23 |
| College Graduate | 52 | 28.85 | .00 | 9.62 | 61.54 |
| Race (9.5)* | | | | | |
| White | 425 | 9.65 | 2.12 | 21.41 | 66.82 |
| Nonwhite | 70 | 8.57 | 5.71 | 34.29 | 51.43 |
| Shared Housing (5.6) | | | | | |
| 0 Roomers | 383 | 10.18 | 2.61 | 20.89 | 66.32 |
| 1-3 Roomers | 112 | 7.14 | 2.68 | 31.25 | 58.93 |

[1] (Chi Square), * indicates significant ($p < .05$).

In fact, respondents with moderately to severely impaired economic resources anticipated help more from other family members than from spouse. Those well-off economically were two or three times as likely to turn to agencies. It appears that older persons who have the advantages of health, marriage, and adequate resources anticipate using an agency as one source of assistance for personal care.

Spouse and family members represented the most frequently anticipated sources of help at almost all levels of impairment. A moderate number anticipated help from an agency, but very few from friends and neighbors. Generally, persons with lower ADL ratings chose sources other than spouse more frequently than those with higher ratings, which was contrary to the expected trend.

For proximity of family member, those with a family member living more than 135 miles away frequently anticipated help from other family members and agency. Respondents anticipated help less from spouse than those with family members less than 135 away. For example, 73% of respondents with the nearest family member living 35-135 miles away anticipated help from spouse, 10% from other family member, and 13% from an agency. In contrast, 51% of respondents with the nearest family member living at a distance greater than 135 miles anticipated help from their spouses, 18% from other family member, and 27% from agency. Respondents with the nearest family member more than 135 miles away were more likely than those with the nearest family member less than 135 miles away to anticipate an anticipated source of help other than spouse.

Respondents with four years of college or more anticipated help from an agency more frequently than from a family member. More than one-quarter chose agency as the anticipated source of personal care. Those with less education responded in similar percentages in the other family member category. In general, more education was

associated with reduced anticipated family dependence and increased agency expectation.

For race, approximately two-thirds of white respondents and one-half of nonwhite respondents indicated that spouse was the expected source of personal care. Relatively more nonwhites than whites responded in categories of other family member and friend-neighbor.

Nursing Care

Table 3 presents percentages of anticipated help for nursing care distributed by age, gender, help given, social resources rating, economic resources rating, ADL rating, nearest family member, education, race, and shared housing. Significant factors were gender, social resources rating, ADL rating, economic resources rating, education, and shared housing.

Individuals in all age groups responded similarly for all sources of help with regard to nursing care. Spouse was the most frequent choice, followed by agency and family. Women more than men anticipated help from family member or agency. Although respondents seldom selected friend-neighbor as a source of help, women chose this category twice as frequently as did men. Thus, the expectation that men more often than women would mention spouse as an anticipated source of help was supported for the service of nursing care.

Choice of spouse decreased along with a decrease in social resource rating. Only respondents with excellent or good social resource ratings chose spouse more than agency. Contrary to the hypothesis, the lower the social resource rating the more sources other than spouse were selected.

Other family member became an important source of forseeable nursing care as economic resources rating went down. Selection of agency declined as economic rating declined. Moderate to severely economically impaired respondents chose other family

Table 3.

Percentages of Anticipated Help for Nursing Care

| Characteristic[1] | n | Anticipated Source of Help: Agency | Friend or neighbor | Family | Spouse |
|---|---|---|---|---|---|
| Age (5.9) | | | | | |
| 60-64 | 134 | 33.58 | 5.22 | 17.90 | 43.28 |
| 65-69 | 156 | 35.90 | 2.56 | 16.03 | 45.51 |
| 70+ | 171 | 25.73 | 4.68 | 20.47 | 49.12 |
| Gender (44.28)* | | | | | |
| Male | 239 | 26.78 | 2.09 | 10.88 | 60.25 |
| Female | 222 | 34.49 | 6.31 | 26.13 | 31.08 |
| Help Given (7.7) | | | | | |
| No | 378 | 30.42 | 3.44 | 17.20 | 48.94 |
| Yes | 83 | 36.14 | 7.23 | 22.89 | 33.73 |
| Social Resources (28.0)* | | | | | |
| Excellent | 200 | 30.50 | 2.00 | 14.00 | 53.50 |
| Good | 215 | 27.91 | 4.65 | 22.33 | 45.12 |
| Mild-severe | 46 | 52.17 | 10.87 | 17.39 | 19.57 |
| Economic Resources (39.6)* | | | | | |
| Excellent | 151 | 41.72 | 3.97 | 7.95 | 46.36 |
| Good | 184 | 28.26 | 2.72 | 16.85 | 52.17 |
| Mild | 83 | 24.10 | 7.23 | 28.92 | 39.76 |
| Moderate-severe | 43 | 23.26 | 4.65 | 39.53 | 32.56 |
| Activities of Daily Living (13.17)* | | | | | |
| Excellent | 212 | 35.38 | 2.83 | 12.26 | 49.53 |
| Good | 188 | 29.79 | 5.32 | 22.87 | 49.53 |
| Mild-severe | 61 | 22.95 | 4.92 | 24.59 | 47.54 |

[1] (Chi Square), * indicates significant ($p < .05$).

Table 3 (continued)

Percentages of Anticipated Help for Nursing Care

| Characteristic[1] | n | Anticipated Source of Help | | | |
|---|---|---|---|---|---|
| | | Agency | Friend or neighbor | Family | Spouse |
| Nearest Family (19.9) | | | | | |
| > 135 mi. | 38 | 47.37 | 5.26 | 18.42 | 28.95 |
| 35-135 mi. | 30 | 40.00 | .00 | 20.00 | 40.00 |
| 5-35 mi. | 87 | 27.59 | 5.75 | 8.05 | 58.62 |
| 1-5 mi. | 107 | 28.04 | 3.74 | 17.76 | 50.47 |
| < 1 mi. | 196 | 30.10 | 4.08 | 22.45 | 43.37 |
| Education (33.8)* | | | | | |
| 0-4 yrs. | 34 | 26.47 | .00 | 29.59 | 52.94 |
| 5-8 yrs. | 125 | 27.20 | 5.60 | 20.00 | 47.20 |
| 9-12 yrs. | 84 | 29.76 | 5.95 | 23.81 | 40.48 |
| High School | 86 | 22.09 | 8.14 | 20.93 | 48.84 |
| Post High School | 34 | 38.24 | .00 | 14.71 | 47.06 |
| Some College | 46 | 36.96 | .00 | 13.04 | 50.00 |
| College Graduate | 51 | 54.90 | .00 | 5.88 | 39.22 |
| Race (7.5) | | | | | |
| White | 403 | 32.51 | 4.22 | 16.38 | 46.90 |
| Nonwhite | 58 | 24.14 | 3.45 | 31.03 | 41.38 |
| Shared Housing (9.3)* | | | | | |
| 0 Roomers | 363 | 31.96 | 4.13 | 15.43 | 48.48 |
| 1-3 Roomers | 98 | 29.59 | 4.08 | 28.57 | 37.76 |

[1] (Chi Square), * indicates significant ($p < .05$).

member more frequently than they chose spouse. Greater economic impairment was associated with less expectation of spouse and more expectation of a family member as a source of anticipated help.

ADL rating was not a significant factor in future choice of nursing care. Nearly one-third of respondents with good to excellent ratings chose agency rather than family as an anticipated source, and one-quarter of mildly impaired respondents chose other family member as a source of help. Therefore, greater impairment was not associated with sources of anticipated help other than spouse in the area of nursing care.

Distance from nearest family member did not make a significant difference to anticipated source of nursing help. The findings did not support the prediction that respondents with the nearest family member living within 135 miles would be more likely than those with the nearest family member more than 135 miles away to mention a source of help other than spouse.

The college educated group anticipated nursing help from agency much more frequently than respondents at all other educational levels. In fact, agency was anticipated more than spouse as a source of expected nursing care for this group of respondents.

Statistics for race were non-significant, but number of roomers appeared to influence the source of anticipated help. Shared housing with one or more persons (outside the marital dyad) was associated with less help anticipated from the spouse and more from other family member or agency.

Physical Therapy

Table 4 presents percentages of anticipated help for physical therapy services distributed by gender, help given, social resources rating, economic resources rating, ADL rating, nearest family member, educational level, race, and shared housing. Findings were significant for social resources, ADL, and race.

Table 4.

Percentages of Anticipated Help for Physical Therapy

| Characteristic[1] | n | Anticipated Source of Help | | | |
|---|---|---|---|---|---|
| | | Other | Agency | Family | Spouse |
| Age (10.5) | | | | | |
| 60-64 | 123 | 5.69 | 86.99 | 4.07 | 3.25 |
| 65-69 | 145 | 6.21 | 88.28 | 1.38 | 4.14 |
| 70+ | 137 | 1.46 | 86.13 | 3.65 | 8.76 |
| Gender (2.99) | | | | | |
| Male | 202 | 4.46 | 86.63 | 1.98 | 6.93 |
| Female | 203 | 4.43 | 87.68 | 3.94 | 3.94 |
| Help Given (6.1) | | | | | |
| No | 337 | 3.86 | 86.65 | 2.97 | 6.53 |
| Yes | 68 | 7.35 | 89.71 | 2.94 | .00 |
| Social Resources (21.0)* | | | | | |
| Excellent | 181 | 5.52 | 91.71 | 2.21 | .55 |
| Good | 184 | 3.80 | 81.52 | 4.35 | 10.33 |
| Mild-severe | 49 | 2.50 | 92.50 | .00 | 5.00 |
| Economic Resources (10.1) | | | | | |
| Excellent | 147 | 6.80 | 87.76 | 2.04 | 3.40 |
| Good | 169 | 2.96 | 87.17 | 2.96 | 5.92 |
| Mild | 67 | 4.48 | 80.60 | 5.97 | 8.96 |
| Moderate | 22 | .00 | 95.45 | .00 | 4.55 |
| Activities of Daily Living (13.8)* | | | | | |
| Excellent | 202 | 5.94 | 89.11 | 2.48 | 2.48 |
| Good | 150 | 2.00 | 88.00 | 3.33 | 6.67 |
| Mild-severe | 53 | 5.66 | 77.36 | 3.77 | 13.21 |

[1] (Chi Square), * indicates significant ($p < .05$).

Table 4 (continued)

Percentages of Anticipated Help for Physical Therapy

| Characteristic[1] | n | Anticipated Source of Help | | | |
|---|---|---|---|---|---|
| | | Other | Agency | Family | Spouse |
| Nearest Family (6.5) | | | | | |
| > 135 mi. | 40 | 5.00 | 85.00 | 2.50 | 7.50 |
| 35-135 mi. | 29 | 6.90 | 86.21 | 6.90 | .00 |
| 5-35 mi. | 66 | 3.03 | 87.88 | 1.52 | 7.58 |
| 1-5 mi. | 97 | 5.15 | 84.54 | 3.09 | 7.22 |
| < 1 mi. | 169 | 4.14 | 88.76 | 2.96 | 4.14 |
| Education (16.5) | | | | | |
| 0-4 yrs. | 20 | 5.00 | 85.00 | .00 | 10.00 |
| 4-8 yrs. | 98 | 2.04 | 89.80 | 4.08 | 4.08 |
| 9-12 yrs. | 73 | 5.48 | 84.93 | 2.74 | 6.85 |
| High School | 76 | 1.32 | 93.42 | 2.63 | 2.63 |
| Post High School | 31 | .00 | 87.10 | 3.23 | 9.68 |
| Some College | 49 | 8.16 | 81.63 | 4.08 | 6.12 |
| College Graduate | 58 | 10.34 | 82.76 | 1.72 | 5.17 |
| Race (8.4)* | | | | | |
| White | 355 | 5.07 | 85.35 | 3.38 | 6.20 |
| Nonwhite | 50 | .00 | 100.00 | .00 | .00 |
| Shared Housing (2.5) | | | | | |
| 0 Roomers | 319 | 4.70 | 85.89 | 3.45 | 5.96 |
| 1-3 Roomers | 86 | 3.49 | 91.86 | 1.16 | 3.49 |

[1] (Chi Square), * indicates significant ($p < .05$).

Most respondents chose agency as the anticipated source of physical therapy in all categories, indicating they considered outside help necessary for this service. Respondents with good social resources chose spouse 10% of the time, different from those with excellent resources (55%) or with mildly impaired social resources (5%). Respondents with mild to severely impaired ADL ratings chose spouse more frequently than those with good or excellent ADL ratings. Findings for race also proved significant. Nonwhites chose agency as the anticipated source of help 100% of the time whereas white respondents chose agency 85% of the time. Since agency dominated as the preferred choice of anticipated help in all categories, none of the hypotheses was supported with regard to physical therapy services.

Continuous Supervision

Table 5 involves anticipation of help for continuous supervision services distributed by age, gender, help given, social resources rating, economic resources rating, ADL rating, nearest family member, education, race, and shared housing. Gender, social resources rating, economic resources rating, nearest family member, and shared housing were associated with choice of help.

Both men and women chose spouse more frequently than any other source of anticipated help. Women, however, chose other family member almost twice as often as did men, indicating a tendency to choose a source other than spouse. Again, as hypothesized, men were more likely than women to mention spouse as the anticipated source of continuous supervision help.

Generally, those with lower social resource ratings chose spouse less often than respondents with good to excellent ratings. Other sources of help became more prominent as social resources declined, a finding that refutes the prediction that persons with more social resources will choose more sources of help. As economic resource ratings decreased, respondents chose spouse less frequently and other family member

Table 5.

Percentages of Anticipated Help for Continuous Supervision

| Characteristic[1] | n | Anticipated Source of Help | | | | |
|---|---|---|---|---|---|---|
| | | Other | Agency | Friend or neighbor | Family | Spouse |
| Age (11.8) | | | | | | |
| 60-64 | 154 | .65 | 5.19 | .65 | 20.78 | 72.73 |
| 65-69 | 183 | 1.64 | 1.64 | 2.19 | 22.40 | 72.13 |
| 70+ | 188 | 4.26 | 2.13 | 2.66 | 19.68 | 71.28 |
| Gender (20.5)* | | | | | | |
| Male | 266 | 2.63 | 2.63 | 1.88 | 13.16 | 79.70 |
| Female | 259 | 1.93 | 3.09 | 1.93 | 28.96 | 64.09 |
| Help Given (6.4) | | | | | | |
| No | 433 | 2.31 | 2.31 | 1.39 | 21.25 | 72.75 |
| Yes | 92 | 2.17 | 5.43 | 4.35 | 19.57 | 68.48 |
| Social Resources (27.5)* | | | | | | |
| Excellent | 217 | 1.84 | 2.30 | .92 | 18.89 | 76.04 |
| Good | 256 | 2.34 | 2.73 | 1.17 | 20.70 | 73.05 |
| Mild-severe | 52 | 3.85 | 5.77 | 9.62 | 30.77 | 50.00 |
| Economic Resources (44.0)* | | | | | | |
| Excellent | 158 | 3.16 | 6.33 | .63 | 10.76 | 79.11 |
| Good | 218 | 1.83 | 1.38 | 2.29 | 19.27 | 75.23 |
| Mild | 94 | 3.19 | .00 | 3.19 | 29.79 | 63.83 |
| Moderate-severe | 55 | .00 | 3.64 | 1.82 | 41.82 | 52.73 |
| Activities of Daily Living (11.1) | | | | | | |
| Excellent | 228 | 1.75 | 3.51 | 1.32 | 17.98 | 75.44 |
| Good | 226 | 3.54 | 1.33 | 2.65 | 23.01 | 69.47 |
| Mild-severe | 71 | .00 | 5.63 | 1.41 | 23.94 | 69.01 |

[1] (Chi Square), * indicates significant ($p < .05$).

Table 5 (continued)

Percentages of Anticipated Help for Continuous Supervision

| Characteristic[1] | n | Anticipated Source of Help: Other | Agency | Friend or neighbor | Family | Spouse |
|---|---|---|---|---|---|---|
| Nearest Family (38.1)* | | | | | | |
| > 135 mi. | 50 | 6.00 | 2.00 | 4.00 | 22.00 | 66.00 |
| 35-135 mi. | 33 | 3.03 | 3.03 | .00 | 6.06 | 87.88 |
| 5-35 mi. | 94 | 2.13 | 1.06 | 3.19 | 8.51 | 85.11 |
| 1-5 mi. | 115 | 2.61 | 5.22 | .87 | 17.39 | 73.91 |
| < 1 mi. | 229 | 1.31 | 2.62 | .87 | 30.13 | 65.07 |
| Education (20.2) | | | | | | |
| 0-4 yrs. | 44 | .00 | 2.27 | 4.55 | 25.00 | 68.18 |
| 4-8 yrs. | 147 | 1.36 | 1.36 | 2.04 | 25.85 | 69.39 |
| 9-12 yrs. | 92 | 3.26 | 2.17 | 2.17 | 23.91 | 68.48 |
| High School | 94 | 2.13 | 4.26 | 2.13 | 21.28 | 70.21 |
| Post High School | 37 | 2.70 | 2.70 | .00 | 10.81 | 83.78 |
| Some College | 50 | 4.00 | 2.00 | 2.00 | 14.00 | 78.00 |
| College Graduate | 60 | 3.33 | 6.67 | .00 | 13.33 | 76.67 |
| Race (4.8) | | | | | | |
| White | 452 | 2.43 | 2.88 | 1.55 | 19.91 | 73.23 |
| Nonwhite | 73 | 1.37 | 2.74 | 4.11 | 27.40 | 64.38 |
| Shared Housing (16.0)* | | | | | | |
| 0 Roomers | 414 | 2.42 | 2.90 | 1.69 | 17.39 | 75.60 |
| 1-3 Roomers | 111 | 1.80 | 2.70 | 2.70 | 34.23 | 58.56 |

[1] (Chi Square), * indicates significant ($p < .05$).

more frequently for continuous supervision. Those with moderate to severely impaired economic resource ratings chose spouse about one-half the time, followed by other family member and agency.

If a family member lived close by or far away, other family member represented a strong potential source of continuous supervision. Respondents selected spouse more frequently when family members were intermediate distances away. Because findings in this category lacked a distinct pattern, they did not truly support the hypothesis about distance from nearest family member.

Responses differed significantly in this service area by categories of shared housing. Older married respondents sharing housing with one or more persons other than spouse chose other family member more frequently for supervision than they chose spouse. Respondents living with spouse only were more likely to choose spouse. It is likely that a person other than the spouse living in the same household is a family member, because this is the only other category respondents frequently chose.

Checking Services

Table 6 presents percentages of anticipated help for checking services distributed by age, gender, help given, social resources rating, economic resources rating, ADL rating, nearest family member, education, race, and shared housing. Social resources rating, economic resources rating, nearest family member, and education were related to choice of anticipated help.

Generally, as social resource ratings declined, anticipated sources for checking other than spouse increased. Those with good to severely impaired social resource ratings anticipated other family member for checking services much more than they anticipated spouse. The friend-neighbor category was a frequent choice of anticipated assistance for respondents with excellent to moderately impaired social resources. Again, this finding provided evidence contrary to the hypothesized trend.

Table 6.

Percentages of Anticipated Help for Checking Services

| Characteristic[1] | n | Anticipated Source of Help: Agency | Friend or neighbor | Family | Spouse |
|---|---|---|---|---|---|
| Age (8.5) | | | | | |
| 60-64 | 133 | 3.76 | 6.77 | 42.11 | 47.37 |
| 65-69 | 158 | .00 | 10.13 | 41.14 | 48.10 |
| 70+ | 148 | 4.05 | 13.51 | 42.57 | 39.86 |
| Gender (6.7) | | | | | |
| Male | 220 | 1.82 | 9.55 | 37.73 | 50.91 |
| Female | 219 | 3.65 | 10.96 | 46.12 | 39.27 |
| Help Given (6.6) | | | | | |
| No | 370 | 2.16 | 9.73 | 40.81 | 47.30 |
| Yes | 69 | 5.80 | 13.04 | 47.83 | 33.33 |
| Social Resources (37.6)* | | | | | |
| Excellent | 196 | 2.55 | 6.12 | 36.22 | 55.10 |
| Good | 194 | 1.55 | 10.82 | 44.85 | 42.78 |
| Mild-severe | 48 | 8.16 | 24.49 | 53.06 | 14.29 |
| Economic Resources (19.8)* | | | | | |
| Excellent | 153 | 5.23 | 9.15 | 34.64 | 50.98 |
| Good | 170 | .59 | 11.76 | 39.41 | 48.24 |
| Mild | 66 | 3.03 | 10.61 | 54.55 | 31.82 |
| Moderate-severe | 50 | 2.00 | 8.00 | 56.00 | 34.00 |
| Activities of Daily Living (9.8) | | | | | |
| Excellent | 221 | 2.71 | 8.14 | 38.46 | 50.68 |
| Good | 175 | 2.29 | 10.86 | 47.43 | 39.43 |
| Mild-severe | 43 | 4.65 | 18.60 | 37.21 | 39.53 |

[1] (Chi Square), * indicates significant ($p < .05$).

Table 6 (continued)

Percentages of Anticipated Help for Checking Services

| Characteristic[1] | n | Anticipated Source of Help: Agency | Friend or neighbor | Family | Spouse |
|---|---|---|---|---|---|
| Nearest Family (66.7)* | | | | | |
| > 135 mi. | 37 | 5.41 | 37.84 | 18.92 | 37.84 |
| 35-135 mi. | 35 | 2.86 | 17.14 | 25.71 | 54.29 |
| 5-35 mi. | 87 | 2.30 | 8.05 | 35.63 | 54.02 |
| 1-5 mi. | 92 | 6.52 | 6.52 | 39.13 | 47.83 |
| < 1 mi. | 185 | .00 | 5.41 | 54.59 | 40.00 |
| Education (39.2)* | | | | | |
| 0-4 yrs. | 37 | 2.70 | 13.51 | 45.95 | 37.84 |
| 4-8 yrs. | 112 | 1.79 | 8.93 | 57.14 | 32.14 |
| 9-12 yrs. | 83 | 1.20 | 14.46 | 39.76 | 44.58 |
| High School | 68 | 4.41 | 4.41 | 36.76 | 54.41 |
| Post High School | 33 | 3.03 | 3.03 | 27.27 | 66.67 |
| Some College | 49 | 4.08 | 16.33 | 34.69 | 44.90 |
| College Graduate | 57 | 3.51 | 10.53 | 33.33 | 52.63 |
| Race (.62) | | | | | |
| White | 389 | 2.57 | 10.03 | 41.90 | 45.50 |
| Nonwhite | 50 | 4.00 | 12.00 | 42.00 | 42.00 |
| Shared Housing (.48) | | | | | |
| 0 Roomers | 350 | 2.57 | 10.57 | 41.43 | 45.43 |
| 1-3 Roomers | 89 | 3.37 | 8.99 | 43.82 | 43.82 |

[1] (Chi Square), * indicates significant ($p < .05$).

Elderly people with good to excellent economic ratings anticipated checking mostly from spouse, then other family member, and finally friend-neighbor. As the rating declined, expected checking from other family member increased markedly. At most only one-half of respondents at any economic rating level anticipated help from spouse. Checking by friends remained constant at about 10% expectation.

For checking services, close proximity to nearest family was associated with choice of a family member, whereas greater distance was associated with choice of friend or neighbor as a source of expected help. Spouse, family, and friend-neighbor all represented frequent choices for this service. The prediction that respondents would choose more sources of anticipated help other than spouse if family lived nearby did not gain support from these findings. Sources of anticipated help chosen for this service reflect the importance of close proximity and close ties indicative of a service such as checking. Sources of help chosen for homemaker-household services were quite different.

Homemaker-Household

Percentages of anticipated help for homemaker-household services appear in Table 7 as distributed by age, gender, help given, social resources rating, economic resources rating, ADL rating, nearest family member, education, race, and shared housing. Gender, social resources rating, economic resources rating, ADL rating, nearest family member, education, race, and shared housing were associated with respondents' choices of anticipated source of help. For homemaker-household services the selection of other was stronger at about 12% than it was for any other service.

Men were 20 percentage points more likely than women to anticipate spouse as a source of help, whereas women were looking to other family members about twice as frequently as were men. The expected trend of men anticipating help from spouse more frequently than women was upheld for this service area.

Table 7.

Percentages of Anticipated Help for Homemaker-Household

| Characteristic[1] | n | Anticipated Source of Help | | | | |
|---|---|---|---|---|---|---|
| | | Other | Agency | Friend or neighbor | Family | Spouse |
| Age (11.8) | | | | | | |
| 60-64 | 126 | 11.90 | 3.17 | 4.76 | 34.13 | 46.03 |
| 65-69 | 141 | 12.77 | 3.55 | 4.26 | 21.99 | 57.45 |
| 70+ | 150 | 14.00 | .67 | 8.00 | 22.67 | 54.67 |
| Gender (27.6)* | | | | | | |
| Male | 223 | 11.66 | 1.79 | 6.73 | 16.59 | 63.23 |
| Female | 194 | 14.43 | 3.09 | 4.64 | 36.60 | 41.24 |
| Help Given (3.2) | | | | | | |
| No | 362 | 12.71 | 1.93 | 5.52 | 25.97 | 53.87 |
| Yes | 55 | 14.55 | 5.45 | 7.27 | 25.45 | 47.27 |
| Social Resources (21.3)* | | | | | | |
| Excellent | 193 | 16.06 | 4.15 | 3.63 | 24.35 | 51.81 |
| Good | 191 | 10.47 | .52 | 7.85 | 23.56 | 57.59 |
| Mild-severe | 33 | 9.09 | 3.03 | 6.06 | 48.48 | 33.33 |
| Economic Resources (74.5)* | | | | | | |
| Excellent | 137 | 27.74 | 4.38 | 2.92 | 18.25 | 46.72 |
| Good | 172 | 9.30 | 2.33 | 6.40 | 19.77 | 62.21 |
| Mild | 69 | .00 | .00 | 10.14 | 43.48 | 46.38 |
| Moderate-severe | 39 | .00 | .00 | 5.13 | 48.72 | 46.15 |
| Activities of Daily Living (19.4)* | | | | | | |
| Excellent | 205 | 18.54 | 3.90 | 5.85 | 22.93 | 48.78 |
| Good | 184 | 8.70 | 1.09 | 5.98 | 27.17 | 57.07 |
| Mild-severe | 28 | .00 | .00 | 3.57 | 39.29 | 57.14 |

[1] (Chi Square), * indicates significant ($p < .05$).

Table 7 (continued)

Percentages of Anticipated Help for Homemaker-Household

| Characteristic[1] | n | Anticipated Source of Help | | | | |
|---|---|---|---|---|---|---|
| | | Other | Agency | Friend or neighbor | Family | Spouse |
| Nearest Family (50.6)* | | | | | | |
| > 135 mi. | 35 | 31.43 | 2.86 | 14.29 | 17.14 | 34.29 |
| 35-135 mi. | 30 | 26.67 | 3.33 | 6.67 | 13.33 | 50.00 |
| 5-35 mi. | 73 | 16.44 | 6.85 | 5.48 | 15.07 | 56.16 |
| 1-5 mi. | 90 | 11.11 | 3.33 | 4.44 | 27.78 | 53.33 |
| < 1 mi. | 185 | 7.03 | .00 | 3.24 | 33.51 | 56.22 |
| Education (64.1)* | | | | | | |
| 0-4 yrs. | 30 | .00 | 3.33 | 16.67 | 33.33 | 46.67 |
| 4-8 yrs. | 114 | 3.51 | .00 | 8.77 | 33.33 | 54.39 |
| 9-12 yrs. | 76 | 9.21 | 2.63 | 1.32 | 28.95 | 57.89 |
| High School | 74 | 10.81 | 4.05 | 6.76 | 24.32 | 54.05 |
| Post High School | 28 | 25.00 | 3.57 | 3.57 | 14.29 | 53.57 |
| Some College | 46 | 28.26 | 2.17 | 4.35 | 19.57 | 45.65 |
| College Graduate | 48 | 31.25 | 4.17 | .00 | 14.58 | 50.00 |
| Race (16.0)* | | | | | | |
| White | 362 | 14.64 | 1.93 | 5.52 | 23.48 | 54.42 |
| Nonwhite | 55 | 1.82 | 5.45 | 7.27 | 41.82 | 43.64 |
| Shared Housing (13.3)* | | | | | | |
| 0 Roomers | 332 | 13.86 | 2.71 | 6.02 | 21.99 | 55.42 |
| 1-3 Roomers | 85 | 9.41 | 1.18 | 4.71 | 41.18 | 43.53 |

[1] (Chi Square), * indicates significant ($p < .05$).

Mild to severe social resource ratings were associated with less expectation from spouse and more from other sources of anticipated help, especially family members. Respondents chose the "other" category more frequently when they reported excellent social resource ratings. The chi square statistic proved significant for this variable, but respondents chose a number of sources at all levels of social resource rating. Therefore, respondents with higher ratings were not more likely than those with lower ratings to expect help from sources other than spouse with regard to homemaker-household services.

Respondents with excellent economic resources chose the "other" category much more frequently as a source of anticipated assistance than those with lower ratings. Older married persons with good economic resources were more inclined than any other to choose spouse, followed by other family member and other as anticipated sources. Those with mild or moderate to severe resources expected help equally from spouse and family. The high percentage of respondents choosing the "other" category (28%) when resources were excellent may indicate a willingness to hire household help should the need arise.

Mildly to severely impaired ratings for ADL were associated with more frequent choice of family members as an anticipated source of assistance. In contrast, respondents with good or excellent ADL ratings anticipated help from sources other than spouse more frequently than did those with lower ratings. Persons with more ADL problems were not more likely than those with fewer ADL problems to anticipate help from sources other than spouse.

Respondents with nearest family member living within 135 miles chose spouse about one-half of the time for homemaker-household services, followed by other family member and other categories. When the nearest family member lived more than 135 miles away respondents chose spouse and other almost equally. Choice of other was

closely related to distance. Anticipated family use was most frequent (34%) when relatives were within five miles. Although the chi square statistic was significant for this variable, the findings did not support the expectation that persons with family members living nearby would anticipate help from a source other than spouse more frequently than those with family living at a distance. Again, homemaker services lend themselves to hiring outside help, which may explain why respondents anticipated a number of sources of help regardless of distance from family members.

Married respondents chose spouse as their anticipated source of homemaker-household help 46% to 58% of the time regardless of educational level. Those with lower levels of education (0 yrs.-incomplete high school) anticipated help from a family member, whereas respondents with higher levels of education preferred other sources of help much more frequently than they chose other family member. Respondents with more years of education may also have greater economic resources with which to purchase outside help with homemaker services.

Nonwhite respondents anticipated homemaker-household help from a family member nearly as much as from spouse, whereas white respondents anticipated help from agency much more frequently than nonwhite anticipation. Nonwhites anticipated help from a family member nearly twice as frequently as did whites.

Respondents chose spouse 43% to 55% of the time regardless of the number of persons sharing housing. However, those with one or more persons living with them chose other family member twice as frequently as did those living with spouse only. Persons living with only their spouses were less likely to choose a family member and more likely to choose the other category, indicating an expectation to hire services should the need arise.

Meal Preparation

Table 8 presents percentages of anticipated help for meal preparation by age, gender, help given, social resources rating, economic resources rating, ADL rating, nearest family member, education, race, and shared housing. Significant variables were gender, help given, social resources rating, economic resources rating, race, and shared housing.

Eighty percent of men chose spouse for meal preparation, whereas only 54% of women chose spouse. Also, women were twice as likely to choose a family member as were men. These findings support the hypothesized trend regarding men's greater anticipation of help from spouse. This trend is not surprising in light of women's traditional role as homemaker. This is especially true of today's older adults. Future cohorts of elderly may have different expectations considering today's dual career families and the diverse roles men and women must play to complement the family system.

Among respondents with good or excellent social resource ratings, spouse and other family member were the most frequent choices of anticipated meal help. Respondents with lower social resource ratings anticipated assistance less from spouse and more from family members and friends or neighbors. Therefore, those with more extensive social resources were not more likely to choose sources of help other than spouse.

Findings for economic resources were quite similar to those regarding social resources. Respondents with good or excellent ratings chose spouse most frequently, whereas those with mild or moderate impairments increasingly chose other family member for expected meal preparation. Those economically well off were somewhat more inclined to select agency or other for meal preparation.

Nonwhite respondents anticipated meals less from spouse and more from other family member than white respondents. Nonwhites also anticipated help twice as

Table 8.

Percentages of Anticipated Help for Meal Preparation

| Characteristic[1] | n | Anticipated Source of Help | | | | |
|---|---|---|---|---|---|---|
| | | Other | Agency | Friend or neighbor | Family | Spouse |
| Age (11.6) | | | | | | |
| 60-64 | 149 | .67 | 4.03 | 2.01 | 26.17 | 67.11 |
| 65-69 | 168 | 1.79 | 2.98 | 3.57 | 24.40 | 67.26 |
| 70+ | 189 | 4.23 | 1.59 | 5.82 | 19.58 | 68.78 |
| Gender (41.5)* | | | | | | |
| Male | 263 | 1.90 | .76 | 3.04 | 14.07 | 80.23 |
| Female | 243 | 2.88 | 4.94 | 4.94 | 32.92 | 54.32 |
| Help Given (3.0) | | | | | | |
| No | 419 | 2.39 | 2.39 | 3.82 | 22.20 | 69.21 |
| Yes | 87 | 2.30 | 4.60 | 4.60 | 27.59 | 60.92 |
| Social Resources (26.4)* | | | | | | |
| Excellent | 216 | 2.78 | 3.70 | 1.39 | 19.44 | 72.69 |
| Good | 238 | 2.10 | 1.26 | 4.62 | 25.53 | 68.49 |
| Mild-severe | 52 | 1.92 | 5.77 | 11.54 | 36.54 | 44.23 |
| Economic Resources (48.5)* | | | | | | |
| Excellent | 158 | 5.06 | 6.33 | 1.90 | 17.09 | 69.62 |
| Good | 209 | 1.44 | .96 | 5.26 | 17.22 | 75.12 |
| Mild | 88 | 1.14 | 2.27 | 4.55 | 35.23 | 56.82 |
| Moderate-severe | 51 | .00 | .00 | 3.92 | 45.10 | 50.98 |
| Activities of Daily Living (7.9) | | | | | | |
| Excellent | 228 | 3.51 | 3.95 | 2.63 | 22.81 | 67.11 |
| Good | 220 | 1.82 | 1.36 | 5.00 | 22.73 | 69.09 |
| Mild-severe | 58 | .00 | 3.45 | 5.17 | 25.86 | 65.52 |

[1] (Chi Square), * indicates significant ($p < .05$).

Table 8 (continued)

Percentages of Anticipated Help for Meal Preparation

| Characteristic[1] | n | Anticipated Source of Help | | | | |
|---|---|---|---|---|---|---|
| | | Other | Agency | Friend or neighbor | Family | Spouse |
| Nearest Family (23.7) | | | | | | |
| > 135 mi. | 47 | 6.38 | 4.26 | 6.38 | 19.15 | 63.83 |
| 35-135 mi. | 34 | .00 | 5.88 | 8.82 | 11.76 | 73.53 |
| 5-35 mi. | 83 | 3.61 | 3.61 | 2.41 | 15.66 | 74.70 |
| 1-5 mi. | 117 | 1.71 | 2.56 | 3.42 | 20.51 | 71.59 |
| < 1 mi. | 220 | 1.82 | 1.36 | 3.18 | 30.45 | 63.18 |
| Education (40.5) | | | | | | |
| 0-4 yrs. | 48 | .00 | 2.08 | 8.33 | 27.08 | 62.50 |
| 4-8 yrs. | 141 | .71 | 2.13 | 3.55 | 27.66 | 65.96 |
| 9-12 yrs. | 98 | 2.04 | 1.02 | 3.06 | 25.51 | 68.37 |
| High School | 88 | 3.41 | 2.27 | 3.41 | 19.32 | 71.59 |
| Post High School | 30 | .00 | .00 | 3.33 | 23.33 | 73.33 |
| Some College | 46 | 6.52 | 6.52 | 8.70 | 15.22 | 63.04 |
| College Graduate | 54 | 5.56 | 7.41 | .00 | 16.67 | 70.37 |
| Race (13.7)* | | | | | | |
| White | 433 | 2.77 | 3.00 | 3.46 | 20.79 | 69.98 |
| Nonwhite | 73 | .00 | 1.37 | 6.85 | 36.99 | 54.79 |
| Shared Housing (9.7)* | | | | | | |
| 0 Roomers | 396 | 2.27 | 3.03 | 3.79 | 20.20 | 70.71 |
| 1-3 Roomers | 110 | 2.73 | 1.82 | 4.55 | 33.64 | 57.27 |

[1] (Chi Square), * indicates significant ($p < .05$).

frequently from friend-neighbor as did white respondents. White respondents anticipated help more, though infrequently at five percent, from agency and other sources.

Respondents living with spouse only were more likely to choose spouse as the anticipated source of help, whereas those sharing housing with others expected help less frequently from spouse and more frequently from a family member. Again, this finding suggests that the person or persons sharing housing with the respondent may also be a family member.

## Discussion

### Hypotheses

Hypothesis 1. The spouse is the most frequently anticipated source of help for each in-home service in this study.

Respondents chose spouse more frequently than any other source of anticipated help for every in-home service considered in this study except physical therapy. Agency dominated as the preferred source of assistance for physical therapy over all variables. Agency was also a strong choice of anticipated help for nursing care services, although spouse was the predominant selection.

Except for physical therapy and nursing care services, other family member was the next most frequent choice of future help among these respondents. These findings support and extend the research of other investigators (Lowenthal & Haven, 1968; Roberto & Scott, 1986; Stueve, 1982) concerning spouses and family members as caregivers; that is, not only do spouses rely on each other in times of need, they also anticipate spouse and family member as key helpers.

The respondents chose spouse unless the type of service indicated a need for outside assistance, as with physical therapy. Clearly, these respondents foresee the use of professional services for both physical therapy and to a large extent, nursing care. Of the seven in-home services considered, physical therapy and nursing care lend themselves more than the others to expert help. Thus, the type of service anticipated influences the choice of anticipated source of help.

Hypothesis 2. Older husbands are more likely than older wives to mention spouse as anticipated source of help.

As expected, men chose spouse as the anticipated source of help significantly more often than did women for five of seven service areas. Those five services were personal care, nursing care, continuous supervision, homemaker-household services, and meal

preparation. Both men and women chose agency in the area of physical therapy, and choice of help did not differ significantly by gender in the area of checking services, both men and women choosing family or spouse. The researchers previously mentioned (Lowenthal & Haven, 1968; Roberto & Scott, 1986; Stueve, 1982) noted that men are more likely than women to look to their spouses for assistance, and women are more likely than men to incorporate persons other than the spouse into their help system. This same gender difference persists with regard to anticipated sources of help in most service areas considered in this investigation.

Women have traditionally played a large part in caregiving activities, especially among today's elderly. For most older women, home and family have defined their life work, whereas older men have defined themselves by their professions (Rubin, 1979). Also, men are more likely to need care at an earlier age due to male-female health differences. Thus, for current cohorts of older married men and women, the greater likelihood of men to anticipate assistance from their spouses is not a surprising one. The greater likelihood of women to choose sources of future help other than spouse is consistent with the findings of Cicirelli (1979), and with the greater tendency of women to form close ties with family members, neighbors, and friends (Hanson & Sauer, 1985; Hess & Waring, 1978; Powers & Bultena, 1976).

Hypothesis 3. Older married persons with more ADL problems are more likely than those with fewer ADL problems to anticipate help from sources other than spouse.

The ADL variable proved significant for four of seven service areas: personal care, nursing care, physical therapy, and homemaker-household. It was nonsignificant for continuing supervision, checking, and meal preparation. Except for physical therapy, where respondents chose agency for anticipated help, respondents with lower ADL ratings were not more likely than those with higher ADL ratings to anticipate help from sources other than spouse. In the case of homemaker-household services just the reverse

was true. Respondents with fewer ADL problems anticipated help from sources other than spouse with more frequency than those with more ADL problems. Respondents still anticipated help most from spouse in most service areas, supporting the findings of researchers who demonstrate that older couples try to manage without help even in very challenging circumstances (Arling & McAuley, 1984; Cantor, 1980; Stoller, 1983).

Perhaps respondents with good to excellent ADL ratings perceive themselves capable of securing help when needed. If the respondent were impaired and the spouse were not impaired, the spouse could (in theory) assist the impaired partner. That is, the spouse could play the role of advocate for the person who requires help. Another explanation for these findings concerns the shrinking resources (overall resources) of older persons, particularly those who suffer higher levels of impairment. For example, a person who lives with one or more impairments may experience high medical expenses and may have fewer social resources on which to draw due to the loss of friends, neighbors, and relatives. Such a person may not perceive himself or herself as capable of securing help from multiple sources as a person who is functioning at lower levels of impairment.

Hypothesis 4. Older married persons with family members living within a 135 mile radius are more likely than those having family members living more than 135 miles away to mention a source other than spouse as an anticipated source of help.

Proximity of a family member made a significant difference to choice of anticipated source of help in the areas of personal care, continuous supervision, checking services, and household services. Findings were nonsignificant for nursing care, physical therapy, and meal preparation.

The influence of proximity of nearest family member on source of anticipated help appears to depend on the service considered. That is, the source of help varied with distance and from service to service. For example, respondents frequently chose family

member when the nearest family member lived within five miles, whereas they chose agency or friend-neighbor when distance from nearest family member was greater. This was true for personal care, checking, and homemaker-household services. For continuous supervision, family member was a strong choice (after spouse) for respondents with nearest family member within five miles or at a distance greater than 135 miles. Agency was an important source of anticipated help for nursing care and physical therapy services, implying a perceived need for professional assistance for these services. Thus, the findings for nearest family member do not support the hypothesis. Rather, there seems to be a matching up of desired or preferred source of help appropriate to the type of service. Respondents perceived an agency to be an appropriate source of future help for nursing care and physical therapy throughout the findings for all service areas.

Hypothesis 5. Older married persons who are recently involved in assisting others outside the marital dyad will anticipate help from sources other than spouse more than husbands and wives who are not recently involved in assisting others.

The findings of this analysis demonstrated that providing assistance to others had little effect on choice of anticipated help. First, the majority of the respondents indicated they had not recently helped someone outside the dyad in any service area. Second, only one of the seven in-home service areas revealed significant percentages: personal care. Those who reported helping others expected help most from spouse, followed by family member and agency. In the area of meal preparation, respondents chose family more frequently than spouse if help had been given. Thus, hypothesis five is not supported by the findings of this analysis.

Two factors come to mind in explaining this finding. First, persons considered in this subsample had not used in-home services in the previous six months, reflecting a relatively healthy group of people. Spouses generally assist each other, and perhaps

have the same expectation of their married peers. Because married persons use services less than their unmarried counterparts, it is possible that partners are involved in assisting each other and are not very involved in assisting others.

Hypothesis 6. Older married persons with more social resources are more likely than those with fewer social resources to anticipate help from sources other than spouse.

The findings of this analysis suggest the opposite to be true. Six of the seven service areas showed significant chi square scores: personal care, nursing care, physical therapy, continuous supervision, checking, homemaker-household, and meal preparation services. A majority of respondents indicated good to excellent social resource ratings, and spouse was an important source of anticipated help for this group. However, other sources of future help increased in importance as social resource ratings decreased. For nursing care, physical therapy, and checking services, the lower the social resource rating, the more frequently respondents chose sources of help other than spouse.

Except for services enhanced by professional assistance (nursing care and physical therapy), respondents with lower social resource ratings most frequently chose a family member (after spouse) as the source of anticipated help. For a service like checking, which involves someone checking regularly on another, friend or neighbor was a frequent choice after family member. These findings are generally consistent with the literature describing the frequency with which specific caregivers are chosen: spouse, family members, friends, neighbors, and others (Shanas, 1979). However, this progression of helpers is influenced by the type of service for which help is anticipated.

It is possible that people who currently have lower social resource ratings are capable of perceiving more realistically their sources of future assistance. That is, they are already coping with fewer resources, which may give them a better sense of future expectations. Therefore, respondents with lower social resource ratings expect help only from persons with whom they have a close association.

Demographic Variables

Economic Resources. Findings in the area of economic resources were significant in all service areas except physical therapy, where agency was the primary source of anticipated help regardless of the rating on the economic resources rating scale. Generally, respondents anticipated sources of help other than spouse more frequently as economic resources declined for all in-home services except physical therapy.

It stands to reason that persons with a greater ability to purchase services would anticipate future help from agencies or other sources, because this allows greater independence in life sytle. This finding corroborates Cicirelli's (1979) research findings, and reinforces the notion that older persons prefer independent living for as long as possible.

Education. The chi square statistic was significant for education in four service areas: personal care, nursing care, checking, and homemaker-household. In general, college-educated respondents chose agency and other sources of anticipated help more frequently than those with lower levels of education. I found a definite trend among respondents with lower levels of education to choose sources other than spouse for checking services. The tendency of college-educated respondents to choose sources other than spouse coincides with research that indicates persons with high levels of education use more in-home services or choose to hire services for some forms of assistance (Cicirelli, 1979; McAuley & Arling, 1984).

Race. Race was significant in four of the seven service areas: personal care, physical therapy, homemaker-household, and meal preparation. In all of these service areas nonwhites anticipated help from a family member much more frequently than did white respondents. In fact, nonwhite respondents chose other family member nearly as often as they chose spouse in the area of homemaker-household services, whereas white

respondents most often chose spouse. White respondents anticipated agency and other sources more often than did nonwhites.

Respondents made similar choices, then, for services that lent themselves to outside help. For services enhanced by close proximity of the helper, however, nonwhite respondents chose sources other than spouse (other family member and friend-neighbor) more frequently than did white respondents.

Researchers report that nonwhite people have closer ties to the extended family, friends, and neighbors than do whites (Shore, 1985). Also, whites may have greater economic resources with which to secure needed assistance than nonwhites. Shore (1985) also suggests that nonwhites have a history of greater reciprocity than whites in terms of providing assistance. Therefore, the findings of this analysis regarding race confirm the findings of previous research.

Shared Housing. The shared housing variable proved significant in the areas of nursing care, continuous supervision, homemaker-household, and meal preparation services. As the number of roomers increased, the percentage of expected help from other family member increased. In fact, respondents chose other family member more frequently than spouse (by 20 percentage points) for continuous supervision when one to three others lived in the same household. It is likely that respondents sharing housing frequently anticipated a family member simply because family members were those with whom they shared housing. This influenced their choice of anticipated help in the study.

In summary, responses to questions regarding anticipated help among older, married persons revealed that respondents do anticipate help to be available, for an indefinite period of time, should the need arise. A chi square analysis of anticipated sources of help by age, gender, help given, social resources, economic resources, ADL rating, nearest family member, education, race, and shared housing revealed a number of significant influences for seven in-home services considered.

First, spouse was the most frequently chosen source of anticipated help for all services except physical therapy. Agency was an important source of future help for both physical therapy and nursing care services. Next to spouse, family members represented the most frequently chosen source of future assistance for all services except physical therapy and nursing care. Respondents next chose friend-neighbor for checking, homemaker-household, and meal preparation services, whereas agency prevailed as the choice over friend-neighbor for personal care and continuous supervision services. Other was a strong third choice for homemaker-household services.

The findings of this analysis confirm Marshall's (1978-79) theory of symbolic interactionism, which implies that people will make decisions that will help them to maintain a sense of continuity within their life circumstances. Consistent with the literature, the findings point to the importance of family members as a primary source of anticipated assistance for most in-home services. For services that lend themselves to outside assistance (physical therapy, nursing care, and homemaker-household), respondents anticipated sources of help from outside the family system that made sense in terms of sustaining control over a possible situation. That is, they chose an agency for physical therapy and nursing care, and hired help for homemaker-household assistance.

Practical Implications

Service Delivery. Respondents in this subsample anticipate using professional services for physical therapy and to a large extent, for nursing care. Physical therapy services, more than other in-home services considered in this study, may require special equipment. A physician is the most likely person to refer a patient to the appropriate source of care for this service.

Three barriers to receiving physical therapy services come to mind: transportation, distance from services, and funding. Possible solutions to these obstacles include: public or private transportation, proximity to services, and better insurance coverage.

Many communities offer transportation services that may substitute for family and friends. A transportation service that operates on an "on call" basis would improve delivery of this service.

Another solution for a person with frequent physical therapy needs is to move the person closer to the source of care. This solution may be necessary for a person suffering from a stroke, for example. Accomodations located close to the needed service might take the form of a nursing home, a shared-housing facility, or the home of a friend or relative. Hospitals are now in the business of using space to accomodate persons with the need to remain close to care facilities, or who are too ill to return home following a hospital stay.

Funding may be a barrier to the access of physical therapy services. Medicare does not cover the cost of physical therapy services unless there is some assurance the patient will recover fully. There are many for whom physical therapy would be beneficial, but who will not fully recover from their disability. Delivery of this service, then, would be enhanced by adequate insurance coverage, provided by Medicare or private insurers.

Respondents also anticipate agency care for nursing care services. Again, a physician appears to be the logical choice of initial referral to this service. However, nursing care is a more variable service with regard to quality of care, and more sources of nursing care exist. For in-home nursing care, the area of public health is an excellent resource. Public health nurses are trained to deal with a wide variety of circumstances, and are mandated to report environmental conditions that may be detrimental to a patient's welfare. These conditions might include sanitation, signs of abuse,

environmental barriers, and diet. Public health nurses are also trained to work with family members or helpers to educate them in properly administering medications, etc.

Home health agencies are perhaps variable in terms of quality care. A person in need of this service is in no position to "shop around". Such older persons therefore need a caring person who can act as advocate if they are to gain access to quality care. Home health agencies would benefit by offering a high standard of service to clients and their families. Family members and physicians who receive good reports about a particular agency are likely to suggest its use to others.

Specific services that would enhance the informal support system of older persons include adult day care, respite care, hospice, hired helpers, and transportation, together with assistance from public health services, area agencies on aging, and private agencies. Adult day care will become increasingly important to dual career families attempting to provide care for an elderly family member. A spouse providing care may need daytime assistance in order to work, socialize, or run errands. There is a great need to develop adult day care in this country as part of the continuum of care necessary to meet the needs of older, more dependent persons as well as disabled persons requiring assistance.

Respite care allows the caregiver to leave the residence for short periods of time or for a number of days. Again, the major caregiver has the opportunity to take care of personal or professional business and to socialize, relieving stress and isolation. Hospice may also be thought of as a form of respite care, but typically involves a terminal illness. Hospice volunteers receive training concerning issues of death and dying, and how to provide appropriate help to terminally ill patients and their families. Hospice care may take place in the home, in a hospice facility, or in a hospital setting. Hospice volunteers provide a variety of services to families caring for a terminally ill patient. They may be called upon to sit with the patient, merely providing company and a watchful eye; they may perform light household tasks; they may administer medication to the patient; they

may simply listen to the patient or a family member. The primary caregiver may or may not leave home when a hospice worker is present.

Hired helpers perform a wide variety of tasks, and are often in great demand. For example Gracie, a well-known figure in the community of Blacksburg, Virginia, dedicates her life work to the care of individuals requiring assistance in a variety of ways. Very often she cares for a terminally ill person whose spouse or family caregiver must work or who lives some distance away. In other circumstances, she assists chronically ill elderly persons who require a few hours of assistance to maintain themselves and their household. Gracie is never unemployed; in fact her special skills are in great demand. Clearly, we will need more Gracies in the years to come.

In addition to the services already described, agencies providing services could distribute information about how to make decisions concerning health care. They could provide transportation assistance at odd times. Agencies might assist older adults with filling out forms that are sometimes lengthy and confusing. Also, they might assist their clients in making decisions for themselves. That is, an agency representative might assist older clients and their families in developing a plan of care. Two issues that come to mind are what to do in case older persons cannot make decisions for themselves, and what are the preferences of these clients in a variety of situations they might encounter. A legal document that would help an older person state his or her preferences is the living will.

The importance of looking toward future sources of help among older persons cannot be minimized. Being married provides certain benefits and protection to older adults; but even elderly couples risk abrupt or progressive changes that can threaten the stability of the family system, especially older couples living independently.

Middle-aged couples should be encouraged to continually assess their financial and social resources, along with their physical health status. As part of the answer to the

dwindling resources of this nation to care for large numbers of older people, preventive measures must be taken along the way to insure optimal health, resources, and benefits. Early education and assessment of resources by middle-aged persons are important because current cohorts of this age group have fewer children and therefore will have fewer relatives upon which to call for care and advocacy in late life. The work place should provide a forum for employees to become informed and to be assisted in the ways and means of planning for the future. Employers should provide the opportunity for flexible work shedules and benefits that allow employees to assist their family members when needs arise. In short, the corporate world needs a greater vision of what makes up a family system.

Advocacy. Litwak (1985) has suggested there is a need to coordinate the efforts of primary groups (spouses, family members, friends and neighbors) with formal organizations for the benefit of persons requiring services. A system of linkages that enables coordination of efforts toward a common goal of providing care is needed. Litwak's idea requires persons on both sides who are motivated to advocate and negotiate to reach a suitable balance; that is, matching the task at hand (the service needed) with the proper group to provide it. Marshall's (1978-79) theory of symbolic interactionism fits with Litwak's notion of negotiation between different kinds of groups to reduce the social distance between them to reach a balance that will allow for collaboration.

Advocates can be spouses, family members, physicians, friends, neighbors, and organizations such as churches, the American Association of Retired Persons, Area Agencies on Aging, and Older Women's League, to name a few. When family members and friends are not available to persons needing services, they must rely on organizations to provide advocacy in their behalf.

To be good advocates, spouses need to be informed about available resources. They should talk to each other about plans for the future, about each other's preferences for medical assistance, nursing homes, and finally, couples should discuss their expectations about each other, of family members, and others who might provide care or assistance in the future.

Education/Information Dissemination. Easy access to information and referral services seems essential to individuals seeking assistance. Many communities provide booklets that give such information. Every home should have such information available for use by those who live in the household. Also, the information could be used for referring to others needing assistance the information they require. It is encouraging that printed material is available in many communities. However, getting this information into all households, educating the public as to its usefulness, and encouraging individuals to advocate for each other are as yet unmet challenges. Important information provided by the Surgeon General's office is widely publicized and distributed. The general public becomes aware of a particular issue when multiple forms of media are employed in an effort to raise awareness about an issue. Community partnerships might be established to enhance the distribution of information to the public. A social service agency might assemble the information; local banks might pay for printing; a newspaper might print an article describing the booklet and where to obtain it; local government could sanction the mailing of the materials to every home.

Policy. Policymakers must be sensitive to the preferences and expectations of older persons while promoting policies that will assist families in caring for their older members. In fact, many congressional leaders are themselves experiencing old age and are facing the responsibilities of caring for older family members, which should exert an impact on public policy. Policy makers need to focus on appropriate linkages, rather

than duplication and competition, at all levels of government and in conjunction with community and ecumenical efforts that propose to advocate for older adults.

Future Research

The current analysis focused on a small segment of information from a large data set, emphasizing anticipated availability and anticipated sources of help among older respondents who were married. Although the original survey was not specifically designed to address this issue, I consider the topic of future assistance among older citizens an important one. The findings of this analysis highlight the obvious. Older, married people anticipate help to be available, and they expect assistance to come from sources most familiar to them for services that can appropriately be provided by spouses, family members, friends, and neighbors.

Because future family networks are likely to change in size and structure, older adults need to think carefully about their sources of assistance. Smaller, blended family systems promise more complex relationships among family members. Thus, people who are unrelated but have close ties may become more important to future cohorts of elderly persons in terms of providing advocacy and assistance when needs arise.

Researchers might enhance future studies of anticipated sources of help by including a wider range of services and sources of help. For example, it would be useful to define more specifically the possible sources; that is, who are the other family members and what is the quality of the relationship involved with the respondent? Also, what is the relationship of the respondent to friends and neighbors, and what types of agencies and other sources do respondents perceive as possible sources of help? In addition, obtaining more information about the married couple and the quality of their relationship would be helpful. Being married does not always mean that the relationship is functional or close. A similar study to consider the future expectations and life

circumstances of widowed, never married, or divorced elders would also be of interest to researchers and practitioners.

A longitudinal design which allows for follow-up information would benefit any study of this type. What a person anticipates in terms of assistance may not be the same as actual use of services when the needs arise. Also, a longitudinal design would permit policy makers and service providers to explore how the support network changes from one test time to another. In general, more quality and quantity information about older married people and the support network surrounding them, along with follow-up studies, would advance our knowledge of older married persons and their future expectations for assistance.

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