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ASSESSING HOW THE CATHOLIC CHURCH
(AT THE PARISH LEVEL) MEETS THE
NEEDS OF THE FRAIL ELDERLY AND THE HANDICAPPED
IN THE ST. LOUIS ARCHDIOCESE

JoAnn C. Hermann, B.S.

An Abstract Presented to the Faculty of the Graduate School
of Lindenwood College in Partial Fulfillment of the
Requirements for the Degree of Master of Arts

1991



ABSTRACT

All Catholic churches of the St. Louis Archdiocese were the focus of a study conducted to examine how the church meets the needs of the frail elderly and handicapped on the parish level. A total of 227 parishes were included in the survey; of these 138 responded to the questionnaire. A significant relationship between income of the parish and physical structural improvements to accommodate the frail elderly and/or handicapped was not indicated. A significant difference between the number of male and female volunteers was not found. However, there were significant findings to support the hypothesis that Pastors and the Catholic parishes are meeting the needs of this population, at least partially. There was no significant relationship between lack of transportation and lack of church attendance. From the data received, 64% of the Pastors would like to receive more information about how to further increase awareness of the needs of the frail elderly and the handicapped populations.

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Faculty of the Graduate School
of Lindenwood College in Partial
Fulfillment of the
Requirements for the Degree of
Master of Arts

1991

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DEDICATION

First, I dedicate this work to My Supreme Being who has graciously allowed me to complete the required work for a Masters Degree.

Secondly, this work is dedicated to my husband who has loved, supported, and accepted me during this process of becoming better educated.

Finally, I dedicate this work to our seven children whose love, praise, and words of encouragement carried me through the rough times. Through the love and support I have received from this beautiful family, I have reached my ultimate goal of becoming an educated woman who is willing to meet the new challenges of the business world.

Table of Contents

I.	Introduction	1
II.	Literature Review	5
	Historical Look at Aging	8
	Retirement and Aging	11
	The Economics of Aging and Retirement	13
	Health Status of the Elderly	15
	(1) Visual Losses	16
	(2) Hearing Losses	17
	(3) Mental Impairment in the Elderly	18
	(4) Diet and Exercise	21
	Demographics	23
	Supportive Care from the Family	25
	Availability of Services	26
	Transportation	27
	Evolution of the Catholic Church	30
	Specialized Groups within the Catholic Church	33
	How the Catholic Church Attempts to Meet the Needs of the Elderly	37
	To What Extent Does the Catholic Church Meet the Needs of its People, Especially the Elderly and the Handicapped	42
	Statement of Hypothesis	42

III. Method of Procedure	44
Reasons for Using the Questionnaire.	44
The Advantages of the Questionnaire.	45
The Disadvantages of the Questionnaire	45
Possible Biases Intrinsic to this Study	46
Limitations of the Survey	46
The Population Included in this Survey	47
Description of Respondents	47
Premises - True or False	48
Methodology - Experimental Survey Design	49
Cover Letter	50
Pilot Study	50
Coding	51
Mailing the Survey	52
Response Rate	52
Data Error	53
IV. Tabulating the Results	55
Return Rate	56
Demographics	58
Volunteers	60
Health Services	61
Spiritual Needs	61

V.	Discussion and Summary	66
	Other Significant Findings	68
	Summary	70

Appendices

Appendix A: Original Questionnaire .	79
Appendix B: Amended Questionnaire .	87
Appendix C: Cover Letter	95
Appendix D: Personal - Brief Questionnaire	96
Appendix E: Follow-up Letter	97

LIST OF TABLES

Table 1: Area Vs. Levels of Education. .98
Table 2: Urban/Suburban/Rural/Metro Percent of Improvement:99
Table 3: Income Vs. Percent of Improvements. 100

Chapter 1

INTRODUCTION

The Catholic Church, throughout its history, has been responsive to human needs. As the population ages, the Church must look at directing its efforts to the needs of the elderly. This thesis will discuss the aging process, the history of treatment of the elderly, retirement, economics, social security, health issues, family and volunteer support and services.

A historical look at the Catholic Church will be presented with discussions centering on the dwindling number of clergy and the specialized groups within the Church whose focus is to help the needy.

To determine the extent to which parishes in the St. Louis Archdiocese are assisting the elderly, a questionnaire will be designed and will be administered on a pilot study basis. This will be followed by a mailing of the amended questionnaire which is being sent to every Pastor

in the St. Louis Archdiocese. The results of the questionnaire will be compiled and recorded and will be the culmination of my project.

Christ spoke of the poor and this included the people needing the basic necessities of life: the poor in spirit, the voluntarily poor, those living in a communal setting, sharing and taking only what they need (Lowery, 1985). It seems evident that as long as creation has been, and as long as it will ever be, there will be the needy among us.

In order to survive and live a life of dignity, one's physical needs must be met. According to Maslow's hierarchy of needs, the needs from one level must be at least partially satisfied before those at the next level can be attempted (Hilgard, Atkinson, Atkinson, 1979). In groups of persons who try to form community, members of the group try to help meet the needs of one another. This is true of the community called the Catholic Church. One segment within the Catholic Church is the elderly population. Especially in recent years, the Catholic Church has been attempting to meet the needs of its elderly members. As Haber (1983) suggests, with

age comes an automatic decline of strength, flexibility and salary. These deficits are what make the elderly so vulnerable and needy.

The elderly experience numerous losses including death of relatives and friends, employment, health and income. Frequently the elderly find themselves in an unfamiliar world. Some elderly experience "bereavement overload", and wish to end it all by suicide (Garrett, 1987).

The elderly may reach a time when, from some disability, whether from a loss of hearing, sight, mobility or transportation, they cut ties with the outside world and become secluded due to necessity. While this is not the reality of most of our elderly population, it does encompass more of the needy than we would like to admit.

In order to meet some of the needs of the elderly, the Catholic Church makes use of volunteers. Parishes can be used as resources for training volunteers and professionals to work with the elderly. Pope John Paul II invites us all to

get involved in God's work. Fisk (1989) believes that:

"grassroots activities can help communities respond to the needs of their older citizens. Public officials should join with business, civic, religious, volunteer, and educational leaders to discuss the well-being of older persons today and in the future."

A volunteer must be trained to recognize the declining health problems of the needy elderly people. Although there may not be a vocal admission of a handicap, the elderly person may reveal a definite deficit in physical or mental functions by means of some covert body language. It is important for the volunteers to be able to recognize such signs.

For the over-65 age group, 4% of the non-institutionalized elderly have severe vision problems (Branch, Horowitz, and Carr, 1987). "Significant hearing losses occur in some 30% of all older people (Butler, Lewis, 1982)." The volunteer, in order to be effective and efficient, must be trained to recognize such problems and

attempt to discern how best to respond to those problems.

It is nearly impossible to locate all of the elderly who are needy. Numerous efforts have been made to do this but these efforts have not been successful for 100% of this population. Reasons for this are that they have either been overlooked or have refused all outside help.

Chapter 2

LITERATURE REVIEW

A Brief Exploration of Age, Old Age, and the Aging Process

Defining old age is not an easy task since many disagreements exist over how "old age" should be defined. According to Silverman (1987), most studies of the elderly use sixty-five as the age boundary, due to the historical importance given to retirement.

A more recent source for describing age is found in Brimmer's (1987) article where he talks about three types of age:

"The Biological age, defined as the individual's present position with respect to the potential life span;

The Social age, which refers to roles and habits relative to other society members;

The Psychological age, defined as the behavioral capacities of individuals to adapt to changing environmental demands."

From these definitions we see that aging is an interaction of the biological, sociological, and psychological phenomena. Burdman (1986)

agrees that all three factors need to be considered in the process of aging. Normally, age is judged by how the person functions in all three categories, not just the person's chronological age.

Aging is a lifelong process, a continuing cycle. According to Atchley (1988) there are three broad periods in this process: "maturation" in which the person develops, "full maturity" in which the person exercises full powers, and finally "aging" in which the person gradually declines. This is a very simplistic view of the on-going biological processes of life and aging. Atchley concluded that biological aging is the progression of processes at different rates. That is to say that some parts of our bodies become non-functional before other parts, (i.e. our hearing may decline before our vision). This progression of processes in biological aging takes place in unique ways in each person.

Social aging depends largely on the culture in which one lives. Thus, what is expected of a person at a certain age varies from one culture to

another. Social aging does not necessarily take into account handicaps and physical ailments; rather it stresses what is expected of a person at a given age.

Life expectancy has increased greatly since prehistoric times when the expected life span was about 18 years. There was an increase of two years in life expectancy in the Greco-Roman period, and during the Middle Ages life expectancy rose to 35 years (Kalish, 1985). At the beginning of the twentieth century, one could expect to live to be 50 years old, while today most people will live to be 74.6 years of age (National Center for Health Statistics, 1986).

Psychological aging differs in each individual, some lose problem-solving abilities and retain older processes such as vocabulary skills. Habits, those things that we are very used to doing, will probably be retained longer than will those activities which we only do occasionally.

According to Archenbaum (1985), "no single image, or cluster of ideas, sufficiently embraces

our contemporary understanding of the meaning and experiences of growing older and being old."

Historical Look at Aging

An ancient source regarding old age is the Holy Bible where old age is viewed as a sign of wisdom, favor from God, importance, respect, longevity, and responsibility. Many passages in the bible reflect these qualities found in the elderly such as: Proverbs 9:11, 10:27, 16:31, 22:4, Psalm 91:16, Deuteronomy 4:40, 5:33, 11:21, 22:7, Exodus 23:26.

The early Christians gleaned from the Old Testament of the Bible their beliefs about the elderly person. New Testament writers draw upon the fourth commandment "to honor thy father and mother" as a guide. These New Testament writers felt that this was God's wish, since one was being obedient to God by honoring the older generation (Wheaton, 1971).

The Greco-Roman idea on aging was dramatic and profound, and to present day minds, may seem

odd. An example is found in Aristotle's Treatise on Rhetoric:

"The elderly are apt to be suspicious from distrust, and they are distrustful from the experience. And on this account, they neither love nor hate with great earnestness - they both love as though about to hate, and hate as though about to love - And they live more by calculation than by moral feeling, for calculation is of expediency, but moral feeling is of virtue (Archenbaum, 1985)."

During the Middle Ages, age was power, wisdom and courage. Archenbaum states that "to document the esteem accorded age during this period, one need only refer to the rise of the papacy in the religious realm and the influence of presbyters and aldermen in the affairs of state. The titles of these positions bespeak age-specific connotations surrounding fatherhood (the papacy) or being elderly ('presby' and 'alder' are cognates of 'old')."

As one moves forward in history, one comes to the second half of the 19th Century. "Little

attention was paid to the elderly and any specific needs they might have; apparent physical capacities and economic power far outweighed one's chronological age (Markson, 1987)." However, by the end of the 19th Century, the social reformers viewed chronological age as a social problem. It was during this time that the aged were directly linked to poverty and ill health, and were viewed as a social burden. The thinking at that time was that "at around 50, a worker's abilities began to falter. His strength and flexibility, as well as his salary, all declined with age (Haber, 1983)."

Max Weber is the source of our "work conscience" society. He wrote, "The Protestant Ethic and the Spirit of Capitalism" in 1905. In this book he conveyed to his audience, the readers, how the "Protestant Reformation" of the seventeenth century provided an ideology that gave religious justification the pursuit of economic success through rational, disciplined, hard work. This ideology called the "Protestant Ethic" ultimately helped transform northern European societies from feudal agricultural societies to

industrial capitalists (Tischler, Whitten, Hunter, 1986).

This masterpiece has had a profound effect on people for many generations. Western society adopted Weber's work ethic; in fact, our society is based on the "work ethic" concept, whereby, unless we contribute our share of work, we tend to feel guilty. This causes undue emotional stress and pressure on many people and especially the retired and elderly. In our society, the individual's worth is commonly judged by his or her productivity. "Work is often viewed as dues required for active membership in a productive society (Elipoulas, 1987)."

Retirement and Aging

Therefore, the American society of today has come to see the elderly in a negative light. Donald Cowgill (1986) says that we associate old age with loss of usefulness, decrepitude, illness, senility, poverty, loss of sexuality, sterility, and death. As a result, people take great pains to preserve a youthful appearance and conceal or understate their actual chronological age. Such

social pressures lead many elderly people to become ashamed of aging. The philosophy of the Old Testament no longer seems to fit our modern society. Rather, as long as one is physically fit, mobile, and cognitively alert, one is accepted; any deficit in these areas and one seemingly becomes a burden to society.

Since one concept of aging that has evolved in our modern mindset is the image of ill, frail, and problematic elderly, it seems necessary to explain what some of the real needs of the elderly are.

Although retirement can be a rewarding time in life, it is often experienced as a time of non-productivity and thus a time of guilt and stress. It is estimated that only 10% of the retired return to work because they need more income. Retirement demands adjustments and Atchley (1988) believes that in most cases, people adjust to retirement within three months or less. In order for one to adjust to retirement, however, one needs sufficient income, must be able to "give up" one's job, and be in good health. Not everyone

meets these requirements, and therein lies the problem.

Retirement is a symbol of transition to old age. There are many changes involved with the transition such as income adjustments, life schedules, job identity, social contacts, and work experiences. If the attitudes toward these changes are not healthy and realistic ones, the retirement adjustment may be a crisis rather than a normal part of aging. "The attitude that unemployment is an undesirable state is adhered to by many older people who were raised under the omnipresent cloud of the "Puritan work ethic" (Eliopoulos, 1987)." After retirement, it is the stress, the feeling of guilt and worthlessness and the incapability of adapting to change that can cause the retired elderly's health to decline.

The Economics of Aging and Retirement

While we tend to think of the elderly as being poor, their status has improved somewhat over the last few years. McCready (1989) indicates that "in 1960, more than 20% of those over 65 were in poverty. Butler, Lewis (1986)

points out that 85% of the older poor are white but Blacks that are old and poor are more profoundly poor than the whites.

While it is difficult for anyone with inadequate income to receive the basic necessities of life such as food, clothing, shelter, and medical care, this is especially true for the elderly. This is true because they often have the added concern of being physically unable to get to the places where such things can be obtained at more reasonable costs.

In Samuelson's (1988) opinion, however, "we can no longer afford to treat all the elderly as needy and special. The elderly's poverty rate is lower than the non-elderly's." He also feels that the elderly get too many tax breaks.

While this may be true in some cases, there are a number of elderly who are not receiving adequate income, and thus suffer from neglect. Some of the neglect is due to lack of proper housing and clothing. For others the neglect is due to lack of proper nutrition, and then there are those that lack proper health care and

assistance. Even though the percentage of elderly people living below the poverty line has been cut from 20% in 1970 to 12% in 1984, that 12% knows how important an adequate income is. Silverman (1987) says that,

"It is the belief of some people that the needs of the elderly are not necessarily from disease or disabilities, but from social problems such as poverty, unemployment, racism, and sexism. Such social problems also plague the rest of society but seem to impact the elderly to a greater degree. This is evident in these statistics from the New York Times: "65.19% of Black and 59.3% of Hispanic elderly are near the poverty level, and 71% of the poor elderly are women. Inflation, recession, public policies and a labor market that discriminates against the elderly, deprive them of adequate work or income. These factors, not health, create need (Silverman, 1987)."

This seems to be true even though Gibbs (1988) says that "during the Reagan administration, payments to the elderly have risen 35%, so that now, more than a quarter of all government spending goes to the 12% of the population who are

65 or older."

Even though Social Security has helped the poor, more needs to be done. Fifty years ago, January, 1940, the first Social Security check was issued to Ida Mae Fuller of Brattleboro, Vermont. Since that time, according to the 1990 Health and Human Services Department, our government has paid more than 2 trillion dollars in Social Security payments. Yet, this is still not enough help for some who have chronic, life-threatening diseases.

"Medicare is a program intended to aid the elderly; it has had strong repercussions for the entire nation in the whole area of delivery of health services. [In spite of this] Medicare is the most universal of all Federal health programs for the elderly, servicing essentially the entire elderly population (Rich, Baum, 1984).

One weakness of this program is that all persons must pay the same amount regardless of income. This indicates that much still needs to be done to improve insurance coverage for the frail elderly so that they can have a more normal, acceptable life in their waning years.

Health Status of the Elderly

To report on all health-related issues of the elderly is not the goal of this thesis; however, we will touch on some of the more common disabilities. These will indicate some of the special needs that are experienced by the elderly.

1. Visual Losses

It is a tremendous shock to a person to lose one's sight after having vision for most of a lifetime. People afflicted in this way need training to be able to live in their sightless world. Without this training such a person is at risk of becoming a candidate for premature institutionalization because they cannot care for themselves and are at risk for falls and other injuries. The estimated figures on injuries according to the Select Committee on Aging (1985) are: "85% of all injuries sustained by persons 65 years and older are caused by falls, 25% of which have been attributed to uncorrected visual problems."

According to Branch, Horowitz and Carr (1989), the most common visual impairments that

result from age-associated vision diseases include cataracts, macular degeneration, glaucoma, and diabetic retinopathy. Almost one million, or 4%, of the non-institutionalized elderly persons suffer a severe vision impairment causing them to be unable to read newspaper print. While this doesn't seem to be a burden for some who are not accustomed to doing much reading, it does present a difficulty to the visually impaired who had been accustomed to depending on communication via the press.

According to the National Society for the Prevention of Blindness (1980), it is "estimated that there are 498,000 legally blind persons in the United States, of whom 53% (266,000) are elderly persons." By the year 2000, Donahue and MacFarland (1984) estimated that 1,760,000 elderly persons in the United States will be severely visually impaired; this represents a 78% increase over our current figures.

Despite these studies and figures, many more persons suffer visual impairments than the statistics reflect. More people have vision

problems but have not been identified and therefore, their needs are not being met (Biegel, Pitchers, Snyder, Beisgen, 1989).

2. Hearing Losses

Many elderly people also suffer from some hearing loss. This is an aggravating disability, especially since it inhibits the use of the telephone, a viable source of communication for the elderly. It also restricts daily conversations; due to the impaired hearing, communication may not be reciprocated. Witter Du Gas (1983) reports that men usually lose the ability to hear high tones while women tend to lose the ability to hear low tones. Thus, men's hearing is limited when listening to female voices, and women's hearing is limited when listening to male voices. (The common joke is that this disability may have helped to save many marriages.)

Many drugs can cause hearing loss. According to Butler, Lewis (1982) "thirty-eight percent of the older population who have arthritis consume large enough quantities of aspirin to affect their

hearing. Other drugs such as antibiotics, diuretics, and antitumor agents can cause ototoxicity (literally meaning "ear poisoning")."

3. Mental Impairment in the Elderly

One of the most dreaded disabilities of the elderly is the fear of losing the use of one's mind and memory. Often, I have heard an elderly person state, "I can deal with pain or any other handicap, but please Lord, don't take away my mind." Toufexis (1988) believes that "senility is probably the most dreaded of all debilities, yet only about 15% of those over 65 suffer mental impairment. Alzheimer's disease accounts for more than one-half of this figure." It is always important, however, to rule out depression before making a diagnosis of senility or mental illness.

Fifteen percent of the elderly suffer from some type of depression according to Toufexis, and depression is the most ignored disorder among the elderly. Depression has many causes, some of which are better understood than others. A number of these causes are: drugs, losses, major stresses, illnesses, retirement and loneliness.

Loneliness in the elderly, and its resultant depression seem to fit well with Durkheim's pattern of suicide.

He noticed that "The incidence of suicide varied from one social group to another and did so in a consistent manner over the years. Protestants were more likely to commit suicide than Catholics; people in large cities were more likely to commit suicide than people in small communities; people living alone were more likely to commit suicide than people living in families. Durkheim isolated one independent variable that lay behind these differences: the extent to which the individual was integrated into a social bond with others. People with fragile ties to their community are more likely to take their own lives than people who have stronger ties (Robertson, 1977)".

How does Durkheim's theory of suicide effect the elderly? Suicide increases with age (Saul, Saul, 1989) showing the fallacy of the adage "serenity of old age." The relatively low suicide rates for married people may reflect not only the

companionship of marriage, but its outlet for aggression; widows and widowers appear to be at a particularly high risk for suicide. And according to Caravoglia (1988), "most elderly people who attempt suicide fully intend to die; that is, suicide is not used as a way to call for help or attention, nor is it usually motivated by anger or revenge. Caravoglia further explains that the greatest fear of elderly people who attempt suicide is being rescued because to be rescued may mean that they will experience debilitation and thus become more dependent.

Though it is estimated that "people over 60 years old make up 18.5% of the country's population, that same age group accounts for 23% of all suicides (Garrett, 1989)." Thus, for the elderly person, the sequence of losses during a lifetime are the major source of depression and often suicide is the conclusive act, the final departure from pain and loneliness.

4. Diet and Exercise

Diet and exercise are important to all people but especially to the elderly. They no longer

need the amount of calories that they did when they were younger and more active, but they do need a balanced, nutritious diet. Even though the elderly need a balanced diet they often do not have it. There are several reasons for poor nutrition among the elderly, some being: loss of appetite, health problems, medications, poverty, loneliness, depression, isolation, and loss of taste and smell, which causes food to be less appealing.

Some elderly persons are notorious for skipping meals. Not wanting to eat alone is one reason for this. Another reason for skipping meals is given as "a way to save money (Martin, 1989)." Thus, nutritional education is imperative for these people, especially since what they save on a meal may be spent on medical bills. Many elderly persons are diagnosed as being anemic; this is directly due to a nutritional deficit. "Sixty percent of individuals have one or more chronic problems such as high blood pressure, heart disease, or diabetes. These physical

changes make eating less appealing (Martin, 1989)."

There are programs throughout the United States including food stamps, meal sites, and groups such as Kiwanis, American Legion, Salvation Army, St. Vincent de Paul and many other government and church-related groups who focus on persons that are hungry. These programs usually serve or distribute food to the needy, including the elderly. Often, the recipient lives on a fixed income, is usually in poor health, non-ambulatory, and lives alone (Forman, 1988)."

Along with adequate nutrition, exercise is necessary for the elderly. And yet, older people usually have less flexibility and mobility in their joints. This can be due to arthritis, bursitis, or "frozen" joints. According to Dr. Buxbaum (1983), "one of the most important reasons for an older person to exercise is to increase joint mobility." With this increase in mobility, the older person will be able to be more active and be in contact with older people, and thus will lessen the chances of isolation and loneliness.

Our health conscious attitudes of today have definitely improved our way of life, and exercise plays a vital role in this improvement. "Figures from developed countries indicate that 95% of old people die without ever having known what it is like to be bedridden. We die more and more often on our feet (Levet-Gautrat, 1988)."

Evans, of the U.S. Department of Agriculture-Tufts University Center on Aging, suggests that exercise, at least half an hour three times a week, is an important aid to controlling weight, keeping bones strong, building muscle strength, conditioning the heart and lungs, and relieving stress. There is no group in our population that can benefit more from exercise than senior citizens (Toufexis, 1988)."

Horn (1989) believes that our society has behaved as if one simply becomes incompetent and useless when one becomes 65 years of age. This is a myth and is being proven so by the many active and alert elderly persons who exercise sufficiently and who eat nutritionally balanced meals.

5. Demographics

Our older population is increasing at an alarming rate. By 2010, the over-80 population will double to 12 million. The 75 year and older population is increasing faster than those who are 65 - 74 years old, and the 85 years and older group has grown even faster (Brody, 1982).

Silverman (1987) corroborates with Brody in his publication which indicates that "the proportion of the population over age 65 increased from 4% in 1900 to almost 12% by 1985, and it will continue to increase until it exceeds 21% by the year 2030.

Our society is living longer, and is known as the "aging" society. This is primarily due to lower birthrates, and secondarily, because of lower mortality rates. Figures show how old proportionately our population is becoming. In 1900, there were 10 old people (65 or older) for every 100 children under the age of 18. By 1985, the ratio was 46 old for every 100 children. By 2030, the number of old people will exceed the number of children (Silverman, 1987).

Life expectancy is greater now than in the

early twentieth century. According to a Canadian study by Russell (1989), "Life expectancy at birth rose by 6 years between 1951 and 1978, and the average individual spent 4.7 of those years disabled." This calls for supportive action by others who must be more attuned to needs of the disabled, most of whom will be elderly and/or women. Women are in a high risk group because they are more apt to be "widowed or divorced, live alone, be poor, or chronically ill," according to Biegel, Shore, Gordon, (1984). Only about one-third of the elderly live with a spouse.

Supportive Care from the Family

Home care service is only possible when one knows that help exists. Family, most often spouses and children, provide the largest portion of services to the elderly people in the United States. The National Center for Health Statistics (1983) estimated that "family networks provide 80 - 90% of supportive care."

It is a myth that the elderly are abandoned by their family. "Only 5% of all people over the age of 65 are institutionalized. The family

provides 80% of all health care given to older people," according to Neugarten (1982). Being cared for at home seems to be the preferred method of long-term care. It is viewed as a more humane, and loving method of care, and is more preferred by the elderly. Cantor (1988), former President of the Gerontological Society says, "The family is the major source of support for the elderly, and there is no indication in the future that families will abandon them."

While family is the most requested help, family is not necessarily the best help in every situation. Family may delay the use of formal treatment until symptoms are severe. This is not necessarily wise. The reason for this is that family is too closely tied to the patient; this makes emotions and feelings more acute and thus decisions become less objective. The family may want to protect the patient, but also must be able to discern the needs of the patient, not the wants.

Availability of Services

It is important to be aware of services that

exist to help the elderly. Chapleski (1989) suggests that there are seven predictors of service awareness; he has located these along an awareness continuum. They are based on vulnerability:

1. Those who lack education
2. Those who lack transportation
3. Those who are Black
4. Those who are old
5. Those who are poor
6. Those who are female
7. Those who have no other community ties.

Krout (1983) found that "being better educated, female and married were associated with greater awareness of programs." Race is a strong predictor of awareness. The Blacks with a higher education are more aware of services offered, but just "being Black was an inhibiting factor to awareness (Sussman, 1985)." Blacks are more likely to rely on the family systems for care.

Rural populations often do not know of available services or services may not exist in certain rural areas. The rural elderly and

handicapped often have problems with immobility and lack of communication. Also geographically, they are isolated from services. A study was done from the Office of Services to the Aging (OSA) in 1985 and their findings concluded that those with transportation problems were less likely to know of services of any type. Talbot (1985) suggests that these isolated rural elderly people are "ruggedly independent but less healthy than their urban counterparts. They have fewer community resources to assist them in time of need."

Transportation

Hullett (1989) suggests that the frail elderly may not receive medical, social, or preventative services due to the difficulty of transportation availability. And according to Hancock (1987),

"Transportation for the elderly is a need that is inadequately met in most communities. Without transportation, the elderly person may be unable to carry out everyday chores such as grocery shopping. There may be complete isolation from the larger community, so that the older individual is unable to attend clinics or take

advantage of health fairs, attend group meetings in out-patient clinics, or make use of whatever resources the community may offer the elderly."

"Almost 85% of families in which the head of the household is under 65 years old, own an automobile; only 61% of older households own cars," according to De Fleur (1983). There are many reasons why elderly persons do not have automobiles. Some reasons include: cost of upkeep, cost of insurance coverage, physical impairments such as visual and/or hearing deficits, lack of ambulation, and stress or depression.

Isolation is intensified when public transportation is not a possibility. Therefore, it is evident that some type of public transportation is needed to help the older adults who have no other means of travel. If the health of the elderly person is good, then public transportation will fill this need.

The purpose for writing the preceding pages is by no means to indicate that our elderly are

indeed helpless and/or hopeless. On the contrary, our elderly are doing very well. However, the preceding has been written to bring attention to the most basic needs of the elderly. A brief description of these needs has been presented to familiarize us with what is necessary, but sometimes lacking in the lives of the elderly.

The following pages will be dedicated to the evolution of the Catholic Church and what role it has played in meeting the needs of the Catholic community.

EVOLUTION OF THE CATHOLIC CHURCH AS A SERVICE ORGANIZATION.

The Catholic Church has based many of its beliefs on the Old Testament of the Bible. The first signs of helping the needy dates back to when the Isrealites were wandering in the wilderness and were hungry. According to Exodus 16: 14-16, God supplied food called Manna for them to eat. This was a gift given directly from God, for the needy.

In the New Testament of the Bible there are numerous examples of the community sharing with and helping those in need. In Luke 33:10-14, we hear that the person who has two coats should share one with the person who has none, and should also share food with those in need. In Acts 4:32-35 we read that there was no needy person amongst them, for those who owned property or houses would sell them, bring the proceeds of the sale, and put the money at the feet of the apostles, and this money was distributed to each person according to the need of that person.

Over the years, the Catholic Church has undergone a continuous evolution. The idea to work as community with and through the Church began in the earliest years since the ideals given in the book of Acts were valued by the Catholic Church. However, this concept became somewhat stagnated over the years and was in need of renewed emphasis. It was not until the 1960's when the Second Vatican Council issued challenges to all Catholics, that an active push for justice

and recognition of the needy came to the forefront.

Lawrence Cardinal Shehan indicates that the Vatican II Documents are especially "noteworthy for their concern with the poor, for their insistence on the unity of the human family and therefore, on the wrongness of discrimination, for their repeated emphasis on the Christian's duty to help build a just and peaceful world, a duty which he must carry out in brotherly cooperation with all men of good will (Abbott, 1965)." This thrust towards helping the needy continues in the emphasis given for such service by our present Pope, John Paul II. When he was here in America he said:

"Every human person - no matter how vulnerable or helpless, no matter how young or how old, no matter how healthy, handicapped, or sick, no matter how useful or productive for society - is a being of inestimable worth created in the image and likeness of God."

Therefore, it is the awesome task of God's people to help the weak and the vulnerable. All members

of the Catholic Church have this responsibility; it is not only the responsibility of the official Church leaders. Ultimately, in many Catholic Churches, the responsibility to help the weak and vulnerable is turned over to volunteers since there is an increasing shortage of persons who are employed by the church. This shortage has affected Catholic hospitals since ordained clergy had previously ministered to the patients. It is estimated that in five years 56% of the hospitals will have no priests (American Medical News, 1989). This shortage is especially hard on the frail Catholic elderly. Most of these patients wish to receive the sacraments, participate in Holy Mass and receive communion while in the hospital.

The shortage of priests/ordained clergy in the hospitals puts an added pressure on the parish priest because the parish priest must now perform some duties at area hospitals that ordinarily would have been cared for by the hospital chaplains. This present arrangement reduces the time that the priest has available for parish

duties, one of which is to minister to the needy and especially the elderly and handicapped members of the parish. While this continues to be a problem, it is being met by several responses including networking with other parishes for help in caring for the needs of the parishioners. Another response is to make use of parish professionals, chaplains and eucharistic ministers and volunteers.

Since most elderly do not spend an appreciable amount of time in a hospital, the church's obligation is to help care for them at their homes and to make it possible for the elderly to take part in the services offered at the parish setting. Some practical aids for the elderly are such things as: making parish buildings accessible to the handicapped (most of whom are elderly), providing large print prayer and song books, and making provisions for special seating for the hearing and vision-impaired elderly.

As stated earlier, the Church has a special responsibility to anyone who is oppressed in any

way. Fakey (1974) suggests that as a group, the elderly are amongst the most oppressed, if not the most oppressed group in our society. It is important that the elderly not feel that they have been abandoned by the Church.

Brickner (1989) stresses that the "elderly are persons of worth. That all of us owe to all others, perhaps especially to the elderly, support sufficient to maintain dignity, participation in the community, and freedom of choice in major life decisions. Furthermore, in accordance with basic church principles, there should be a preferential option for the poor."

Specialized Groups Within the Catholic Church

Specialized groups have been formed in many Catholic parishes to help the needy, elderly and handicapped members. These groups have been doing much to help those in need, but I believe it to be of utmost importance for all members to become involved since there are so many persons who require help and assistance. Some of the active, specialized groups in the Catholic Church, which have had significant impact in aiding the needy,

elderly and handicapped will now be described briefly.

The Saint Vincent de Paul Society (SVdP) is made up of persons who work together to give personal service "to God in the persons of the poor, whom they visit at their own homes and assist by every means in their power (Americana Corporation, 1965)." The SVdP Society provides assistance with paying utility bills, water bills, and medical bills; they also provide food, furniture, and clothing to those in need. Likewise the SVdP Society distributes food to street people and aids in other crisis situations. The elderly are often the recipients of the care given by the SVdP Society.

Parish councils are groups of priests, religious, and laity who "together reflect on the parish's ministerial activity and, on the basis of that reflection, discern what needs to be changed or developed in the parish to make it more faithful to what God is calling it to be (Mundschenk, 1985)." Not all parishes have a parish council but such a council is strongly

encouraged by our local Catholic Church leaders such as Archbishop John L. May. These councils are the liaison between pastor and lay people, between Church and community.

A synod is another group of persons in the Catholic Church who care for the elderly, needy and handicapped. In the past, as in the present, the "synods organized the work of caring for the poor, looked upon it as a moral duty, and thus waged war against indigence and mendicancy, according to Lortz, Kaiser (1939)." Hospices for strangers, hospitals for lepers, and the sick were made available along with asylums for the emotionally ill.

There have been ten synods in the Catholic Church in the Archdioceses of St. Louis. The first one dates back to April, 1839, and the most recent one in 1990. "From this recent synod, a direction has been given to our mission as a people of God for the 1990's. The following points are our goals and aspirations for the future:

1. To see all members of the Church as

- gifted, as important and as called to worship, to serve and to evangelize.
2. To expand our work for mercy, justice, and peace.
 3. To achieve greater accountability so that all of us fulfill our responsibilities as Catholics in our specific roles and areas.
 4. And to restructure our agencies, committees, and institutions to better achieve our mission and accountability (Synod Awareness Committee, 1990)."

Another vital group in the Catholic Church is the Catholic Health Outreach Program. This organization was called upon by Synod 10 to assess health care needs in the Archdiocese. This program is studying the health care opportunities available to the people in the parishes. This program is set up so that people who are sent home from the hospital half-well, half-healed and half-ministered to, will have a support team of

volunteers from the parish to continue their healing process. The elderly will benefit greatly from this program because of the Medicare policies which release people from hospitals before they have recuperated sufficiently so as to be able to care for themselves.

Catholic Charities is an organization which serves a very diverse population. The National Conference of Catholic Charities (NCCC) represents the local Catholic Charity agencies. "This NCCC established a commission on aging which is a rallying point for Catholic social services provided in the field of aging (Palmore, 1987)." In the St. Louis Archdiocese, the department dedicated to the elderly is called the Cardinal Ritter Institute (CRI). About 30,000 persons per year are served in various elderly programs. The agency wants older people to be all that they can be, and do all that they want to do. It aims to help the elderly live dignified, happy, healthy lives in the least restrictive environment possible. Cardinal Ritter Institute is nationally

recognized as a leader in the field of care for the aging and aged.

How the Catholic Church Attempts to Meet the Needs of the Elderly

"According to a recent Gallup Survey on church attendance, 40% of all Americans and 67% of the elderly attend a church or a synagogue (Pippert, 1988)." Since the involvement in religious services and organizations is a great part of the adult person's life, churches try to make it possible for older adults to continue to be involved in their churches. " One reason given for the need to attend services is a need to feel connected to [other people] who know that there is more to life than what they can see, feel, buy or hoard (Pippert, 1988)." Other reasons for either turning to a church or a synagogue could be disillusionment with life, a crisis, a need for roots, authenticity or loneliness.

There is a need for the church or synagogue to meet the needs and expectations of the congregations, otherwise the people will move on to a place that can meet their needs. "When a

church fails to provide spiritual revitalization, they [the congregation] look elsewhere (Pippert, 1988)."

What binds the Catholic Church together for its members are "three components:

1. Identity, (we are the ones who go to Mass)
2. Community, (the Mass is priest and parish people), and
3. Sacramentality, (when you receive communion, you assert the goodness of flesh and world), (Greeley, 1987)."

If any of these are missing, church affiliation falters.

Elderly Catholics, like all elderly persons, need to belong, to have an identity with others, and to be a part of community. Too often the elderly become anonymous and forgotten when physical participation ceases, due to a decline in health, or lack of transportation. The elderly who are ill, and perhaps dying from a dreaded disease such as cancer or heart disease, need a sense of direction. Caregivers from the church

can work with these terminally ill patients.

The elderly may become frail and need to give up their active participation in their church. This could be due to a loss of hearing, sight, mobility, or from a lack of transportation, or any other illness that incapacitates them.

The Catholic Church in the Archdiocese of St. Louis, has provided time on the local television channels to offer a televised Mass on Sunday mornings, and programs of preaching the Gospel, and other religious services. The frail elderly and handicapped can attend Mass via the arm-chair, or bed, in the comfort and privacy of their own home. This seems to fill their need for religiosity, but does little for their social life. "By listening and encouraging, caring persons from the Church may provide the opportunity for a spiritual experience on the part of the patient that is often as important a part of the total care as the medical, nursing, or social work aspect (Millison, 1988)."

Most Catholic Churches care for their elderly members through the Parish members who volunteer

their time and energy for this needed and necessary ministry. The Church is learning that these volunteers must be trained, organized and supervised if the care they give is to be truly quality care. Most of the volunteers who work with the elderly and handicapped are paraprofessionals, housewives, ministers, (both lay and clergy) and active, healthy seniors. The majority of volunteers are women although this reality is slowly changing. Some reasons for this could be: 1) Some women are housewives, and find comfort and support in helping the needy. 2) Women live longer than men, leaving more females to do the supportive care volunteering. 3) The female is a more natural nurturer than the male oftentimes. Some of the best volunteers are also the active, healthy seniors. As Tedrick (1985) says, "to counteract the myth that older persons can no longer contribute to society is to have them actively providing service to a community." The elderly have so much potential, so much to offer. These include: "Life experiences, skills, knowledge, time and a real desire to live and work

(Bellas, 1985)." Many of these elderly people are the loyal volunteers who offer their services for the Church programs to the frail elderly and handicapped. These programs are sometimes called Senior-to-Senior programs.

Shank and Lough (1989) conclude that if elderly women live in private housing, forty-eight percent of these women will do volunteer work. The study site for this research was a large midwestern metropolitan community.

The Catholic Church, as a service provider, must continue to recruit and train volunteers within their own congregations and communities, and they must match volunteers to individuals in need (Filinson, 1988). This will be an increasing need in the years ahead since the population of elderly is on the rise. Working with volunteers is no easy task and will require much patience since some volunteers do not maintain a high-degree of commitment to the project for which they volunteered.

As Filinson (1988) points out, "Churches clearly are a comfortable setting in which to

disseminate information. Recruiting sufficient numbers of volunteers to begin a program, however, requires training three times as many individuals as are demanded of the program." This is necessary because of the accessibility, and availability of volunteers.

To What Extent does the Catholic Church Meet the Needs of its People, especially the Elderly and the Handicapped?

From my initial research, it seems that the Catholic Church is quite successful in helping the "known" needy of their parishes. However, I do believe that a small percentage of the needy elderly/handicapped population of the Catholic Church remain unrecognized and underserved. In order to more completely answer the questions as to the extent that the Catholic Church is meeting the needs of its members, I have developed a method for gathering more objective data. This is explained in the next Chapter.

Statement of Hypothesis

1. The St. Louis Archdiocese's Catholic Churches are fulfilling their obligation to help the known needy/elderly and handicapped in their parishes, especially since Vatican II.
2. The recognized elderly/handicapped parishioners are receiving help from the Catholic Church via outreach programs and volunteers.
3. A certain percent of an "unknown" parish population are still in need of services.
4. More women spend time doing volunteer work than men.



Chapter 3

METHOD OF PROCEDURE

Since the questionnaire is a versatile mode of researching a certain population and can be administered by mail or interview, it was chosen as the method used to collect information for this study. Because the number of questions and method of printing are left to individual choice, the use of a questionnaire is a valuable and easily available procedure for collection of data. The questionnaire is a fast and convenient way to collect information. The respondents can be more honest and open and respond in the privacy of their own homes. "The self-administered questionnaire represents a standardized measuring device in that every respondent receives exactly the same questions, without interviewer variations, (Evans, 1985)."

Structured questionnaires are definite, concrete, and the preordained questions are prepared in advance and not constructed on the spot, (Young, Schmid, 1966).

Reasons for using the questionnaire in this research project.

Since there is a considerable geographical spread of the Catholic parishes in the St. Louis Archdiocese, and because of the time saving advantages of the questionnaire method for collecting data, the questionnaire will be utilized. It will eliminate travel time, scheduling hassles, and can be completed in one's own time frame.

Because of the limited personal contact with the respondents, the questionnaire must be precise, clear, and to the point. It must be laid out so that the questions flow, and not confuse the respondents.

The Advantages of the Questionnaire

"The major advantage of the self-administered questionnaire is that it is convenient for both the investigator and the respondent (Evans, 1985)." Also, this type of research design can be done with limited funds. "Most questionnaire

studies are designed with a specified budget, (Berdie, Anderson, Niebuhr, 1986)."

The Disadvantages of the Questionnaire

The questionnaire must be written so that every question is crystal clear. If it is not clear, either the respondent will omit the question or the question will be open to many misinterpretations and thus the data gathered will not be very useful.

Probably the most obvious weakness of the questionnaire is the possibility of a low response rate. The usual return percent is around 10 - 30%. A good return would be around 60%. Realizing that a questionnaire is usually an unwanted intrusion into people's lives, mistakes and omissions are expected. Yet the questionnaire is a source of information used extensively in research according to Babbie, (1990).

Possible Biases Intrinsic to this Study

A good survey will attempt to minimize risk of a biasing effect by the respondents. Some steps have been taken to lessen this risk of biased answers: (1) All respondents are male; (2) All

are Catholic; (3) All are unmarried; (4) All are subject to Archbishop John L. May at the local level and to Pope John Paul II at the international level. Even though the respondents are somewhat homogeneous, their differences are many. Obvious differences can be: (1) Ages may range from approximately 35 - 70 years old; (2) Personality traits differ; (3) Health status varies; (4) Some respondents will be better educated than others. Other differences can include: (1) Geographical areas vary, i.e. metro, urban, suburban, rural; (2) Parishes may range in size from a hundred to several thousand families; and (3) The economic status of areas may vary greatly.

Efforts to produce a truly unbiased survey is impossible but by realizing that biases are evident, keeping them to a minimum is imperative.

Limitations of the Survey

The limitations of this survey include the limited number of persons who are asked to respond, the varied perceptions of those persons, and lack of comparison to another similar

population. Also, the data return rate may be less than the percentage considered necessary for a "good" response.

The population included in the survey.

Since this is a study of the Catholic Church and how it meets the needs of the elderly and the handicapped, the target population for this survey is the Pastors of all parishes in the Archdiocese of St. Louis. This study is aimed at discovering whether and if improvements are needed in the ways that the Catholic Church is responding to the needs of the elderly and handicapped persons in the parishes in the St. Louis Archdiocese. Since Pastors have an obligation to know their parishioners, this questionnaire may be a help to them. It may generate new thoughts regarding how the parishes may better help, serve, know, and understand the needy elderly and handicapped persons in their care.

Description of Sample

Catholic priests, as Pastors, are a dissimilar species. Along with being a Pastor of a particular parish, each priest may have the

privilege of being an Archbishop, Auxiliary Bishop, or Monsignor. Such privileges carry added responsibilities which usually are more far-reaching than their parish boundaries. With these titles often come more time consuming jobs and less time to care for the parishioners on a one-to-one basis. This group of educated, trained, disciplined and ordained men is the sample which will be included in this survey.

Premises--true or false?

In theory, the Pastors of Catholic Churches know the needs of their parishioners, and also know which persons and groups are attempting to respond to those needs.

The purpose of this survey questionnaire is to learn if the above statement is true. The research will give information which will be helpful in proving as true or false, the premise that the St. Louis Archdiocese is truly fulfilling its obligation to help the needy elderly and handicapped population on the parish level.

Are our Catholic parishes aware of the needs of the elderly? Are parishes meeting the needs of

the elderly and handicapped? Can it be assumed that the female population is the largest segment of volunteer workers meeting the needs of the needy elderly and handicapped? These questions will be addressed later in this report.

Methodology - Experimental Survey Design

The design of the survey will be experimental with minimal open-ended questions. When conducting experimental research "data are collected and manipulated and the hypothesis is thereby tested. If the hypothesis is confirmed by the experiment then the general theory from which the hypothesis was derived is supported. If the hypothesis is not confirmed the general theory is called into question (Babbie, 1990)." However, no matter what the outcome, the results are usually published and all who read and comprehend the data are enriched by the experimental research.

The first step in the process to gather data is to create a questionnaire. This will be done by methodical research of pertinent questions that will make this questionnaire as valid and reliable as possible. This information will be researched

through books, journals, telephone interviews, and correspondence.

Also, as an incentive to respond to the questionnaire, a colorful, impressive bookmark will be included in all the mailings.

Cover Letter

A cover letter will be included along with the questionnaire. A brief introduction of the researcher, Jo Ann Hermann, will be shared along with other personal data such as school affiliation, graduate studies, and interests. The purpose of the questionnaire will be explained in the cover letter along with assurance of confidentiality and anonymity (Young, Schmid, 1966).

Pilot Study

After the self-administered questionnaire is prepared, a pilot study will be executed so that errors, vagueness, and unclarity may be determined and then eliminated before preparing the final questionnaire. "No one ever wants to invest large sums of money and considerable effort in a hefty research design only to fail to achieve the

research objectives due to some unforeseen error (Babbie, 1990)."

The final questionnaire will be as near to the pilot study as possible. Questions will remain the same unless an obvious change is necessary due to error of some kind. Through the pre-testing of the pilot study, it is hoped that any unclear statements, errors in numerical data, poorly worded questions and unnecessary questions can be detected, re-worded, or omitted.

Therefore, the final questionnaire will be more understandable and meaningful and will have greater clarity.

Coding

Coding is an acceptable means of helping the researcher process incoming data. Often coding is used when computers read the collected data.

Coding also can be used to help create an anonymous atmosphere. The coding system used in this survey was developed so that Pastors could respond to the questionnaire and not identify themselves. This was used to give them more freedom and more privacy. Whether they chose to

sign the questionnaire was not important; however, if they did sign it, they would be assured of a copy of the result of the study.

The coding system invented by the author looked something like this:

Jo Ann C.B. Hermann

Jo Ann D.F. Hermann

Jo Ann A.Z. Hermann.

Each middle set of initials was matched to a particular pastor. The return envelopes were coded as such so that by comparing my chart to the returned envelope I could immediately know who the Pastor was and whether he had signed the questionnaire or not.

There were five reasons I chose to code the information and they are: (1) This is a large study involving many questionnaires; (2) The return envelopes will be coded to identify the Pastor in the event he chooses not to sign the questionnaire; (3) To be able to do a follow up mailing of those who did not respond to the first mailing; (4) To send information about the elderly and handicapped to those requesting it, in the

event they fail to sign the questionnaire; (5) To provide some sense of anonymity to those Pastors who need their privacy.

Mailing the Survey

After the pilot study has been executed, results have been examined, corrections made, and the return envelopes coded, the amended form of the questionnaire will be mailed to the Pastor of each Catholic Church in the St. Louis Archdiocese.

Response Rate

Babbie (1990) suggests that the percentage return rate is a concern of those who do mail surveys. The body of inferential statistics used in connection with survey analysis assumes that all members of the initial sample complete and return their questionnaire. Because this seldom happens response bias becomes a concern. It is the desire of every researcher that those responding will be a random sampling of the total population.

Babbie (1990) further suggests that a response rate of 50% is adequate for analysis and reporting. Others suggest that as little as 20%

would be adequate. If there is a serious lack of response, a biased audience is evident.

Follow up mailings may be warranted. Babbie (1990) strongly suggests that follow up mailings are an effective method for increasing return rates in mail surveys. "In general, the longer potential respondents delay replying, the less likely they are to reply at all. Properly timed follow-up mailings then, provide additional stimuli for responding (Babbie, 1990)." Knowing this, a follow up mailing will be planned and processed; and thus my return response rate will be increased by some degree.

Data Error

Biased error occurs often in the processing of data. Hill and Kerber (1967) believe that there are two phases of data processing that significantly effect the results:

1. Preparation of the data for observation and,
2. Data tabulation and computation.

These two authors say that to minimize the errors in the second phase, one must create cross

checks throughout all processes of tabulations and computations. They further suggest that cross checks in tabulations may be provided by (1) having the same data tabulated by more than one person, for two or more operations; (2) including intermediate checkpoints prior to final tabulation, and; (3) including checking procedures in the tabulations programs of automated tabulating machines and equipment.

While number 3 is a more costly procedure than the normal researcher can afford, it would cut down on errors. However, since this survey does not involve great numbers I will not utilize the automated tabulating equipment. In the compiling of numbers, the placement of the decimal point is one of the main sources of error. Precision and accuracy also help to reduce error.

Chapter 4

TABULATING THE RESULTS

The pilot study proved to be quite beneficial. One reason for a pilot study is to seek out problem areas on the questionnaire before the large mailing has begun. I have included copies of each questionnaire used for the pilot study (See Appendices A and B). A cover letter along with a brief personal questionnaire was also sent along with the pilot study (See Appendices C and D). These were sent to 11 priests who are pastors of Catholic Parishes in the St. Louis Archdiocese. They were chosen due to their geographic locations and the economic situations of their parishes. These categories were chosen so as to attempt to have a more accurate return.

Ten out of the eleven pilot studies were returned and some corrections were to be made.

The pilot study questionnaire was amended as follows:

Questions numbers 4 and 5 became numbers 3 and 4. A much broader choice of options was presented in the final draft. Number 6 was

omitted because it was redundant. Number 29 was changed because number 28 asked the question of how often Holy Communion was offered to shut-ins. It seemed only fitting to include a question about "who" took communion to these shut-ins. Number 48 was omitted because it was not pertinent to the theme of the thesis. (For the changes, see Appendices A and B).

Once the amended final questionnaire was sent out and data began to be returned, more mistakes were indicated. For example, a box was inadvertently omitted in front of options "B" and "D" on question #5. Some responses were to draw their own box in that place, circle the entire answer, or circle the alphabet "B" or "D". Question #18 was in error. The question asked "If you have mute parishioners, do you provide sign language for Sunday Masses?" The word "mute" was supposed to be "deaf." This error was graciously accepted from 136 possible responses - only one noted the error.

Finally, one Pastor indicated that he was offended by the questionnaire. He took the

questions personally and found it difficult to answer them without feeling defensive.

Return Rate

The pilot study indicated a 91% return rate while the actual large mailing indicated a 61% return. According to Babbie (1990) a response return of 60% is considered "good."

By such a response we might conclude that pastors are indeed interested in the problems of the elderly and handicapped. However, this will be decided after the tabulation of data is completed.

Of the 138 possible responses, 136 were used in the tabulation because two questionnaires had been completed by persons other than Pastors. Assuming that all others were completed as instructed, they were tabulated where valid.

Pastors were given the option to sign the questionnaire. If they did sign it, this would automatically assure them of a copy of pertinent data once the results were completed. The breakdown of this is as follows.

From 131 usable returns eighty-five pastors

or 65% chose to sign the questionnaire. Forty-six or 35% opted to leave it anonymous (even though through the coding system they were identifiable). The area breakdown was as follows:

	<u>Area</u>	<u>Signed</u>	<u>Unsigned</u>
1.	Rural	62%	38%
2.	Urban	83%	17%
3.	Suburban	52%	48%
4.	Metro	73%	27%

Any average mean was derived from this data indicating that 67.5% of the pastors felt free to sign the questionnaire while 32.5% did not sign the questionnaire.

Even though there were 138 returns, not all were usable at any given time. In some cases, questions had not been answered, or responses were contradictory. After 14 days had lapsed, a follow-up letter was sent to those who did not respond to the questionnaire. A copy of this letter is included. (See Appendices E).

Demographics

All parishes combined show that 76% of the parishioners have an average high school education

as the highest level of education, 22% have college as the highest level, and 2% have elementary school as the highest level of education. The number of parishioners having graduate level education as the highest level of education was not significant. (See Table 1)

Data also indicates that 36% of the parishes take in from \$1-1999 per Sunday, 22% take from \$2000-4999 per Sunday, 22% take in from \$5000-7999 per Sunday, and 20% take in more than \$8000.00 per Sunday collection. (See Table 2)

Forty-three percent of these parishes are considered to be in the suburbs, 29% urban, 19% rural and 9% metropolitan. (See Table 3)

"Since the majority of persons attend church or synagogue at least twice a month, religious organizations are probably the most important type of organization in the lives of most older people (Palmore, 1987)." Knowing this, it would seem very important to have churches or synagogues accessible to this audience. Having studied only Catholic churches, the results were impressive. To make some parishes accessible would cost a lot

TABLE 1

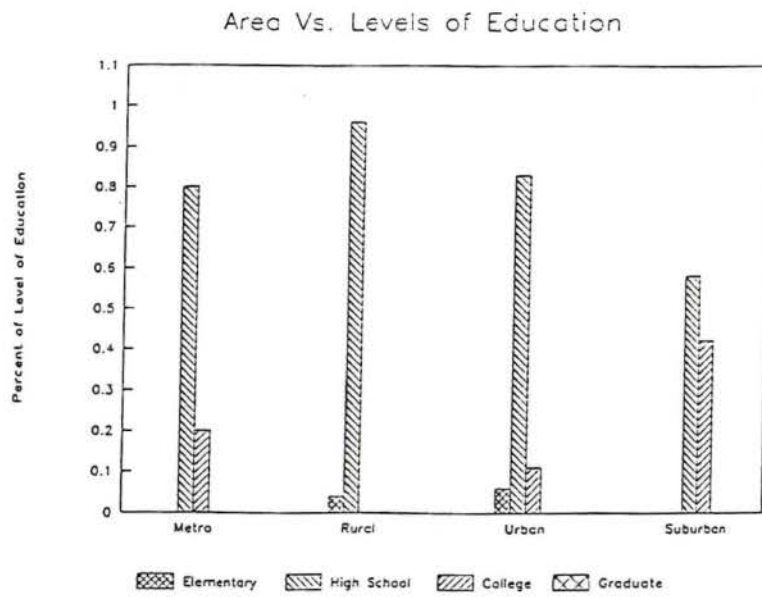


TABLE 2

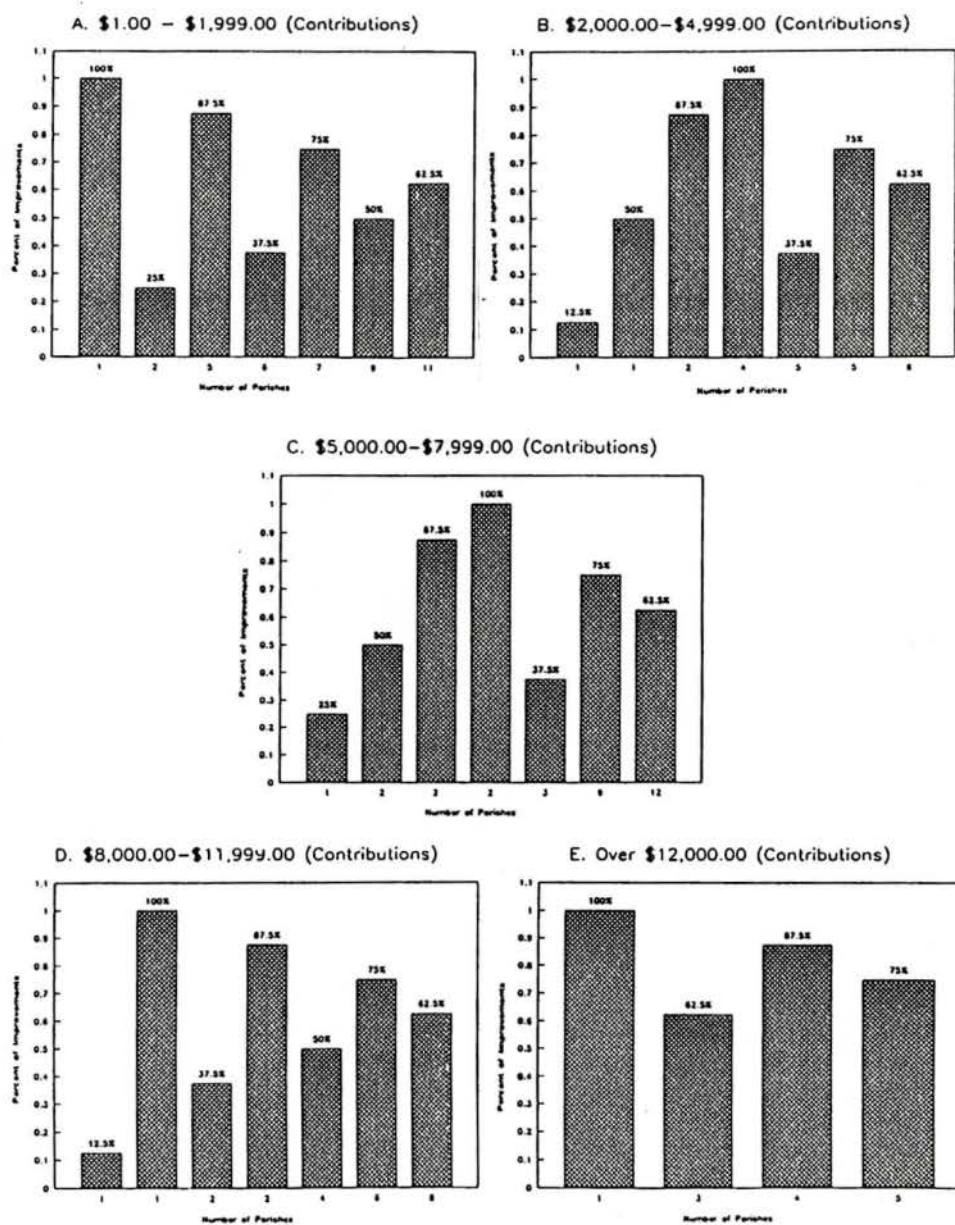
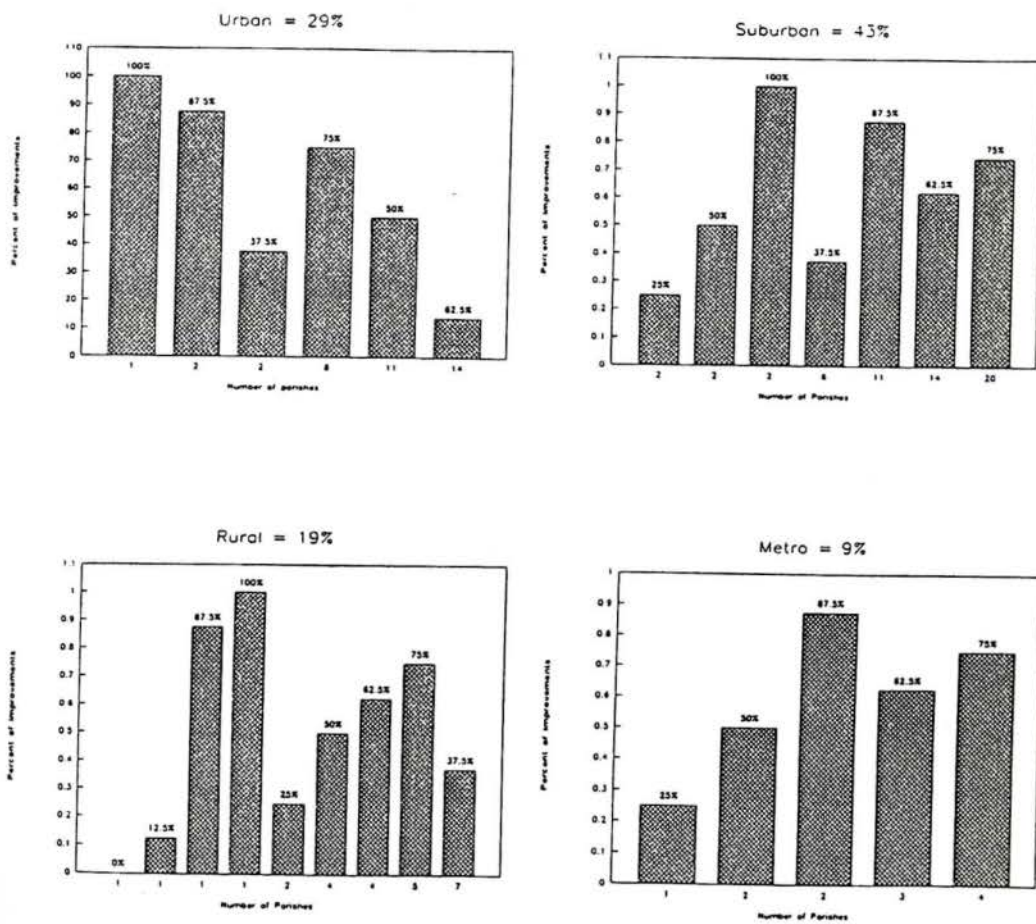


TABLE 3



of money; therefore, it would seem that if contributions were less in a parish, the physical improvements of the parish would also be less. The more affluent parishes would have more money to work with due to increased contributions and therefore be able to make more improvements. However, this did not seem to be the case (see Table 2). Improvements were happening in all categories and areas. Thus assuming contributions of a parish as a predictor of the number of improvements and accessibility in that parish is not an accurate assumption.

Volunteers

A fairly new group of seniors are making an entrance into many areas of life and these are the volunteers. These seniors are making a truly meaningful contribution to society but do need the support of professionals (Tedrick, 1985). Part of this study was to analyze a male/female volunteer relationship. Do in fact more females do volunteer work than men. Yes, in fact they do according to the data. This correlates with many other studies citing similar findings. Data was

collected from the returned questionnaires and numbers 24 and 25 indicated that out of a combined total of men and women (4708) volunteers, 1843 or 39% were male and 2865 or 61% were female. This finding concludes that yet another study verifies information already presumed to be accurate. Yvonne Rocco (1989) did a similar study and found that freely chosen volunteer work gave women more satisfaction than their employment did.

Volunteers are a critical part of a parish. Several parishes care for their members as a "family" through volunteers. Fr. John Kilcullen, pastor of St. Mary Magdalen Parish in Brentwood, Missouri, is finding it possible to meet the material, spiritual, emotional and social needs of shut-ins through a program called C.A.R.E. The purpose of the program is to meet the needs of the elderly, those who are ill, and those in difficult situations in the community. This is accomplished through parish volunteers, (Kenny, 1985).

Health Services

Question #7 asked "Do you have an adequate audio system for the hearing impaired?" Results

indicated that 71 parishes, or 55% do have adequate audio systems but 59 parishes, or 45% do not. Hearing loss is one of the sensory changes most frequently experienced by older people. Knowing that a hearing deficit in the elderly exists oftentimes, it would seem that the Catholic Church must improve the sound systems to help the hearing impaired. At present time this data shows that a little over 1/2 of the parishes are equipped to care for people with hearing problems.

Question #8 asked whether there were ramps or elevators to accomodate the elderly and handicapped. One hundred ten parishes or 84% said yes while 21 parishes, or 16% said no. This response was important because if accessibility to buildings does not exist then services may not be attended by the frail elderly and handicapped.

Question #11 dealt with the problem of vision. Older persons do not function efficiently in low light levels as a rule. They are sensitive to glare and sudden light changes. The data gathered indicated that 106 parishes, or 82%, provided adequate lighting while only 23 parishes,

or 18%, felt lighting was inadequate. This was a good response especially since some hearing impaired people read lips and need adequate lighting as well as do the visually impaired.

Questions #12 and 13 went together. The first question was "Does your church have a restroom?" One hundred twenty-four, or 93% respondents said yes while 9, or 7% said no.

The next question then asked: "Is this restroom equipped for the frail elderly and handicapped?" This response indicated that 40 parishes, or 33% were properly equipped but 83, or 67% were not. This area needs improvement. It was indicated by writing in comments that some restrooms were down stairs or in another building.

While data showed that audio systems were adequate in a little more than 1/2 of the parishes, the confessionals were not taken into consideration in that response. Question #14 asked the question "Are confessionals equipped for the hearing impaired?" Thirty-four parishes, or 25%, said yes but 100, or 75%, said no. Again, these are areas where the Catholic Church should

improve in the future to help accomodate the frail elderly and handicapped.

Question #17 asked "Do you provide large-print prayer books for the visually impaired parishioners? The data was disappointing; large-print prayer books were not a priority. Results indicate that from a total of 138 responses, 113 parishes did not provide large-print books; this is 82% of our Catholic parishes. Only 25 parishes or 18% of our Catholic parishes did provide large-print books. Knowing that eye problems are a concern of the elderly, there is much more room for improvement in our parishes to meet these needs.

Spiritual Needs

Question #30 was an open-ended question and allowed for a written response. It asked the Pastors to list the adult religious educational programs that are offered in their parishes. A total of 115 responses were tabulated, the results

of the most impressive programs are listed:

<u>Program</u>	<u>Percent of Parishes</u>
De Sales	63
Right of Christian Initiation of Adults (RCIA)	31
Scripture Study	31
Vatican II Documents	less than 01

Question #32 gave a choice of topics that might have been talked about in the past year. The data indicates that: 60% of homilies included topics on the elderly, 41% included topics on the handicapped, 88% included topics on the needy and the poor, 83% included social justice topics and only 34% included topics dealing with sexual inequality. There were a total of 123 usable responses. From these, 11% of the pastors chose not to answer the question at all. It was the most unanswered question on the survey.

Question #34 asked which social events the parish offered. There was room for answers to be written in. These answers were interesting and varied. Some of these social events included: wild life dinners, parish swim parties, Sedar meals, dinners for new parishioners, pig roasts,

anniversary breakfasts, parish feast day parties, and Thanksgiving dinners. Responses regarding these social events were unclear because they did not indicate if these events were available to, and of interest to, the elderly and handicapped.

An important area of research for this project was to learn if some parishioners are in need of help. Question #38 asked if the Pastor thinks that there are needy in the parish but of whom he has not been made aware. There were a total of 137 usable responses. From these the following data was gathered.

Ninety-seven pastors, or 71%, believed that there was an unknown needy population in their parishes. Twenty-eight pastors, or 20%, believed there could be but was not sure and 12 pastors or 9% believed there were no unknown needy among their parishioners.

Question #39 asked if the pastor felt it necessary to seek out this unknown population. One hundred one or 83% of the pastors felt that they should seek out these needy persons. Eighteen or 15% felt they should not look for the

needy in their parish and 3 or 2% gave no response to the question. One pastor believed it to be a poor question. With these results it seems obvious that the pastors are very interested in the needs of their parishioners. They have the desire to help and in most cases are doing so. Not all people would agree with this conclusion. Kenny (1990) says that "the Catholic Church reflects secular society in ignoring conditions in rural America," as quoted by sociologist Gary Burkart.

Mr. Burkart says that "historically the Church has met the needs of urban ethnic groups and overlooked those of rural and small-town Catholics. The data collected from this survey, "How the Church Meets the Needs of the Elderly and the Handicapped on the Parish Level," does not agree with Mr. Burkart. Rural parishes show a great interest in the needs of their parishioners. By looking at Table #3 one can see the comparison of areas.

Chapter 5

DISCUSSION AND SUMMARY

The study conducted an experimental survey to learn if the Catholic Church, on the parish level, meets the needs of the frail elderly and handicapped. A questionnaire was used as the medium to gather this data.

The hypothesis that the St. Louis Archdiocese is fulfilling their obligation to help the known needy in their parishes was supported by the results of the questionnaire. Some of these findings are listed below:

<u>Improvements to Physical Structure</u>	<u>Percentage</u>
Adequate audio system	55
Ramps or elevators	84
Special seating	66
Special wheel chair placement	85
Adequate lighting for visually impaired	82
Restrooms	93

These figures indicate that nearly 2/3 of the parishes (138) surveyed are concerned about the needs of the frail elderly and handicapped and

have improved their physical structures to help meet these needs.

Also, data collected from this study supported the hypothesis that the elderly population's needs are at least partially met through outreach programs which are supported by the Catholic Church. There are several ways that the Church, on the parish level, is extending help to the frail elderly and handicapped. Some of these include:

1. Taking communion to shut-ins
2. Offering adult educational classes
3. Providing meals in crisis situations
4. Distributing clothing
5. Pastors visiting in the homes
6. Educating from the pulpit
7. Improving the physical structure of the church to better accommodate the frail elderly and handicapped
8. And specialized groups helping one-on-one.

Further results of this study support the hypothesis that a certain unknown population is

still in need of services. The data indicates that 71% of the pastors believed that there are "unknown" needy in their parish while 9% do not think so, 20% were not sure. Furthermore, 83% of these pastors felt it necessary to seek out this unknown population. Just 15% of the pastors felt it is not necessary to search for these needy parishioners.

The hypothesis that more women than men do volunteer work was partially supported. From the returned surveys there were a total of 4708 volunteers indicated. Of these 61% were female and 39% were male. The variance between the two groups was not as great as anticipated.

Other Significant Findings

From 135 parishes the contributions were broken down as follows:

- a) 41 parishes received from \$1-\$1999 per Sunday.
- b) 26 parishes received from \$2000-\$4999 per Sunday.
- c) 31 parishes received from \$5000-\$7999 per Sunday.

- d) 24 parishes received from \$8000-\$11,999 per Sunday.
- e) 13 parishes received over \$12,000.00 per Sunday.

What makes this data significant is that comparatively speaking there is little difference between the contribution categories in the amount of improvements versus the money received in the Sunday collections, i.e. from the lowest category (a) there was only one parish that indicated a 100% improvement rate for the physical structure of the parish to accommodate the frail elderly and handicapped. Likewise, in the highest income group (e) there was only one parish with 100% improvements. Again, comparing only those two categories, 5 parishes from group (a) had an 87.5% improvement rate while 4 parishes from group (e) had an 87.5 rate. (See Table #2)

The significance of this is that it would seem that the more available funds are, the more improvements could become a reality. It does not appear that this idea is true. The data suggests that contributions had little to do with the rate

of improvements. Perhaps the realization of "need" and "concern" for the elderly and handicapped is enough reason to make improvements thus supporting the hypothesis that the Catholic Church is meeting the needs of the frail elderly and handicapped.

Another significant finding was concerning transportation of shut-ins to and from church. The question was asked "Do you feel that shut-ins would come to church if they had reliable transportation?" The data indicated that 44% of the pastors said Yes, but 44% also said No. Only 12% felt they didn't know. From this data, it seems that transportation is not a tremendous barrier for the elderly. Perhaps there are other significant reasons for this population to not attend church services.

Summary

The elderly and the handicapped need to maintain a sense of connectedness to church and community. Churches and synagogues can nurture this need by providing programs and services that help maintain continual involvement of this

population. Also, adapting physical facilities by introducing the use of microphones, hearing aids, special seating, ramps, etc. help to create a barrier-free environment. Also Sheldon Tobin (1985) indicates that "topics in sermons relevant to older congregants are modifications that enhance participation of the elderly in church and synagogue congregations."

In order for this connectivity and barrier-free environment to exist and become effective, some sort of informal support system should link together family caregivers, friends, clergy and volunteers.

This study has researched these topics, problems, and needs and has examined how the Catholic Church is working to improve these areas. Results of this data are recorded on previous pages.

An interesting follow-up study would be to research "why" the Catholic Church is so interested and dedicated to helping the elderly and handicapped.

APPENDIX A

(PILOT STUDY VERSION)
 QUESTIONNAIRE FOR
 ASSESSING HOW WELL THE CATHOLIC CHURCH MEETS THE
 NEEDS OF THE FRAIL ELDERLY AND THE HANDICAPPED IN
 THE ST. LOUIS ARCHDIOCESE

A. DEMOGRAPHICS

1. Approximately how many families are in your parish?

A. <input type="checkbox"/> 1-499	B. <input type="checkbox"/> 500-999
C. <input type="checkbox"/> 1000-1999	D. <input type="checkbox"/> 2000-2999
E. Other	

2. Which area best describes your location?

A. <input type="checkbox"/> Urban	B. <input type="checkbox"/> Suburban
C. <input type="checkbox"/> Metro	D. <input type="checkbox"/> Rural
E. Other	

3. Average educational level of parishioners:

A. <input type="checkbox"/> Elementary	B. <input type="checkbox"/> High School
C. <input type="checkbox"/> College	D. <input type="checkbox"/> Graduate
E. Other:	

4. Approximate Sunday Collection:

A. <input type="checkbox"/> \$1-\$499	B. <input type="checkbox"/> \$500-\$999
C. <input type="checkbox"/> \$1000-\$1999	D. <input type="checkbox"/> \$2000-\$2999
E. Other:	

5. Approximate number of families contributing to this collection:

A. <input type="checkbox"/> 1-99	B. <input type="checkbox"/> 100-199
C. <input type="checkbox"/> 200-299	D. <input type="checkbox"/> 300-399
E. Other:	

6. Approximate number of families that do not contribute to the Sunday collection:
A. 1-9 B. 10-19
C. 20-29 D. 30-39
E. Other:
- B. PHYSICAL STRUCTURE OF YOUR CHURCH
7. Do you have an adequate audio system for the hearing impaired?
A. Yes B. No
C. Other:
8. Do you have access to your church such as ramps or elevators for the frail elderly or handicapped?
A. Yes B. No
C. Other:
9. Do you provide special seating near the front of church for the hearing and/or visually handicapped.
A. Yes B. No
C. Other:
10. Is there a place provided for wheel chair parishioners inside the church so that they can adequately see/hear what is going on?
A. Yes B. No
C. Other:
11. Is the lighting adequate for the visually impaired?
A. Yes B. No
C. Other:
12. Does your church have a restroom?
A. Yes B. No
C. Other:

13. If the answer to #12 is yes, is it equipped to accommodate the frail elderly and handicapped?

A. Yes

B. No

C. Other:

14. Are the confessionals furnished with audio equipment for the hearing impaired?

A. Yes

B. No

C. Other:

C. TRANSPORTATION

15. Approximately how many parishioners need to be transported to and from church by volunteer drivers?

A. 1-9

B. 10-19

C. 20-29

D. Other:

16. Do you feel that shut-ins would come to church if they had reliable transportation?

A. Yes

B. No

C. Other:

D. HEALTH SERVICES, FACILITIES, AND APPLIANCES

17. Do you provide large print prayer books for the visually impaired parishioners.

A. Yes

B. No

C. Other:

18. If you have mute parishioners, do you provide sign language?

A. Yes

B. No

C. Other:

26. Approximately how many are:

A. Male _____

B. Female _____

F. SPIRITUAL NEEDS

27. Approximately how many shut-ins receive Holy Communion?

A. 1-5

B. 6-10

C. 11-15

D. 16-20

E. Other:

28. Holy Communion is offered to shut-ins:

A. Daily

B. Weekly

C. Monthly

D. Does not
apply

E. Other:

29. Do you offer adult religious education programs other than RCIA, PSR, etc.?

A. Yes

B. No

C. Other

30. If the answer to #29 is YES, please indicate which programs are offered:

31. Approximately how often do you, as a Pastor, pay personal visits to your parishioners?

A. Never

B. Sometimes

C. Often

D. Weekly

E. Other

32. How often are mini-retreats offered through your parish?
 A. Never B. Once a year
 C. More than once a year
 D. Other:
33. Are homilies occasionally presented that focus on the elderly?
 A. Yes B. No
 C. Other:
34. Are homilies occasionally presented that focus on the handicapped?
 A. Yes B. No
 C. Other:
35. Do you feel any/all of the following topics are important to speak about at weekend Masses? Check appropriate boxes.
 A. Needy and poor B. Social injustice
 C. Oppression D. Racism
 E. Sexual inequality F. All topics listed
 G. Other:
- G. SOCIAL ISSUES
36. How often does your parish offer social events for parishioners?
 A. Once a year B. Twice a year
 C. Often D. Never
 E. Other:

37. How many of the following social events does this include?
- A. Quilt Socials B. Card Parties
- C. Plays D. Educational Speakers
- E. Other:
38. Are necessary provisions provided for the frail elderly and the handicapped at these social events?
- A. Yes B. No
- C. Not sure D. Other:
- H. ARE NEEDS BEING MET?
39. Do you feel that you are meeting the spiritual needs of your parishioners?
- A. Yes B. No
- C. Not completely D. Other:
40. Do you feel that your personal, one-to-one contact with your parishioners is adequate?
- A. Yes B. No
- C. Could improve D. Other
41. Do you feel that there are needs in your parish that are not being met?
- A. Yes B. No
- C. Not sure D. Other:
42. If the answer to #41 is YES, please explain:

43. Do you think you have some parishioners who need help but the parish has not been made aware of their names or needs?
 A. Yes B. No
 C. Other:
44. Do you feel it is necessary to seek out this "unknown" needy population?
 A. Yes B. No
 C. Other:
45. The frail elderly and handicapped have long been overlooked, underserved, and left out of the mainstream of society. Do you?
 A. Strongly agree B. Agree
 C. Somewhat agree D. Slightly disagree
 E. Strongly disagree F. Other:
46. The elderly population is growing steadily. Our churches must become more aware of their needs. Our churches must be revised to meet the needs of this rapidly growing population.
 A. Strongly agree B. Agree
 C. Somewhat agree D. Slightly disagree
 E. Strongly disagree F. Other:
47. Our churches must be air-conditioned to meet the needs of parishioners with physical problems that require this kind of environment.
 A. Strongly agree B. Agree
 C. Somewhat agree D. Slightly disagree
 E. Strongly disagree F. Other:

48. All churches must be equipped with a sprinkler system and clearly marked exits to help avoid a serious fire disaster.
- A. Strongly agree B. Agree
- C. Somewhat agree D. Slightly disagree
- E. Strongly disagree F. Other:
49. Do you believe that the Catholic Church, as a whole, is doing all it can to meet the needs of the elderly and handicapped?
- A. Yes B. No
- C. Has room for improvement
- D. Not sure E. Other
50. Would/could you make a commitment to become more consciously aware of the needs of the frail elderly and handicapped and support this cause in any way that you can?
- A. Yes B. No
- C. Not sure D. Other:

PLEASE CHECK TO MAKE SURE THAT ALL QUESTIONS HAVE BEEN ANSWERED!

Thank you for completing this questionnaire. Your response is greatly appreciated. Return the questionnaire to me in the SAE as soon as possible.

Again, if there are any further questions, please call me at 314-281-1105. GOD BLESS YOU!!

JoAnn Hermann
965 Mueller Road
St. Paul, MO 63366

PLEASE FILL OUT THE FOLLOWING:

NAME: _____

ADDRESS: _____

CITY, STATE, ZIP: _____

NAME OF PARISH: _____

APPENDIX B

(REVISED STUDY VERSION)
 QUESTIONNAIRE FOR
 ASSESSING HOW THE CATHOLIC CHURCH (AT THE PARISH
 LEVEL) MEETS THE NEEDS OF THE FRAIL ELDERLY AND
 THE HANDICAPPED IN THE ST. LOUIS ARCHDIOCESE

A. DEMOGRAPHICS

1. Approximately how many families are in your parish?

A. [] 1-499	B. [] 500-999
C. [] 1000-1999	D. [] 2000-2999
E. Other:	

2. How many families attend Mass on Sunday?

A. [] 1-499	B. [] 500-999
C. [] 1000-1999	D. [] 2000-2999
E. Other:	

3. Approximate Sunday collection?

A. [] \$1- \$1999	B. [] \$2000-\$4999
C. [] \$5000-\$7999	D. [] \$8000-\$11,999
E. Other:	

4. Approximate number of families who contribute to this collection?

A. [] 1-299	B. [] 300-599
C. [] 600-999	D. [] 1000-1399
E. Other:	

5. Average educational level of parishioners:
A. Elementary B. High School
C. College D. Graduate
E. Other
6. Which area best describes your location?
A. Metro B. Rural
C. Urban D. Suburban
E. Other:
- B. PHYSICAL STRUCTURE OF YOUR CHURCH
7. Do you have an adequate audio system for the hearing impaired?
A. Yes B. No
C. Other:
8. Do you have access to your church such as ramps or elevators for the frail elderly or handicapped?
A. Yes B. No
C. Other:
9. Do you provide special seating near the front of church for the hearing and/or visually impaired?
A. Yes B. No
C. Other:
10. Is there a place provided for wheel chair parishioners inside the church so they can adequately see/hear what is going on?
A. Yes B. No
C. Other:

11. Is the lighting adequate for the visually impaired?
 A. Yes B. No
 C. Other:
12. Does your church have a restroom?
 A. Yes B. No
 C. Other:
13. If the answer to #12 is yes, is the restroom equipped to accommodate the frail elderly and handicapped?
 A. Yes B. No
 C. Other:
14. Are the confessionals furnished with audio equipment for the hearing impaired?
 A. Yes B. No
 C. Other:
- C. TRANSPORTATION
15. Approximately how many parishioners need to be transported to and from church by volunteer drivers?
 A. 1-9 B. 10-19
 C. 20-29 D. Other:
16. Do you feel that shut-ins would come to church if they had reliable transportation?
 A. Yes B. No
 C. Other:
- D. HEALTH SERVICES, FACILITIES, AND APPLIANCES
17. Do you provide large print prayer books for the visually impaired parishioners?
 A. Yes B. No
 C. Other:

25. Do more women than men do volunteer work in your parish?
- A. Yes
- B. No

C. Other:

26. Approximately how many volunteers are:
- A. Male _____
- B. Female _____

F. SPIRITUAL NEEDS

27. Approximately how many shut-ins receive Holy Communion?
- A. 1-5
- B. 6-10
- C. 11-15
- D. 16-20

E. Other:

28. Holy Communion is offered to shut-ins:
- A. Daily
- B. Weekly
- C. Monthly
- D. Other:

29. Who takes Holy Communion to the shut-ins in your parish?
- A. Pastor
- B. Associate Pastor

C. Eucharistic Minister

D. Other:

30. List the adult religious educational programs that are offered in your parish:

35. Are necessary provisions made available for the frail elderly and the handicapped so that they can participate in these social events?
A. Yes B. No
C. Not sure D. Other:
- H. ARE NEEDS BEING MET?
36. Do you believe that you are meeting the spiritual needs of your parishioners?
A. Yes B. No
C. Not sure D. Other:
37. Do you believe that your personal, one-to-one contact with your parishioners is adequate?
A. Yes B. No
C. Could improve D. Other:
38. Do you think you have some parishioners who need help but, the parish has not been made aware of their needs or names?
A. Yes B. No
C. Not sure D. Other:
39. Do you feel it necessary to seek out this "unknown" needy population?
A. Yes B. No
C. Other:
40. The frail elderly and handicapped have long been overlooked, underserved, and left out of the mainstream of society. Do you:
A. Strongly agree B. Agree
C. Somewhat agree D. Slightly disagree
E. Strongly disagree F. Other:

41. The elderly population is growing steadily. Our churches must become more aware of their needs. Our churches should be revised to meet the needs of this rapidly growing population?
- A. Strongly agree B. Agree
C. Somewhat agree D. Slightly disagree
E. Strongly disagree F. Other
42. Our Churches should be air-conditioned to meet the needs of parishioners with physical problems that require this kind of environment.
- A. Strongly agree B. Agree
C. Somewhat agree D. Slightly disagree
E. Strongly disagree F. Other:
43. All churches should be equipped with clearly marked exits to help avoid a serious fire disaster.
- A. Strongly agree B. Agree
C. Somewhat agree D. Slightly disagree
E. Strongly disagree F. Other:
44. Do you believe that the Catholic Church, as a whole, is doing all it can to meet the needs of the elderly and handicapped?
- A. Yes B. No
C. Has room for improvement
D. Not sure E. Other;

45. Would you be interested in receiving information on how to further increase awareness of the frail elderly and the handicapped population's needs?

A. Yes B. No

C. Other:

PLEASE CHECK TO MAKE SURE THAT ALL QUESTIONS HAVE BEEN ANSWERED!

Thank you for completing this questionnaire! Your response is greatly appreciated. Please return the questionnaire to me in the SAE as soon as possible. If there are any further questions, please call me at (314) 281-1105.

GOD BLESS YOU!

JoAnn Hermann

OPTIONAL INFORMATION

NAME: _____

ADDRESS: _____

CITY, STATE, ZIP: _____

NAME OF PARISH: _____

APPENDIX C

Questionnaire Cover Letter

July 29, 1990

Dear Rev...

Allow me to introduce myself briefly. I am JoAnn Hermann, a graduate student working toward a Master's degree in Gerontology with an emphasis in Pastoral Ministry work. At the present time, I am writing my thesis on the needs of the elderly and handicapped as partial fulfillment of my Master's degree requirements.

As part of the research for my thesis, I am conducting a questionnaire. A copy is being sent to every Pastor in the St. Louis Archdiocese. It is my hope that by completing the enclosed questionnaire, we all will become more aware of this population, and their needs.

All questions are important and pertinent to this project. Feel free to respond to questions in your own way. Do not limit yourself to the options given.

I am truly grateful for your cooperation and assure you of complete confidentiality. As results are computed and recorded, your identity will remain anonymous. If you choose to sign this questionnaire, I will be glad to share with you the results of my study on how we can better serve the elderly/handicapped population.

Your promptness is truly appreciated. Please contact me if you have any questions. My telephone number is (314) 281-1105. Thank you for your time and help with this project, and may God Bless You!

Respectfully yours,

JoAnn Hermann
965 Mueller Road
St. Paul, MO 63366

APPENDIX D
Personal - Brief Questionnaire

PILOT STUDY

I wish to express my gratitude for your help with this pilot study. It is very kind and considerate of you to volunteer your time to help me with this phase of my graduate work. Thanks so much!

PLEASE READ THE COVER LETTER

1. Is it clear and understandable? [] Yes [] No
2. Is it well written? [] Yes [] No
3. Is it concise and to the point? [] Yes [] No
4. Does it convey an important message? [] Yes [] No
5. Did it hold your attention? [] Yes [] No
6. If this were not the pilot study, would you have completed the questionnaire based upon the cover letter. [] Yes [] No

PLEASE READ THE QUESTIONNAIRE BEFORE ANSWERING THE QUESTIONS

1. Is it clear and understandable? [] Yes [] No
2. If NO, please explain:
3. Is it concise and to the point? [] Yes [] No
4. Does it convey an important message? [] Yes [] No
5. Did it hold your attention? [] Yes [] No
6. Please include any and all comments you may have about this project.

Please complete all the questions and return the completed project to me in the SAE that is provided.

Thank you for your help and time!

JoAnn Hermann
965 Mueller Road
St. Paul, MO 63366
(314) 281-1105

APPENDIX E
Follow Up Letter

JUST A REMINDER

I am looking forward to receiving the questionnaire that I mailed to you two weeks ago. Your input is important and will help to make my research valid.

If you have already mailed it in the SAE, please disregard this reminder. If your busy schedule has delayed your returning it, I can understand. But for whatever reason you have not returned the questionnaire, I would truly appreciate your response. If you need another copy of the questionnaire, I will mail you one.

Thanking you in advance, I remain,

Respectfully yours,

JoAnn Hermann
965 Mueller Road
St. Paul, MO 63366

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