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Facing Obstacles as a Senior

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Facing Obstacles as a Senior

By

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THESIS

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Abstract

Seniors are individuals who need the most assistance because they are a growing population in our society. It is estimated that by the year 2020, those 65 years and over will reach 55 million and those 85 years and over will number 7.3 million (Administration on Aging, 2006). Seniors need the most attention because daily items such as personal care, preparing a meal, going to the grocery store or housework become very challenging. This is when you need to acquire services that can help daily for these tasks. The Department of Aging plays a vital role when becoming a senior over the age of sixty years old. Many seniors are not even made aware of all the different services that are offered to them. The main issue is that no one has made seniors aware of what they are eligible to receive until they reach the age of sixty years old. The most popular service is the homemaker division. Homemaker services are vital because all seniors need assistance with daily tasks and that is an essential element of maintaining their independence and overall well-being. Homemaker services are allowing and helping seniors stay in their own homes for much longer than they ever expected. Using quantitative data will help discover which genders needs the most attention during senior years and who had the most sense of independence. This will give Department of Aging take on necessary action and intervene on the seniors' behalf. The major purpose of the study is to see if seniors are self-independent and see what assistance is needed to make their life longer and prosperous. The analysis of the surveys showed that many of the senior men were much more confident in their future than the females. The age bracket ranged with a variety of ages and it was wonderful to see that seniors are still living up to their nineties. The study showed that the females needed more assistance because they primarily concerned of the many different avenues that were addressed. Also, it was great to see

that many of the seniors are still living in homes because that is what allows the Department of Aging to intervene much more quickly. Lastly, driving ability is something that becomes very hard in the older generations, but, many of the seniors were still confident about their driving abilities. While working for a company that works closely with Department of Aging, as a researcher our company is very aware of the different regulations of when someone needs assistance with homemaker services so, it was vital that a researcher becomes an advocate for the seniors.

Chapter 1

Department of Aging is an organization that helps seniors live more independently in their own homes and offers a way to let senior's live life to the fullest. When somebody decides to intervene on a senior, the Department of Aging always needs to figure out a result and how to solve the problems efficiently and effectively. Senior citizens are apart of the aging population because these individuals need the most assistance and most attention for daily tasks that need to be completed. The Department of Aging needs to assist especially when an individual is over the age of 60 years old and can no longer maintain their independence. Homemaker services help seniors with assistance of a home care aide to live a longer and better lifestyle. The Department of Aging offers homemaker services that help seniors with daily tasks. When the Department of Aging completes an evaluation, it will determine what daily tasks that are required to be completed for the senior on a weekly basis. The best way to do the research is by conducting a survey and using descriptive statistics. The most appropriate way to evaluate seniors are by gender because it showed who needed the most assistances and intervention. The research is very significant because we need to bring more awareness to seniors and about the services that seniors are entitled to receive from the Department of Aging. This study discussed the importance of when the Department of Aging should intervene on the behalf of a senior over the age of 60 years old. Intervention is a difficult task, but needs to be done because seniors need to become more aware of services that allow them to have the best lifestyle and assist with tasks that they can no longer complete independently on a daily basis.

Theory

Seniors are being able to live life to the fullest because they are letting other individuals help them daily. The theories selected for the study that best explain this growing miracle of seniors is the continuity theory and Political Economy and Functionalism theories. In 1989, Robert Atchely developed the continuity theory. This theory states that if you are an individual who ages very successful and continues to have good working habits, healthy lifestyle and thriving relationships with others you will continue to always good practices regardless of your age and health. “The theory considers the internal structures and external structures of continuity to describe how people adapt to their circumstances and set their goals” (Boundless, 2017). The Political Economy and Functionalism theories add that the changing role of the aging population removes elderly from the workforce and reduces their independence (O’Brien, 2010; Otto, 2002).

Furthermore, good aspects and traits will come to good individuals in the longevity of their lives. As applied to my study, this theory holds that a researcher would expect the independent variables, Department of Aging intervening on behalf of a senior and dependent variable is the conditions that lead to the Department of Aging having to intervene. Both factors are a vital aspect to when individuals need to be assisted with daily tasks. The main objective to keep in mind about continuity theory is individuals need to think about themselves before taking on other tasks and individuals. If the seniors you gets the ability to get a home care aide you must trust and bond with that person and know they are only there to help you live a longer and stronger life.

Problem Statement

Seniors are a growing population in the USA. The aging population in America is a rapidly growing demographic. In 2010, about 40 million persons in the population, or 13%, were age 65 and older (Adult Protective Services, 2010). Projections speculate that by year 2050, the aged population will more than double to about 88.5 million people or about 20% of the population (Adult Protective Services, 2010). The aged population is a potentially vulnerable population in that some elderly lack autonomy and the ability to access care or needed services (Epstien, 2001). Seniors need less assistance from their families because they are still residing in their own individual's home or independent living residences which is the main objective of receiving the homemaker services. "In the United States, the number of nonagenarians has increased from approximately 230,000 in 1960 to 1.8 million in 2010" (Thinggaard,2016). These numbers stated above show seniors are getting the assistance from the Department of Aging because they prefer to live a long independent lifestyle.

Purpose of the study

The purpose of the study was to see when the Department of Aging should intervene on behalf a senior. The study addressed seniors over the age of sixty years old and who reside in the areas of Cook County. The responses determined who needed to get assistance provided by the Department of Aging and who was able to continue to live on their own independently. The information that was gathered from surveys showed and determined which gender, age, and health status needed the most intervention from the Department of Aging.

Research Questions

These research questions provide a deeper understanding of the personal perceptions of the respondents about possible obstacles and difficulties in the upcoming senior years.

This study addressed the following questions:

Central Question

How do seniors at Gareda Home Care, Calumet City, IL feel about their concerns in their current living situation?

Sub questions that stem from the primary research question were:

- 1) What is the demographic profile of seniors at Gareda Home Care, Calumet City, IL?
- 2) How do seniors in the Gareda Home Care, Calumet City, IL feel about characteristics of a good connection with their health care provider?
- 3) What is the difference in the perceptions of worries about their upcoming senior years based on gender, race, age and marital status?
- 4) What is the difference in the perceptions of level of difficulties to pay for their monthly living expenses based on gender, race, age and marital status?
- 5) What is the difference in the perceptions of concerns about their senior years based on gender, race, age and marital status?
- 6) What is the difference in the perceptions of keeping a positive outlook on life in their senior years based on gender, race, age and marital status?

Theoretical framework

The quantitative study was t used the theory of continuity that described the relationship between individuals to maintain everyday tasks and happiness in life. As the researcher, the individuals approached were seniors over the age of sixty years old and completed the

questionnaire blindly. The study considered different aspects from age, mobility and quality of life. The advantages of completing the questionnaire was to see if the senior's needed assistance with any daily tasks, and gaining a better understanding how having better quality of life will help the seniors live a longer and prosperous life. Data was collected cross-sectional by the design of the study. This allowed the researcher compare many different avenues all at once. On the contrary, many of the seniors may not want to complete this questionnaire because they will want to get results right away. This study helped determine when the Department of Aging need will to intervene on these seniors based on a pecific gender based on a bracket.

Definitions

To fully grasp the concepts presented in this study a series of terms that are used most often have been defined based on the published literature.

Physical Abuse (including sexual abuse): Inappropriate restraint, physical harm or injury to an older person, including non-consensual sexual contact (Daichman, Aguas, Spencer,2008; Elder Maltreatment, 2010).

Psychological/ Emotional Abuse: Acts carried out with the intention of causing emotional pain such as verbal aggression, threats, and humiliating statements (Daichman,Aguas, Spencer, 2008; Lachs & Pillemer, 1995).

Financial Exploitation: Illegal/ unauthorized use of funds/resources of an elderly individual (Daichman, Aguas, Spencer, 2008).

Neglect (Active): The intentional withholding of essential provisions such as food, water, medication and shelter in an attempt to cause physical and/or emotional distress in an elderly person (Daichman, Aguas, Spencer, 2008).

Neglect (Passive): Failure to provide adequate care to an elderly individual due to poor training or lack of knowledge (Daichman, Aguas, Spencer, 2008).

Abandonment: Desertion of an elderly person by a caregiver (Elder Maltreatment, 2010).

Chapter 2

Literature Review

History

In 1961, the White House Conference on Aging put forth a call for more attention from social, medical and legal agencies given to the needs of older persons (Mixson, 1995; Teaster, Wangmo, Anetzberger, 2010; Otto, 2002; Segal, 2009). In 1962 they created the Public Welfare Amendments to the Social Security Act (Teaster, Wangmo, Anetzberger, 2010; Bonnie & Wallace, 2003.p.13). The Public Welfare Amendments provided financial support to states that established protective services for adults with developmental disabilities who were incapable of managing their personal affairs and were abused, neglected or exploited (Teaster, Wangmo, Anetzberger, 2010). In 1965 was established the Older Americans Act that provided federal support of the elderly and disabled populations (Segal, 2009). Conversion of Title XX to Social Services Block Grant (SSBG) in 1987 widened the spectrum of activities and services states could provide in order to pull down funding (Mixson, 2010).

The Illinois Department of Aging helps individuals stay in their own communities instead of going into a facility such as a nursing home, hospice, or even memory care. Each day everyone is getting older and older and the Department of Aging is looking for ways to enhance the lives of a senior. Education is very vital for the families and seniors because they need to know about different opportunities for them. The main objective of this department is to always improve on the quality of life and make future generations of seniors have much more promising and prosperous life. The Illinois Department of Aging is divided into thirteen areas from where you are in the located state of Illinois. The divisions are based on zip codes. “The

Mission of the Illinois Department on Aging is to serve and advocate for older Illinoisans and their caregivers by administering quality and culturally appropriate programs that promote partnerships and encourage independence, dignity, and quality of life.” (Department of Aging, 2015) The Department of Aging offers a program that is vital for seniors called Community Care Program. This program is designed to help seniors over the age of sixty years old to live independently but there are many different requirements to become eligible.

Understanding Programs

The state of Illinois has growing populations of all ages and especially seniors. This will help eliminate the senior population from relocating into different states. The Department of Aging wants to give seniors a way to improve on their quality of life and longevity. Having the Department of Aging intervene, allows seniors to receive multiple services such as Meals On Wheels, Homemaker Services, and Adult Day Care. Every senior will get evaluated and will have an opportunity to be entitled to receive different types of assistance. These services are the main items that seniors need to remain independent. From having proper nutrition, a clean home, and engaging going to a group setting will make seniors lives more enjoyable and peaceful lives.

“Elder people are the largest group at risk of mortality from food poisoning” (Johnson, 1998). Meals on wheels is a program that has helped many seniors across the United States. The mission of this program is not to having a starving senior go without a meal. Over five thousand community based programs are dedicated to eradicating senior hunger. This program is a volunteer program that has staff delivering meals, conducting visits, and on safety checks. Meals on Wheels began during World War II when nurses were delivering meal to British servicemen. In 1952, United States started the first Meal on Wheels program in Philadelphia. In

1972, Meal on Wheels became federally funded by the Senior Nutrition Program and Older American Act. Furthermore, in 1974 in Washington D. C., the program was established and was titled the National Organization of Home Delivered and Congregate Meal Program. In 1976, the organization changed the name to National Association of Meal Programs. After 22 years, the name changed again to Meals on Wheels Association of America. "...Focuses on action such as nutritional screening, assessment, prevention, treatment, monitoring, evaluation, and organizational policy" (Meijers, 2013) Meals on Wheel is trying to end the senior hunger problem by the year 2020. Moving along, another service that seniors can become eligible for is having a homemaker.

Homemaker service is a growing industry and allows seniors are trying to stay in their own homes longer. "Established in 1979, by Public Act 81-202, the Illinois Department on Aging's Community Care Program helps senior citizens, who might otherwise need nursing home care, to remain in their own homes by providing in-home and community-based services." (Department of Aging, 2015) Most of the senior citizen populations do not want to reside in assistive living facilities or nursing home facilities. This is a huge help to seniors because the cost of living in other facilities is extremely expensive. Many of the organizations that work with Illinois Department of Aging help seniors reside in their own homes instead of going into nursing homes or hospitals. Department of Aging, Department of Human Health Service, Department of Veterans Services and are departments that come together and figure out different ways to fund the services for the senior. Each of these covers different entitlements which allow seniors to receive services. "This Community Care Program service provides assistance with household tasks such as cleaning, preparing meals, doing laundry, shopping and running errands. Homecare Aides also assist participants with personal care tasks such as

dressings, bathing, grooming and following special diets.” (Department of Aging, 2015) A multitude of seniors do not require a payment services are funded through Medicaid and Medicare which pays for seniors to receive these services. Many of the seniors go through their insurance companies. The only problem is Medicaid and Medicare primarily is very cost effective with what they grant the senior in regards to the number of hours that a home care aid can service them. Every state is different when it comes to how it runs under their Medicaid laws; however, as long as the senior follows the guidelines the senior receive the services from the Department of Aging. “Employers and state and federal governments must work to ensure we develop a stable, competent, direct-care workforce that can meet the demands of our growing elder population.” (Seavey, 2010) “While family members often fill the role of caregiver, there is an increasing usage of unrelated individuals being hired as caregivers.” (Lindquist, 2011) Also, when you are looking for an agency, look for recommendations from physician and friends because they will guide you in the correct direction.

Adult day care services are another option for seniors that need intervention services. Adult daycare services began in 1949 at Yale Psychiatric Clinic and it became a way to help individuals that were recently released from the mental institutions. In the 1950s, Adult Day Care made an interest in the United States to get involved with this type of service. In the 1960s, Medicare and Medicaid got involved focusing on individuals with acute care assistance. Moving forward to the 1970s, the organization became a National Institute and in the 1980s it was recognized by Congress and proclaimed by the President. Fast forward to early 2000s, “US Department of Health and Human Services funded a study to identify the role of adult day in long term care, and provide a basis for future research.” (NADSA, 2013) Then, they decide to secure funding from Department of Veterans Administration. The rise of increasing needs of

seniors become more therapeutic or health-related services are now currently offers Adult Day Care centers which are specifically geared towards senior population. Currently, the Adult Day Care services are looking for different ways to bring more awareness to individuals and finding different ways to sponsor and fund programs for seniors. Seniors receive day care services are designed for family members do not have to worry about their loved ones throughout the day. As the program grows, it will be important to understand the needs of participants, and awareness to assure quality care.

Rights of a Senior

Theories of ageism posit that the elderly are less valued in society and are therefore less protected (O'Brien, 2010; World Report on, 2002). The Political Economy and Functionalism Theories add that the changing role of the aging population removes elderly from the workforce and reduces their independence. Since the early 1980's every state has had an office tasked with providing protective services to the vulnerable, adult population (Otto, 2002). When the senior gets over the age of sixty years old lots of different things will happen in your life and more responsibilities will happen. The main objectives are to support all of the rights and make sure that the senior does not feel vulnerable and not a victim of neglect, abuse, and financial exploitation. These are main things that we need to watch closely because you do not want anything to help to your family member. Adult Protective Services is one of the most beneficial rights that seniors need be made aware of. This program is designed for any type of people over the age of sixty years old and individuals with a disability with the age of 18 to 59 and that live at home. Then, if your family member is living in a long-term facility you should always know exactly what is going on in the facility and making sure that it is a safe environment. Legal assistance is one of the most important elder rights that should be known. You are able to

receive advice from abuse, neglect, civil legal matters, financial exploitation, consumer fraud, estate planning, advance directives, nursing home resident rights and government benefits programs. You should always know what is out there because you never know when you will come across of these situations in your life as a senior.

Getting Family Involved

Family is everything now a day because if you do not have those individuals in your life it will not be worth living. One of the major things that seniors need help with is daily tasks and when family cannot be around because they have go to work each day. “The care coordinator is key in terms of developing a plan of care and linking the older adult and family caregivers with other agencies that actually provide the care. The care coordinator periodically checks with the older adult and family to find out if any service changes are needed.” (IDOA, 2015) Care coordinators services are something very vital when comes to the Department of Aging because they help figure out what the exact care is need to be provided for the client.

Besides the senior, you need to always remember the home care aide. The workers are very vital aspect into the senior’s life because they will become family members. Another important aspect is that anyone that deals with the senior is mandated reporters. Any type of moment there is an incident or change in the senior the employee needs to notify any upper authority. Keeping the Department of Aging updated on clients is very vital because you need to inform them about the status of the well-being of the client. The most crucial items are to tell whenever the client is harm or jeopardy of hurting themselves or getting hurt. Lastly, always make sure that client knows that these services are an excellent support system for seniors.

Chapter 3

Methodology/Strategy of Inquiry

The quantitative study tested was theory of continuity that described the relationship between individuals to maintain everyday tasks and happiness in life. As the researcher, I approached the seniors over the age of sixty years old and asked to see they if they would allow me to complete the questionnaire blindly. This study will look into different aspects from age, mobility and quality of life. The advantages of completing this questionnaire are to see if the senior's needs with assistance daily tasks and understanding how having better quality of life will help the seniors live a longer and prosperous life. After completion, they will have to go through a process about getting evaluated by the state. Some of the seniors may not want to complete this questionnaire because they will want to get results right away, but it will help determine when the Department of Aging need to intervene on these seniors on based the gender.

The population that the researcher will be looking at was seniors over the age of sixty years old in the Chicagoland area. The sampling method will be fifteen multiple choice questions ranging from gender, age, worries in life, concern levels and driving ability. These individuals were selected at a blind random by going around to different areas throughout the senior population. However, 57 out of the 75 seniors felt comfortable completing the survey, which resulted in response rate was approximately 76 percent.

The researcher asked the respondents to address each question accurately as possible. The researcher also stated all information would be kept strictly confidential. The participants were given thirty minutes to complete the survey.

Data Collection and Analysis Procedures

The researcher collected the questionnaires. Many of the seniors were concerned that they were unable to voice their opinion and exploring different options on receiving help in the upcoming years. The seniors were appreciative about the sources and information that was provided to them after completion of the survey.

The first step in analyzing the data collected revealed the percentages of the seniors. The results from the study were analyzed based on what kind of assistance and when the Department of Aging should step in to offer services to the seniors. Through cross tabulation, the researcher noticed the males were much less concerned about everything in life. Then, compared to the females they were more concerned about the future. Throughout all the questions, as a researcher the variation of answers ranged because some of them the men resulted in being very confident the women tended to be somewhat confident for instance in the living conditions, and driving ability. But, then on the contrary many of the senior men and women had very similar on responses. Many of individuals were married but, it was unique because many of them came with a friend and not their significant other when they took the survey then, it gave the researcher a lot of variety in the responses and no pressure from other people. The results of the questionnaire ended with the researcher offering information different services that are they eligible to receive and how they can acquire them.

The most important advantage of descriptive and straight forward questions and answers were because then you can see what the seniors are concerned the most. It gave the researcher the ability to set the data quantitatively rather than using problematic formulas. The descriptive statistic identified answers for the research and targeted the seniors. However, one of the most important advantages is that everything was completely confidential. This helped give the

seniors the ability to be completely truthful about answering the answers. Also, seniors then were able to answer the questions according to what they feel which resulted in the good confident answers and not having the fear of getting there answers exposed to everyone.

The research was conducted with the hopes that all seniors answers all questions to the best of the level of confidence in themselves, knowledge, and truthfully. As we know, the senior population continues to grow we need to make sure that the services continue to be out there for them and not be eliminated. It is imperative that we constantly make seniors aware of the different updates that the state offers. The findings of the questionnaire will help assist seniors in become more aware of the different programs for assistance and resources.

Chapter IV

Finding Results

Participants' responses to the seniors questionnaire were analyzed by using descriptive frequency distribution. The survey was distributed to 75 seniors over the age of sixty years old. As a researcher, only fifty-seven seniors wanted to participate in the survey. Many of the seniors thought the information was given was too personal and they did not want to reveal all their personal information which then resulted in declining to complete the survey. Tables 1 through 15 represents the findings of data from the senior participants based on demographic of the gender and responses to the answers. The variables that were measured in the study was: age, race, environment, life has been, confidence in growing older, current living situation, concerns about current living situation, monthly expensive, concerns about upcoming senior years, positive outlook on life, traits of having a good connection, worries about upcoming senior years, most influential person, and ability to drive a car.

Table 1: Descriptive statistics between genders between male and females

Category of Gender		Total
Female	36(36%)	63(63%)
Male	21 (21%)	37 (37%)
Total	57 (57%)	100 (100%)

Table 1 shows descriptive statistics about comparing gender between male to female. Results concluded as of a total of fifty-seven seniors participated and sixty-three percent of them resulted in being female and thirty-seven percent resulted in males all the over the age of sixty years old.

Table 2: Descriptive statistics between genders on their current marital status.

Marital Status	Male	Female	Total
Single	2 (2%)	3 (3%)	5(9%)
Married	15 (15%)	12 (12%)	27(47%)
Divorced	2 (2%)	10 (10%)	12(21%)
Widow	2 (2%)	11 (11%)	13 (23%)
Total	21(21%)	36 (36%)	57 (100%)

Table 2 shows descriptive statistics about comparing gender on their marital status. A total of nine percent of the male and female seniors were single. Fifteen percent were married males and twelve percent were married females which resulted in a total of forty seven percent. This resulted in the largest amount for marital status. At twenty one percent totaled divorced seniors and broke down to ten percent of them being women and two percent were males. Lastly, two percent of the males and eleven percent of the women were widows which totaled twenty three percent.

Table 3: Descriptive statistics between genders on different types of races.

Race	Male	Female	Total
American Indian/Alaskan Native	0(0%)	1(1%)	1 (2%)
Asian/Pacific Islander	0 (0%)	1 (1%)	1(2%)
Black/African American	8 (8%)	9 (9%)	17(30%)
Hispanic/Latino	4 (4%)	5 (5%)	9 (16%)
White/Caucasian	9 (9%)	20(20%)	29(50%)
Total	21 (21%)	36 (36%)	57 (100%)

Table 3 shows descriptive statistics about comparing gender between different types of race. A total of two percent of the individuals were American Indian/Alaskan and Asian Pacific Islander which resulted both as one individual coincidentally resulted in both being females. Eight percent were male and nine percent were female African American which totaled to thirty percent of the individuals. Hispanics were sixteen percent of the population which ended up being four percent males and five percent females. Lastly, nine percent were male white and twenty females white which resulted in fifty percent of the population seniors.

Table 4: Descriptive statistics between genders on different age brackets.

Age	Male	Female	Total
60-69 years old	14(14%)	18 (18%)	32 (56%)
70-79 years old	4 (4%)	12 (12%)	16 (28%)
80-89 years old	3(3%)	3 (3%)	6 (11%)
90 years and older	0 (0%)	3 (3%)	3 (5%)
Total	21 (21%)	36(36%)	57 (100%)

Table 4 shows descriptive statistics about comparing gender between different age brackets. A total of thirty-two individuals which totaled of fifty six percent were in the age bracket of sixty to sixty-nine years old. Sixteen which totaled of twenty-eight percent were between the ages of seventy to seventy-nine years old. Total of eleven percent of the individuals were between ages of eighty to eighty-nine years old. Lastly, three females were ninety years and older and resulted in five percent of the population.

Table 5: Descriptive statistics between genders on the type of environment.

Environment	Male	Female	Total
House	17 (17%)	29 (29%)	46(80%)
Apartment	2 (2%)	4 (4%)	6(11%)
Family Members Household	1 (1%)	2 (2%)	3(5%)
Independent Living Apartment	1 (1%)	1 (1%)	2(4%)
Total	21 (21%)	36 (36%)	57 (100%)

Table 5 shows descriptive statistics about comparing gender between the different types of environment the senior reside. The seniors that lived in a house were seventeen males and twenty-nine females and totaled to forty-six which is eighty percent. Eleven percent totaled of the seniors lived in an apartment and two were males and four were female seniors. Five percent live in another family member's household and one was a male and two were females. Lastly, one male and one female live in an independent living apartment and which totaled four percent of the population.

Table 6: Contingency table comparing genders with perception, opinion and feelings of persons about the on life has been thus far.

Life	Male	Female	Total
Best	5(5%)	1 (1%)	6 (11%)
Better than Normal	10 (10%)	19 (19%)	29(51%)
Normal	5(5%)	15(15%)	20(34%)
Worse than Normal	1(1%)	1 (1%)	2 (4%)
Horrible			
Total	21(21%)	36(36%)	57(100%)

Table 6 shows contingency table about comparing gender on life has been thus far. Life has been best during senior's years was the answer for a total of eleven percent of the seniors. Ten males and nineteen females which totaled fifty one percent of the individuals thought life was better than normal. Five percent males and fifteen females totaled of thirty four percent thought were lives there were normal. One female and one male thought their lives were worse than normal which totaled at four percent. Luckily, none of the seniors believed their lives have been horrible.

Table 7: Contingency table comparing genders with perception, opinion and feelings of persons about the confidence in health as the senior grows older.

Confidence	Male	Female	Total
Very confident	6(6%)	5(5%)	11(19%)
Somewhat Confident	14(14%)	28 (28%)	42(74%)
Not very Confident	1 (1%)	3 (3%)	4(7%)
Not at all Confident	0 (0%)	0 (0%)	0(0%)
Total	21 (21%)	36 (36%)	57 (100%)

Table 7 shows contingency table about comparing gender on how confidence in health has been as a senior. Becoming very confident as you grow ended being a total of six percent males and five percent females which totaled nineteen percent of the seniors. At fourteen percent males and twenty eight percent females which totaled seventy four percent were somewhat confident. Total of four seniors were not very confident about growing old which totaled of seven percent. Overall, zero percent were not at all confident about growing as a senior.

Table 8: Contingency table comparing genders with perception, opinion and feelings of persons about the current living situation.

Current Living Situation	Male	Female	Total
Very concerned	0(0%)	7(7%)	7(12%)
Somewhat Concerned	4(4%)	16(16%)	20(35%)
Not very Concerned	11 (11%)	10 (10%)	21(37%)
Not at all Concerned	6 (6%)	3 (3%)	9(16%)
Total	21 (21%)	36 (36%)	57 (100%)

Table 8 shows contingency table about comparing gender on the current living situation. A total of seven females were very concerned about their living situation which totaled to twelve percent. A total of four percent males and sixteen percent females which totaled to twenty seniors at thirty five percent. Eleven percent of the males and ten percent which came to twenty one seniors which was thirty seven percent of the population were not very concerned. Lastly, six percent males and three percent females which totaled sixteen percent were not at all concerned about their current living situation.

Table 9: Contingency table comparing genders with perception, opinion and feelings of persons about the current income and savings monthly.

Income and Savings	Male	Female	Total
Very Easy	8(8%)	14(14%)	22(39%)
Somewhat Easy	10(10%)	18(18%)	28(48%)
Not Very Easy	2 (2%)	4(4%)	6(11%)
Difficult	1 (1%)	0 (0%)	1(2%)
Total	21 (21%)	36 (36%)	57 (100%)

Table 9 shows contingency table about comparing gender on income and savings monthly.

Eight percent of the males and fourteen females which totaled thirty nine percent thought that having current income and savings monthly was very easy. Moving forward, ten males and eighteen females brought a total to twenty-eight individuals which totaled to forty eight percent. Then, two percent males and four percent of the females which added up to eleven percent thought it was not very easy. Lastly, one male thought it was difficult with the current income and savings.

Table 10: Contingency table comparing genders with perception, opinion and feelings of persons about the upcoming years.

Concerns Most About Senior Years	Male	Female	Total
Not Being Able to Take of Yourself	9 (9%)	12 (12%)	21 (37%)
Suffering with Serious Illness	8(8%)	5(5%)	13 (23%)
Losing Your Memory	1 (1%)	13 (13%)	14(24%)
Not Having the Support To Get Around	3 (3%)	2(2%)	5 (9%)
Feeling Lonely	0 (0%)	4 (4%)	4(7%)
Total	21 (21%)	36(36%)	57(100%)

Table 10 shows contingency table about comparing gender about upcoming senior years. Nine percent males and twelve percent females which totaled thirty-seven percent were not able to take care themselves. Suffering a serious illness included eight percent males and five percent females which totaled twenty three percent. Losing memory was at a total of one percent males and thirteen percent females which added up to twenty four percent seniors. Three percent of the males and two percent females totaled nine percent of the seniors not having the support to get around. Feeling lonely was a total of zero males and four percent females which totaled seven percent of the seniors.

Table 11: Contingency table comparing genders with perception, opinion and feelings of persons about the positive outlook on life.

Positive Outlook on Life	Male	Female	Total
Faith	4 (4%)	5(5%)	9 (16%)
Health	4 (4%)	1 (1%)	5 (9%)
Supportive Friends and Family	4 (4%)	5(5%)	9 (16%)
Financially Secure	1(%)	0 (0%)	1 (2%)
All of Above	8(8%)	25 (25%)	33 (57%)
Total	21 (21%)	36(36%)	57 (100%)

Table 11 shows contingency table about comparing gender on positive outlooks on life. The total of sixteen percent of males and females believe that faith is the most important positive outlook on health. Nine percent of the seniors believe health. Sixteen percent have answered supportive friends and family. One male thought being financially secure is necessary to having a positive outlook on life. Then, eight percent males and twenty five percent females which resulted in a total of fifty seven percent of the seniors answered all of the above.

Table 12: Contingency table comparing genders with perception, opinion and feelings of persons about the health care provider.

Good connection with your Health Care Provider	Male	Female	Total
Honesty and Respect	7(7%)	10 (10%)	17 (30%)
Knowledgeable	4 (4%)	3 (3%)	7(12%)
Abides to Treatment Guidelines	0 (0%)	0 (0%)	0 (0%)
Good Bedside Manner	0 (%)	1 (1%)	1 (2%)
All of the Above	10 (10%)	22 (22%)	32 (56%)
Total	21 (21%)	36(36%)	57(100%)

Table 12 shows contingency table about comparing gender on having a good connection with health care provider. Thirty percent of the seniors needed to have honestly and respect with their health care providers. Twelve percent needed a healthcare provider that is knowledgeable. No seniors required their healthcare provider to abide by treatment guidelines. Then, only two percent require good bedside manner. Total of fifty-six percent of the seniors believed in all of the above were necessary for having a good connection.

Table 13: Contingency table comparing genders with perception, opinion and feelings of persons about the upcoming senior years.

Worries about Upcoming Senior Years	Male	Female	Total
Not Being Able to Take Yourself	9 (9%)	13 (13%)	22(39%)
Suffering A Serious Illness	9 (9%)	4(4%)	13 (23%)
Losing Memory	2 (2%)	13 (13%)	15 (26%)
Not Having Support	1 (1%)	2 (2%)	3 (5%)
Feeling Depressed	0(0%)	4 (4%)	4 (7%)
Total	21 (21%)	36(36%)	57(100%)

Table 13 shows contingency table about comparing gender on worries about upcoming senior's years. Total of thirty-nine percent of seniors are worried that they are not being able to take care of themselves in the future. Nine percent of the males compared to the four percent of females are afraid of a serious illness. A total of twenty six percent of seniors are worried about losing memory. Five percent of the seniors were not going to have the support and total of seven percent of the females were worried about becoming depressed.

Table 14: Contingency table comparing genders with perception, opinion and feelings of persons about who they believe is the most influential person in their life.

Influential Person to Stay Healthy	Male	Female	Total
Yourself	5 (5%)	16 (16%)	21(37%)
Doctor	0 (0%)	2(2%)	2 (4%)
Spouse	10 (10%)	7 (7%)	17 (30%)
Friend	3 (3%)	3 (3%)	6 (10%)
Child	3(3%)	8 (8%)	11 (19%)
Total	21 (21%)	36(36%)	57(100%)

Table 14 shows contingency table about comparing gender on who is the most influential person in life. Thirty seven percent of the seniors believe in themselves as an influential person. Two percent of the seniors believe it is there doctor. Thirty percent of the seniors believe their spouse is very influential. Both males and females believe at three individuals think friends are influential. Lastly, a total of nineteen percent believe their children are the most influential people in their lives.

Table 15: Contingency table comparing genders with perception, opinion and feelings of persons about the ability drive a car.

Driving	Male	Female	Total
No	2(2%)	7 (7%)	9(16%)
Very Comfortable	13 (13%)	16(16%)	29 (51%)
Comfortable	5 (5%)	10 (10%)	15 (26%)
Uncomfortable	0(0%)	0(0%)	0(0%)
Very Uncomfortable	1(1%)	3 (3%)	4 (7%)
Total	21 (21%)	36(36%)	57(100%)

Table 15 shows contingency table about comparing gender on ability to drive a car. Based on the results two percent of the males do not drive compared to seven percent female which gave

a total of sixteen percent of seniors do not drive at all. More than fifty percent of the male and females felt very comfortable driving a vehicle. A total of twenty-six percent seniors felt comfortable driving which resulted in five males and ten females. Lastly, at seven percent was not comfortable driving a car.

CONCLUSION

It is projected that as the senior aging population grows, so we will provide protective services. The nature of Adult Protective Services programs requires staff members to have a broad skill set. All of the results of the questionnaire are based on male and female seniors over the age of sixty years old. This was the best way to analyze the data because then we can see who would need the most assistance and see what capabilities that each gender has and wants for the future. After analyzing the data, it came to the conclusion that there were more females than males that are interested in learning more about the different options to help them live a longer and prosperous life. But, then on the contrary quite a few men were very interested but they know that they could rely on their significant others to fall back on for a type of assistance in the future. One of the main concerns is having lack of knowledge and understandings because many of the seniors are not made aware of the different resources that can give them a longer and easy lifestyle. Many different factors that will play a part of the outcomes in the future but staying healthy and active are two necessary items. Seniors should not be afraid to take chances and go out and seek assistance because of they are state funded.

The primary purpose of the research was to reveal that senior males and females need to become more aware about their future. Then, instead of not having the resources they will help them have longer longevity. With having a variety of questions, it helped the seniors make sure they are not taking a step backwards and are going in the correct direction. Some of the first questions were just a way for seniors to look at how they think they have lived thus far based on age, marital status and environment. These questions show the senior that they are not alone and there are individuals going through life changes just like them. Moving along the questions made the seniors think more hands on and think about what are most important items in life

besides the simple lifestyle items. Lastly, as a researcher wrapped it about driving because this is one thing that seniors never want to lose control over. When the senior loses the opportunity to drive it gives them no longer a sense of freedom. Studies have shown that the more educated an individual is, the more likely they are able to make better decisions about their future and live a long healthy lifestyle.

One suggestion to assist with aging seniors in making them aware that they should not be afraid of the future. Attending seminars with individuals from different agencies and give seniors awareness that there are organizations out there that should be utilizing. Also, that these organizations are willing to give them a lot of different kinds of education and help them with any aspect of need in life. As a researcher, I learned it is always important to keep the seniors mind engaged and constantly considering making their life much easier than harder. Financially all the seniors know that they need retirement funds and social security will help them in life. But, seniors need to be open to other options that are very accessible. Having connections with organizations is vital for seniors because they are constantly needing the attention of family and friends because it makes there day go by just a little smoother and happier. Also, having a great bond with a health care provider will help seniors. Health care providers are excellent individuals to offer resources about different types of treatment for an illness or any type of services that the state offers. Many hospitals and recreational centers offer seminars how to better your life and seniors need this knowledge to help them grow in the upcoming years. Lastly, many seniors do not like to drive and they need to explore different options which include PACE, and community shuttles. This is something that many seniors are unaware of which is a great resource because then they do not have to continue to drive and be on the road. Then in the end, it will cause less harm to other people and especially themselves.

Finally, it is extremely important to enlighten seniors about different opportunities and services. This will result in seniors enjoying these vital years and not make them worry about different daily tasks. By the combination of seminars and individuals we can help reduce a lot of the stress that can be resolved by just having the proper resources and instruction on how to make life more enjoyable. Lastly, seniors should remember they are never alone because everyone goes through life a little different in the end but we can find the resources that are vital to make it another day. As a researcher, my family has shown me a great way to live and not to worry or sweat about the small stuff. That message is what I will pass onto my clients and generations to come each and every day.

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APPENDIX A
Questionnaire

1. In which category is your gender?
 - a. Male
 - b. Female

2. In which category is your marital status?
 - a. Single
 - b. Married
 - c. Divorced
 - d. Widow

3. What is your race?
 - a. American Indian or Alaskan Native
 - b. Asian / Pacific Islander
 - c. Black/African America
 - d. Hispanic/ Latino
 - e. White/ Caucasian

4. In which category is your age?
 - a. 60-69 years
 - b. 70-79 years
 - c. 80-89 years
 - d. 90 years and older

5. In which category of environment do you live in?
 - a. House
 - b. Apartment
 - c. Family members household
 - d. Independent living apartment

6. In general, your life has been...?
 - a. The best
 - b. Better than normal
 - c. Normal
 - d. Worse than normal
 - e. Horrible

7. How confident are you for changes in your health as you grow older?
 - a. Very confident
 - b. Somewhat confident
 - c. Not very confident
 - d. Not at all confident

8. How concerned are you about staying in your current living situation?
 - a. Very concerned
 - b. Somewhat concerned
 - c. Not very concerned
 - d. Not all concerned

9. In general, based on your current income and savings, how difficult is it for you to pay for your monthly living expenses?
 - a. Very easy
 - b. Somewhat easy
 - c. Not very easy
 - d. Difficult

10. What concerns you most about your senior years?
 - a. Not being able to take care of yourself
 - b. Suffering with serious illness
 - c. Losing your memory
 - d. Not having the support to get around
 - e. Feeling lonely

11. What is the most important item to keep a positive outlook on life?
 - a. Faith
 - b. Health
 - c. Supportive friends and family
 - d. Financially secure
 - e. All of the above

12. Which of the following traits do you think is most important to having a good connection with your health care provider?
 - a. Honesty and respect
 - b. Knowledgeable
 - c. Abides to treatment guidelines
 - d. Good bedside manner
 - e. All of the above

13. What worries you most about your upcoming senior years?
 - a. Not being able to take care of yourself
 - b. Suffering a serious illness
 - c. Losing memory
 - d. Not having support
 - e. Feeling depressed

14. Who is the most influential person in your life that encourages you to stay healthy?

- a. Yourself
- b. Doctor
- c. Spouse
- d. Friend
- e. Child

15. Are you able to still drive and if so how comfortable are you on the road?

- a. No
- b. Very comfortable
- c. Comfortable
- d. Very uncomfortable
- e. Uncomfortable

APPENDIX B

CONSENT

(Letter of Consent)

Protocol Title: Facing Obstacles as a Senior**Please read this consent document carefully before you decide to participate in this study.****Purpose of the research study:** To determine when the Department of Aging should intervene on behalf of the senior. The questionnaire encouraged the researcher to make known to the Department of Aging what kind of assistance seniors need and what assistance is available to the seniors from the Department of Aging.**What you will be asked to do in the study:** Seniors of Cook County will be asked to participate in a short questionnaire focusing on their knowledge and perceptions of what kind of assistance you need and what assistance is available to the seniors from the Department of Aging.**Time required:** It will take less than 30 minutes to answer questionnaire.**Risks and Benefits:** The risk factor is minimum risk. The benefits are to determine by taking sample of population and measure the knowledge of assistance from the Department of Aging and what assistance is available to the seniors from the Department of Aging. Researcher will aim to provide recommendations on policies that would offer awareness to the general population.**Compensation:** Compensation will not be offered to participants. Participation is voluntary.**Confidentiality:** Your identity will be kept confidential. Your information will kept in the researcher's office in a locked cabinet. All data will be destroyed upon completion of the study.**Voluntary participation:** Your participation in this study is completely voluntary. There is no penalty for not participating. You may also refuse to answer any of the questions asked.**Right to withdraw from the study:** You have the right to withdraw from the study at any time without consequence.**Whom to contact if you have questions about the study:** Natalia Ermasova, Ph. D., Assistant Professor, CAS, Governors State University, 1 University Parkway, University Park, Illinois 60484, Office: [REDACTED]**Whom to contact about your rights as a research participant in the study:***If you have questions about your rights as a participant in this study, you may contact the Governors State University Institutional Review Board (IRB) Chair: Dr. Renée Theiss, PhD by phone at [REDACTED]*

Agreement:

I have read the procedure described above. I voluntarily agree to participate in the procedure and **I have received a copy of this description.**

Participant: _____ Date: _____

Principal Investigator: _____ Date: _____