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HOW SHOULD THE INFORMATION NEEDS
OF SENIORS BE MET?

A STUDY OF SENIORS
AND INFORMATION PROVIDERS

by
Janet Bell

A Thesis
submitted to the
Faculty of Graduate Studies and Research
through the department of
Communication Studies
in partial fulfillment of the requirements
for the degree of Master of Arts
at the University of Windsor
Windsor, Ontario, Canada
1990
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ABSTRACT

This study examines information channels used by seniors and measures their perceived effectiveness. A parallel study of information providers' use of channels is included so that we may see which information channels are over utilized or under utilized according to effectiveness. Information about seniors' perception of which channels are most effective for getting information may lead to the development of procedures or provisions likely to lead to more effective use of such channels.

The research design used is a combination of modified delphi questionnaires and collaborative enquiry methods which yield rich qualitative data as well as quantitative scores. The first round of questionnaires was developed after a set of interpretive interviews with a sample of seniors in Kent and Essex counties\Chatham and Windsor. A modified delphi sample of 80 seniors was then taken, 40 from Kent county and 40 from Essex. Use of information channels was measured and qualitative and quantitative data were collected. At the same time, a delphi questionnaire was administered to 30 information providers from Kent and Essex asking for a list of information channels used for seniors along with reasons for their choices.

The second stage delphi listed results from the first study and then asked seniors to score the effectiveness of channels they had chosen and comment on the data from level one. During all interviews, a data sheet was used to record the interviewer's observations. A third level of the delphi
involved sharing the results with high information users to allow further defining of the data. The recording of interpretive interviews allowed a comparison of the realities perceived by the information providers to those of the seniors.

The study revealed major differences in the use of information channels by the seniors compared to the use by the information providers. Mass media were particularly under-utilized by information providers, while workshops and seminars were perceived to be much more important to information providers than they were to seniors. Seniors named a much wider range of channels than information providers. Shut-ins reported greater use of television, interpersonal channels, and medical channels than other seniors. Other findings suggest that use of all types of channels declines with age and that some groups may not be reached at all by conventional channels of information.
DEDICATION

With love, to my mother-in-law, Ann Belle Bell, always an admirable communicator, who passed away September 26, 1990. Her inspiration will be greatly missed.
ACKNOWLEDGEMENTS

There are many people who assisted and supported me during this study.

Thanks are due first to the seniors who participated in this study and shaped the results. It was truly a delightful learning experience sharing time with them.

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Thank you very much to Ann Gallant for her cheerful and patient assistance, and thanks also to other members of the Communication Studies Department who have assisted me in my graduate studies.

Finally, I would like to thank my daughters Katy and Margie, and my husband Ken, for their support and interest in my studies.
# TABLE OF CONTENTS

## ABSTRACT

iv

## DEDICATION

vi

## ACKNOWLEDGEMENTS

vii

## TABLE OF CONTENTS

viii

## LIST OF ILLUSTRATIONS

xi

### CHAPTER ONE

**Introduction**

1) Information Needs of Seniors 1
2) Assessing Information Needs 3
3) The Shape of the Study 4
4) The Point of View of the Research 4
5) An Outline of the Study 6
6) Summary 7

### CHAPTER TWO

**A Review of the Literature**

1) Introduction 8
2) The Researcher’s Perspective 8
3) Review of the Readings 9
4) Communication Theories and Their Application to Seniors 16
5) Inventory of Propositions 21
6) Summary 23

### CHAPTER THREE

**The Methodology of the Research**

The Rationale for the Use of Qualitative Methods 25
1) Definition of the Research Question 26
2) Use of Collaborative Enquiry Technique 30
3) Use of the Modified Delphi Method 34
4) Use of Interpretive Interactionism 38
5) Hermeneutic Dialectic 40
6) Summary 41

CHAPTER FOUR: Seniors' Choices of Channels
1) Level One delphi
   The Sample and How It Was Derived 43
2) The Data: Quantitative 50
3) The Scores and the Comments 51
4) Shut-ins: Another View of Information 58
5) Comparing the Scores 63

CHAPTER FIVE Perceived Effectiveness of Channels
1) The Level Two delphi
   Changes in the Sample 66
2) Perceived Effectiveness Ratings 59
3) Comments About the Data 70
4) Effectiveness Ratings From Shut-ins 76
5) Comments from Shut-ins 77
6) Scoring the Comments: Seniors 86
7) Patterns of Seniors' Responses 94
8) Scoring the Comments: Shut-ins 97
9) Patterns of Shut-ins' Responses 99

CHAPTER SIX Information Providers
1) A Look at the Delivery Of Information 101
2) Retirement Residences: Two Scenarios 109
3) Information Delivery: Channel Analysis 112
4) Information Providers and Seniors:
   A Comparison of Channel Use 113

CHAPTER SEVEN Interpreting the Findings
1) A Comparison with Existing Theories 126
2) Bio-Social Model for Channel Choices
Made by Seniors 132

CHAPTER EIGHT Verification Checks
1) Shut-ins: the Kent scores 139
2) Information Providers:
   Two points of View? 140
3) Seniors' Verification of the Picture 142

CHAPTER NINE Conclusions and Recommendations
1; Conclusions:
   - Seniors and Information 144
   - Information Providers and Information 144
   - The Nature of Information Flow 145
2) Recommendations:
   - to Information Providers 146
   - to Seniors 148
3) Suggestions for Further Research 150

BIBLIOGRAPHY 153

APPENDICES
1) Level One Questionnaire 156
2) Consent Form 160
3) Level Two Questionnaire 161
4) Information Providers' Questionnaire 168
5) Statistical Analysis: T-tests 170

VITA AUCTORIS 175
LIST OF ILLUSTRATIONS

<table>
<thead>
<tr>
<th>TITLE</th>
<th>PAGE NUMBER</th>
</tr>
</thead>
<tbody>
<tr>
<td>A Model for Information Flow to Seniors</td>
<td>29</td>
</tr>
<tr>
<td>Questionnaire Level One Results:</td>
<td></td>
</tr>
<tr>
<td>Table 4.1: Kent and Essex Channel Choice for Seniors</td>
<td>50</td>
</tr>
<tr>
<td>Table 4.2: Kent and Essex Channel Choice for Shut-ins</td>
<td>58</td>
</tr>
<tr>
<td>A Comparison of Seniors and Shut-ins’ Channel Choices</td>
<td>64</td>
</tr>
<tr>
<td>Questionnaire Level Two Results:</td>
<td></td>
</tr>
<tr>
<td>Table 5.1: Perceived Channel Effectiveness:Seniors</td>
<td>69</td>
</tr>
<tr>
<td>Table 5.2: Perceived Channel Effectiveness:Shut-ins</td>
<td>76</td>
</tr>
<tr>
<td>Effectiveness Scores: A Comparison of Seniors and Shut-ins</td>
<td></td>
</tr>
<tr>
<td>Mass Media</td>
<td>81</td>
</tr>
<tr>
<td>Interpersonal Channels</td>
<td>82</td>
</tr>
<tr>
<td>Library / Medical</td>
<td>83</td>
</tr>
<tr>
<td>Outreach</td>
<td>84</td>
</tr>
<tr>
<td>Specialized Localized Media</td>
<td>85</td>
</tr>
</tbody>
</table>

Analysis of the Comments:

| Table 5.3: Seniors in Kent and Essex County                          | 86          |
| Table 5.4: Shut-ins in Kent and Essex County                         | 97          |

Information Providers’ Use of Channels:

| Table 6.1: Information Providers’ Use of Channels                    | 101         |
| to Send Information to Seniors in Kent and Essex                    |             |

Comparison of Channels: Information Providers and Seniors

| Interpersonal Channels                                               | 121         |
| Mass Media                                                           | 122         |
| Agencies / Outreach                                                  | 123         |
| Library / Mail / Other                                               | 124         |
| Specialized Localized Media                                          | 125         |

Top-Down Information Flow

| Channel Choice: The Senders’ Point of View: Factors Influencing Information Providers’ Choice | 129         |

Bio-Social Model for Channel Choices Made by Seniors

| Bio-Social Model for Channel Choices Made by Seniors                  | 130         |
CHAPTER ONE

INTRODUCTION

INFORMATION NEEDS OF SENIORS

The senior population in Canada is experiencing rapid growth, and there is a need for information to cope with the complexities of the aging process and to assure a better quality of life. Seniors have many information needs, for health care, for financial information, for home maintenance, for social and recreational needs, for spiritual needs, for news about their world, and for sharing and affiliation with others.

Information to fill these needs will be received through a variety of channels, from mass media to word of mouth, from government sources to the informal networks of churches and senior centres.

Seniors who have fewer interpersonal networks, who have diminished opportunities for community activities, or who have handicaps of hearing and sight, will find their combination of information channels decreased. There will be a greater need for support from caregivers, such as family, who will supply information for seniors. But what happens in cases where family members move far away or are unavailable, where seniors are kept at home by reasons of poor health, and where other circumstances may interfere with information access? Perhaps there are seniors who do not have information needs met at all, who live as on desert islands in an information-rich world. Are there cases such as this extreme scenario?
During the progress of this study, one such case came to the researcher's attention. A woman of 87 years was about to be evicted from her apartment because she was unable to pay the rent. Her landlord was reluctant to throw her out without a place to go, and so contacted community and social services to see if they could assist. After some time spent with a volunteer with a local agency, it was discovered that the lady in question had never applied for her Old Age Security pension, in fact did not know that such a benefit was available. In the 22 years since she had been 65 years old, she had not applied for any of the many sources of pension income to which she was entitled. She had in fact spent her entire life savings supporting herself, assuming that was what other seniors were doing. In spite of the fact she lived in a crowded apartment area in a busy city, she was as isolated as if she had been on a desert island.

At the opposite extreme, a stereotyped image of seniors is often held by the public and even by seniors themselves. They are seen as being incompetent and unable to master new situations and learn new skills. In fact, most seniors are very active, skillfully seeking information and sharing it with others. Another subject in this study, a lady of 83 years of age, when asked if she read the newspaper for information, replied that she wrote a weekly column for the paper, and was familiar with radio also, because she has a weekly information show on CFCO radio. Her affiliation with the Chatham Centre for Older Adults allowed her to become as active as she liked to be, finding out many kinds of information, and passing it on to other seniors. She is a very positive role model for seniors.
ASSESSING THE INFORMATION NEEDS OF SENIORS

How can information providers deliver information to seniors such as those illustrated in the two cases above, who may have very different information gathering skills? How can the information be delivered most effectively to seniors?

Quite often the choice of channels of information to seniors is determined by experts and administrators, based on accepted social theory. These people may be influenced by special interests and agendas which govern policy decisions. Realities such as budgets govern the choice of media, demanding the "biggest bang for the buck". Information costs may be cut to provide funds for wheelchair access to buildings or to deliver costly health care services. Choices must be made, and some areas may be neglected. Some seniors, like the first lady above, may "fall between the cracks" of the information network. How can mass and interpersonal communication channels best be utilized for seniors, considering their specialized communication needs and interests?

This problem has so far been addressed by studies carried out by middle-aged researchers who poll middle-aged policy makers and experts to come up with guidelines for seniors. A study is needed which seeks input from the seniors themselves about their choice and perceived effectiveness of information channels. Any concerns of seniors about information (eg. the comment that new Chatham telephone book is printed in too-small type) should be included. The results of such a study would provide an excellent guideline to information providers who have to make difficult choices about budgeting for the dissemination of information.
THE SHAPE OF THE STUDY

This study examines the information channel choices of seniors, by using a delphi questionnaire to discover what channels seniors use to get information of all kinds. The effectiveness of these channels as perceived by seniors is then measured in a second level delphi questionnaire. The channel choices of information providers are also examined by a delphi questionnaire, to discover what channels are chosen to send different kinds of information. The results from seniors are compared to the results from information providers.

The focus of the study is to examine the thought world of seniors, to find out how different information channels are perceived. Descriptions and stories of information gathering experiences by seniors gathered during collaborative enquiry interviews, are related to reveal a fuller picture of the information world of seniors. The picture gathered from interviews and questionnaires is then conveyed to information providers through a dialectic process, so that they may add their analysis of the situation.

THE POINT OF VIEW OF THE RESEARCH

The research is conducted in the context of communication theory, and the findings are examined in the light of existing research and theory about communication behaviour. The pictures which emerge of information sending and receiving are compared to existing communication models. The focus is therefore on the patterns of information flow, systems and effects, uses and gratifications, and other
interpersonal theories pertaining to communication. In existing communication theory, there have been few studies which apply these concepts specifically to seniors. There is a growing senior population in Canada. Seniors are increasing their life spans due to greater disposable income and improved health care. These factors, combined with the post-war "baby-boom" population, which is now passing middle age, will result in an increased senior population and a resulting focus in the next decade on seniors' needs. At the same time, there may not be increased funding to support a large retired population. There is a need for research to recommend methods to deliver more information to more seniors in the most effective way possible.

The readings named in the bibliography have been outlined in Chapter Two, which contains a review of the current literature. A notable finding resulting from this review is that very little research of this kind has been carried out in Canada, creating a need for research on this topic to be applied specifically to Canadian seniors. Much of the information about information channel choice has been obtained from persons other than seniors. Thus, there is a need for input from seniors about this issue, which affects their quality of life.

The researcher is involved in the field of communication research, has several years' experience in the field of education, and at the same time is employed as an information provider to seniors, allowing several perspectives to be applied to the analysis of the findings.
AN OUTLINE OF THE STUDY

The format for the study was a modified delphi two-stage questionnaire design, followed by interviews, during all of which comments and stories were collected. The participants of the study were seniors from Kent and Essex counties, from senior centres, nursing homes, and outreach. A group of shut-ins from both counties were included, as they may have special needs and restrictions regarding information gathering. Also included were information providers from Kent and Essex counties, whose input was invaluable in assessing the nature of information channels provided for seniors in this area.

This qualitative methodology was chosen for its effectiveness in providing an understanding of the thought-world of seniors, and in illustrating the existing perceptions of communication channels and information accessing. The rich data and thick description provided put the channel selections and effectiveness scores into context and may help to explain the motivation behind the choices of one channel over another. The cross-checks by information providers may alter the pictures and the models derived from the research, or provide entirely different models based on an entirely different point of view.

A thorough description of the research methodology is found in Chapter Three, Methodology. Questionnaires used for seniors and information providers are found in the Appendix. A complete description of the samples of respondents and the scores and comments derived from the questionnaires are found in chapters Four and Five, on Findings and Comments. Chapter Six takes a look at the findings from information providers. Chapter Seven contains
an analysis of the findings in terms of the existing readings and the cross-checks, and attempt to delineate new models for the description of information gathering regarding seniors and information providers. Descriptions of the cross-checks and recommendations for further research follow in Chapters Eight and Nine.

**SUMMARY**

The existing research on information flow to seniors contains little input from seniors. Most studies address the concerns of policy makers, and most of this research has been done in the United States. There is a need for a Canadian study which addresses the concerns of seniors and information providers to determine which is the best way to fill the information needs of seniors.
CHAPTER TWO

A REVIEW OF THE LITERATURE

INTRODUCTION

Before a study of communication patterns of seniors can be undertaken, it is necessary to examine the topic, and to describe the theoretical grounding that is already in existence. This will consist of the researcher’s knowledge of the topic, gained from work or previous research, previous studies by other researchers that may relate to this research, and related theories from communication studies.

THE RESEARCHER’S PERSPECTIVE

As an Old Age Security analyst, this researcher’s perspective is one of problem solving. In the context of the federal government, with the volume of clients for each analyst (about 13,000), there is little direct communication with the senior citizen except when a problem develops. The information patterns of the Old Age Security client, from the point of view of the analyst, will always be concerned with problem solving.

The need for information arises when a problem exists for the senior. The solution is to communicate by writing, telephone, or in person with the analyst, who will then explain or problem-solve. Analysts are separated from the senior by the fact that they work in a closed office environment where no incoming calls or visits are allowed. This frees them to do their work, but isolates them from the senior. Only problems of great urgency and magnitude ever reach the analyst, except by letter.

The analyst meets the senior only when a call is made after an enquiry has been received. No public speaking
or public relations function ever links the analyst to the client in person. Thus negative communications (bad news or explaining negative situations) predominate the analyst-senior communications, and interpersonal contact is low.

To a student of communication studies, this combination of variables seems inappropriate. It seems that civil servants who assist seniors should have more contact with them. This would increase understanding, promote empathy, and reduce the stress of the job by decreasing the depersonalization of the paperwork. The seniors, on the other hand, would benefit by meeting the people who assist them, and have their fear of "the government" reduced through the reduction of the depersonalization now experienced when dealing with large government offices.

The "problem" aspect of the analyst-senior relationship led to the central question of this study, "How are the information needs of seniors best met?" Every day, there are "case study" examples on the analyst's desk which illustrate that many seniors are missing information about the income security programs available for them. Often it is the senior who is most in need of the benefit who has somehow not heard of it. Because retroactivity is limited, often potential benefits are lost forever. There is a need to find better ways to reach seniors.

RESEARCH PUBLICATIONS ABOUT SENIORS AND INFORMATION

What research has been done in the area of Communication Studies that specifically addresses seniors as a group, to show how their needs are best met? A review of the literature specifically addressing information flow to seniors shows that there are a few investigations which have
been reported in recent periodicals.

A great deal of the research in communication studies which pertains to seniors is media content studies. The concern is the negative portrayal of seniors in the media. Seniors are underrepresented as a group, with fewer television characters over 65, and most characters young and "beautiful". When seniors are portrayed, it is most often as incompetent or ill, except for a few stereotypes such as the "wise elder", for example Robert Young selling aspirin on commercials. Few seniors are shown as active, witty, and attractive.

A few media studies are concerned with the type of television programs that seniors choose, and an examination of how these programs are related to satisfying needs. Rolf T. Wigand and Elizabeth Croft, in their study entitled *Television as a Socializing Agent and Need Gratifier in Mature Adults* (Croft and Wigand, 1988), found that T.V. was used to kill time and to get information. Seniors were described as experiencing a loss of social role, out of their culture. They was no longer needed. Information satisfied their needs for a confidant, for self-disclosure, and to promote good mental health.

Perloff and Krevens, in the article, *Tracking the Psychosocial Needs of Older Individuals' Television Uses*, found that emotional loneliness and external locus of control were positively related to heavy television use. People were more lonely if they were psychologically dissatisfied with their intimate relationships, and they watched more T.V. Shyness was positively correlated to television use, while life satisfaction was negatively related to television use.
Alan Rubin, in *Directions in Television and Aging Research* (Rubin, 1982), described the elderly as "embracers" of television, showing acceptance, affinity, and dependence on television. He states there are twelve functions of television for the elderly, including

1) a window to the world
2) a means to structure time
3) a feeling of doing something
4) companionship

Through the above studies, we see television as fulfilling a socializing role for seniors, and fulfilling information needs for social identity, maintenance of morale and motivation, for empathetic expression of feelings, and for alleviation of anxiety.

Other media studies examine the use of television and print media for information gathering. In *News Media Use by Older Adults* (Doolittle, 1979), John C Doolittle shows that media consumption gradually increases in middle age until well into retirement, levelling off at age 69. This is due to the ease of consumption of the electronic media, and to the increased use of leisure time. Television and newspapers become substitutes for dwindling interpersonal contacts. Doolittle sees the increase in the use of the media as a way of keeping up with society, not escaping, because the elderly show a preference for news and information programs. He also states that there is a positive correlation between education and consumption of the news print media.

K.E. Kent and Ramona Rush, in *How Communication Behaviour of Older Persons Affects Their Public Affairs Knowledge* (Rush and Kent, 1976), show that education is positively correlated with print media use and public affairs
knowledge. Frequent meeting attenders were also found to have high public affairs knowledge. People who are television and radio consumers know only "headline" news. People who have access to the editorial page know public affairs issues.

A few studies have focused on the use of television for education for older adults. It was felt that seniors may not learn from television because their retention of content would be lower due to poor memory. However, John C Cavanaugh, in Comprehension and Retention of T.V. Programs (Cavanaugh, 1983), found that only older adults who were low in verbal skills performed consistently more poorly in learning skills than younger viewers. He felt that this was probably due to initial program comprehension rather than solely at retrieval. It was important to consider learner characteristics in adult cognitive research, not just age.

R.D. Owens, in Effects of Age and Education on Learning by Older Adults from a Documentary Program (Owens, 1987), found that the pace and timing of television programs was generally too fast to allow correct encoding of complex new materials. He found that seniors' ability to learn from these programs depended on their ability to code and to retrieve information. In his study, seniors were shown to be the heaviest consumers of television. The first preference of seniors was for news and documentary programs, which they would have liked increased. Needs filled were for information and socialization.

Dov Shinar, in his article Improving Aging-Related Communication: An Action-Research Approach (Shinar, 1984), categorizes information needs of seniors as follows:
COGNITIVE: having to do with information on available services, with particular reference to health facilities and individual skills; information on the nature of the rights, duties and societal expectations of elderly persons; information on the actual realities of aging in order to enhance a realistic awareness of self by the aged, and an unbiased attitude to the aging process by members of younger generations.

AFFECTIVE: Having to do with the emotional facets in the definition of the older person's identity. Changes in biology and personality, new symbolic and attitudinal frameworks, and feelings of belongingness and the meaning of life enhance the demand for emotional support, for morale and motivation, and for the expression of feelings. A need for visibility is typical of aging persons, given the prevailing youth-oriented culture.

INTEGRATION: Bridging gaps between the demands imposed by biological, psychological and sociological changes, and the unsatisfactory mechanisms developed by societies to deal with them, or between the senior's vanishing control over the environment and the need for relevance and meaning. Also communications are needed for remembering, the continuity of integrating the past into the present in order to transmit values to coming generations.

THERAPEUTIC: The alleviation of pressures of aging, for embracing continued activity, for creating a reconstruction syndrome whereby resources and opportunities can be supplied to seniors to increase their social desirability and acceptance.
Shinar feels that no one channel of information can serve all these needs. There should be a combination of information channels for the senior. For example, needs of emotional support and societal orientation might best be met by interpersonal channels; escape, entertainment and time-killing may be best met by the mass media; and needs for community information and affiliation should be met through community activities, targeted media, and other specialized methods.

**A DELPHI STUDY ABOUT INFORMATION AND SENIORS**

The article that most closely approximates this study, and which served as the initial inspiration for it, *How Should the Information Needs of the Aging be Met? A Delphi Response* (Hales, 1985), by Celia Hales, Phd., reported the findings of a 93-member delphi panel of information providers to identify items (information channels for seniors), and to rate the importance of these items in filling information needs of seniors. The items are listed below as rank ordered by the information providers:

| Library related sources | 1. Library workshops |
| Conventional Media | 6. Library Outreach |
| | 11. Audiocassettes by telephone |
| Special Needs | 2. Media announcements |
| | 3. Media programming |
| Network of Agencies | 4. Needs of the Handicapped |
| | 12. Easy to read information |
| | 36. Translators |
| Staffing | 5. Interagency outreach |
| | 18. Two-way info exchange |
| | 20. Seniors centres |
| | 7. Elderly Advocates |
| | 21. Volunteers |
| | 27. Worker Training |
| | 35. Older adult staffing |
I & R (general) 10. Telephone hotlines
          28. Pre-recorded hotlines
          29. I & R programs

I & R (specific) 30. Public Library I & R
                      31. University I & R
                      32. Social Service I & R
                      33. Non-Profit Corp. I & R

Structured Learning 17. Continuing Education
                      19. Pre-Retirement Sessions
                      22. Community Forums
                      37. Public Service Organ

Printed Material 8. Packets of information
                      13. Mail inserts
                      23. Community Newsletter
                      24. Broad-based Newsletter
                      26. Posters, etc.
                      39. Mailings from senior gps

Computer-Assisted Info 34. Computerized single entry
                      38. Viewdata
                      40. Computerized I & R

Miscellaneous 9. Intergenerational transfer
                      15. Church help
                      16. One-to-one contact
                      25. Transportation

In this study, there were significantly different findings emanating from different groups of information providers. Library information specialists viewed library items as more important than other groups did. Policy administrators rated media items lower than others. Special needs of some elderly rated lower in priority among service providers. These findings are important because these people work most closely to aid the elderly. Policy administrators placed great value on senior centres. The highest agreement was reached on the following items: Better transportation systems are needed. Interagency outreach programs are needed which minimize duplication of
services. More emphasis should be placed on one-to-one contact rather than the media, especially in rural areas. Improved quality of training should be provided for workers with the aged, so that informational and other needs can be better met.

COMMUNICATION THEORIES AND THEIR APPLICATION TO SENIORS

Although there are not many studies which deal specifically with seniors, there are many communication models and theories which may apply to the findings of this study. Two pertinent schools of thought are the "Media Effects" point of view and the "Uses and Gratifications" viewpoint.

Stated simply, Media Effects studies examine the effects of media on society. The media are seen as powerful forces which have varied cognitive effects on the masses, for example to influence buying decisions, political opinion, self-concept, and cultural change. If this is so, attitudes and actions can be learned through the media. Studies of television watching and violence are designed with this concept in mind.

More sophisticated models of Mass Media Effects add the concept of intervening variables, which determine the nature and amount of media effect that take place. One example of such a variable is social context. As social contact decreases, media use increases. (De Fleur, p 236). The potential for media effects increases if media use increases, and other factors, such as the absence of mediating interpersonal influences, enhance the power of the media when the receiver is socially isolated. The potential
for media effects further increases if there is a high
degree of uncertainty due to conflict and change, or in
times of instability (DeFleur, p 242).

The media also play an important role in resolving
ambiguity. When a small amount of information is known
about a subject, ambiguity has been created. Television is
particularly good at creating ambiguity, because subjects
are not explained in depth. Once ambiguity has been created
by the media, increased media use is necessary to resolve
the ambiguity. (DeFleur, p 244) An issue that was presented
as "headline News" only on television, may set an agenda for
that topic which will require additional information, for
example the reading of a newspaper article which provides
more detail about the topic. Ambiguity is seen to be
particularly acute during unhitching from traditional
values, customs, and world views.

The media are seen to play active roles in
information flow, and the receiver a reactive role in the
case of agenda setting. The many issues which are available
for people to consider may be too many for the time and
resources available. The media then play a role as
"gatekeepers" by selecting what issues people will see on
network television news or in the daily newspaper. This is
another example of media "effects".

The "Multi-Step Flow" model stresses the role of
informal contacts in sending information. The information
sent through the media may be received first by "opinion
leaders" and then transmitted to receivers. The receivers
rely on the opinion leaders for direction about how to
interpret the information. New ideas are adopted first by
these opinion leaders, and later by the general public.
This is the model of information diffusion described by Rogers in *Diffusion of Innovations* (1987).

The Uses and Gratifications viewpoint of communication studies theory stresses the receiver of information as playing an active role in information selection and perception. Individual audience members encounter media messages as members of groups and they do so with a constructed social reality that reflects their past and present social experiences (DeFleur, p 184). There are also individual differences in each receiver that influence selectivity of media and messages, attitudes, attention, and perception. The receivers select and interpret messages to gratify their individual needs. They selectively expose themselves to some media messages and avoid others. From this perspective, the audience member, not the sender, determines the usefulness of messages.

The significance of these two theoretical viewpoints is particularly pertinent in a study about senior citizens. For information to reach seniors, information providers must determine whether seniors are passive receivers of information, dependent on the media, or active selectors of messages, and providers must design their information delivery accordingly.

According to the Media Effects model, seniors may be particularly susceptible to media effects. They are isolated from other sources of information, they have been shown to be heavy users of television, they are in a period of great social change in their lives, and there is ambiguity about many new issues, such as pensions, housing, and health concerns. Information providers who act according to the media effects model, will direct
information at seniors, assuming that they are passive receivers and that the message reaches its intended receiver with the intended effect.

However, if we consider the Uses and Gratifications viewpoint, seniors may not be selecting the channels which information providers are using. They may not select information that has been provided for them. Their perception of the situation may differ, so that they feel that the information is wrong or not needed.

For example, information provided in a mail insert in a government cheque may be perceived as "junk mail", and subsequently discarded, rather than saved and read. The insert may contain important information about new benefits which would have been available to pensioners who applied for them. By discarding the insert, the senior will not apply, and may miss out on benefits available. However, if the same information is contained in a seniors' column or favorite news show, the same senior may be more receptive to the information, and a communication connection may be made.

This study particularly emphasizes the viewpoint of the receiver, for the study cannot address the information needs of seniors until it considers the viewpoint of the receiver/senior, which has not been considered in previous studies.

An integrated model combining Effects and Uses and Gratifications is proposed by Blumler and Katz (1974). The audience requirements are seen as intervening variables in the study of communication effects. The effect depends on the use made of the channel, and the individual characteristics of the receiver. This is a functional perspective, as the effect of the channel depends on how the
seniors use it. The senior may perceive the channel as low in credibility, and so not trust the information, may have trouble decoding from the channel; for example if print is too small, or not use the channel at all by choice or because of lack of access to it.

Outline for a Paradigm of Uses and Gratifications Research

- Basic Human Needs
- Individual Characteristics
- Structure of Surrounding Society
- Combinations of Individual Problems
- Perceived Solutions to these Problems
- Motives for Attempting problem-solving
- Patterns of Actual Media Consumption
- Patterns of Other Behaviour
- Patterns of Gratifications or non-gratifications
- Individual's Characteristics
- Media Structure, and Social, Political, Economic Structures in Society

(Blumler and Katz, p 270)

This paradigm presents a very full picture of the variables which may affect the use of information to fill needs. It approaches the problem from the receiver's point of view, and so is a good approach for this study, as its purpose is to look at the opinions of seniors who use the information. The complex nature of information use should not be forgotten. Of course, communication studies does not concern itself with all of the psychological and sociological aspects of motivation and needs. We may expect that media use fills needs. The problem of needs is measured and gratifications assumed in terms of the perceived use by receivers. There is a need to anchor these perceptions in concrete examples so they can be verified by
communications studies scholars (Blumler and Katz, p 281). Information gathering about needs and gratifications should include examples from seniors' information-gathering experiences.

One theory which was not found in the research on seniors and information is the need for interpersonal networks and support groups. Support groups have been shown to be very powerful in filling information needs, as well as satisfying a variety of other needs of seniors. From observation, we can see that church groups and senior centres provide interpersonal networks where information may flow, as do the family and neighbourhood networks. There is little research on this, but the National Heart and Stroke Foundation "Bypass Buddies", and Mental Health Kent (Chatham) has a support group for newly retired persons adjusting to new social realities.

From these theoretical groundings, we may now compile a list of theories related to our expected findings. Although the study is an emergent design rather than a testing of propositions, there are some trends which are predictably, likely to be important.

**INVENTORY OF PROPOSITIONS**

- Seniors may be more susceptible to media effects than other groups.

- Media use increases with age. Television use is especially high, increasing to age 69 and then levelling off.
- Seniors may have more ambiguity about issues affecting them, and need information to resolve it.

- Seniors may experience social isolation, depersonalization, and lack of social networks, especially in institutions. This may cause them to be more susceptible to the effects of the media that are provided in these settings. There may be a greater reliance on these media and a powerful effect.

- Seniors may get information in a "Multi-Step Flow" through opinion leaders, advocates, family members.

- Seniors may be able to learn and remember ideas as well as other age groups. This may be an appropriate time for education. Information may be obtained from formal networks, such as universities and colleges, or informal networks, such as seminars and guest speakers, or through the media via news and documentary programs.

- Messages sent by information providers are subject to many variables which may affect how they reach the intended receiver, or whether they reach him at all.

- There may be problems for seniors encoding from electronic media because information may be presented too rapidly. Likewise, printed media may employ type that is too small for aging populations. Special needs must be considered when preparing material for seniors’ consumption.

- Although understanding and memory of seniors have been measured as being as high as those of persons in other age groups in cognitive tests, there may be a
need for a permanent record of information to
counteract the effects of short-term memory decline.

- The best way to ensure that information needs of
seniors are met may be through a combination of media
which may satisfy different needs in different ways.

- There will be individual and group differences in the
way that seniors get information, and also differences
and similarities between individuals and groups of
information providers.

- Policy makers' views may not necessarily coincide
with seniors' or with other administrators.

- Some seniors may not be getting the information they
need for a satisfactory quality of life.

- Reasons for failure to fill information needs may be
a combination of poor information gathering skills and
gaps in delivery of information, a combined sender-
receiver responsibility.

- When measuring the perceived effectiveness of
different information channels in filling needs, we
need to validate the data we collect by concrete
examples, as neither the researcher nor the subject is
a skilled psychologist/social scientist, able to judge
human needs or the satisfaction of them.
SUMMARY

The three factors affecting the research, the researcher's perspective, the previous work in the field, and existing theories of communication behaviour, have been examined to form the background of the study. There is a need to solve the problem of getting information to seniors. Solutions may be found through research which examines the channel use of seniors and measures seniors' perceived effectiveness of channels. The channel use of information providers will form a basis of comparison to these findings.

We may expect to find results which correspond to media studies previously completed, as well as discover new findings about seniors' use of channels. These findings will then be matched to existing communications models, with possible emergence of new models. The data from information providers may differ from that of seniors, and different models may apply to different groups, so that a complete match may not take place. Of particular interest will be the application of Media Effects models and Needs and Gratifications models to seniors. The description of the research design for such a task follows in Chapter Three.
CHAPTER THREE

THE METHODOLOGY OF THE RESEARCH

INTRODUCTION:

THE RATIONALE FOR THE USE OF QUALITATIVE METHODS

The purpose of the study is to examine the use of information channels by seniors and by information providers for seniors, to record and compare patterns of use. The research design also allows for the recording of opinions of seniors and information providers about information channels and their effectiveness. There should be a way to record the differing definitions of the problem and the perspectives of the alternative points of view, using thick description and the language of the participants involved, to determine why the choices of channels have been made. Key experiences of seniors and information providers should be included, to illustrate the differing realities of the two groups, and to allow the researcher and subsequent readers of the study to share in the thought world of the participants involved. This will lead to a fuller understanding of the issues that emerge.

Because it is desirable to allow trends and ideas to be introduced by the participants of the study, the design should be flexible. Therefore, the study will not begin with a defined hypothesis for proof/disproof, but instead will be an emergent design, allowing for a multi-method, triangulated approach. The researcher’s stance will be as an informed outsider, holding a number of possible
explanatory frameworks in multiple vision, letting a grounded theory emerge.

It is vital to record the views and experiences of seniors themselves, in their own words, as this has not been done in previous studies. Seniors do not return questionnaires, so the questionnaires had to be administered to them through an interview method. This will also allow for the collection and recording of extra information, such as opinions of seniors, stories about their past use of channels, and observations of the researcher about their surroundings and behaviour.

To understand the meaning of seniors' choices of information channels, it is necessary for the seniors to tell why they choose them. Similarly, the study aims to examine the thought-world of the information providers that leads to the choices they make of channels for seniors' use. The resulting "thick" description enables interpretation of the statistics measuring channel choice and perceived effectiveness. For experiences and their emotion, meaning, and context to emerge, qualitative methods are necessary.

**RESEARCH DESIGN: AN OVERVIEW**

1) **Initial Definition of the Research Question**

The goal of the study is to identify which channels of information are accessed by seniors and compare this selection of channels to the choices of channels information providers are making to send information to seniors. To understand further the use of channels of information, it is desirable to ask seniors and information providers alike why they make these choices, and which
channels they perceive to be most effective for information flow. An insight into the thought world of the respondents is added to the study when we ask them to relate their experiences about information channels. These interpretive data will allow us to share in the experiences of the seniors and information providers as they relate to channel choice.

A simple diagram follows to explain the use of the word "channel" in communication theory.

![Communication Process Diagram]

What communication channels are best suited to fill the needs of seniors? In the word diagram above, we see that the message (information) originates at the sender, passes through (or by means of) the channel, and reaches the receiver. For purposes of this study, the sender is an information provider who is passing on a message that seniors may find useful to enhance their quality of life. The channel is any means that any information provider may use to send information to seniors. The intended receiver in this study is always a senior. The key purpose of the study is to examine CHANNELS of information as they relate to seniors, both in the way that messages are sent by information providers, and in the way that seniors seek to
access the choice of channels available.

A more complex model therefore follows. In this model, we see that information providers have a wide choice of channels to utilize when sending messages to seniors. Their choice of media depends on many variables. Each information provider will see the choice to be made in a different way, based on his/her perception of the situation. To understand the influences that shape these choices, we must look at the thought world of the information providers to learn their perception of the situation, their priorities, their goals and their resources.

Once the problem of choices of information channels has been subjected to the decision-making process of the information providers, a list of channels emerges. This is seen as a final product, but must now be subjected to the decision-making processes of the seniors who will become the receivers of the basic communication model. We see that the accessing of these channels of information also requires a decision-making process, again based on many variables. The senior may not be able to use some channels, as he/she may not have full use of sight, hearing, or mobility. The senior may not have the interpersonal networks to hear about certain information, or the resources to pay for certain media. The senior may perceive him/herself as unable to access or understand certain channels, or may perceive some channels as being difficult to access, or not user-friendly.

The basic information which started out with the information provider may not reach a channel that the senior will use, so the communication process may not be complete.
The purpose of this study, therefore, is to compare the perceptions of information providers with those of seniors, to see how closely the choices of information providers match those of seniors. The reality for the senior may well be different from that of the information provider. In looking at the thought world of the seniors, the hope is that we can shed some light on the selection process which will assist information providers in making better use of channels for information. Hopefully, more effective methods of channel use will emerge, and seniors will become more knowledgeable in areas that will enhance their quality of life.

2) Use of the Collaborative Inquiry Technique

Before data gathering on the study could begin, it was necessary to develop a questionnaire for use with seniors. The modified delphi method normally begins in level one with a blank slate. Participants are asked to create their own agenda, or list of items for inclusion in the study. For example, seniors would be asked to generate a list of channels they normally use for getting information.

There were some problems with this method that are immediately apparent. Because seniors might not understand how to create a list, the initial list might be incomplete, or there may be a problem getting participants to write a lot of data, and that the terminology, for example "channel", might not be understood. It was decided to test the proposed questionnaire in personal interviews with a few seniors, and then develop an improved questionnaire from
these interviews. If a list could be generated from these original interviews, the first stage of the delphi could be skipped, and stage two could begin right away.

People who knew about the study and had agreed to participate were interviewed in their own homes using an interpretive interview method. This method has been described in the text *Interpretivism: A Methodology*, by T. F. Carney, 1987. Ten participants from Kent county and ten from Essex county were interviewed in this first stage. There was a fairly broad age range, from 65 to 85. The interpretive method of interviewing allows the participants to be collaborators in the study. Non-directive questioning is very important, as the researcher wants to collect the views of the subjects and not influence them. Participants talked about all of their information gathering experiences, and notes were taken. A data sheet for non-obtrusive measures was used to note the observations of the researcher in the respondent’s home. For example, the telephone may ring frequently with calls from family, or the coffee table may have a variety of newspapers piled on it. Media use that was not mentioned by the respondent may be observed and noted.

The original proposed questionnaire was brought along to the interview and the respondents commented on it. Their comments allowed redesign of layout and rewording of text. Some of the comments and adjustments are listed below:
the type is too small
it is hard to see
the word channel is unclear
what is information
my writing is poor
can't think of items

the page was enlarged
pink or yellow paper was used
"source" was substituted
a definition was given
a checklist was used
a master list was created

The original and amended level one questionnaires are found in the Appendix for reference.

The Interpretive Method: (Denzin, 1989; Carney, 1987). The qualitative data found at this stage of enquiry were some of the most enlightening in the study. The first lady who was interviewed was typical of many later interviews in that her family found out information for her. She also tended to characterize most seniors as "low" information users, while she herself was quite high in information. This pattern was repeated often, as seniors see themselves negatively in comparison with other groups, perhaps due to the fact that they have been repeatedly portrayed negatively in the media as "old fuddy-duddies". They seem to have a negative self-concept.

The second interview was with a gentleman who illustrated the importance of the data sheet for observations. He began the interview by asserting that his only source of information was his "memory". He explained that he meant that the only information he was seeking was about the past. He spent a great deal of time and energy tracking down female acquaintances from his past, because he was looking for companionship now that his wife had passed away. Other information was not seen as important, or
perhaps was taken for granted. During this interview, the
television was on and the respondent commented on the shows
and characters a few times, which led to the assumption that
he watches TV regularly even though it was not mentioned as
an information channel. The radio was also on at the same
time, as he was listening to the NDP leadership convention
at the same time he was being interviewed. Membership in
the genealogy club was mentioned, frequent trips to the
library for research, and mention of his son, who held
leadership positions in many organizations. As the
respondent was in a wheelchair, the assistance of the son
allowed him to get access to many kinds of information
through frequent meetings they attend together. Therefore,
this man who claimed no information sources except his
memory turned out to be quite a high information seeker with
an active network of information.

Another respondent from these initial interviews
portrayed a bad decision which was caused by lack of
information and which is typical of what happens to many
seniors who need more complete channels of information. She
was a "young" 70 year old who had a heart problem. Fearing
that she would not be able to take care of herself, she sold
her home and entered a nursing home. Her life savings were
divided among her children. It was not very long before she
discovered that she could manage well on the correct
medication, and felt that she had made a grave mistake
entering the nursing home. She had not considered using home
support services which were available in her community
because she did not know about them in advance of her
decision.

Still another lady related a situation of many
serious illnesses of herself and her husband, which reduced
the quality of their lives to a minimum. It was not until she broke her hip and was hospitalized that she discovered home support services such as the Victorian Order of Nurses (VON), Meals on Wheels, Care Helpers Assistance Program (CHAP), and others were available to her. The placement service at the hospital saw that all these networks were in place before she was discharged from the hospital.

These histories, and others which were collected later, were recorded and compared to the list of propositions generated from the initial readings. To test whether such experiences were generalizable across the entire population of seniors, they were included as general statements in a recognition check in the second questionnaire.

3) Use of the Modified Delphi Method

The delphi method of research is basically a qualitative method of investigation which allows consensus or forecasting to be done by panels of experts who pool their opinions regarding some issue of common concern. The inspiration for the initial research design was the delphi study, How Should The Information Needs Of The Elderly Be Met? A Delphi Response. (Hales, 1985), by Celia Hales, Phd, an assistant professor/librarian at the University of North Carolina at Charlotte, NC.

The form of the modified delphi study is typically a series of questionnaires presented in from two to four stages. The first stage asks respondents to name items which are thought to be key issues or components of the study. This way, respondents select their own agendas for study. The ideas from stage one are then pooled into a
master list which is sent to respondents for rating, scoring, or prioritizing. Successive stages of the study may allow for the further defining of opinion, for the additions of value statements, for position shifts, sharing of ideas, and even prediction of future events. The modified delphi method can be used for coming to consensus on issues, suggesting solutions, and forecasting trends.

Advantages to the Modified Delphi Method:
- relatively inexpensive
- easy to administer
- anonymity is assured
- no travel is required
- great deal of qualitative data is generated
- each person has an equal chance to input ideas
- a range of experts can be used
- there is no taking of sides on issues because positions are not publicly taken, and there is no need to defend issues.

The criticisms of the Delphi method are numerous:
- there is no specific "hypothesis" stated
- no guidelines to determine "expert" status
- may be a "halo" effect as consensus is reached
- all the respondents may share the same agenda
- the questions are not precisely stated
- snap judgements will be made if too lengthy
- the responses may not be correctly interpreted
- lack of responsibility for the data when anonymous

A Solution to the Problems of Delphi:
Most of these concerns can be addressed by using a "hybrid" form of the delphi. The lack of quantitative data and precise measurement can be addressed by adding a
quantitative element to the study. For example, numerical ratings can be added to the study as well as descriptive data. A test for significant differences can then be performed on the data from the information providers to compare it to the data from the seniors.

Analyses of delphi results where the scores of informed "expert" individuals were used, show virtually no difference from results achieved from other respondents. Therefore, it is not necessary to show that these respondents are experts, but only that they have experience with these issues. In the case of this study, the adding of sample of seniors will make the study more relevant than using experts, because no one can report the thought world of the senior better than the senior, who is experiencing it.

In order to verify trends which emerge in the data, cross checks can be used during the final stages of the study. For example, if some items from Celia Hales' study are not mentioned by these respondents, they can be added to a card sort so that seniors can add them to their "mental list" and decide to include them if they are valid responses. Interpretive interviews can be used to check that the researcher is interpreting the respondents' statements accurately. The list can be kept short by combining some items under general headings, so that the respondents will not rush through the questionnaire.

To make sure the results are not slanted toward special interest groups, we can use demographic data to get a representative sample. Information providers will be drawn from a variety of interests. To prevent early consensus, it is possible to show respondents the range of
answers of all respondents without showing the scores and ratings assigned. If the delphi is used as an analytical tool to observe results and generate data, then it is not necessary to come to consensus, although patterns will emerge.

Other features were added to the modified delphi in this study to create a "fit" with the research goals:

The original list of channels used by seniors was drawn up after 20 interviews with seniors. The list generated from the interviews was made into a stage two delphi design. The checklist was easier to complete than a questionnaire, which might not have been understood by respondents, or might have been difficult to fill in.

The original delphi design was retained for the information providers' questionnaire, so that any agenda could be included. This questionnaire asked the respondents to generate their own list, providing only minimal guidance. The purpose of this tactic was avoid leading the information providers. It was felt that this group would be capable of performing this task without assistance. The priorities of the list would show the agenda of the individual information provider.

Because it was felt that seniors would not return questionnaires, the respondents were accessed in person and the questionnaire administered by the researcher. Any questions about the research goals could then be answered. Meeting the researcher would also generate more interest in the study and facilitate the responses needed in stage two. Two groups who were not able to be accessed were composed of shut-ins, who completed questionnaires with the assistance
of V.O.N., Comcare (Windsor), and C.H.A.P. (Chatham).

The delphi questionnaire for the information providers was partly mailed, partly administered in person. When it was mailed, the respondent was contacted first by telephone to create understanding and good will for the study. In both cases, respondents completed the questionnaire themselves; however, a data sheet of observations was used during the in-person interviews.

4) Use of Interpretive Interactionism

More complete understanding of the process of choice of information channels for both information providers and seniors can be gained when examples are included from the experiences of the respondents. The Interpretive Interaction of the researcher with the respondent (or collaborator) is a method that allows for the recording of stories of the respondents’ experiences in their own words. The rationale of this method is described in Interpretive Interactionism (Denzin, 1989). In this study, respondents were asked for examples of stories which would illustrate their information gathering experiences.

For example, a retired newspaper editor responded that he did not read the newspaper, because it was "all junk". When pressed for an explanation, it became clear that this man did, indeed, read several newspapers every day, and gained a great deal of information from them, but that in his opinion, there was little accurate reporting in the newspaper compared to the days when he was doing the reporting himself. The description of "no information" has a new meaning when it is placed in the context of this man’s lifelong experience with news-gathering. His assertion that
he did not read newspapers was a way of validating his past experience with news gathering. He was in fact more closely tied to newspaper reading and analysis of content and style of newspapers, making him an avid reader, but he did not wish to validate the reporting of present day news.

This "thick" description allows the historical, cultural, and emotional context of the situation to emerge for the researcher. The telling of the story is recorded so that interpretation can be made after the telling, and again at a later time as new layers of meaning emerge that "make sense" of the process of information gathering for seniors.

At all stages of the delphi, there was gathering of interpretive interview data. At first it seemed to the researcher that this method would be very time-consuming, as some seniors had long stories to tell. But, on reflection, it soon became evident that these experiences contained the richest data of the study. Stage one and two of the delphi were accompanied by interpretive interviews.

Situations portrayed in stage one were expressed in general statements for validation by seniors in stage two. In this way, it can be established whether an experience was an isolated incident, or represented a widespread trend. For example, the story of the man who relies on his memory as his main channel for information gave rise to the statement, "Many older seniors spend time relying on their memories for information about the past. They might not be looking for new information in the present." 44 % of seniors agreed this was true, "especially in the case of the very elderly", but most seniors asserted that they themselves were always looking for new information in the present.
5) The Hermeneutic Dialectic Method

The hermeneutic dialectic method is a process during which interpretive interviews are used to encourage a specific group of respondents to define the reality of a situation as they see it. The results are then stated in a descriptive manner for presentation to the group, with the goal of arriving at a gradually evolving construction of reality. One by one, each member of the group is presented with the product of the study, and asked to comment and amend the vision. The final product is altered as each person imposes his or her viewpoint on the final reality. The process of consultation will continue until all the respondents have arrived at a mutually developed vision of the reality of the situation.

In cases where there are differing sets of vested interests, each with differing points of view, there may be two or more versions of reality. For example, in this study, the views of seniors may never converge with those of information providers, even after each side is aware of the others' views. If this should happen, we would then have a clearer idea of the differences between the two realities of the groups. The fact of non-conformity and the nature of the differences would be significant findings of the study.

The dialectic method was again used at the end of the study as part of the final verification checks. Results of the questionnaires were shown to the information providers, and the stories and data of the seniors were shared, as well as the models developed by the researcher. These showed the more complex "Communication Studies" framework of reference, grounded in the theory and the
overall findings. Some descriptive wording of information providers was changed as a result of input from these interviews, as a position shift took place.

This stage was very useful as it allowed collaboration with respondents about the findings of the study before the final conclusions were drawn. Information providers were particularly interested in this process, as it allowed them a better understanding of seniors. Some of their answers were changed as a result of this stage, as respondents were able to see what they had left out of previous responses. All the persons who participated in this stage were educated by it.

**SUMMARY:**

A qualitative measurement was needed to assess the use of channels of information by seniors. Interpretive interviews were used to formulate the initial questionnaire design and content. These were followed by two stages of modified delphi questionnaires. The first level delphi collected data about channel choice and recorded descriptive data. The second level delphi collected scores of perceived effectiveness of channels and further defined descriptive comments from stage one. Comments from the interviews and questionnaires allowed a picture of information accessing by seniors to emerge. This picture was then compared to existing communication models and theories.

A parallel modified delphi survey of information providers also yielded numerical and descriptive data about channels used to send information to seniors. A hermeneutic dialectic process was used, following the collection and
interpretation of data, to allow information providers to verify and amend their view of the information delivery process. The resulting picture could then be compared to the models derived from seniors' data, to determine how closely the two thought worlds would match.
CHAPTER FOUR

THE FINDINGS

RESULTS FROM THE LEVEL ONE DELPHI

THE SAMPLE AND HOW IT WAS DERIVED: SENIORS

The guidelines for the sample of seniors in the Delphi study was taken from a Metro Toronto demographics study, 1973. Here are the statistics from that study.

<table>
<thead>
<tr>
<th>RESIDENCE</th>
<th>MEANS OF ACCESS</th>
</tr>
</thead>
<tbody>
<tr>
<td>65% live in their own home.</td>
<td>Those who get out may be contacted at Senior Centres.</td>
</tr>
<tr>
<td>15% live in institutions.</td>
<td>Those who are shutins may be contacted through outreach agencies. (CHAP, VON)</td>
</tr>
<tr>
<td>12% live in apartments.</td>
<td>Visit and ask for permission to interview residents.</td>
</tr>
<tr>
<td>7% live with grown children.</td>
<td>These may go to senior centres, or may be contacted through outreach.</td>
</tr>
<tr>
<td>2% in hospital.</td>
<td>May be among the sample, or may require special search.</td>
</tr>
</tbody>
</table>

AGE:

- Age 65-74  63% of seniors.
- Age 75-84  31% of seniors.
- Age 85+   6% of seniors.
SEX:
Roughly half should be male and half female respondents. (However, based on readings on the aging population and life expectancy of males and females, there may be more females than males, perhaps as high as a 60/40% split.)

THE SAMPLE: KENT AND ESSEX

The actual sample which was derived from interviews in Kent and Essex counties, Chatham and Windsor, had demographics as follows:

RESIDENCE:

55% live in their own homes
25% live in apartments or other rental
18% live in seniors residences/nursing homes
2% live with extended family

AGE:

Age 65-74 60% of the sample.
Age 75-84 30% of the sample.
Age 85+ 10% of the sample.

SEX:

The sample was composed of 44% males and 56% females.
THE SOURCE OF THE SAMPLE:
Seniors in Kent/Chatham

Seniors who participated in the first level of the Delphi sample were accessed through the following sources:

The Maple City Centre For Older Adults, Chatham
In a city of 40,000, the Maple City Centre has 1100 members, most of them very active. During level one, 24 questionnaires were completed at the Centre. Many of the participants talked at length about their lifestyle or made written comments on their questionnaires. It is notable that the interviewer was not allowed to remain outside the action, but was persuaded to join bridge games and other activities, as well as being "interviewed" in return by members of the centre. Members were interested in finding out about the researcher's parents and grandparents, and quite a few had been friends or neighbours of my relatives. The status of the researcher changed, an informal relationship was established, and the seniors shared their thought worlds.

Thamesview Lodge, Chatham
This is a residential facility, one of two under the umbrella of the County of Kent. (the other is Victoria Home) This is a 400 bed facility, the largest in the county. It was a new home about 20 years ago, and is well-situated on a lovely parkland next to the Kent County Building, overlooking the Thames River in Chatham. I was invited by the assistant administrator to interview any number of seniors, and spoke to six
seniors from the home. The first two interviews were made before the level one questionnaire was designed, there were two using the level one questionnaire, and two others were added in level two. All seniors from this home gave me a great deal of data, and two of them are included in the "stories" selected to illustrate important issues to seniors.

St. Andrew's Home, Chatham

St. Andrew's Home is a private residence situated next to St. Andrew's United Church in Chatham. The seniors who were interviewed lived in private rooms with carpet, TV, a bulletin board in each room, guest speakers, news service, and closed circuit church broadcasts each Sunday. They have their own furniture and personal effects. Two interviews were conducted in this home, both previous to the initial questionnaire.

Interviews in Private Homes:

There were also 10 interviews conducted in private home settings. These were seniors who were known to the interviewer and approached to ask if they would participate. They were chosen because none of them belongs to the senior centre. I wanted to make sure I included other points of view. Many of these were parents of friends who knew of my study and were interested. A few were contacted through the newspaper because articles had been written about them describing them as "exemplars" in information contexts. For example, one of these was Lloyd Gable, who is the Council On Aging representative for Kent County.
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Shut-ins in Kent County: CHAP

The CHAP service provided in Kent is Care Helpers Assistance Program, which is a government funded program designed to assist seniors to remain in their own homes for as long as possible. There is a small staff of director and volunteer coordinators who work with Community and Social Services (Comsoc) to direct the activities of CHAP. A volunteer Board of Directors also oversees the activities. The rest of staff personnel is made up of volunteers who drive seniors, clean house, shop, visit, run errands, cut grass, fix minor repairs, and do many other services. A sample was needed to represent the shut-ins who do not get out to senior centres or other places where I could access them. Therefore, 20 questionnaires with self-addressed stamped envelopes were provided to CHAP, who then distributed them to seniors in their programs. Of these 20, 6 questionnaires were completed and returned, two by members of their board of directors. Comments on all these questionnaires were generally quite descriptive.

Seniors in Essex/Windsor

Seniors who were interviewed in the first stage of the Delphi in Essex County and Windsor were accessed through the following sources:

Greater Windsor Centres for Older Adults: Goyeau St. Centre

The Goyeau St. Centre was chosen primarily because the initial contact with information providers was
with Florence Hartlieb, whose office is in the centre. Since the Goyeau St Centre is a popular place for researchers, it was necessary to obtain clearance for the study through the board of directors. This involved preparing a report on the aims of the study, providing a copy of the questionnaires, and obtaining a letter from the Ethics Committee of the University of Windsor granting their approval for the study. This letter was provided by Professor George Stewart of the Faculty of Law, after a release form was designed for the last page of the questionnaire. (see appendix) Access to the seniors was assured by Carol Kearns, who escorted me to the seniors' groups and introduced me. The members of the Lapidary Group, the Quilters, and the Carpet Bowlers participated in the study. 27 questionnaires were completed in one morning. As these were completed quickly, they did not provide much rich data. Some of the participants who signed their questionnaires were interviewed later (stage two) for more information.

The Willows Retirement Community

Country Village/The Willows is located at RR2 Woodslee, near the Kent/Essex county line. It is a home of seniors' apartments with carpeted suites and 24 hour nursing care. It is a modern, attractive facility. Two respondents were interviewed, one male and one female, one from a suite, and one from a ward setting.
Harrowood: Harrow

This facility is composed of a residence with two wings, one with nursing care, one a residence. There is also a row of townhouses with attached garages, where seniors live independently, although they may dine in the residence and take part in all activities. Two residents were interviewed here, both females.

Other Essex/Windsor interviews:

Three seniors were interviewed in the Devonshire Mall while they were resting during shopping. Two lived in their own homes, one in apartment. Two were males, waiting for their wives to shop. One declined to fill out a questionnaire, but did give his opinion of information sources.

Shut-ins in Windsor/Essex: Comcare

Comcare is a private home support service which provides professional nursing care and homemakers/housekeepers to Windsor and area residents. They were very interested in finding out how to reach shut-ins with information, and participated in both levels of the study. 20 stage one questionnaires were distributed by Comcare workers, and 15 were returned, a very high response.

THE DATA: Quantitative

The questionnaires administered in level one is found in the appendix. The Kent sample was begun first, and a few changes were made after the first few days of use.
Items added were "Library" and "Church". The original Kent questionnaire did not contain Senior Directory and Information Service, as these do not exist in Chatham/Kent. These were added to the first Essex/Windsor questionnaire.

There are two samples from each county, one of which is entirely composed of shut-ins, and the other, which has no shut-ins. A chart, comparing the main sample of seniors to the shut-in seniors, is found at the end of this chapter.

For each time that a source was named, one point was given. These points were added to make cumulative scores, and then made into percentages. The media named and their percentages for seniors from Kent and Essex follow:

Table 4.1

<table>
<thead>
<tr>
<th>Channel Choice Of Seniors:</th>
<th>Kent</th>
<th>Essex</th>
</tr>
</thead>
<tbody>
<tr>
<td>Mass Media</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Television</td>
<td>80%</td>
<td>96%</td>
</tr>
<tr>
<td>Radio</td>
<td>75%</td>
<td>75%</td>
</tr>
<tr>
<td>Newspaper</td>
<td>70%</td>
<td>100%</td>
</tr>
<tr>
<td>Magazines</td>
<td>50%</td>
<td>67%</td>
</tr>
<tr>
<td>Targeted Media</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Community Newspaper</td>
<td>65%</td>
<td>71%</td>
</tr>
<tr>
<td>Cable T.V.</td>
<td>30%</td>
<td>50%</td>
</tr>
<tr>
<td>Shows for Seniors</td>
<td>35%</td>
<td>50%</td>
</tr>
<tr>
<td>Seniors' Columns</td>
<td>70%</td>
<td>46%</td>
</tr>
<tr>
<td>Telephone</td>
<td>60%</td>
<td>46%</td>
</tr>
<tr>
<td>Print</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Library</td>
<td>50%</td>
<td>50%</td>
</tr>
<tr>
<td>Books</td>
<td>55%</td>
<td>60%</td>
</tr>
<tr>
<td>Specialized Print</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Posters</td>
<td>40%</td>
<td>28%</td>
</tr>
<tr>
<td>Flyers</td>
<td>40%</td>
<td>28%</td>
</tr>
<tr>
<td>Bulletin Boards</td>
<td>60%</td>
<td>28%</td>
</tr>
<tr>
<td>Interpersonal</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Clubs</td>
<td>50%</td>
<td>40%</td>
</tr>
<tr>
<td>Neighbours</td>
<td>65%</td>
<td>25%</td>
</tr>
<tr>
<td>Category</td>
<td>Percentage</td>
<td>Notes</td>
</tr>
<tr>
<td>-----------------</td>
<td>------------</td>
<td>-------</td>
</tr>
<tr>
<td>Family</td>
<td>70%</td>
<td></td>
</tr>
<tr>
<td>Friends</td>
<td>75%</td>
<td>66%</td>
</tr>
<tr>
<td>Medical</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Homecare</td>
<td>20%</td>
<td>8%</td>
</tr>
<tr>
<td>Nurses</td>
<td>20%</td>
<td>12%</td>
</tr>
<tr>
<td>Doctors</td>
<td>65%</td>
<td>36%</td>
</tr>
<tr>
<td>Hospitals</td>
<td>30%</td>
<td>16%</td>
</tr>
<tr>
<td>Outreach</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Seniors Advocates</td>
<td>35%</td>
<td>8%</td>
</tr>
<tr>
<td>Administrators</td>
<td>10%</td>
<td>n/a</td>
</tr>
<tr>
<td>Nursing Home Staff</td>
<td>5%</td>
<td>n/a</td>
</tr>
<tr>
<td>Guest Speakers</td>
<td>45%</td>
<td>16%</td>
</tr>
<tr>
<td>Mail</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Mail</td>
<td>35%</td>
<td>16%</td>
</tr>
<tr>
<td>Add-ons</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Newsletter</td>
<td>35%</td>
<td>20%</td>
</tr>
<tr>
<td>Church</td>
<td>45%</td>
<td></td>
</tr>
<tr>
<td>Government Offices</td>
<td>33%</td>
<td></td>
</tr>
</tbody>
</table>

Note: Newsletter and church were added by the Kent respondents, but not in time to be scored by the first questionnaire. Administrators and nursing home staff were not mentioned by the Windsor sample, and so were not included in level one. Government Offices was mentioned at the start of the Windsor interviews, and this item was added to that questionnaire.

Scores indicate reported use, for example, a score of 70% would indicate that 70% of seniors reported using that particular information source.

**The Scores and The Comments that go With Them:**

**Mass Media**

This category was given the highest score of any. Seniors spend a great deal of time watching television. One senior commented that he "watches TV but there is not much information there." A female 75 year-old commented that she
watches TV for "fashions, health, and advice". More than one senior wrote "news" next to the item TV. A few seniors noted that they watch TV to "pass the time".

Radio scored a consistent 75% over the population. Seniors commented that they listen to the radio for the morning news, for sports events and scores, and for the show "Hymn Memorium" (deaths). Local current affairs are reported on the radio, and one 79 year old senior was a weekly radio reporter for seniors' social events in Kent.

The seniors in this sample reported a high level of loyalty to their daily newspaper. In Windsor/Essex, an outstanding 100% reported reading a daily newspaper. Many specifically mentioned Barbara Ford's column, "On Seniors" in The Windsor Star. Kent seniors seem to have their loyalty split between their national newspaper and local community newspapers. Reading the newspaper seems to be a daily habit that seniors have cultivated.

Magazines are less popular, but still a good source of reading material for seniors. Some magazines that were observed in senior's homes were related to special interests, news/ documentary, and religion.

Targeted Media

These are mentioned specifically by many seniors when they are advising people where to look for specialized information. Windsor has its own Cable TV show, "Seniors Today and Tomorrow". Cable TV was also named as a good source of weather information. Special publications such as Mainly For Seniors and Especially for Seniors gain popularity when they feature local seniors in interviews and
feature articles. These help the senior to make sense of his/her role in a changing society.

Telephone

The telephone is a media link which is often used in connection with interpersonal information channels. It was described as "invaluable, excellent". According to comments from seniors in the level one questionnaire, it is used to get road information for travelling, to check with the druggist on medications, to keep in touch with family and friends. Even two extremely hard-of-hearing seniors I interviewed still use their telephone regularly and value it. A few seniors did comment that they really didn't know what office to call or where to find numbers when they need to contact a government office, or that they really didn't use their telephone to look for new information.

Library and Books

Library use, at 50%, reflects comments both positive and negative. One senior called the library an "old friend", stating that she had always liked to read. Other seniors, in nursing homes, comment that the library will bring new books to them on a regular basis. Others stated that they couldn't read for very long, that they couldn't see the print, that it was too hard to get to the library, or that they had never had the habit of using the library.

Books have only a slightly higher score. Some people prefer to own their own books, or to visit used bookstores or book swaps. Short attention span and loss of vision were both cited as reasons why seniors don't use books. Many read "Romance Novels" for pastime.
Specialized Print Channels

The use of limited circulation print channels, such as newsletters and flyers, was noticeable in specialized locales. Posters were very popular with some of the senior centres. For example in the Goyeau Centre, if you have occasion to seat yourself in the washroom, you will find several posters at eye level inviting you to attend special events coming up soon.

There was an area in both centres in the study with racks for leaflets and flyers from agencies such as Heart and Stroke Foundation, Cancer Society, Elder Abuse, Old Age Pension information, MP newsletters, and dozens of others. Near these publications, there was a bulletin board with a calendar of events and posters for bus trips, pancake luncheons, etc. On the walls could be found professionally printed posters provided by government agencies, such as "Participation" poster. Goyeau Centre had a clipboard with the "petition of the week" on it – a reminder of the political power of seniors. A glass display case held trophies from quilting, lawnbowling, square-dancing, and other "team" activities.

In nursing homes, specialized localized print channels were used in the form of the lobby bulletin board to announce coming events, the dinner menu outside the dining hall, and in individualized bulletin boards in residents' rooms which reminded seniors of the calendar of events for the month.

Newsletters were very popular with senior centres and nursing homes to advise members of coming events. Other
agencies and clubs mailed newsletters to their members. Some professional organizations mail newsletters to retired members. These specialized print media can be tailored to the specific needs of the receiver, produced in small quantities, and delivered at low cost. They are likely to be saved by seniors who will reread them and use them for reference. Many seniors take part in the production of their newsletter and share a pride of ownership in it. Seniors in both centres went out to get me a copy of their newsletter, with the comment, "It's all right here!"

Interpersonal Channels

Interpersonal channels of information were the most often mentioned choice of seniors, second only to mass media. Interpersonal sources, such as family, were most often cited as "not available" or "live far away" rather than being described as poor sources of information. Often a senior would mention one significant family member as being the most used source of information. A family member, for example, who is a nurse, will become a trusted channel for all medical information. Married women may rely on their spouses for understanding of issues and handling of finances. They may not know how to get information they need when the spouse passes away and they have no past experience with gathering information. One 95 year old senior relied totally on her daughter, 75 years old, for all information, as she came from Czechoslovakia and did not learn English or French.

Neighbours have been named as a good source of friendship and help. Friends are named high, even higher than family, and seniors who find themselves in a new locale will often join a senior centre to make new friends.
Clubs are used to keep in touch with old friends, to keep active, to make new friends. Many seniors will join volunteer organizations because they want to help others, to feel useful, to get out of the house, to meet people. These are needs for internal values, such as to interpret the senior's role in the world, to enhance self-image, to make worthwhile use of time. Feedback from these types of activities provides essential information to seniors about their own growth.

Medical Channels

Medical sources of information are very important to seniors. A medical crisis may create an immediate "need to know" situation with seniors. In this case, doctors are rated very highly when they provide information, as they are a very credible source of information. When they cannot get information from his doctor, especially in cases involving surgery, seniors will suffer apprehension and will not forget the experience for a long time. Stories of fear over their own and their spouses' surgery were related on several occasions by seniors during these interviews. Although nurses were most often praised as being accessible, doctors were given a higher score (3 times that of nurses), perhaps because their opinion is more credible and more valued by seniors.

Outreach and Advocacy

Outreach was not rated very highly by seniors in this sample. A separate sample of shut-ins (discussed below) gives much higher ratings to outreach as these are the people who are more familiar with it. Seniors' advocates were rated higher in Kent because they have been
in the public eye in the past year. There are presently no services for seniors and a committee of publicly concerned citizens has been working on their behalf. Fundraising has been carried out all this year for a new senior centre which is presently being built. Some advocates have gone so far as to march to City Hall in support of funding for the project, and one advocate has been named "Citizen of the Year" for his efforts on behalf of seniors. This is the context of the situation which places greater value on advocates at this time.

Administrators and nursing home staff have been cited by residents of nursing homes as providing "all the information we need to know." Residents may not have many other interpersonal contacts if they don’t get out or have few visitors. One 85 year old stated that she didn’t get much information from the nursing home, but went to the senior centre regularly and got information there. Another high information gatherer uses the nursing home staff, but also accesses many print and media sources.

Mail

The mail seemed to be a favorite target for criticism. There were the usual jokes about the postal service being slow, along with the comment that everything that was received in the mail was "junk" and "a waste of time." The use of the mail for advertising letters and flyers was seen in a negative light. At the same time, shut-in seniors were grateful for mailed information. At least one senior commented that information needs to be written down or he would forget it (short-term memory). Pension information is often included in cheques, and may be thrown out as junk. Some seniors commented that they enjoyed letters and appreciate mail.
SHUT-INS: ANOTHER VIEW OF INFORMATION

Level one questionnaires directed specifically to shut-ins were administered separately by CHAP in Chatham and Comcare in Windsor. These scores are listed below by county. The third column, S1, is the average of scores from the first set of samples, of seniors who are not shut-ins. Scores of shut-in seniors in level one are as follows:

Table 4.2

<table>
<thead>
<tr>
<th>Channel Choice Of Shut-ins:</th>
<th>Essex</th>
<th>Kent</th>
<th>S1</th>
</tr>
</thead>
<tbody>
<tr>
<td>Mass Media</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Television</td>
<td>92%</td>
<td>67%</td>
<td>88%</td>
</tr>
<tr>
<td>Radio</td>
<td>69%</td>
<td>67%</td>
<td>75%</td>
</tr>
<tr>
<td>Newspaper</td>
<td>85%</td>
<td>83%</td>
<td>85%</td>
</tr>
<tr>
<td>Magazines</td>
<td>62%</td>
<td>33%</td>
<td>59%</td>
</tr>
<tr>
<td>Targeted Media</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Community News</td>
<td>31%</td>
<td>67%</td>
<td>68%</td>
</tr>
<tr>
<td>Cable TV</td>
<td>31%</td>
<td>50%</td>
<td>40%</td>
</tr>
<tr>
<td>seniors columns</td>
<td>54%</td>
<td>50%</td>
<td>58%</td>
</tr>
<tr>
<td>seniors shows</td>
<td>25%</td>
<td>17%</td>
<td>43%</td>
</tr>
<tr>
<td>Telephone</td>
<td>62%</td>
<td>67%</td>
<td>53%</td>
</tr>
<tr>
<td>Print</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Library</td>
<td>38%</td>
<td>33%</td>
<td>50%</td>
</tr>
<tr>
<td>Books</td>
<td>46%</td>
<td>50%</td>
<td>53%</td>
</tr>
<tr>
<td>Specialized</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Posters</td>
<td>0</td>
<td>0</td>
<td>34%</td>
</tr>
<tr>
<td>Flyers</td>
<td>54%</td>
<td>17%</td>
<td>34%</td>
</tr>
<tr>
<td>Bulletin Boards</td>
<td>8%</td>
<td>0</td>
<td>44%</td>
</tr>
<tr>
<td>Interpersonal</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Family</td>
<td>77%</td>
<td>100%</td>
<td>55%</td>
</tr>
<tr>
<td>Friends</td>
<td>69%</td>
<td>100%</td>
<td>66%</td>
</tr>
<tr>
<td>Neighbours</td>
<td>62%</td>
<td>67%</td>
<td>25%</td>
</tr>
<tr>
<td>Church</td>
<td>54%</td>
<td>n/a</td>
<td>45%</td>
</tr>
<tr>
<td>Medical</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Homecare</td>
<td>15%</td>
<td>50%</td>
<td>14%</td>
</tr>
<tr>
<td>Nurses</td>
<td>31%</td>
<td>33%</td>
<td>16%</td>
</tr>
<tr>
<td>Doctors</td>
<td>69%</td>
<td>50%</td>
<td>51%</td>
</tr>
<tr>
<td>Hospitals</td>
<td>23%</td>
<td>0</td>
<td>23%</td>
</tr>
<tr>
<td>Outreach</td>
<td>Seniors Advocates</td>
<td>0</td>
<td>0</td>
</tr>
<tr>
<td>------------------</td>
<td>-------------------</td>
<td>---</td>
<td>---</td>
</tr>
<tr>
<td></td>
<td>Administrators</td>
<td>15%</td>
<td>0</td>
</tr>
<tr>
<td></td>
<td>Nursing Home staff</td>
<td>0</td>
<td>0</td>
</tr>
<tr>
<td></td>
<td>Guest Speakers</td>
<td>31%</td>
<td>0</td>
</tr>
<tr>
<td>Mail</td>
<td>Mail</td>
<td>46%</td>
<td>17%</td>
</tr>
<tr>
<td>Add-ons</td>
<td>Meetings</td>
<td>n/a</td>
<td>n/a</td>
</tr>
<tr>
<td></td>
<td>Senior Directory</td>
<td>31%</td>
<td>n/a</td>
</tr>
</tbody>
</table>

COMPARING THE SCORES:

A comment is necessary about the sample before comparisons are made. The Comcare sample in Windsor enjoyed a very high rate of return, and was a representative sample of shut-in seniors. The CHAP sample included at least two members of the board of directors, and only 6 questionnaires were returned at all by this group, so it is the least representative of any sample. Is is included, however, because comments of the other four people indicate they they are shut-ins. When making percentages, however, there are not very fine tolerances when you only have six responses.

Mass Media

Based on past research, there was an expectation that mass media use would be very high among shut-ins, but it is rated equal to or even lower than the S1 score, the first sample of seniors who are not shut-ins.

Targeted Media

Targeted media use is also similar, except for seniors shows, which seem to enjoy more popularity with those seniors who get out more.
Telephone

Telephone use is significantly higher with the shut-in population. Seniors from this sample stated that they ordered prescriptions and got advice from pharmacists and doctors over the phone, and that their children called to check on their well-being. Telephone use is linked with interpersonal channels, which are also significantly higher in this sample.

Library and Books

Library use was named less often as a source of information by shut-ins, but quite a high percentage of seniors did mention the library, down only one third from the scores of those who are not shut-in. Similarly, the score for book use by shut-ins is comparable to that for the S1 sample.

Specialized Print Media

With regard to specialized localized print media, the scores for posters and bulletin boards were very low for shut-ins. These channels are found in specific locales, and seniors do not get out to see these channels. The score for flyers and the comments that accompanied these answers indicate that the Comcare group thought of flyers as sales features such as those which are printed each week for grocery stores. Comments such as "good for sales" and "to get the weekly specials" accompanied these scores. Thus the flyers scores were higher for this group than for other groups, where flyers were thought of as loose sheets of printed information on general topics.
Interpersonal

Interpersonal scores for family were higher by 50% in the shut-in sample. Comments such as "my daughter finds out what I need to know", or "family visits 4 x a week" indicate this is due to reliance on family to get information. Adult children who visit seniors were most often named as channels of information. It is also worthwhile to note that most of the Comcare and CHAP seniors use these services to stay in their own homes as long as possible. They have not been relocated to nursing homes or moved to seniors apartments, and have not lost touch with family to the extent that some of the seniors in the centres have. (Goyeau St. Centre in particular has a large number of seniors in apartments.)

Friends also score higher in the shut-in group than in the SI group. There may be a greater reliance on interpersonal networks with loss of health and mobility.

The high scores for neighbours of shut-ins may combine the features of remaining in a residential neighbourhood with the necessity of calling on others for assistance with home care needs. No comments were made on any questionnaires for this item.

It was surprising to me that the score for church would be higher among shut-ins, but they may be able to get out to church, or may have home visitation by church members. One lady, who was totally bedridden, mentioned her priest as her most valuable source of information, and commented she had a very high need for religious information of all kinds. She subscribed to several religious magazines, and stated that her current priest and the priest from her previous parish both visited her.
Medical

Homecare scores were not really higher for shut-ins who use this service than for those who don't. (But see level two for a significant difference.) Nurses were rated twice as high by shut-ins as by other seniors, and doctors slightly higher by shut-ins. Comments about nurses include frequency of visits to "very kind and helpful". One commented that her home nurse was a good source of information for income tax! Many mentioned V.O.N. when they were asked about nurses. Hospital scores were the same.

Outreach

The scores for outreach indicate that many shut-ins do not get information from this source. Seniors Advocates and their activities were unknown to shut-ins. Administrators were named as channels, but not nursing home staff. It was surprising that guest speakers would be rated as highly among shut-ins as by other seniors.

Mail

Mail is rated as much as twice as high by shut-ins as by other seniors. There is more time to read, as one shut-in senior explained. She spent "about 5 hours a day" gathering information by reading, subscribed to three daily newspapers, read books and magazines, watched television news, and "very much appreciates all information sent to her by mail". One senior said she read everything that came by mail.
Other

The Senior Directory was just as familiar to Windsor shut-ins as to other Windsor seniors. Other sources of information were described by one retired teacher as photo albums, scrapbooks, and letters, audiotapes, and the blue and green pages of the telephone book. This is a reminder that some information comes through the memory, with a little help from such sources as photos.

COMPARING THE SCORES
CHANNEL CHOICES OF SENIORS AND SHUT-INS

Lower scores for shut-ins: Mass Media Use

Scores for shut-ins’ use of mass media were almost 10% lower than those for other seniors. Similarly, targeted media scores were also lower, print media, and specialised localized print media were lower.

Higher scores for shut-ins: Interpersonal Channels

Shut-ins rely to a much greater extent on interpersonal channels, according to this sample. Interpersonal scores were almost 30% higher among shut-ins than other seniors. Medical channels were also rated higher among shut-ins than other seniors. Seniors regarded their mail as being slightly more important than other seniors did.

A chart follows to show these channel trends.
LEVEL TWO FINDINGS: SENIORS

After the data from level one was collected, the level two questionnaires were designed. The items from the first level questionnaire and the add-ons by seniors were again compiled into a list, and numbers from one to five were added to each item. Each item was scored by seniors for effectiveness, from one (low) to five (high). The order of the items was reversed in the second questionnaire, so that seniors would not be influenced by what came first or last on the list.

Some of the comments by seniors were added to this second level questionnaire so that a reality check could be made. It was important to measure statements of opinion made by seniors, to see whether they were isolated opinions, or widely held. Some of the assumptions that information providers had about seniors were also added so that seniors could validate these beliefs or dispute them. There were so many comments that several had to be eliminated to make the length of the questionnaire workable. Statements which had been expressed in the positive and negative form, such as "Mail is a lot of junk. I throw all of it out." or "I save and read all my mail.", were duplications, and the positive statement only was retained. If seniors really did not read mail, they would have to disagree. Statements were worded to avoid being emotional or leading. Some statements which are relevant to current communications studies issues were very important to the findings and were left in. Others were considered trivial because they were unrelated to any theoretical viewpoint being considered, and were dropped.

The level two questionnaire is found in the appendix.
CHAPTER FIVE

LEVEL TWO DATA: THE SENIORS

THE PERCEIVED EFFECTIVENESS OF INFORMATION CHANNELS

THE SAMPLE

Whenever possible, the sample remained the same in level two. Seniors who signed the release form at the end of the level one questionnaire were sent the second level. In some cases, it was not possible to reach the same people, but a similar sample was taken by approaching the same organizations.

Kent Seniors:

The Maple City Centre for Older Adults

Another sample of approximately 24 seniors was obtained from this centre. Many of these seniors were the same individuals who were interviewed in level one, but a few were away and new members participated instead. However, the sample is similar to the first one.

Thamesview Lodge

Three of four people were available from the level one study. Two more were approached and interviewed. Since the level two questionnaire was much longer, the seniors were often interviewed and comments added to the page as the interview proceeded.

St Andrew’s Home

The same two participants were interviewed.
Chatham Retirement Resort

Two seniors from this facility were added. It is a former Holiday Inn facility, featuring suites, pool and sauna, boat dockage, and high level social activities. There is an emphasis on the "vacation" theme, with service and marketing being high priorities. Newly opened, it has younger residents than many other facilities.

Victorian Order of Nurses

One major change was that CHAP was not approached to do the second half of the study because of low return of questionnaires and the inclusion of high information people with the shut-ins. Chatham V.O.N. agreed to give us a sample of shut-ins instead. This was made possible by the availability of nursing students on placement who assisted with the questionnaires. A high rate of return was thus achieved, with a more representative sample of shut-ins.

Other

The same ten people who were interviewed in level one were approached again. Two others were added: a Chinese lady who lives with her grown children and grandchildren, and a 90+ senior who lives with her daughter, also a senior.

Essex Seniors:

Goyeau St. Centre

The same three groups participated, the Lapidary group, the quilting group, and the carpet bowlers. Because no provision had been made to meet with the groups this time, the interviewer approached the seniors in person. This took quite a bit longer, but more interviews resulted, and more rich data was collected.
In the quilting group, seniors continued with their work while the researcher interviewed them and noted their comments. Much more of their thought world was revealed than by other groups, who completed the checklist and gave few comments.

The Lapidary work employs noisy grinders, which made interviewing impossible. One lady, guest at this group, was extremely interested in topic of information, and was struggling with many handicaps. Her story was included in the interpretive interviews.

Golden Gate Lodge

This large nursing home in downtown Windsor is a large facility, with twin lodges, one a stately old manor, similar to a grand hotel, with marble floors, arcing ceilings, and chandeliers, the other a modern copy of the first, with matching architecture and more modern fixtures. The average age of seniors here seems to be quite a bit older than in other residences, similar to Thamesview Lodge, Chatham. It was necessary to obtain a release form and an appointment to interview here. The recreation director accompanied the researcher during the interviews. Six interviews were completed, with four female and two male residents.

Other

Questionnaires were mailed to Harrowood and the Willows, but were not returned. Three more interviews were therefore conducted in person at Harrowood. No other interviews were conducted in the mall.
THE CHECKLIST: EFFECTIVENESS RATINGS

The first section of questionnaire two consists of a checklist of information channels with a rating system, 1 to 5 for perceived effectiveness. The scores were expressed as totals.

Percentages were expressed as though a score of 5 for each respondent per item would be 100%. For example, in a sample of 20 questionnaires, if all twenty allotted TV a score of 5 for effectiveness, the total would be 100. If all twenty chose TV as a channel for information, and rated it a 3 for effectiveness, the total would be 60, or 60% effectiveness rating for that channel.

For the list of channels in level two, the scores from 20 Kent seniors and 20 Essex seniors are as follows:

<table>
<thead>
<tr>
<th>Channels of Information</th>
<th>Effectiveness Ratings</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>Essex</td>
</tr>
<tr>
<td><strong>Interpersonal</strong></td>
<td></td>
</tr>
<tr>
<td>Family</td>
<td>73%</td>
</tr>
<tr>
<td>Friends</td>
<td>67%</td>
</tr>
<tr>
<td>Neighbours</td>
<td>32%</td>
</tr>
<tr>
<td>Church</td>
<td>35%</td>
</tr>
<tr>
<td>Clubs</td>
<td>41%</td>
</tr>
<tr>
<td>Meetings</td>
<td>24%</td>
</tr>
<tr>
<td>Telephone</td>
<td>50%</td>
</tr>
<tr>
<td><strong>Mass Media</strong></td>
<td></td>
</tr>
<tr>
<td>Television</td>
<td>67%</td>
</tr>
<tr>
<td>Radio</td>
<td>45%</td>
</tr>
<tr>
<td>Newspaper</td>
<td>66%</td>
</tr>
<tr>
<td>Magazines</td>
<td>59%</td>
</tr>
<tr>
<td><strong>Targeted Media</strong></td>
<td></td>
</tr>
<tr>
<td>Cable TV</td>
<td>34%</td>
</tr>
<tr>
<td>Community Newspaper</td>
<td>61%</td>
</tr>
<tr>
<td>Information Service</td>
<td>33%</td>
</tr>
<tr>
<td>Seniors Directory</td>
<td>50%</td>
</tr>
<tr>
<td>Medium</td>
<td>Library</td>
</tr>
<tr>
<td>--------------------</td>
<td>---------</td>
</tr>
<tr>
<td></td>
<td>Books</td>
</tr>
<tr>
<td>Specialized Print</td>
<td>Posters</td>
</tr>
<tr>
<td></td>
<td>Flyers</td>
</tr>
<tr>
<td></td>
<td>Programs</td>
</tr>
<tr>
<td></td>
<td>Bulletin Boards</td>
</tr>
<tr>
<td>Medical</td>
<td>Nurses</td>
</tr>
<tr>
<td></td>
<td>Doctors</td>
</tr>
<tr>
<td></td>
<td>Hospitals</td>
</tr>
<tr>
<td>Outreach</td>
<td>V.O.N.</td>
</tr>
<tr>
<td></td>
<td>Homecare</td>
</tr>
<tr>
<td></td>
<td>Government</td>
</tr>
<tr>
<td></td>
<td>Guest Speakers</td>
</tr>
<tr>
<td></td>
<td>Advocates</td>
</tr>
<tr>
<td></td>
<td>Agencies</td>
</tr>
<tr>
<td></td>
<td>University Courses</td>
</tr>
<tr>
<td>Mail</td>
<td>Mail</td>
</tr>
</tbody>
</table>

**Comments About the Data**

**Interpersonal**

Scores given for interpersonal channels were surpassed by those of Mass Media in level one, but when effectiveness is rated, the interpersonal channels are given the highest scores. Seniors rely on other people when they want information. Comments made by seniors are that children "look for information and bring it to me", "my children are out in the community and have access to many sources of information", and "my children are wonderful and look in on me every day." However, many seniors with adult children still feel that they give more information to their children, not the other way around. Seniors who gave family a low score usually commented that they did not have family
members available, not meaning that families are ineffective as information channels, but that family may not be available.

Friends are also given a high score for effectiveness. One lady explained that "people my age are coping with the same problems that I have." Friends form an effective support system for working out problems of daily living. Another senior was having difficulty coping with the problem of living with a teenage grandson, and explained that there was no one else her age to talk to about the problem.

Not many comments were given about neighbours, but one very high information shut-in of 85 years felt that she was a good channel of information to her neighbours. One senior in a nursing home stated that it was very important to him to have former neighbours visit.

One lady also stated that committees and meetings provide a valuable source of information which cannot be obtained easily anywhere else. Many nursing home residents serve on residents' councils, even when they cannot get out to participate in any other organizations. It allows them to keep in touch with other people. "Word of mouth" was the answer most given when I asked seniors the best way to get information. Another senior stated that she gets all the information about the community at church.

Telephone

Telephone was rated very highly for effectiveness. A daughter used it to check on her mother, a father used it to call and visit with his children, and a son who is Power of Attorney for his mother called to update her on financial events. The telephone saves a lot of running, according to one senior.
Mass Media

Mass Media are rated highly by seniors, especially in Essex county. Science and nature shows, sports and news, were mentioned as favorites. Most seniors watch television regularly, but give it only a medium score for effectiveness as an information channel. One senior in a nursing home suggested that the television was popular when she reported that she didn’t watch it much because someone was always changing the channel. A vision-impaired senior listened to the television, although she couldn’t see it.

The radio was reported as a good way of waking up in the morning, by more than one senior. The news and weather are favorite radio topics.

The newspaper was widely read, and shared by residents of two nursing homes visited. The obituaries were read to keep up with deaths among acquaintances in the community.

Targeted Media

Targeted media were given very high scores for effectiveness. Comments were most often made about seniors newspapers and community newspapers. These both feature people that seniors know, and extend the interpersonal network.

In Kent county, Cable TV was very popular for following televised city council meetings, clubs, guest speakers, and events at the senior centre.

The Senior Directory was rated very highly in Windsor for effectiveness. Although some seniors in nursing homes had not heard of it because it was conceived and designed with the help of seniors at the centres, it was rated 5 by most people who knew of it. No seniors at Golden Gate Lodge had heard of the Senior Directory, but rated it highly once it was shown to them.
Library and Books

Scores for effectiveness of library were lower than scores for library use. One senior stated, "Libraries have many answers and are great at helping you find what you need." The need for more large print selections was mentioned in Kent. As in level one, Windsor residents rated the library much higher than Kent residents. Many high literacy seniors enjoy reading, and use the library often. Others, low literacy seniors, do not even score the library. Seniors who indicated that they took university or college courses, allotted medium to high scores to the library.

Books had a higher score than the library, and many seniors indicated that there were books provided in their apartments, senior centre, or residence. Advice books about money and widowhood were cited by one senior as especially valuable.

Specialized Print Channels

Localized specialized print media were rated highly by seniors. These are often a very specialized form of targeted channel, placed in the most advantageous place for visibility. Vision impaired seniors said that they could not read posters and flyers, menus and programs, but that they could see the bulletin board. One senior stated that he would check these media every day, and read new material. He also commented that the announcements in his nursing home were hard to understand due to poor sound quality, and that he preferred print. Another said that he used the calendar of events the most, referring to it daily. Some seniors looked forward to sales flyers, others regarded them as junk mail because there were "just too many of them delivered to the home."
Medical

Among medical channels of information, effectiveness scores for nurses more closely matched effectiveness scores for doctors than channel use scores. One senior suggested that she didn't get any answers from doctors, sometimes because she didn't know the right questions to ask. Similarly, she blamed her own information gathering style in dealing with hospitals, when she stated "In hospitals, I panic and don't ask questions." She had less apprehension in dealing with nurses, and stated that they seem to know more.

In rating health care, seniors seem to have difficulty distinguishing SERVICE from INFORMATION. One senior made this clear when he explained, "hospitals give you good care, but are not especially high in information. Doctors give you all the information you need."

Among nurses, V.O.N. were given very high scores. They were seen as a credible and friendly source. One senior got all her health care information from "Mary Beth", who was her V.O.N. nurse. V.O.N. were added as a separate category in level two because they were so often mentioned by name when seniors were asked about nurses. The V.O.N. combines the credibility of the medical professional with the friendliness of interpersonal sources, and so achieves high effectiveness as an information channel to seniors. This effectiveness is rated especially high when seniors are shut-in. (Compare the separate shut-in sample below.)

Outreach

The item Homecare was combined with the item CHAP in both Kent and Essex surveys. Since CHAP exists only in Kent, there was an expectation that this item would be given a higher score in that county. However, Essex seniors rated homecare services higher than Kent seniors rated CHAP and
homecare combined for effectiveness as an information channel.

Despite many negative comments about the government (one lady asked if she could give them a negative score), they were given high scores for effectiveness in providing information by both groups of seniors. Many seniors stated that they would go to a government office to get the information they need. When service levels are high, there may not be a need for information, as many seniors stated that they had never needed to contact the government (regarding pension cheques), as they had no problems.

Agencies mentioned by name as being effective in imparting information were CNIB and Heart and Stroke Foundation (Bypass Buddies). These were also mentioned in connection with guest speakers. Women's Institute also was recommended for its guest speakers. Seniors who were on committees related to agencies rated them especially high in information effectiveness. Those seniors who had high information skills and were proactive, that is, they got out and join things and actively seek information, rather than waiting for information to come to them, rated agencies high, whereas seniors with a reactive information style did not rate agencies as high in effectiveness.

University courses were rated much higher in Essex than in Kent. Seniors in the Windsor/Essex sample seemed overall to be much more interested in books, library, and education than those in Chatham/Kent.

Mail

Mail was rated higher in sample two, indicating that effectiveness is high. One senior commented that she reads "all the mail and keeps the best". Another related that he threw out 75% of his mail, but that some is valuable.
EFFECTIVENESS RATINGS FROM SHUT-IN SENIORS

Level two questionnaire results for the two special samples, V.O.N. clients in Chatham/Kent, and Comcare clients in Windsor/Essex, suggest that there is a higher than average reliance on interpersonal channels and visiting medical personnel among shut-ins when compared to other seniors. The scores for 8 Kent Shut-ins and 9 Essex shut-ins are listed below. The S1 column shows scores from the 40 Kent and Essex seniors interviewed, who were not shut-ins.

<table>
<thead>
<tr>
<th>Channels of Information</th>
<th>Effectiveness Ratings</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>Kent</td>
</tr>
<tr>
<td>Interpersonal</td>
<td></td>
</tr>
<tr>
<td>Family</td>
<td>78%</td>
</tr>
<tr>
<td>Friends</td>
<td>63%</td>
</tr>
<tr>
<td>Neighbours</td>
<td>70%</td>
</tr>
<tr>
<td>Church</td>
<td>58%</td>
</tr>
<tr>
<td>Clubs</td>
<td>30%</td>
</tr>
<tr>
<td>Meetings</td>
<td>8%</td>
</tr>
<tr>
<td>Telephone</td>
<td>63%</td>
</tr>
<tr>
<td>Mass Media</td>
<td></td>
</tr>
<tr>
<td>Television</td>
<td>80%</td>
</tr>
<tr>
<td>Radio</td>
<td>55%</td>
</tr>
<tr>
<td>Newspaper</td>
<td>40%</td>
</tr>
<tr>
<td>Magazines</td>
<td>33%</td>
</tr>
<tr>
<td>Targeted Media</td>
<td></td>
</tr>
<tr>
<td>Community Newspaper</td>
<td>65%</td>
</tr>
<tr>
<td>Cable TV</td>
<td>30%</td>
</tr>
<tr>
<td>Information Service</td>
<td>3%</td>
</tr>
<tr>
<td>Senior Directory</td>
<td>5%</td>
</tr>
<tr>
<td>Print</td>
<td></td>
</tr>
<tr>
<td>Library</td>
<td>13%</td>
</tr>
<tr>
<td>Books</td>
<td>33%</td>
</tr>
<tr>
<td>Specialized</td>
<td></td>
</tr>
<tr>
<td>Posters</td>
<td>8%</td>
</tr>
<tr>
<td>Flyers</td>
<td>28%</td>
</tr>
<tr>
<td>Programs</td>
<td>13%</td>
</tr>
<tr>
<td>----------</td>
<td>-----</td>
</tr>
<tr>
<td>Bulletin Boards</td>
<td>0%</td>
</tr>
<tr>
<td>Medical</td>
<td></td>
</tr>
<tr>
<td>Doctors</td>
<td>70%</td>
</tr>
<tr>
<td>Nurses</td>
<td>68%</td>
</tr>
<tr>
<td>Hospitals</td>
<td>23%</td>
</tr>
<tr>
<td>Outreach</td>
<td></td>
</tr>
<tr>
<td>V.O.N.</td>
<td>98%</td>
</tr>
<tr>
<td>Homecare/CHAP</td>
<td>80%</td>
</tr>
<tr>
<td>Government</td>
<td>25%</td>
</tr>
<tr>
<td>Guest speakers</td>
<td>13%</td>
</tr>
<tr>
<td>Advocates</td>
<td>0%</td>
</tr>
<tr>
<td>Agencies</td>
<td>20%</td>
</tr>
<tr>
<td>University Courses</td>
<td>0%</td>
</tr>
<tr>
<td>Mail</td>
<td></td>
</tr>
<tr>
<td>Mail</td>
<td>33%</td>
</tr>
</tbody>
</table>

**COMMENTS GIVEN ON THESE QUESTIONNAIRES:**

**Interpersonal**

Interpersonal sources were rated highly by the shut-in seniors. Those who do not have family, or whose family live out of province, commented that this made it hard to get information. Among those who did have family available, they were rated high, especially those members of the family who were health care professionals, such as doctors and nurses. Family were also mentioned as a means to reach other channels, such as church, doctors' offices, and meetings.

Although friends and neighbours were rated highly, shut-in seniors commented that they provided information to friends and neighbours as much as they gave it. One commented that friends were good sources of advice because they are sharing the same experiences that the senior shares.
Church was rated very highly by shut-in seniors. One senior commented that there was now a new lift at church so that he could attend. Others commented that they were not able to go to church, but enjoyed taped services as a way to share the fellowship. The church was also mentioned as a place to meet Christian friends and learn about the Bible.

Clubs were rated very low, as shut-in seniors commented that they were unable to attend meetings. However, one senior was a member of a sorority for the past 53 years. Members range in age from 74 to 93 years old, meet twice a month, and are a wonderful source of information on all topics.

Telephone

The telephone was once again mentioned as a way to fill interpersonal needs, by visiting with family and friends. Shut-ins also named the telephone as an indispensable channel of information from the druggist, doctors, family, friends, and the library. Some shut-ins commented that their hearing was not good, and they rarely used the telephone.

Library and Books

Although shut-ins have difficulty getting to the library, Kent has a service which allows seniors to order books by telephone, and have them picked up and delivered. Many seniors commented that they liked to read books, or that books had good advice about problems.

Medical

Medical professionals were rated highly, with doctors once again given the highest marks for effectiveness. However, it was stated that doctors were
often difficult to locate, and that nurses were reluctant to
give information, "perhaps because they are not allowed to
discuss diagnoses." Hospitals were seen as short-staffed,
and too busy to answer questions.

The V.O.N. were given the incredibly high score of
98% among Kent respondents. As it was the V.O.N. who
administered the survey, it was likely a "pat on the back"
for the visiting nurse who brought the questionnaire.
However, V.O.N. had been rated highly throughout the study,
as an interpersonal source who came into the home, showed an
interest in the senior, was friendly and caring, and had
professional credibility: a knowledgeable yet accessible
source of information. It should be noted that Homecare
users in Windsor/Essex did not feel it necessary to re-rate
the item "homecare" higher than 3%. Comcare was not
mentioned by name.

Agencies were especially valued by shut-ins if
they were health care agencies. CHAP was rated very highly
in Kent, as it often sends volunteers to the same homes as
V.O.N., so seniors who rated the V.O.N. high were also using
the CHAP service. Doctors were mentioned here again, as the
person who referred the senior to these services.

Mail

Despite comments that mail was seen as a nuisance,
with too many inserts, it was still rated highly by shut-
ins. Many seniors said they read all their mail.

Specialized Print Channels

Among specialized print media, seniors liked
menus, for their dietary needs. Some received Meals on
Wheels, and valued their menus and advice about nutritional
needs. Flyers were seen as valuable for sales, and
comparative shopping.

Targeted Media

Targeted media were popular for their local news, especially community newspapers, which seniors mentioned by name.

Mass Media

Among mass media, television was rated highest for news, sports, and concerts. The television was also seen as a "great company" in the evening, and a source of much information.

The radio was described by one senior as "an irritating sound", but valued by most seniors, especially as a news source. Shut-ins mentioned that visually impaired seniors were greatly assisted by the radio, when they couldn't read the newspaper for their news. Speakers, interviews and music were other valued radio content.

Other

Other media added by seniors in this sample were the telephone book ("have always read phone books as a hobby), and tapes. Again in connection with the visually impaired, tapes were rated as a good way to hear all types of entertainment, especially church services.
EFFECTIVENESS OF MEDIA: A COMPARISON
EFFICACIES SCORES: A COMPARISON

PERCENTAGE

SENIORS

SHUT-INS

Telephone
Library
Doctors
Nurses
Hospitals
Government
Advocates
Guest Speakers
Effectiveness of Channels: A Comparison
Specialized Print Channels: Comparison
SENORS' VIEW OF THE PICTURE

QUESTIONNAIRE LEVEL TWO

AN ANALYSIS OF THE COMMENTS

Comments gathered from individual seniors and information providers during the level one questionnaire and interviews were listed for appraisal by seniors in the level two questionnaire. Seniors were asked to agree or disagree with the comments listed and further refine and qualify these opinions by adding additional comments.

The descriptive data were tested, by this means, to determine whether comments made by individuals in level one were representative of most seniors. The purpose of this check was to determine which common assumptions about seniors and information would be validated and which would be disproved.

One of the strengths of the modified delphi is that further stages refine and make clear data from the first level of enquiry, as shown below. Comments in the following list which were derived from information providers are indicated by an asterisk (*).

TABLE 5.3
DESCRIPTIVE DATA: THE COMMENTS

<table>
<thead>
<tr>
<th>Agreement By Seniors</th>
<th>Kent</th>
<th>Essex</th>
</tr>
</thead>
<tbody>
<tr>
<td>1) The best source of information for seniors is word of mouth.</td>
<td>81%</td>
<td>75%</td>
</tr>
<tr>
<td>2) Seniors who regularly attend senior centres get more information than those who do not.</td>
<td>69%</td>
<td>75%</td>
</tr>
<tr>
<td></td>
<td>Kent</td>
<td>Essex</td>
</tr>
<tr>
<td>---</td>
<td>------</td>
<td>-------</td>
</tr>
<tr>
<td>3) (*) Many older (75+) seniors get information from family members. Younger family members get information for them.</td>
<td>81%</td>
<td>50%</td>
</tr>
<tr>
<td>4) (*) Seniors like to have information explained face to face, then write it down so they don’t forget it.</td>
<td>75%</td>
<td>80%</td>
</tr>
<tr>
<td>5) Seniors who live in nursing homes rely heavily on the staff for all kinds of information.</td>
<td>81%</td>
<td>50%</td>
</tr>
<tr>
<td>6) Many older seniors spend time relying on their memories for information about the past. They might not be looking for new information in the present.</td>
<td>56%</td>
<td>35%</td>
</tr>
<tr>
<td>7) Mail inserts are most often read and saved, not thrown out.</td>
<td>12%</td>
<td>25%</td>
</tr>
<tr>
<td>8) Seniors use the library less because it is hard to get there, and many seniors have reduced vision.</td>
<td>94%</td>
<td>65%</td>
</tr>
<tr>
<td>9) (*) Most seniors are willing to try new things, such as becoming computer literate.</td>
<td>19%</td>
<td>35%</td>
</tr>
<tr>
<td>10) Some seniors do not get the information they need for the best quality of life possible.</td>
<td>63%</td>
<td>65%</td>
</tr>
<tr>
<td>11) Some seniors have made the wrong decisions because they found out information too late.</td>
<td>75%</td>
<td>70%</td>
</tr>
<tr>
<td>12) It would be a good idea to have a central information place or telephone service where seniors could get all the information they need to know about all kinds of things.</td>
<td>75%</td>
<td>75%</td>
</tr>
</tbody>
</table>
13) Seniors need assistance filling out applications and forms.  

<table>
<thead>
<tr>
<th>Kent</th>
<th>Essex</th>
</tr>
</thead>
<tbody>
<tr>
<td>88%</td>
<td>70%</td>
</tr>
</tbody>
</table>

14) Seniors get information from the same sources they have used all their lives, and do not have special needs.  

<table>
<thead>
<tr>
<th>Kent</th>
<th>Essex</th>
</tr>
</thead>
<tbody>
<tr>
<td>31%</td>
<td>20%</td>
</tr>
</tbody>
</table>

15) Seniors who do not speak English or French are severely restricted in their choice of information sources.  

<table>
<thead>
<tr>
<th>Kent</th>
<th>Essex</th>
</tr>
</thead>
<tbody>
<tr>
<td>81%</td>
<td>70%</td>
</tr>
</tbody>
</table>

16) Seniors are widely diverse because of different cultural backgrounds, education, language, and physical abilities, and so have more different individual needs than any other age group.  

<table>
<thead>
<tr>
<th>Kent</th>
<th>Essex</th>
</tr>
</thead>
<tbody>
<tr>
<td>63%</td>
<td>55%</td>
</tr>
</tbody>
</table>

17) Seniors who are ill or hospitalized sometimes have difficulty getting information about their medical condition.  

<table>
<thead>
<tr>
<th>Kent</th>
<th>Essex</th>
</tr>
</thead>
<tbody>
<tr>
<td>56%</td>
<td>55%</td>
</tr>
</tbody>
</table>

18) Seniors like to ask information of bank tellers and sales clerks.  

<table>
<thead>
<tr>
<th>Kent</th>
<th>Essex</th>
</tr>
</thead>
<tbody>
<tr>
<td>50%</td>
<td>75%</td>
</tr>
</tbody>
</table>

FURTHER REFINING OF THE DATA:

Description of the Comments:

1) The best source of information for seniors is word of mouth.

Although seniors gave this item a high score, many cautioned that the reliability of word of mouth is not high. Comments were that not everyone tells the truth, some information is just "gossip", that information is sometimes not accurate, and that a lot of talk is just complaining. Seniors advised that information written down is more accurate. However, some seniors explained that you can get
much better understanding face to face because you can ask questions and clear up misunderstandings ("get it straight").

2) Seniors who regularly attend senior centres get more information than those who do not.

   Seniors who go to senior centres were the ones who agreed that they got a great deal of information there. They gave as examples, get-togethers, trips, rides (to hear speakers, for example), and access to many things. One senior felt that her family was a better source of information than this kind of source.

3) Many older (75+) seniors get information from family members. Younger family members get information for them.

   Seniors who disagreed that families get information, stated that they prefer to remain independent as long as possible, and get information for themselves. Many stressed that they still get information for their family, rather than the other way around. Other seniors are still caring for elderly parents, and get information for them. One stated that the senior and her family both look for information.

4) (*) Seniors like to have information explained face to face, then write it down so they don't forget it.

   This item was suggested by an information provider who is herself a senior. All comments on this item were in agreement. Seniors stated that they tended to misinterpret information when they read it, and preferred face to face communication for better comprehension. They then stated they would forget the information unless it was written down. Several seniors said that they made a practice of writing themselves notes, on the calendar.
5) Seniors who live in nursing homes rely heavily on the staff for all kinds of information.

Many seniors could not comment on information in nursing homes, but those who were in homes stated that they got less information than they used to. One commented that he goes out to get information, another that he goes to the director. One gentleman explained that nursing home residents have a much lower need for information because all their needs are filled for them. Information, for example, for home maintenance and grocery shopping, is no longer necessary.

6) Many older seniors spend time relying on their memories for information about the past. They might not be looking for new information in the present.

The comment about seniors relying on their memories rather than looking for new information in the present, generated more comments than any other item. One senior explained that she doesn't live in the past because her memory is not good enough. Another stated that Alzheimer's patients need to be visited, to talk about the past, so that they will be able to remember. Some cautioned that the past is important, but that seniors shouldn't dwell on it. The need for new information was stressed. One senior stated that because all his needs were met, and because he didn't have stress of any kind, he was free to reminisce. He saw this as one of the benefits of old age.

7) Mail inserts are most often read and saved, not thrown out.

This item generated the most disagreement of any topic. Some seniors may read their mail, but more than 75% of seniors think most of it is junk, a waste of paper, and it is thrown out.
8) Seniors use the library less because it is hard to get there, and many seniors have reduced vision.

Many seniors, especially in Kent, stated that they use their library less as they age. Some prefer to own their own books, or visit used bookstores. Of those seniors who still use the library, large print books are popular, and delivery of library books was mentioned as an asset. It seems from other comments about the library, that some seniors like to read, and will continue to use the library and books as long as they can. Other seniors have never made a habit of reading, and state that they don't read, not that they would like to read, but can't get to the library.

9) (*) Most seniors are willing to try new things, such as becoming computer literate.

The desire to learn about new things, especially computers, seems to be an individual trait for seniors, rather than a widely shared trait. Some seniors were portrayed as constantly looking for new things, while others had little interest in exploring new behaviours. Some may want to learn about computers, but 75% do not. One senior was interested in learning, but said she had no access to computers.

10) Some seniors do not get the information they need for the best quality of life possible.

Seniors can get the information they need for the best quality of life possible, according to the comments of seniors. Most commented that seniors can find out anything if they want to. At the same time, some may not be motivated to look for information. One senior stated that it doesn’t take much information to be happy. Special problems such as health were seen as a barrier to information gathering.
11) Some seniors have made the wrong decisions because they found out information too late.

Mistakes may be made by seniors who are too busy to get information, and this may be especially serious in the case of illnesses that go undiagnosed for a long time before treatment is sought. No other comments were offered in questionnaire two about this item.

12) It would be a good idea to have a central information place or telephone service where seniors could get all the information they need to know about all kinds of things.

Seniors in Essex, who do have an information service, sometimes stated that they did not use it, not because it was poor, but because they had not needed to use it. 75% of seniors in both counties agreed that a central information service is a good idea. Potential problems were discussed, such as the need to have lots of lines so the phones would not be tied up, and the need for trained volunteers so that callers' real needs could be identified. A "911" service was also suggested for Kent.

13) Seniors need assistance filing out applications and forms.

Many seniors wanted to remain independent, and fill out applications themselves, but one senior commented that it would give her confidence to have advice available when filling out forms. Some seniors were afraid to make mistakes.
14) Seniors get information from the same sources they have used all their lives, and do not have special needs.

Most seniors stressed that they do have special needs, and that information gathering strategies change as people get older. There is a change of approach when seniors reach retirement. As they are not always able to ask, social support is needed for many, especially as health declines. When in nursing homes, there is a marked decline in the ability to get information. The same patterns of information gathering, and the life-long routines established, however, were cited by many seniors as serving them well even into their advanced old age.

15) Seniors who do not speak English or French are severely restricted in their choice of information sources.

The lack of language facility in English or French was seen by most seniors as making information gathering very difficult. One lady from Argentina, who speaks a little English, said that most people don't have the patience to listen to her and understand what she is saying. One Czech grandmother cannot be understood by anyone in the nursing home, and must rely on her daughter, who visits only weekly. A Vietnamese lady explained that it is especially "rough on newcomers", because groups of third language persons have (same language) networks established.

16) Seniors are widely diverse because of different cultural backgrounds, education, language, and physical abilities, and so have more different individual needs than any other age group.

The suggestion that seniors may be more diverse than other age groups and have more special needs as a result, was met with some scepticism by seniors, although the majority agreed. It was suggested that maybe more
seniors don’t speak English, and that it is harder to learn
a new language as you get older. Another senior noted that
all humans have the same needs, just fill them in different
ways.

17) Seniors who are ill or hospitalized sometimes have
difficulty getting information about their medical
condition.

There seem to be all kinds of information at the
hospital, as expressed by many seniors. Some noted that
they learned many things for the first time when they were
hospitalized. Those who couldn’t talk to their doctors
found the nurses accessible. One lady stated that she
couldn’t get information from her doctor, so she got a new
doctor. Another emphatically stated that it was “like
pulling teeth” to find out anything.

18) Seniors like to ask information of bank tellers and
sales clerks.

This item did not generate much interest among
seniors responding to the questionnaire. One stated that
they have limited information to give, another that she
would be too independent to ask.

PATTERNS OF SENIORS’ RESPONSES

The primary area of agreement among seniors is in
delivery of services. As seniors indicate by their top 6
answers, there is a need for assistance in obtaining
information. Seniors who use the library need delivery of
books and large type print, seniors need help filling out
forms, they want personalized (face-to-face) explanations of
information, followed by a written record, there is a need
for delivery of services in languages other than English and
French, and most seniors would like a central information service.

<table>
<thead>
<tr>
<th>SERVICE NEEDED</th>
<th>PERCENT IN AGREEMENT</th>
</tr>
</thead>
<tbody>
<tr>
<td>Specialized library services</td>
<td>80%</td>
</tr>
<tr>
<td>Assistance filling out forms</td>
<td>79%</td>
</tr>
<tr>
<td>Person to Person counselling</td>
<td>78%</td>
</tr>
<tr>
<td>Permanent Written Record</td>
<td>78%</td>
</tr>
<tr>
<td>Service in Third Language</td>
<td>76%</td>
</tr>
<tr>
<td>Central Information Service</td>
<td>75%</td>
</tr>
</tbody>
</table>

Conversely, the lowest scores indicate that seniors have special needs that must be considered by information providers. They are not likely to become computer literate, and so may not use new information technology being put in place in libraries. Even though they have patterns of information accessing which they have used for years, they do have special needs, such as aids to mobility and access, vision and hearing loss.

<table>
<thead>
<tr>
<th>MISCONCEPTIONS AMONG THE COMMENTS ABOUT SENIORS</th>
<th>SCORE</th>
</tr>
</thead>
<tbody>
<tr>
<td>SENIORS SAVE AND READ MAIL</td>
<td>19%</td>
</tr>
<tr>
<td>SENIORS HAVE NO SPECIAL NEEDS</td>
<td>25%</td>
</tr>
<tr>
<td>SENIORS WANT TO BECOME COMPUTER LITERATE</td>
<td>27%</td>
</tr>
</tbody>
</table>

From the analysis of the comments in the level two questionnaire, it becomes evident that seniors are looking for new information, and want special services put in place to deliver this information. When considering information delivery, information providers should consider seniors as a group with special needs. The channel that delivers the
maximal benefit to seniors, is interpersonal, or face to face delivery, with other channels such as telephone and written records used for ease of accessibility and permanence of record. Seniors do not necessarily need new technology put in place to deliver such information, as most indicate they are unwilling to master new technologies at this stage of their lives.

There was also an emphasis on independence among seniors, as many seniors feel that family members get information for them, but they still function as a source of information to their families. Seniors who attend senior centres agreed that they got more information than seniors who did not attend. It was preferable to go out and get the information they needed, rather than relying on someone else to deliver it to them. Seniors who stated that they ask information of bank tellers and sales clerks. However, seniors in nursing homes agreed that they were dependent on staff and administrators for information of all kinds. Most seniors agreed that there is a need for information to assure the best quality of life possible, and that many seniors may not get enough information.
THE COMMENTS: SCORiES FROM SHUT-INS

ANOTHER VIEW OF INFORMATION

Comments from the second level questionnaire were also scored by the V.O.N. (Kent) and Comcare (Essex) groups of shut-ins. The scores from these two groups are shown below, with a third column (C1) giving the average score for that item from the two groups not composed of shut-in seniors. Items indicated by an asterisk (*) were first suggested by information providers.

TABLE 5.4
DESCRIPTIVE DATA: THE COMMENTS RATED BY SHUT-INS

<table>
<thead>
<tr>
<th></th>
<th>KENT</th>
<th>ESSEX</th>
<th>C1</th>
</tr>
</thead>
<tbody>
<tr>
<td>1) The best source of information for seniors is word of mouth.</td>
<td>75</td>
<td>33</td>
<td>78</td>
</tr>
<tr>
<td>2) Seniors who regularly attend senior centres get more information than those who do not.</td>
<td>38</td>
<td>44</td>
<td>72</td>
</tr>
<tr>
<td>3) (*) Many older (75+) seniors get information from family members. Younger family members get information for them.</td>
<td>63</td>
<td>77</td>
<td>65</td>
</tr>
<tr>
<td>4) (*) Seniors like to have information explained face to face, then write it down so they don't forget it.</td>
<td>88</td>
<td>67</td>
<td>78</td>
</tr>
<tr>
<td>5) Seniors who live in nursing homes rely heavily on the staff for all kinds of information.</td>
<td>63</td>
<td>67</td>
<td>66</td>
</tr>
<tr>
<td>6) Many older seniors spend time relying on their memories for information about the past. They may not be looking for new information in the present.</td>
<td>50</td>
<td>67</td>
<td>45</td>
</tr>
<tr>
<td>7) Mail inserts are most often read and saved, not thrown out.</td>
<td>38</td>
<td>11</td>
<td>19</td>
</tr>
</tbody>
</table>
8) Seniors use the library less because it is hard to get there, and many seniors have reduced vision.

9) (*) Most seniors are willing to try new things, such as becoming computer literate.

10) Some seniors do not get the information they need for the best quality of life possible.

11) Some seniors have made the wrong decisions because they found out information too late.

12) It would be a good idea to have a central information place or telephone service where seniors could get all the information they need to know about all kinds of things.

13) Seniors need assistance filling out applications and forms.

14) Seniors get information from the same sources they have used all their lives, and do not have special needs.

15) Seniors who do not speak English or French are severely restricted in their choice of information sources.

16) Seniors are widely diverse because of different cultural backgrounds, education, language, and physical abilities, and so have more different individual needs than any other age group.

17) Seniors who are ill or hospitalized sometimes have difficulty getting information about their medical condition.

18) Seniors like to ask information of bank tellers and sales clerks.
PATTERNS OF SHUT-INS' RESPONSES

There were a few areas in which shut-ins scores differed dramatically from other seniors' scores. Shut-ins did not agree that seniors who attend senior centres are likely to get more information than those who do not. They stated that there are other avenues for obtaining information, and stressed that it is not necessary to rely on one source only for information.

Shut-in seniors agree that delivery of information is important. They feel that seniors need assistance filling out forms, that a central information service is needed, and that personalized service followed by a written record is necessary. Scores supporting service delivery items were slightly higher among shut-ins than among other seniors. For example, the need for an information service was rated at 88% by shut-ins, 75% by others.

Comments from this group indicate that they have a special sensitivity to physical disabilities. Statements which indicate this include, "can't hear on the telephone", "can't see or hear", "the library delivers" (i.e. when mobility is restricted), seniors have "short-term memory", "seniors need help with housekeeping". They also stated that language is a problem for many unless someone helps out. Shut-in seniors were more likely to state that seniors rely on their memories in spending time recalling past events, than other seniors were.

An insight into seniors’ need for information about medical problems is found in statements such as "druggists should explain medications to seniors", "doctors
are hard to locate", "nurses are not allowed to discuss information", and "there is a problem getting information at the hospital when you are not mentally alert". One lady speculated that seniors might worry too much if their doctors told them everything.

There are some notable differences in this sample between Kent and Essex seniors. Essex (Windsor) seniors, in level one and two channel scores, indicated library use almost twice as high as Kent. Again in the shut-in sample, fewer Essex shut-ins felt that library use declined with loss of vision and lessened mobility.

Essex shut-ins were more likely to be interested in becoming computer literate (22%) than Kent shut-ins (0%). They were less likely to trust word of mouth information, stating that it was not always reliable, and less likely to save and read their mail inserts. They reported a lower need for assistance with forms than Kent seniors.

There was an interesting position shift among Essex/Windsor seniors, when you look at reliance on family as a source of information. In level one questionnaire results, Essex seniors rated family channel use at 55% compared to Kent at 70%. Among Essex shut-ins, this trend was reversed to show family at 83% compared to Kent scores at 78%. Scores for statement 3 follow this trend, with Essex agreeing 77% that family members get information for older seniors. The Kent score was 63% for this item.
CHAPTER SIX

INFORMATION PROVIDERS:

A LOOK AT THE DELIVERY OF INFORMATION

The Picture:
The channels that information providers choose to send information do not form a uniform pattern, as those of seniors do. Rather, the choices of information providers are specialized, according to several factors:

- the type of information delivered
- the nature of the agency involved
- the resources available
- the information style of the provider
- the perceived channel choice of the senior.

An information provider may choose only one or two channels for sending information, while the seniors scan a broad range of channels, according to their needs, resources, abilities, and information gathering style.

Scores of the Information Providers are listed below, for Essex and Kent. Of 16 agencies interviewed in each county, the score represents the number of agencies that chose a certain channel.

<table>
<thead>
<tr>
<th>TABLE 6.1</th>
</tr>
</thead>
<tbody>
<tr>
<td>Channel</td>
</tr>
<tr>
<td>Mass Media</td>
</tr>
<tr>
<td></td>
</tr>
<tr>
<td></td>
</tr>
</tbody>
</table>

101
<table>
<thead>
<tr>
<th>Category</th>
<th>Kent</th>
<th>Essex</th>
</tr>
</thead>
<tbody>
<tr>
<td>Targeted media</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Seniors newspapers</td>
<td>8</td>
<td>10</td>
</tr>
<tr>
<td>Cable T.V.</td>
<td>8</td>
<td>10</td>
</tr>
<tr>
<td>Seniors Directory</td>
<td>0</td>
<td>9</td>
</tr>
<tr>
<td>Telephone</td>
<td>8</td>
<td>10</td>
</tr>
<tr>
<td>Interpersonal</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Person to person</td>
<td>3</td>
<td>8</td>
</tr>
<tr>
<td>Church Groups</td>
<td>2</td>
<td>4</td>
</tr>
<tr>
<td>Clubs</td>
<td>3</td>
<td>2</td>
</tr>
<tr>
<td>Meetings, councils</td>
<td>1</td>
<td>1</td>
</tr>
<tr>
<td>Outreach</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Guest speakers</td>
<td>5</td>
<td>8</td>
</tr>
<tr>
<td>Seniors advocates</td>
<td>3</td>
<td>4</td>
</tr>
<tr>
<td>Agencies</td>
<td>1</td>
<td>2</td>
</tr>
<tr>
<td>M.P. office</td>
<td>1</td>
<td>2</td>
</tr>
<tr>
<td>V.O.N.</td>
<td>1</td>
<td>1</td>
</tr>
<tr>
<td>Senior Centres</td>
<td>7</td>
<td>8</td>
</tr>
<tr>
<td>Nursing Homes</td>
<td>2</td>
<td>2</td>
</tr>
<tr>
<td>HomeCare</td>
<td>7</td>
<td>4</td>
</tr>
<tr>
<td>Specialized</td>
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<td></td>
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<tr>
<td>Posters</td>
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<td>4</td>
</tr>
<tr>
<td>Newsletter, flyers</td>
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<td>12</td>
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<tr>
<td>Bulletin Boards</td>
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<td>6</td>
</tr>
<tr>
<td>Programs, signs</td>
<td>2</td>
<td>6</td>
</tr>
<tr>
<td>Billboards</td>
<td>1</td>
<td>0</td>
</tr>
<tr>
<td>Other</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Library</td>
<td>1</td>
<td>1</td>
</tr>
<tr>
<td>Publications</td>
<td>6</td>
<td>8</td>
</tr>
<tr>
<td>Seminars, workshops</td>
<td>1</td>
<td>1</td>
</tr>
<tr>
<td>Videos</td>
<td>1</td>
<td>1</td>
</tr>
<tr>
<td>Information Fair</td>
<td>6</td>
<td>7</td>
</tr>
<tr>
<td>Support Groups</td>
<td>1</td>
<td>2</td>
</tr>
<tr>
<td>Mail</td>
<td>5</td>
<td>12</td>
</tr>
</tbody>
</table>
The context within which information flows is important when assessing information providers' choices of channels. Some examples of different kinds of agencies, and their mandates for providing information, are explained here.

When providing support to seniors in the home, the V.O.N. stresses an interpersonal approach. Their personnel are able to provide a level of one-on-one communication that other agencies do not have the resources to provide. Stressed in their philosophy is the importance of listening well to assess clients' needs correctly. Part of the message in the V.O.N. nursing context is given by deed rather than by word. A caring special deed shows the senior that he/she is important. The policy of always setting the next date before ending the appointment also sends the message that the senior has a future to look forward to.

The policy of providing face-to-face information, and then writing it down, gives the senior a point by point list of instructions so that he/she is confident about the steps to take in health care.

The mandate for C.B.A.P. in the community is to provide services for shut-ins in the community and to recruit volunteers to provide many of those services. Information goals will include informing shut-ins about the services available as well as advocating for seniors in the community, reaching potential volunteers, and promoting the agency itself for fundraising purposes. Local Cable T.V. broadcasting allows CHAP to provide information to a large audience, at no charge, which will be repeatedly broadcast over an extended period. Mailings and telephone calls to existing clients are used to provide them with information.
Community newspapers and seniors publications which have targeted audiences are used to reach shut-in seniors. Local radio spots allow CHAP to catch the listeners’ interest and encourage them to seek more information about programmes available. Newspapers are used for announcements of events and for features about the agency. Pamphlets are distributed to buildings where services for seniors are located. Doctors and hospital placement services also give information about CHAP and referral of seniors to them.

This broad range of informational techniques is used to attract clients and volunteers, and person-to-person contact allows the CHAP volunteer to pass information to the seniors in their own homes. The many goals of CHAP direct its information use to many channels.

Chatham Retirement Resort has a marketing focus, as a newly established facility for seniors. Because of the enhanced standard of living and the "vacation" style activities of the resort, located on a former Holiday Inn site, the cost of this residence is greater than that of the county retirement homes. The resort is less than a year old, and so it is in its initial phases of operation, with empty suites still available to be filled. The channels of information chosen by the director reflect these realities. Direct mail, targeted telephoning, Newspaper advertising, radio announcements, and billboards, were among the channels used. These were chosen because they were cost effective and could reach a large number of seniors. The professional image of this facility is important, and billboards and literature feature well-designed logos and graphics, with a sailboat representing the resort aspect of the residence.

Mental Health Kent has as its mandate support and mental health information for their clients in the
community, about 10% of whom are seniors. Chats on radio and television are used by the community information person to allow seniors to reflect on some of the issues involved. Seminars and guest speakers focus on issues of retirement and aging. Feature articles are often seen in the newspaper which highlight issues and programs advocated by Mental Health Kent. Paid newspaper ads are used for large gatherings, fund raising, and guest speakers. Support groups assist seniors who share common concerns, for example, parents of adult mentally ill clients meet to share information and experiences. The agenda of this agency is published, but you may not get much information from this source, unless you are proactive, that is, unless you respond to their advertising by attending a meeting or seminar, or by requesting a guest speaker.

Similarly, the O.P.P. have a program of information for seniors which is limited to providing information on request about crime prevention in the home and on the highway. Guest speakers, videotapes, and printed material are available for groups which request them. The main focus of the O.P.P. is on law enforcement, and there are limited resources available for community information. Many seniors may get information from the police only after a crime has been committed.

Community and Social Services (Comsoc) illustrate another aspect of information flow to seniors, the case of an administering body which communicates on behalf of seniors with other agencies. ComSoc provides information and funding to other agencies which in turn provide services to seniors. There is therefore a great deal of information which passes laterally among the information providers, which is information about seniors, rather than downward
communication to seniors.

This lateral aspect of communication flow is seen in large agencies, such as the Federal Government, Income Security Programs. Within ISP, there are publications for other departments of the government to share information. There are also publications existing for seniors in client service centres. Pre-entitlement information seminars are given for retirees; and guest speakers, seminars, Cable TV broadcasts, and news releases, all inform the public about available benefits. However, most of the resources in this department are used in administering the benefits, and in dealing with requests and complaints. Because of the large number of clients, and limited budget, there are not enough staff to provide person-to-person contact and outreach. Often seniors get information from the government only when they call and complain about a problem. To handle these communications, a toll-free telephone network, mail service, and walk-in client service centres are used. Many pamphlets, flyers, and leaflets are printed to explain benefits. Mail inserts also go out to each client who gets a cheque in the mail. This last resource will be ended with direct cheque deposit service. This large formal information service has a structured administrative level to assure continuity of service and information to millions of clients across the entire country.

The Council on Aging is a link between the Ontario government and seniors. Members of the council, 16 across the province, meet to discuss issues of concern to seniors, and to recommend funding and advocacy for programs. Many members serve on boards of directors of other agencies. COA members are themselves high information seniors. Their official information instrument is a quarterly publication,
"Especially For Seniors", published in Toronto. It is mailed to every senior in Ontario. A toll-free telephone service is also in place to answer enquiries from seniors, but the number is not published in the telephone book. Enquiries are answered by mail. Other leaflets and books, about studies and legislative changes affecting seniors, are circulated among boards of directors of agencies, a lateral flow of information that does not reach seniors. Seniors who serve on committees will get information from the COA.

The information providers with the most versatile information networks in the study were the Centres for Older Adults. Both the Chatham and the Windsor (Goyeau) centres employed a wide variety of information channels to reach seniors. Seniors who attend these centres get a great deal of information from other agencies, which send guest speakers to the senior centres. Announcements, interpersonal contacts, clubs, meetings, and trips, bring information to seniors. Also, printed material is available, such as pamphlets and flyers from all other organizations that act on behalf of seniors. Health care professionals come to the senior centre to conduct blood pressure clinics, foot care, and other health services. Specialized print media are used in the form of bulletin boards, flyers, newsletters, leaflets, programs, and posters. Information from many sources is funneled through the senior centres, seen as an easy way to reach the greatest amount of seniors at the same time. Seniors who attend the centres become high information networkers, participating in councils and boards of agencies. Some seniors at centres edit the newsletter or write activity reports for the radio and television. They are most often interviewed when a feature is written about seniors for the newspaper. Many seminars and university courses are held at
the senior centres. Government agencies often network with senior centres because they are grant funded.

The Canadian Hearing Society stresses that 50% of people over the age of 65 have experienced a functional hearing loss. This group distributes information in the form of written publications, and face-to-face seminars at the senior centre. They provide information about hearing loss and hearing aids.

The Publication, Mainly for Seniors, published by Leader Publications in Dresden, has as its goals advertising and advocacy for seniors. The nature of the publication makes it an excellent vehicle for editorials in favour of seniors' rights. It is published once every two weeks, and provided free of charge to seniors in Kent and Lambton counties. It is placed in locations where seniors are likely to go, rather than being delivered to each household. 10% of its readership is by subscription. This publication recently went from colour to black and white, and from large print to smaller, without receiving any complaints. The publication extends the interpersonal networks of seniors, by writing articles about seniors in the community, so that others can get to know them better.

In Essex, the Community Information Service and the Senior Directory, are general information services which are not available in Kent. The Community Information Service was instrumental in publishing the Directory, and so these will be treated as one. The C.I.S. uses the telephone as its major means of communicating with seniors, but it also makes its services known in the community through visibility in other channels. The telephone book, the Seniors Directory, newsletters of senior centres, media
releases, and features about seniors in the newspaper, radio, and television, all carry information about the C.I.S. The calls from seniors answered by the service in a year are on the following topics expressed as a percentage of total calls received:

<table>
<thead>
<tr>
<th>Topic</th>
<th>Percentage</th>
</tr>
</thead>
<tbody>
<tr>
<td>Health care</td>
<td>6.81%</td>
</tr>
<tr>
<td>Financial</td>
<td>11.07%</td>
</tr>
<tr>
<td>Home Maintenance</td>
<td>12.45%</td>
</tr>
<tr>
<td>Social Activities</td>
<td>13.95%</td>
</tr>
<tr>
<td>Morale/mental</td>
<td>1.37%</td>
</tr>
<tr>
<td>Spiritual</td>
<td>0%</td>
</tr>
</tbody>
</table>

The Senior Directory was chosen by all of the information providers in Essex/Windsor, giving it the highest score for that sample. This publication is very popular because of its effective layout, thorough content, and because seniors and information providers alike combined their efforts to produce it. The only seniors who did not score the directory high were those who had not heard of it. There is a project underway in Kent County to produce a similar directory, and a county-wide directory for Essex, based on the original prototype, will be out in the fall.

RETIREMENT RESIDENCES: TWO CONTRASTING SCENARIOS

The profile of Nursing Homes / Retirement Residences varies according to the specific facility. It is very important as a senior to choose a high-information facility, as people in residential care are very dependent on the staff and the facility for all different kinds of information. (78% of seniors agreed with this comment in the level two questionnaire.) Profiles of a high information facility and a low information facility follow.
The high information facility had a variety of information channels in operation for the seniors in their care. Telephones and televisions were available in the rooms in 5 out of 6 facilities in the study. Bulletin boards were available both in the lobby and in the individual rooms for seniors' reference about daily programs. Announcements and guest speakers were provided, and staff came in person to the rooms to tell seniors that programs were about to begin. A full-time activity person was provided for seniors recreational needs. Provision was made for transportation to all activities, whether down the hall or many miles away. University courses were provided in one facility, and Astronomy, Anthropology, and religion were popular courses chosen. Tuition is free to seniors. Health care information was made available to seniors through seminars, guest speakers, in-house nurses, and visiting doctors. Religious services were provided in many denominations, or taped church services were provided by closed circuit television. Visiting ministers and priests attended to spiritual needs.

In the low information facility, the television was located in a shared T.V. room where residents disagreed about the choice of channels. The bulletin board was located in the lobby, for the benefit of visitors. Recreation staff were given a variety of duties, which did not allow them to spend their full time on programming. Seniors sat in their rooms or in the lounges, apparently with nothing to do. There were no publications in evidence in the common areas. No guest speakers or seminars, no university courses were checked off by seniors as channels of information. There were no printed programs telling of the day's events.
Although these are two very extreme cases, they are quite accurate descriptions of a high and a low information facility in this study. The information level depends on the service level as most of the features in the high information facility can be duplicated at low cost. It would be possible to raise the information level of even the lowest facility if the necessary staff were put in place and a few of the above-mentioned information techniques were used.

What are the characteristics which the high information agencies and facilities share? Let us look at the information providers which were given high scores for effectiveness by seniors.

One of these is the senior centre, which was chosen both by seniors and information providers as an excellent channel for information. The information style of the centre is informal, to the extent that it is "messy". No overriding policy issues determine how information should be worded and disseminated. Instead, seniors produce their own publications on outdated equipment. Boxes near the door collect cash register tapes, canned goods for the food bank, and other donated items. Seniors in this location are proactive. They not only seek out information, they pass it on to other seniors. They are almost too busy to stop and talk to the researcher. The administrator has an office in the basement, as administration is the least important priority. The facility is operating on a shoestring, the staff are underpaid or volunteer, and there are several programs running at one time in the space available. A variety of channels is used to deliver information to seniors, many of them interpersonal or localized specialized print media, such as newsletters, posters, calendar of
events, and guest speakers.

A group of channels rated very highly both by
information providers and seniors is the targeted media.
All of the items in this category are favoured by
information providers. (50-60% of information providers use
targeted media.) The reasons given for this choice are
largely economic. Targeted media allow the message to be
targeted to the intended receiver, to maximize the effect of
information. Advertising placed in national newspaper with
large circulations is costly, and many readers are not the
intended receivers. Seniors' newspapers allow messages to
reach many seniors at low cost. Likewise, community
newspapers and local Cable T.V. channels are inexpensive
channels. Community service information may be broadcast
free of charge in many local media.

INFORMATION DELIVERY: AN ANALYSIS BY CHANNELS

A chart which illustrates types of channels chosen
by information providers (pp. 112), and the rationale for
their use, follows. The variables included are financial
resources, information style, mandate (goals) of the
organization, and information style. Note that some channels
are more appropriate to formal organizations, some to
informal organizations. Special limitations of some
channels are noted. Some channels are widely used by
information providers, but not by seniors. The last column
of the chart indicates level two scores allotted to that
channel by seniors, as a measure of the perceived
effectiveness of the channel.
CHANNEL USE: A COMPARISON

INFORMATION PROVIDERS AND SENIORS

The channels used by information providers and the channels chosen by seniors are not always the same. An analysis of the differences between them may help to provide some suggestions to information providers about which channels may be more effective to use. At the same time, seniors may be better counselled about how to be more effective information accessing.

The charts which accompany this section (pp. 121-125) show channel use based on effectiveness scores from 40 level two questionnaires of seniors compared to channel use of 32 information providers in Kent and Essex counties. Scores from shut-ins which have special significance are also included in the comments below.

A channel which is heavily used by seniors and largely ignored by information providers is television. Seniors watch more television than other age groups, increasing their viewing to age 69, and then levelling off (Doolittle, 1979). In the current study, seniors scored television at 60% for perceived effectiveness in providing information, and shut-in seniors scored it at 80%. Very few information providers chose television to deliver information, perhaps because it is thought of as too costly, or suitable only for topics of interest to a broad audience.

A suggested use of television for information providers is as an agenda setter for new topics of information for seniors. Any idea which may be of use to
seniors may be brought into the public forum by including it in a news item, a commercial break, or as a topic on a talk show. Once this item has been viewed by seniors, they will then seek more information about it by accessing other media. For example, the mention of new grants to seniors may be followed by a telephone call or a letter by the senior asking for more specific information.

Local Cable television stations are more often used by information providers (60%) to target media to seniors. Windsor has a local cable show, "Seniors Today and Tomorrow". However, seniors in this study were less likely to watch Cable television shows (38%) than network television. Cable television was not available to all of the seniors interviewed. Notably, nursing homes and seniors' residences may not be wired for cable, and so the entire population living there has no access to this channel. Some seniors did not subscribe to Cable TV because of the cost. In Southwestern Ontario, viewers may watch U.S. network television programming, and miss issues and programs with information for Canadians.

Radio was used by almost half of the information providers interviewed, to send information to seniors. 40% of seniors listen to radio, especially daily news and weather reports. Information targeted to these audiences, for example, included in the morning news, would be likely to reach seniors who make it a habit to listen every day at the same time. A close match was seen between the amounts of information sending and receiving by radio.

Newspaper channel choice of seniors and information providers is closely matched. The newspaper is a favourite channel of seniors, many of whom have made
regular newspaper reading a habit. This trend is recognized by information providers, who include information for seniors in news stories, features, advertisements, and community events bulletins. Seniors can clip and save news articles which are of interest to them, and important information is not forgotten. In Essex county, 100% of level one respondents reported reading a newspaper for information. Barbara Ford’s column in The Windsor Star, "On Seniors", is popular with seniors and information providers alike.

Magazines are a channel chosen by half of seniors interviewed, but not mentioned by information providers. Magazines mentioned specifically by seniors were religious publications, news and documentary style publications.

In Kent and Essex county, Seniors’ newspapers are popular. Some of these are Mainly For Seniors, Especially for Seniors, and Maturity. All advertising and content in these publications is geared toward seniors, and they are provided free of charge. Both senders and receivers scored them highly, at about 60%.

In Windsor, where the Senior Directory is available, seniors rated it at 75% for effectiveness. 75% of information providers in Windsor/Essex county also reported using the Senior Directory to reach seniors. It is a very popular and effective channel for information. Less than half of shut-in seniors used the senior directory, however. The shut-ins who were interviewed were not aware of its existence. More effort should be made to publicize the Directory, and more copies should be made available, if cost permits. A Senior Directory would also be an effective channel for Kent County residents. There is a United Way
committee currently investigating the possibility of such a directory for Kent. A new Windsor Directory which will include Essex County is planned for Fall 1990 circulation.

Interpersonal channels are perceived to be the most effective channels of information by seniors, who favour a face-to-face approach to information. However, information providers selected face-to-face channels less than any other type. Although the need for person to person communication was acknowledged, few information providers go to places where seniors meet. It would be a good idea for information providers to bring information to clubs and church groups for seniors. Seniors should be encouraged to serve on committees and councils, and attend meetings of information providers, to be included in the information process. These "high information" seniors will then serve as opinion leaders, and bring ideas to other seniors who are friends and neighbours.

The telephone is recognized as an important channel for information by information providers and seniors alike, and channel use in this case matches delivery at 50%. The telephone is rated slightly higher by shut-ins, who find it an important link with the outside world.

Health care channels are highly rated by seniors, who may have an increased need for information about their medical condition. Both doctors and nurses have high credibility among seniors. Agencies who wish to be more proactive in reaching seniors may send information through medical channels, for example, making information available at the site of doctors' offices or hospitals. Information providers involved in health care chose pamphlets and flyers to send written information to seniors. The appropriate
information might be read if it were placed in a waiting room or hospital lounge. Many information providers indicated that they produce several high quality pamphlets. The V.O.N., who were rated highly by seniors because of their service level and interpersonal skills, carry many pamphlets to seniors who are shut-in.

Seniors indicate that they like to read books, and may respond well to a lending library of books on subjects that concern them. For example, books with stories about experiences of other seniors who lost a spouse, battled an illness, or achieved a great goal, may provide needed support and encouragement. Seniors who read indicate that they use the library, and special attention should be taken to include subjects of special interest to seniors.

The senior centre is seen as an excellent place for information providers to connect with seniors. Many guest speakers use this channel to reach seniors. Seniors in this study also rated the senior centre very highly as an information channel. Seniors who find they lack information would be well advised to call or visit a senior centre, as many kinds of written and interpersonal channels are found there.

Structured information sessions, such as workshops, seniors fairs, seminars, and video presentations, are favoured by information providers, who have staff in place to deliver these services. These were not mentioned often by seniors, however. Shut-in seniors scored these items even lower than other seniors. A more proactive approach may be necessary for these agencies. There may be some organizations who collect and manage charitable donations for specific illnesses which could more
effectively manage their information delivery strategy.

Mail, rated at 35% and 40% by information providers and seniors respectively, is a strong channel of information. For shut-in seniors, it may be indispensable. However, information providers should be aware that most mail is thrown out, not kept. Mail should be used in combination with other channels to ensure that information has been received.

Specialized, localized print media are excellent channels of information for seniors. High scores for signs, posters, bulletin boards and newsletters indicate that these are deliberately accessed by seniors who want to keep up on what's going on. Information providers who use these channels to publicize events and send information, will reach a local targeted audience. Some suggestions are that these channels should be clearly printed with large type, placed in a good location, be attractively designed, and changed regularly. Seniors will look at a display if they know that it regularly offers new information.

A summary of channel choice variance is shown below:

**WHAT CHANNELS HAVE MORE TO OFFER?**

<table>
<thead>
<tr>
<th>FOR SENIORS</th>
<th>FOR INFORMATION PROVIDERS</th>
</tr>
</thead>
<tbody>
<tr>
<td>Senior Fairs</td>
<td>Television</td>
</tr>
<tr>
<td>Outreach Services</td>
<td>Magazines</td>
</tr>
<tr>
<td>Cable T.V.</td>
<td>Person to Person</td>
</tr>
<tr>
<td>Pamphlets</td>
<td>Church</td>
</tr>
<tr>
<td>Workshops</td>
<td>Clubs</td>
</tr>
</tbody>
</table>
CONCLUSION:

No one channel of information has been shown to be a complete answer to all information needs. Seniors need to proactively access a broad variety of channels to obtain all the information they need.

When sending information, information providers should be aware that use of one or two channels should be only a part of a total information delivery strategy. Seniors who have disabilities or a narrow choice of channels, may be missed entirely by a strategy that employs a few channels only.
INTERPERSONAL CHANNELS: A COMPARISON

OF INFORMATION PROVIDERS AND SENIORS

Seniors

Info Providers

Telephone

Meetings, councils

Clubs

Church groups

Person to person

Percentage
CHANNEL USE: A COMPARISON

OF INFORMATION PROVIDERS AND SENIORS

Seniors

Info Providers
CHANNEL USE: A COMPARISON

OF INFORMATION PROVIDERS AND SENIORS

Seniors

Info Providers

Library

Pamphlet/Booklets/Workshops/Videos

Senior Fair/Support Groups

Mall
Specialized Print Channels: Comparison of Information Providers and Seniors
CHAPTER SEVEN

INTERPRETING THE FINDINGS:
A COMPARISON WITH THE EXISTING THEORIES

Media Use by Seniors:

Predictions of existing communication theories about media use (Rubin, 1982, and Doolittle, 1979) were borne out by the findings. Television use by seniors was reported as heavy, with 88% of seniors choosing television as a channel for information. Television was the first choice among channels for seniors. Theories that isolation and lack of social contacts increased television watching (Defleur, 1982) were corroborated by even higher scores (95%) among shut-ins.

Shinar's suggestion (Shinar, 1984) that the needs of seniors are best met by a variety of channels, coincides with the findings from seniors in this study. Seniors chose a variety of channels for information. Many seniors chose 20 or more different channels to fill all their needs. Information providers, on the other hand, choose an average of five or six different channels. Only senior centres and other high information facilities have a wider variety of information channels.

Previous studies which showed that seniors most often choose news and documentary programs as media content (Doolittle, 1979 and Owens, 1987) corresponded with the findings of this study. When seniors describe television, radio, and newspaper use, they most often mention news content as favourite programs.
Beyond the scope of the study: an analysis of what media were used to fill what needs. Need gratification was mentioned in some cases by some seniors, but a complete analysis was not attempted.

The concept of learning from the media was related to choices seniors made of programming, including news programs, and documentaries, which were frequently mentioned. However, even though learning ability for seniors is equal to that of other ages (Cavanaugh, 1983), university courses were rarely chosen by seniors as channels of information. This may be due to other variables besides learning ability, such as motivational factors, availability of courses, travel, and others.

The need for a permanent record for seniors who may have some short-term memory loss, suggested by information providers and seniors who participated in the study, was tested as a statement for verification by seniors. 80% of seniors agreed that they wanted to get information face to face, and then write it down so they wouldn't forget it.

The idea that different groups may have different information gathering behaviours, was true both for seniors and for information providers. Proactive seniors accessed more channels and allotted greater scores for effectiveness to meetings, senior centres, and other "networking" channels than reactive seniors. Reactive seniors did not actively seek out information, and were disinterested in information or unsure about how to seek it. Separate groups of shut-ins were included in the study to measure the difference between these "high" and "low" information seniors, but many shut-ins were extremely high information people, using skills to
overcome restrictions in ability and mobility. This made a comparison solely on the basis of being "shut-in" inappropriate. Seniors were classed as proactive or reactive based on the range of information channels they accessed, with reference to their individual ability and opportunity to access channels.

Information providers also displayed some differences between groups. Informal social and interpersonal groups employed a greater variety of channels at lower cost than formal structured groups, who employed a more restricted choice of channels, but were allotted greater resources for them. Outreach agencies combined many of the features of informal interpersonal communication with a broader-based financial and administrative structure. Individual information providers were seen to have a great influence in certain contexts, such as nursing homes, where the philosophy and effort of one person could make the difference between a high and a low information facility. The more complex the administrative nature of an agency, the more lateral flow of information took place between information providers, rather than downward information flow from information providers to seniors. A model to illustrate this top-down flow of information follows.
TOP-DOWN INFORMATION FLOW:

MODEL OF INFORMATION CHANNEL DECISION MAKING

INFORMATION FOR SENIORS

POLICY MAKERS  ADMINISTRATORS/DIRECTORS  C.O.A.  ISP  COMSOC

-LATERAL COMMUNICATION FLOW ABOUT THE CONCERNS OF SENIORS-

-CHANNELS FOR SHARING AMONG INFORMATION PROVIDERS-

-MEETINGS, PUBLICATIONS, FORUMS, COUNCILS-

INFORMATION SELECTED

MATERIAL GENERATED

CHANNELS CHOSEN

SENIORS
Information is diffused among seniors in a two-step flow, as described by Everett Rogers in *Diffusion of Information* (1983). Interpersonal sources—seniors, rated highest among channels for effectiveness, often took the form of a two-step information flow, from the original source of information to an immediate family member or close friend, who linked the senior with the information needed. Seniors advocates and nursing home administrators also were examples of links in two-step flow styles of information.

Speculations that seniors may be more susceptible to media effects than other groups (Davison, Boylan, and Yu, 1982), are borne out by the comparisons between seniors and shut-in seniors. Shut-ins are more dependent on others for information, watch more television, and are less able to be proactive. They are limited in their accessing of specialized localized media, which are located outside the home, and they belong to fewer clubs and go to less meetings. They are more likely to be influenced by the media because of their increased exposure to it and reliance on it.

However, these same seniors act according to the Uses and Gratifications Model of information (Blumler and Katz, 1974) accessing, choosing among the available media, and using outreach and other resources to fill their needs. This is evidenced by the increased scores for library and books among shut-ins. They tend to read more, and may spend more time accessing information than other seniors who are going out to leisure activities.

Seniors access channels according to their needs, and also according to their social context, as shown in the model "Outline for a Paradigm of Uses and Gratifications"
Research" (Blumler and Katz, 1974), in Chapter Two. A chart showing how social and personal context apply to individual choices of channels use follows on page 134. This Bio-Social Model for Information Choices attempts to display how channel choice is governed by variables in the case of individual seniors according to the following variables:

1) Previous Socialization to the Channel
2) Bio-Social Abilities
3) Situational Variables

BIO-SOCIAL MODEL FOR CHANNEL CHOICES MADE BY SENIORS

This model displays categories of channels with shared characteristics. For each category there are events which have shaped senior’s previous experiences with the channel, and affected seniors’ perceptions of the channel and their subsequent willingness to use it. For example, if seniors have had difficulty getting medical information from their doctors in the past, they may become reluctant to ask for information.

The social and physical abilities of seniors also affect their ability to use a channel. For example, the same senior may not be comfortable with interpersonal exchanges, or may be too ill to ask for information.

Situational variables and life events may affect seniors’ ability and motivation for getting information. If a senior has a life event such as receiving a diagnosis of an illness, this may prompt him/her to seek out information which would not have been needed otherwise. However, if the senior is in a restricted information setting, it may be difficult to get the required information.
Structured Information Networks include meetings, councils, committees, which are interpersonal channels of a more formal nature. These channels are categorized together because they are the domain of high information seniors, who are likely to be joiners and opinion leaders. They are unlike other, more informal interpersonal channels such as family and friends.

Note that this model stresses the individual senior's skills, attitudes, and situations as variables which govern channel choice. There are variables which are outside the senior's control, however.

Delivery of services by outreach agencies depends on the individual skill of the provider and the availability of the service. Delivery of services by the library, especially in the case of shut-ins, also requires that the information provider be proactive in information delivery style. Seniors in institutions also must rely on delivery of services by proactive providers.
THE SENIORS AND THE DELPHI:

A COMPARISON OF THE CURRENT ESSEX/KENT STUDY AND CELIA HALE'S DELPHI STUDY ON THE INFORMATION NEEDS OF SENIORS

Since the starting point for the current study was Celia Hales' Delphi study of information providers, it was thought appropriate to compare the end results of the two studies.

Hales' delphi panel was composed of 200 specialists in the fields of gerontology/library information services. These information providers were located throughout the United States. No seniors were included in the study.

There were three objectives in Hales' study:
1) to identify traditional means of getting information to seniors and to suggest innovative ideas for information delivery to seniors.
2) to facilitate exchange of ideas about information delivery to seniors.
3) to measure diversity of opinion and consensus data regarding information delivery to seniors.

The current study differed because it measured views of seniors who access information channels, as well as identifying current methods of information delivery to seniors. Innovative means were not sought except as they were already in use by seniors.

There may be some items suggested by information providers in Hales' study which would be used by seniors if they were available. Some items in Hales' study might not be measured in the current study because they were not part of the delphi "list" provided by seniors and information
providers in Kent and Essex counties. This possibility was tested by using a verification check which included a card sort of items from both studies.

The following items were mentioned in Hales’ study, but were not present in the list of information channels given by seniors in Kent and Essex counties:

*public service announcements
*library outreach
*computers
 audiocassettes by telephone
*volunteers
*community forums
library workshops
*older adult staffing
talk show hotlines
translators
*transportation
*pre-retirement sessions

(*) Items observed during the study to be in use but which were not mentioned by seniors in the verification check.

A reality check was performed with the above list by writing the items from Hales’ study on index cards and mixing them with items mentioned in the Kent/Essex delphi study. Seniors were asked to sort the cards into two piles, selecting cards which named channels they used, and discarding cards which named channels they did not use.

Ten seniors were used for the reality check.

RESULTS:

Transportation was not an item considered to be an information channel, however, it had been mentioned in the
interviews, and added to the questionnaire list. (It was deleted by the interviewer.) Eight of ten seniors chose this item. Three others chose the item "volunteers", and two named "older adult staffing". (This is used at the senior centres.) "Library outreach" was named by one senior.

Other items, indicated by an asterisk, were observed by the researcher to be in use in Kent and Essex counties, for example, there is a pre-retirement course offered at St. Clair College which is well-attended, but no seniors in the study named it as an information channel. One senior was found who uses a computer, and is a "hacker", helping teenage neighbours to untangle complex programs. Another senior indicated a desire to learn computers, but no channel available, as she was confined to a nursing home.

In terms of this study, these items were not mentioned at a "significant" level to indicate widespread use. However, they do exist, and with a growing "young/old" population, there may be an increased need for such channels, which require proactive senior-users, in the future.

The Hales' study identified four recommendations with a high degree of consensus among information providers.  
1) Better transportation  
2) Interagency networking to avoid duplication of services  
3) More emphasis on one-to-one contact rather than mass media  
4) Improved training for workers with the aged

Three of these recommendations items 1, 3, and 4) were also made for information providers in the current
Kent/Essex study. However, the focus of information flow to seniors in the current study was lateral, and a more effective "upward/downward" flow, involving seniors, was recommended rather than increased interagency networking (item 2).

Hales recommends in her conclusion that greater interaction will be needed in the future among information providers to remove barriers among the different disciplines of information providers. However, she does not recommend including seniors themselves in the decision-making, which is a strong focus of this study.

It is of primary importance that seniors' opinions are sought at all stages of decision-making. Seniors who are encouraged to be part of the decision-making process will become more proactive as a result, and will develop greater information networks, pass information to their peers, and allow for innovation to flow through seniors groups. Information providers will be more in line with seniors needs if seniors are involved in the process, as both sides negotiate better ways of filling the information needs of seniors.
CHAPTER EIGHT

VERIFICATION CHECKS

SHUT-INS:

Follow-up interviews were necessary to confirm results of scores from Kent shut-ins. Scores which were unusually high and which did not match the Essex sample, were Church, V.O.N., and Comcare/C.H.A.P..

Three of the nine interviewees from the questionnaires were contacted by telephone. They were asked to confirm several scores, for purposes of verification, and were also asked to comment on the three areas listed above. Church seemed an illogical channel for shut-ins to rate highly, as it was expected that they would not be able to get out to church. Comments from all three respondents followed the same pattern:

- they can’t get to church
- church is very important to them
- someone from their church visits them on a regular basis
- 2 of the 3 have a priest who brings communication in to their home every week. The other has a visitors’ committee at her church whose members come to see her.
- they went to church for years until they were no longer able to attend.
- Church is mentioned as an interpersonal channel.
  (i.e. It is important to them because of the friends they meet there.)

The scores for V.O.N. and C.H.A.P. indicate that these are very highly rated because of service level. These seniors are very grateful to the support systems that keep them in their
own homes. The V.O.N. and C.H.A.P. are both called "very helpful", and "do a good job". When asked specifically if they are a source of any information, the answers varied.

One senior stated that they give good health information, and that they bring her pamphlets on health care information. The second stated that she gets a great deal of information from "Molly", her V.O.N. nurse. "Molly answers more questions than the doctor would answer. The doctor doesn't have time. The third shut-in stated that she gets all her information from her doctor, and that V.O.N. doesn't give her information, instead she tells them what she wants. The same senior (91 years old) states that she has no need for information as she is quite able to make her own decisions. Except for the doctor and medical centre, she states, she never asks for information from anyone.

One feature of V.O.N. which all respondents agreed upon is the interpersonal level of service provided. The nurses communicate to the seniors that the seniors are important, by their "high level of compassion", "good manners", "friendly personalities", "encouragement and friendship".

All three stated that it meant a great deal to them to be able to stay in their own homes, and so may have rated their support services highly because they depend on them for their quality of life.

INFORMATION PROVIDERS

A dialectic process was undertaken with information providers, to gain more feedback, and to allow information providers to add their own interpretation to the models of information delivery derived from the readings and the research.
The responses of the Information Providers were returned to them in chart form, so that any channels that they forgot to mention could be added. Most information providers added a few channels in this second stage. If channels had not been chosen, and information providers did not add them in the second stage, they usually gave some kind of explanation at the time about why they were not added.

For example, Income Security Programs added telephone, which they had forgotten, but explained that they did not provide interpersonal and outreach services because their volume of clients is too large. Comsoc indicated that interpersonal channels are effective for seniors, but added that their mandate does not include them. Comsoc is a liaison between the Provincial government and nursing homes, and has no direct contact with seniors. C.O.A. is a provincial advisory council, and may only meet with seniors who serve on boards of directors of community agencies.

Information providers agreed that the "Top-Down" model of information flow to seniors is accurate. They added books and pamphlets to the researcher's collection, all targeted toward information providers and about seniors rather than for seniors. When speaking of information delivery, providers spoke in the language of the administrator, that is, about budgeting time and money, sending message, interacting with other providers, creating policy, and advocating on behalf of seniors. When they were asked about the information needs of seniors, they answered by reverting to personal stories of their own parents' information needs.

Two models of information flow form the basis of the comparison between the seniors' thought world and the information providers. The context of thought for the information provider
corresponds to the Media Effects model, of producing material to display ideas to seniors. When asked to think in terms of the senior's needs, i.e. the Uses and Gratifications model, the information providers reverted to the personal context of their own parents' needs to change point of view. This occurred in interviews with Comsoc, V.O.N., I.S.P., Goyeau Centre, and Thamesview Lodge.

Two information providers who approached information delivery from the Uses and Gratification viewpoint were the Senior Centre and the V.O.N. The Senior Centre was especially effective because they involve seniors in providing information, encouraging the receivers to be proactive in their approach toward information. Seniors who deliver and receive information become more skilled in their handling of channels of information, and get more experience interacting with other seniors. These two channels most closely regarded the senior's point of view when planning information delivery.

SENIORS

Six of the original ten respondents from Kent and Essex county were approached with the results of the study. They were shown the final data and also the models to explain information flow.

Many seniors identified with the "Two-Step Flow" model. They could identify a significant person in their family who acted as an information accessor for them. One 70 year old senior was acting as a link to the outside world for her 93 year old mother. One asked her spouse whenever there was anything she wanted to know. Another, a shut-in, asked her nursing home administrator, whom she described as "very helpful".
All the seniors interviewed agreed that the Uses and Gratification model was more accurate than the Media Effects model. For example, they stated that they disregarded mail, and only chose certain television and radio programs. However, half of those seniors interviewed disagreed with the image of seniors being proactive information accessors. They saw most "other" seniors as being disinterested in seeking information, apathetic about information, or forgetful. There is a need for seniors to be more proactive if information channels are to be thoroughly accessed.
CHAPTER NINE

CONCLUSIONS

This study has yielded a large amount of data, both quantitative and qualitative, about the way that seniors fill their information needs. What have we learned about the way that seniors get information, about the way that information providers send information, and about the nature of the process of information flow in the context of aging populations?

ABOUT SENIORS AND INFORMATION

Even though there is a great deal of information available for seniors, they may not get the information they need for the best quality of life possible. The reasons why information does not reach seniors may be due to a combination of factors which affect the way that seniors access channels of information. These factors include:

1) Seniors’ previous socialization in using the channels available.
2) Bio/social abilities of seniors
3) Situational variables and life events

ABOUT INFORMATION PROVIDERS AND INFORMATION

Information providers may select channels for delivering information to seniors based on many factors. These decisions about channels will be most effective when seniors’ special abilities and needs have been considered before choosing. Factors which influence information providers’ channel choices include:
1) Resources of time, money, and staff
2) Organizational/information style of provider
3) Mandate/goal of the provider
4) Type of information being sent

ABOUT THE NATURE OF INFORMATION FLOW TO SENIORS

Information flow must be considered from two viewpoints, that of the sender, and that of the receiver. Information is essential to seniors to provide the quality of life that they need. New problems will arise in later years that will require new information to resolve. Seniors will need to develop new information gathering skills in later years as previous channels and methods may no longer be available to them.

The nature of information flow from providers to seniors is that of large organizations sending large amounts of information to many people at the same time. A mass "depersonalization" occurs, as providers concentrate on obtaining the highest levels of production possible at the lowest cost (efficiency). This picture conforms to a media "Effects" model of information flow. Reactive seniors, especially shut-ins, may passively wait for the delivery of information. In such cases, it is the information provider's mandate to see that the information reaches the intended receiver.

The nature of information selection by seniors is one of an individual with certain needs and abilities, in a specific context, making decisions about channel and message choice. This picture conforms to a "Needs and Gratifications" model of information flow. Seniors have
individual differences which must be considered by information providers.

RECOMMENDATIONS ARISING FROM THE FINDINGS

The most striking feature of the findings of this study has been the difference between delivery of information by providers and accessing of information by seniors. Information providers have not been as aware as they might be about channels actually used by seniors: rather, they have been using channels on the basis of either faulty or inadequate research about seniors' behaviour. Seniors, for their part, have not been regularly consulted about their channel uses and preferences, nor have many been as proactive as they might be about information accessing. To improve communication between the two, there are some suggestions which can be made to both sides to assist them in obtaining a closer "match" of information channels.

INFORMATION PROVIDERS

Information providers should improve their delivery of information by using channels that seniors often use. More time and money might be spent on channels that seniors have rated high for effectiveness.

One example of an underused channel is television. Seniors spend more time watching T.V. than other age groups, and are able to learn and retain information from television. Although expensive, television would be effective in setting agendas for seniors. Issues of importance to seniors may be brought to their attention on television. The issue could be introduced and discussed
briefly, with written information available elsewhere for seniors who wish to know more. After studying preferred viewing times and programs of seniors, the appropriate talk shows, documentaries, and paid commercial spots would be excellent vehicles for sending information for seniors. Large organizations delivering information to many people at the same time would find T.V. very cost effective.

Since seniors have indicated that they like to read, more attention should be paid to library services for seniors. The library should use some marketing-style strategies to attract the large number of senior readers. Events, such as book fairs and used book sales, would attract seniors. Services such as in-home delivery for shut-ins, and large-type books, should be publicized. Displays in the library could be geared to seniors' interests. One specific bulletin board or display case could be designated for items of interest to seniors, for example, a weekly feature might one week focus on financial planning publications, another week on travel, nutrition, lifestyle, leisure time hobbies, and other reading interests. Reading clubs, such as those created for children on summer vacation, could be used for seniors, with a newsletter on new books mailed to book club members. Information can be relayed to shut-ins through C.H.A.P., V.O.N., or Homecare.

Seniors residences can improve information services to seniors by offering a full range of channel choices to them. Seniors can become more proactive in participating in information delivery, by serving on committees, resident councils, and contributing to newsletters. As nursing home residents are dependent on nursing home staff for their information, a staff member
trained to provide information delivery is the most important component needed. This issue should be put on the agenda of all nursing homes and retirement residences. Seniors who consider information services when choosing a nursing home will have a fuller lifestyle.

For Kent county, a greater variety of information services is recommended. The popular Seniors Directory of Windsor should be used as a prototype for a Chatham/Kent Directory of services for seniors. Adequate copies should be made available, and advice should be sought from seniors themselves about suitable layout and content. A central information service would allow all kinds of information to be delivered to seniors at one central location, preventing duplication of services. A large print telephone directory is needed for Chatham/Kent, similar to the "green pages" in the Windsor phone book.

Large organizations can make their delivery of information more responsive to seniors' needs by including seniors at decision-making levels. Their opinion should be sought when new information delivery systems and publications are being developed. At a local level, seniors should be invited in to agency offices for informal events, and all staff should be sent out on occasion to seniors centres, residences, and seniors fairs. This will help to reduce the "depersonalization" built in to large organizations.

The most difficult population for the information provider to access is the "stay-at-home", low information gathering senior. It may be possible to reach all seniors by a computerized list of social insurance numbers and Welfare lists, and counsel prior to retirement, for example,
at age 60, just as pre-schoolers are counselled before entering school. This is a task of massive scope and expense, however. It may not be possible to reach everyone.

A final recommendation is that information providers such as senior centres, who provide a broad choice of information channels to seniors on a wide range of topics, should be encouraged by grants to increase and improve their services.

SENIORS

What can seniors do to improve their information gathering skills? Seniors should develop a more "proactive" information gathering style to access more fully the channels which are available. Seniors may be able to get more information if they consider the channels that information providers use to deliver information.

The senior centre seems to be a place that attracts information from sources of all kinds. Although seniors attend the centre for fun, not for information, it is a good place to look for publications, seminars, posters, and events. Staff at senior centres can usually direct seniors to someone who has the correct information, if they do not know it themselves. Seniors who wish to be more proactive can get involved in many information-rich activities at the senior centre.

Many agencies deliver only pamphlets and guest speakers about their area of interest. Seniors can get information from these agencies by calling or dropping in to their offices. All agencies, such as Heart and Stroke,
Cancer Foundation, Alzheimer’s, and others, will provide information if asked.

Publications for seniors, such as Especially for Seniors and Mainly for Seniors, are available free of charge and contain targeted information about seniors. This is a channel popular with information providers. Information providers also like to send newsletters, and these contain local topical information for seniors. Seniors can have newsletters and seniors newspapers delivered to their homes if they are shut-ins.

Senior fairs provide an opportunity for information providers to meet with seniors. These are well attended by information providers, and a wealth of information is available. Seniors should attend these events when possible.

RECOMMENDATIONS FOR FURTHER RESEARCH

With a growing senior population, there is an increased need for Canadian research studies about seniors and information.

There has been some research in Media Content, especially with regard to television. Research is needed in other media. For example, how do Canadian newspapers address seniors issues? Is the space allotted to seniors issues in the newspaper proportionate to the number of seniors in the population? Are there books for seniors being published, and, if so, are these books being purchased by our libraries?
Research should be done into developing a model for communication strategies by social outreach organizations. What special interpersonal skills are needed to work with seniors, and how can these be developed and implemented?

Studies of networks developed by seniors and the relationship between social support networks and well-being of the elderly would add insight to interpersonal theories of communication.

In the context of a model of Needs and Gratifications of seniors, there should be a study to establish what are the information needs of seniors. Do seniors have special needs for information, different from other age groups? If so, what are these needs?

To which media sources would seniors go for particular information? Source preferences are likely to change from need to need.

Information-gathering behaviour of seniors should be compared to that of other age groups. Are their information needs the same? Do they fill these needs the same way as other age groups do? Do seniors have more diverse needs than other age groups? (A question asked but not answered in this study.)

Library use for seniors is another area for study. A study to determine how many seniors use the library and for what purposes would be of use to library administrators in planning future services. Why is library use twice as high in the Essex sample as in the Kent sample? Are library services adequate, or would seniors like to see certain
improvements? Are there good services for shut-ins and the handicapped at the library?

Of interest to communication scholars is the role that the church plays as a channel of information for seniors. Is the church seen by seniors as an interpersonal channel or an organizational one? How does this affect the model of information flow in each case?

A study on nursing and retirement homes and their delivery of information would be of special use in developing guidelines for administrators in this area. Resources could be put in place to assist nursing homes to increase the selection and quality of information channels provided for residents.

CONCLUSION

There are many issues arising from this study about seniors and information. New insights about the differences between information providers and seniors have been uncovered. Due to limitations in the scope of the study and the time allotted, however, there are many questions still unanswered about how seniors would best fill their information needs. Hopefully, this study will help to stimulate interest in further research about these questions.
BIBLIOGRAPHY


Dolittle, John C. "News Media Use by Older Adults." Journalism Quarterly 56 (1979): 311.


Pamphlet: Delphi: The Bell Canada Experience.
Thank you very much for assisting us in this study to find the best way to get information to seniors.

The aim of the study is to find out which methods of sending information to seniors are the best. As seniors have a wide variety of information needs, for information, for leisure, for companionship, for home maintenance and health care, and others, there will be more than one best way of getting all these different kinds of information. Please list all of the methods that you find best, and give your reasons for choosing them. Try to think of as many as you can, but please list at least five methods. The next two pages are provided for your list.

The rest of this page provides information about the study.

This study is part of the research for a Master of Communication Studies thesis for the University of Windsor. All respondents will be guaranteed confidentiality. Your name is used, so that we can send you the second part of the study. There is no funding from any special interest group. No comment will be attributed to any person by name. A copy of the final results will be made available to all participants upon request.

Address your comments and questions to
Janet Bell
146 Canterbury St.
Chatham Ontario.
N7L 3S7
(519) 352-7237
The purpose of this questionnaire is to identify your sources of information. Think back to the last time you needed information on any topic. Where did you look? Whom did you ask? Where did you find the answer?

Please check off any of the sources below that you use.

If we have missed any sources that you use, please add them to the list.

- television
- radio
- newspaper
- magazines
- community newspaper
- Cable TV
- seniors columns
- seniors directory
- newsletter
- homecare
- V.O.N.
- agencies
- government offices
- hospitals
- guest speakers
- seniors advocates
- library
- books
- mail (inserts)
- flyers
- posters
- bulletin boards
- telephone
- nurses
- doctors
- neighbours
- clubs
- church
- friends
- family
Please complete this questionnaire before you begin the survey. All responses will be held in strict confidentiality.

1. Date of birth _______  b) gender _______

2. Country of birth __________________

How long have you resided in Kent or Essex County? _________

3. What language is spoken in your home? ________________
   
   List other languages that you understand. ________________

4. What is (was) your occupation? ________________

5. Marital status ________________

6. How many years of education have you completed? _________

7. How would you describe your overall health? ________________

8. How religious do you consider yourself? ________________

9. Do you live in your own home ________________
   in an apartment or other rental ________________
   in a seniors residence/ nursing home ____________
   in hospital ________________
   with grown children/extended family ____________

10. Do you have any condition that makes it difficult to communicate?
    Please explain briefly. ________________________________

11. Please rate yourself as an information user
   - high (spends time looking for information, attending meetings, connecting with others, reading about current affairs.)
   - medium (looks for information when it is needed, but primarily spends time on other activities)
   - low (not very interested in finding out new information / unable to find information)
Thank you for helping out with this study.

There is a second half of this study which asks you to provide ratings (scores) and comments about your answers on this questionnaire.

Please provide your name and address so that we can send you the second half of the study.

I consent to have my name and address kept on record so that a second questionnaire can be mailed to me. I understand that my name and address will be used only for the purpose of this study and will not be kept on record when the study is complete.

Name ____________________________

Address __________________________

City ______________________________

Postal Code ________________________

A copy of the study results are available to all participants on request.
Thank you for agreeing to assist us in our study to discover how seniors get information. As promised, here are the results so far, for your evaluation and comments.

From interviews and questionnaire results of 100 seniors from Kent and Essex counties, we have gained valuable information about seniors and the way they communicate. The results of our research are presented on the following pages in chart form for your comments.

Beside each item named by seniors as a source of information, there are numbers 1 to 5. Please rate the effectiveness of each item by circling a number from 1 (low effectiveness) to 5 (high effectiveness) for each of the items that YOU use as a method of getting information. Do not rate items that you do not use.

If you rate an item low, please say why it is not a good way to get information. If high, please state why you like this method or find it effective.

Please add any other comments you wish. Your opinions are important: they allow our study to reflect the real needs and concerns of seniors.

At the end of the list, you will find some comments that seniors have made about information. Please state whether you agree or disagree with these comments and add comments of your own.
Thank you for agreeing to assist us in our study to discover how seniors get information. As promised, here are the results so far, for your evaluation and comments.

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If you rate an item low, please say why it is not a good way to get information. If high, please state why you like this method or find it effective.

Please add any other comments you wish. Your opinions are important: they allow our study to reflect the real needs and concerns of seniors.

At the end of the list, you will find some comments that seniors have made about information. Please state whether you agree or disagree with these comments and add comments of your own.
These are the sources of information chosen by seniors. Please rate the items on this sheet that **YOU** use. Please comment on any low or high scores.

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Please rate the sources of information **YOU** use.

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Other
Did we forget any? Please add them. You may also wish to use this space for additional comments and suggestions about information sources for seniors.
Following are some comments made by seniors during the first questionnaire. Please circle T (true) or F (false) to indicate whether you agree or disagree with these opinions. Please use the Comments section to give us your views on these issues.

The best source of information for seniors is word of mouth.
T  F  Comment:

Seniors who regularly attend senior centres get more information than those who do not.
T  F  Comment:

Many older (75+) seniors get information from family. Younger family members get information for them.
T  F  Comment:

Seniors like to have information explained face to face, then write it down so they don't forget it.
T  F  Comment:

Seniors who live in nursing homes rely heavily on the staff for many kinds of information.
T  F  Comment:

Many older seniors spend time relying on their memories for information about their past. They might not be looking for new information in the present.
T  F  Comment:

Mail inserts are most often read and saved, not thrown out.
T  F  Comment:

Seniors use the library less because it is hard to get there, and many seniors have reduced vision.
T  F  Comment:

Most seniors are willing to try new things, such as becoming computer literate.
T  F  Comment:
Comments (Continued)

Some seniors do not get the information they need for the best quality of life possible.
T  F  Comment:

Some seniors have made the wrong decisions because they found out information too late.
T  F  Comment:

It would be a good idea to have a central information place or telephone service where seniors could get all the information they need to know about all kinds of things.
T  F  Comment:

Seniors need assistance filling out applications, forms.
T  F  Comment:

Seniors get information from the same sources they have used all their life, and do not have special needs.
T  F  Comment:

Seniors who do not speak English or French are severely restricted in their choice of information sources.
T  F  Comment:

Seniors are widely diverse because of different cultural backgrounds, education, language, and physical abilities, and so have more different individual needs than any other age group.
T  F  Comment:

Seniors who are ill or hospitalized sometimes have difficulty getting information about their medical condition.
T  F  Comment:

Seniors like to ask information of bank tellers and sales clerks.
T  F  Comment:
Thank you very much for assisting us in this study to find the best way to get information to seniors.

The aim of the study is to find out which methods of sending information to seniors are the best. As seniors have a wide variety of information needs, for information, for leisure, for companionship, for home maintenance and health care, and others, there will be more than one best way of getting all these different kinds of information. Please list all of the methods that you find best, and give your reasons for choosing them. Try to think of as many as you can, but please list at least five methods. The next two pages are provided for your list.

The rest of this page provides information about the study.

This study is part of the research for a Master of Communication Studies thesis for the University of Windsor. All respondents will be guaranteed confidentiality. Your name is used so that we can send you the second part of the study. There is no funding from any special interest group. No comment will be attributed to any person by name. A copy of the final results will be made available to all participants upon request.

Address your comments and questions to
Janet Bell
146 Canterbury St.
Chatham Ontario.
N7L 3S7
(519) 352-7237
GENERAL INFORMATION  Do not sign your name to this sheet

As a person who provides information to seniors, you have been asked to serve as an expert panelist in this study. The following questions will give us more information about your role as an information provider.

1. Is your association a non-profit organization
   a government agency
   a business

2. Briefly define your role in this organization.

3. Define the type of information you provide to seniors.
   a) health care
   b) financial information
   c) home maintenance
   d) social activities
   e) morale/mental health
   f) spiritual
   g) other (please explain)

If you have chosen more than one of the above categories, please indicate the percentage of time you spend on each.

4) Please rate yourself as an information user
   - high (spends time looking for information, attending meetings, connecting with others, reading about current affairs.)
   - medium (looks for information when it is needed, but primarily spends time on other activities)
   - low (not very interested in finding out new information / unable to find information)
Questionnaire #1

The purpose of this questionnaire is to identify your choices of information channels which you feel are most effective and efficient in sending messages to seniors. As an information provider, what methods of getting information to seniors would you use? Please name as many methods as you like, but list at least five choices.

As you complete the chart below, please give reasons for choosing each item.

<table>
<thead>
<tr>
<th>Method of sending information</th>
<th>Reason for choosing</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td></td>
</tr>
</tbody>
</table>
STATISTICAL ANALYSIS OF THE DATA

"T" TEST FOR SIGNIFICANT DIFFERENCES

All data were analyzed using a "t" test to determine significant differences between samples. Before administering the "t" test, the samples were combined and coded according to two variables, locality, and Shutin.

LEVEL ONE DELPHI: CHANNEL CHOICE

A: locality

There were significant differences between channel choices made by Kent and Essex seniors for the following variables at the .05 level. There were 26 Kent seniors and 36 Essex seniors in the sample, which includes shut-ins.

<table>
<thead>
<tr>
<th>Television</th>
<th>Kent</th>
<th>Essex</th>
</tr>
</thead>
<tbody>
<tr>
<td>F value</td>
<td>3.42</td>
<td></td>
</tr>
<tr>
<td>F probability</td>
<td>.001</td>
<td></td>
</tr>
<tr>
<td>t value</td>
<td>-2.07</td>
<td></td>
</tr>
<tr>
<td>T probability</td>
<td>.043</td>
<td></td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Newspaper</th>
<th>Kent</th>
<th>Essex</th>
</tr>
</thead>
<tbody>
<tr>
<td>F value</td>
<td>3.79</td>
<td></td>
</tr>
<tr>
<td>F probability</td>
<td>.000</td>
<td></td>
</tr>
<tr>
<td>t value</td>
<td>-2.43</td>
<td></td>
</tr>
<tr>
<td>T probability</td>
<td>.018</td>
<td></td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Seniors Advocates</th>
<th>Kent</th>
<th>Essex</th>
</tr>
</thead>
<tbody>
<tr>
<td>F value</td>
<td>3.79</td>
<td></td>
</tr>
<tr>
<td>F probability</td>
<td>.000</td>
<td></td>
</tr>
<tr>
<td>t value</td>
<td>2.43</td>
<td></td>
</tr>
<tr>
<td>T probability</td>
<td>.018</td>
<td></td>
</tr>
</tbody>
</table>

B: shut-in factor

There were significant differences in channel choices between seniors who were shut-ins and those who were not shut-ins for the following variables at the .05 level. There were 43 seniors who were not shut-ins and 19 seniors...
who were shut-ins in the sample.

<table>
<thead>
<tr>
<th>Bulletin Boards</th>
<th>Seniors .44</th>
<th>Shut-ins .05</th>
</tr>
</thead>
<tbody>
<tr>
<td>F value</td>
<td>F probability</td>
<td>t value</td>
</tr>
<tr>
<td>4.80</td>
<td>.001</td>
<td>3.22</td>
</tr>
</tbody>
</table>

**LEVEL TWO DELPHI: EFFECTIVENESS SCORES**

A: locality

All scores from Kent and Essex seniors and shut-ins, rating the effectiveness of channels they used were combined for this analysis. Channels not used were rated "0". Channels which were used by seniors were rated "1" to "5". There were significant differences between ratings given by Kent and Essex seniors at a .05 level for the following channels. The sample contains 25 Kent and 29 Essex respondents.

<table>
<thead>
<tr>
<th>Community Information Services</th>
<th>Kent .64</th>
<th>Essex 1.48</th>
</tr>
</thead>
<tbody>
<tr>
<td>F value</td>
<td>F probability</td>
<td>t value</td>
</tr>
<tr>
<td>2.57</td>
<td>.022</td>
<td>-1.98</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>University Courses</th>
<th>Kent .28</th>
<th>Essex 1.06</th>
</tr>
</thead>
<tbody>
<tr>
<td>F value</td>
<td>F probability</td>
<td>t value</td>
</tr>
<tr>
<td>5.64</td>
<td>.000</td>
<td>-2.10</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Seniors Directory</th>
<th>Kent .64</th>
<th>Essex 2.0</th>
</tr>
</thead>
<tbody>
<tr>
<td>F value</td>
<td>F probability</td>
<td>t value</td>
</tr>
<tr>
<td>2.19</td>
<td>.055</td>
<td>-2.65</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Newspaper</th>
<th>Kent 2.2</th>
<th>Essex 3.44</th>
</tr>
</thead>
<tbody>
<tr>
<td>F value</td>
<td>F probability</td>
<td>t value</td>
</tr>
<tr>
<td>1.20</td>
<td>.643</td>
<td>-2.22</td>
</tr>
</tbody>
</table>
### Magazines

<table>
<thead>
<tr>
<th></th>
<th>$F$ value</th>
<th>$F$ probability</th>
<th>$t$ value</th>
<th>$t$ probability</th>
</tr>
</thead>
<tbody>
<tr>
<td>Kent</td>
<td>1.48</td>
<td></td>
<td>-2.84</td>
<td>.006</td>
</tr>
<tr>
<td>Essex</td>
<td>3.0</td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

### B: Shut-in Factor

There were significant differences between effectiveness scores of channels rated by shut-ins and those rated by seniors who were not shut-ins for the following variables at the .05 level. The sample includes 37 seniors who were not shut-ins, and 17 seniors who were shut-ins.

### Neighbours

<table>
<thead>
<tr>
<th></th>
<th>$F$ value</th>
<th>$F$ probability</th>
<th>$t$ value</th>
<th>$t$ probability</th>
</tr>
</thead>
<tbody>
<tr>
<td>Seniors</td>
<td>1.62</td>
<td></td>
<td>-3.64</td>
<td>.001</td>
</tr>
<tr>
<td>Shut-ins</td>
<td>3.11</td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

### Doctors

<table>
<thead>
<tr>
<th></th>
<th>$F$ value</th>
<th>$F$ probability</th>
<th>$t$ value</th>
<th>$t$ probability</th>
</tr>
</thead>
<tbody>
<tr>
<td>Seniors</td>
<td>2.40</td>
<td></td>
<td>-2.56</td>
<td>.013</td>
</tr>
<tr>
<td>Shut-ins</td>
<td>3.70</td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

### Seniors Advocates

<table>
<thead>
<tr>
<th></th>
<th>$F$ value</th>
<th>$F$ probability</th>
<th>$t$ value</th>
<th>$t$ probability</th>
</tr>
</thead>
<tbody>
<tr>
<td>Seniors</td>
<td>1.05</td>
<td></td>
<td>2.33</td>
<td>.024</td>
</tr>
<tr>
<td>Shut-ins</td>
<td>.7</td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

### Guest Speakers

<table>
<thead>
<tr>
<th></th>
<th>$F$ value</th>
<th>$F$ probability</th>
<th>$t$ value</th>
<th>$t$ probability</th>
</tr>
</thead>
<tbody>
<tr>
<td>Seniors</td>
<td>1.78</td>
<td></td>
<td>3.13</td>
<td>.003</td>
</tr>
<tr>
<td>Shut-ins</td>
<td>.411</td>
<td></td>
<td></td>
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</tbody>
</table>

### Homecare

<table>
<thead>
<tr>
<th></th>
<th>$F$ value</th>
<th>$F$ probability</th>
<th>$t$ value</th>
<th>$t$ probability</th>
</tr>
</thead>
<tbody>
<tr>
<td>Seniors</td>
<td>.7</td>
<td></td>
<td>-2.42</td>
<td>.019</td>
</tr>
<tr>
<td>Shut-ins</td>
<td>1.94</td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

### Posters

<table>
<thead>
<tr>
<th></th>
<th>$F$ value</th>
<th>$F$ probability</th>
<th>$t$ value</th>
<th>$t$ probability</th>
</tr>
</thead>
<tbody>
<tr>
<td>Seniors</td>
<td>1.89</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Shut-ins</td>
<td>.52</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Programs</td>
<td>Seniors 2.83</td>
<td>Shut-ins 1.05</td>
<td></td>
<td></td>
</tr>
<tr>
<td>----------</td>
<td>-------------</td>
<td>--------------</td>
<td></td>
<td></td>
</tr>
<tr>
<td>F value</td>
<td>F probability</td>
<td>t value</td>
<td>t probability</td>
<td></td>
</tr>
<tr>
<td>1.71</td>
<td>.252</td>
<td>3.04</td>
<td>.004</td>
<td></td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Bulletin Boards</th>
<th>Seniors 2.67</th>
<th>Shut-ins 1.05</th>
</tr>
</thead>
<tbody>
<tr>
<td>F value</td>
<td>F probability</td>
<td>t value</td>
</tr>
<tr>
<td>2.09</td>
<td>.116</td>
<td>3.10</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Seniors Directory</th>
<th>Seniors 1.75</th>
<th>Shut-ins .52</th>
</tr>
</thead>
<tbody>
<tr>
<td>F value</td>
<td>F probability</td>
<td>t value</td>
</tr>
<tr>
<td>2.36</td>
<td>.068</td>
<td>2.19</td>
</tr>
</tbody>
</table>

**LEVEL TWO DELPHI: THE COMMENTS**

**A: locality**

Comments from level two questionnaires were compared to determine whether or not there was a significant difference between responses from Kent and Essex counties. For the variables which follow, there was a significance at the .05 level. There were 24 seniors from Kent and 29 from Essex in the sample.

Seniors who live in nursing homes rely heavily on the staff for many kinds of information.

Kent 1.66  Essex 1.17

<table>
<thead>
<tr>
<th>F value</th>
<th>F probability</th>
<th>t value</th>
<th>t probability</th>
</tr>
</thead>
<tbody>
<tr>
<td>2.30</td>
<td>.045</td>
<td>2.15</td>
<td>.037</td>
</tr>
</tbody>
</table>

Seniors use the library less because it is hard to get there, and many seniors have reduced vision.
Kent 1.75  
Essex 1.17

<table>
<thead>
<tr>
<th>F value</th>
<th>F probability</th>
<th>t value</th>
<th>t probability</th>
</tr>
</thead>
<tbody>
<tr>
<td>2.20</td>
<td>0.057</td>
<td>2.40</td>
<td>0.020</td>
</tr>
</tbody>
</table>

B: Shut-in Factor

Comments from the level two questionnaire were compared to determine whether there were significant differences between scores from seniors who were shut-ins and those who were not shut-ins. For the variable which follow, there was significance at the .05 level. There were 36 seniors and 17 shut-ins in the sample.

Seniors who regularly attend senior centres get more information than those who do not.

Seniors 1.58  
Shut-ins .94

<table>
<thead>
<tr>
<th>F value</th>
<th>F probability</th>
<th>t value</th>
<th>t probability</th>
</tr>
</thead>
<tbody>
<tr>
<td>1.74</td>
<td>168</td>
<td>2.68</td>
<td>0.010</td>
</tr>
<tr>
<td><strong>NAME</strong></td>
<td>Janet Lucy (Burwell) Bell</td>
<td></td>
<td></td>
</tr>
<tr>
<td>------------------</td>
<td>-----------------------------------------------------------------</td>
<td></td>
<td></td>
</tr>
<tr>
<td><strong>PLACE OF BIRTH</strong></td>
<td>St. Thomas, Ontario</td>
<td></td>
<td></td>
</tr>
<tr>
<td><strong>YEAR OF BIRTH</strong></td>
<td>1946</td>
<td></td>
<td></td>
</tr>
<tr>
<td><strong>EDUCATION</strong></td>
<td>Chatham Collegiate Institute 1962-1965</td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td>University of Western Ontario, London, Ontario 1965-1968 B.A. (English)</td>
<td></td>
<td></td>
</tr>
</tbody>
</table>