MULBERRY
LUTHERAN HOME /
MULBERRY
LUTHERAN CHURCH

THESIS 74
by
John E. Cassell

Copy 2
PROGRAM

MULBERRY LUTHERAN HOME

Thesis A by John E. Cassell
COLLEGE OF ARCHITECTURE AND PLANNING
BALL STATE UNIVERSITY - MUNCIE, INDIANA
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PROLOGUE
A BRIEF HISTORY OF MULBERRY LUTHERAN HOME

Mulberry Lutheran Home for senior citizens is located on the west edge of the town of Mulberry, Madison Township, Clinton County, Indiana. The main building was formerly owned and occupied by Weidner Institute. This school as it existed is best described by a plaque on the wall in the main lobby of the building: 'Founded as Colburn Academy, tendered to the Chicago Synod in 1903. Removed to Mulberry, Indiana, in 1905. Renamed Weidner Institute. This school of conservative Lutheranism continued its work until 1927. Its monument is a deathless faith and a gentle Christian Spirit still living in the Church through those it touched.'

After Weidner Institute closed in 1927, its buildings were abandoned and went into disrepair. Knowing that there was a definite need for a home for senior Lutherans in the area, the Rev. J. C. Kapp, D.D., then pastor of First Lutheran Church, Cincinnati, Ohio, conceived the idea of making use of this abandoned building at Mulberry for a home for senior Lutherans. This idea gathered acceptance among Lutheran Leaders in Indiana, Ohio, Michigan, and Kentucky. A meeting was held in Fort Wayne, Indiana, with representatives from the four above mentioned Synods. A charter was approved and a preliminary constitution was approved and officers elected, with Dr. Ben Zigler of Findlay, Ohio, chosen as president and the Rev. Walter E. Bradley, D.D., Findlay, Ohio, as secretary.

Since Weidner Institute was forced to close for lack of funds and support, its closing left an indebtedness to be paid by someone or some group. Indiana Synod raised enough money to clear all remaining debts and signified its willingness to give the buildings to some church related group or committee in the Synods involved.

Mulberry Lutheran Home for senior Lutherans came into existence as a project of the Lutheran Brotherhoods of Indiana, Ohio, and Michigan Synods and was incorporated under the laws of Indiana June 2, 1930.

The property acquired by this corporation consisted of twenty acres of land and three buildings, the Girl's Dormitory, the main three-story building, and a recreation
assembly hall. Since all buildings were in dire need of repair and renovation, the girl's dormitory was most usable and was made livable for senior residents. This building was dedicated August 3, 1930.

The Home continued in the first unit until December 3, 1931.

The main three-story building was remodeled at a cost of $80,000. It was first believed that the remodeling could be done for $5,000, but this was not the case. Bonds were sold to churches in Indiana to underwrite the cost. This second unit was occupied December 6, 1931.

Dedication of the second unit took place May 1, 1932. Twenty-four residents occupied the building at this time of dedication.

The first years of the Home were marked by severe financial difficulties. During the depression years the Home was almost forced to close its doors. Because of the lack of support from constituent Synods, deficits accumulated, and by 1936, the total indebtedness was approximately $63,000. That same year a campaign was conducted to liquidate this indebtedness. After a period of eight years, the debt was reduced to $11,900. A special drive in 1944 freed the Home of the remaining debt.

Construction of a new fireproof stairwell was begun in 1951 and dedicated November 2, 1952, upon completion. The cost of this addition was $54,000.

Since its opening in 1930, to the present, Mulberry Lutheran Home has served approximately 290 senior citizens.

The next ten years, and beyond, will see Mulberry Lutheran Home growing and changing. Through this time of change the Home wants to maintain its reputation as a provider of good quality health care in a comfortable, home-like setting.
INTRODUCTION
PURPOSE

The purpose of the Architectural Thesis is to give the student the opportunity to more fully experience and develop his abilities in the comprehensive responsibilities an architect must be able to cope with to successfully render the best possible service to his clients. The methodology, while similar to the normal architect's approach to problem solving and design, will of necessity be an abstraction from the total real experience.

CLIENTS

The clients for my thesis project are the Mulberry Lutheran Home and the Mulberry Lutheran Church.

The Home wants to expand its operations to serve more people (the first phase will enlarge the Home's capacity from 40 residents to 120 residents, with future additions to take the total to 240 residents) with more kinds of services, and to get out of its present structure which is old and deteriorating.

Until recently there were two Lutheran churches in Mulberry. They have merged, and are going to locate their new facility on the Home's site. They are doing this so as to be able to serve not only the church members in the community, but also those who live in the Home. They also hope to achieve economies in their physical plant by sharing some facilities with the Home.

IN Volvement

I became involved with this project at the suggestion of my father, Rev. Robert E. Cassell, member of the Executive Board of Mulberry Lutheran Home. At the time I became involved, the Home had already had a Master Plan Study (prepared by Walter Scholer and Associates, Inc., Lafayette, Indiana) and were proceeding with schematic designs (architect-Walter Scholer and Associates, Inc.).

I decided to work on this building type because it is usually of poor quality as

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far as design and aesthetics go. But beyond this, the buildings designed are usually degrading to the residents in that most nursing homes are designed and managed as dehumanized institutions.

ACKNOWLEDGMENTS

I would like to thank Mr. Norm Greene, Associate Administrator, St. Elizabeth Hospital, Lafayette, Indiana, and Rev. Paul Mumford, Administrator, Mulberry Lutheran Home, Mulberry, Indiana, for their assistance in the research for and the preparation of this program.
BACKGROUND,
PHILOSOPHY, &
OBJECTIVES
BACKGROUND

Mulberry Lutheran Home has been serving the needs of central Indiana's senior citizens for over 40 years. In this time the Home has built a solid reputation for supplying good health care.

PHILOSOPHY

The Home aims to provide a Christian home for senior Lutherans who have moderate incomes and who are active in the church.

OBJECTIVES

Mulberry Lutheran Home's first and primary objective is to provide the best possible residential accommodations in nursing home care to retired people, while at the most economical cost consistent with their standards.

With the physical expansion of Mulberry Lutheran Home, the Home wants to expand the range of its services beyond comprehensive nursing care and residential living facilities to offer medical and nursing services on an outpatient or visiting nurse basis.

GENERAL GOALS

1) Continue to provide good comprehensive nursing care for a larger number of residents who need medical services.
2) Provide expanded residential living accommodations for those who are still somewhat self-sufficient, but do not want to be hassled with keeping up a house or an apartment.
3) Provide apartments, on a subscription basis, for those who are still able and wish to maintain their own household, but want to come under the "umbrella of care" to be offered by the Home.
ANALYSIS
OF
EXISTING
BUILDING
EXISTING BUILDING

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BUILDING CONDITIONS

The present building, built around the turn of the century, was occupied by the Home on December 6, 1931. The main building is a three story and full basement masonry building with a present total floor area of approximately 14,000 square feet. Certain additions have been added to the original building. These include a front projection of 1 1/2 stories and a projection of 3 stories and basement on the east side, which was built to provide a fireproof staircase.

The building has a flat built-up roof, solid masonry walls, wood floor and roof framing, wood double hung windows, and aluminum storm sash. The building interior has plastered walls, plastered ceilings, and oak floors with some tile and some carpeting. In addition to the stairs, there is an elevator that serves all four floors. The building is heated by a cast iron, sectional, oil fired steam boiler located in a boiler room to the rear of the building. Extensive additions to and remodeling of the electrical system have been made to the building. The building is partially air conditioned by the use of window units.

The second and third floors of the building are nearly identical. They each contain 10 patient rooms, a hallway and two restrooms. The first floor contains the living room, large hallway, 5 patient rooms, including one 5 bed ward, plus a utility room and an office. The basement contains the kitchen, dining room, hall, a two room laundry facility, a storeroom with a built-in freezer and cooler, plus two restrooms. The fireproof addition on the east side contains a stairway and one patient room on each of the upper floors. The 1 1/2 story projection at the front of the building contains a parlor, entry hall-reception area and a private office.

While the building is well maintained and clean, it is of non-fire resistive type construction and is gradually deteriorating due to its age and type of construction. The building is equipped with a fire and smoke detector system, but does not have a sprinkler system which would insure against the spreading of fire and also be a factor in decreasing the present insurance rates.
RECOMMENDATIONS

Because of its age, size, and type of construction, it does not seem to be economically feasible to accomplish the extensive remodeling necessary to convert the present building into any potential use in relation to the new building complex.

As Robert R. Cummings and Associates states in their report to the Home, "--Mulberry Lutheran Home is a functionally and economically obsolete facility and that its operational expense and maintenance cost will continually rise."

Therefore the building should be razed with some of its materials and features salvaged for use in the new building or buildings and/or site development.
SITE ANALYSIS
Mulberry, Indiana, is a small community with a population of approximately 1,075 and is located on State Road 38 in the northwest corner of Clinton County. It is about 12 miles northwest of Frankfort, Indiana, and 13 miles southwest of Lafayette, Indiana. (See map below)
SURROUNDINGS

The site lies on the north side of State Road 38 at the west edge of Mulberry. In general the properties to the east of the site are single family dwellings on small lots, and the properties to the west and north are farms plus scattered single family dwellings. To the south, across State Road 38, are also single family residences. (See map below)
DESCRIPTION

The site contains approximately 100 acres with a total frontage on the north side of State Road 38 of approximately 1180 feet.

The topography of the site is generally level and is free from steep sloping sections. The highest point on the site, which occurs along the east property line, is at elevation 784.9', while the lowest point on the site, which occurs in the northwest area of the site, is at elevation 762.1'.

There are no apparent surface drainage problems as a majority of the site drains off to the north along three different routes while the remainder of the site drains naturally to the south.

The soil itself is of a good quality, as it is currently being used for farming.

A small wooded area of approximately 3 acres is located along the north property line. In addition to this there are a few large trees located in front of the existing Home. (Recently, about 900 small hardwood saplings were planted in the southwest corner of the site to serve as additional landscape material for future development.)

UTILITIES

Utilities which presently serve the site include electricity, water, the new Mulberry sanitary sewer system, and telephone service. Natural gas will not be available to the site until around 1976.

REGIONAL CONSIDERATIONS

With the opening of Interstate 65 between Indianapolis and Lafayette, Mulberry is less than one hour from the north side of Indianapolis, and less than five miles east of the I 65-Route 38 Interchange. Less than three miles west of this interchange, at the southwest city limits of Lafayette, is under construction the largest
Shopping center in the Lafayette metropolitan area. Other light commercial and residential developments are also beginning to appear both north and south off of Route 38 between the city limits and 1 65.

This very recent and rapid growth indicates that the town of Mulberry will no longer be the isolated community that it has been considered to be, but will tend to become part of the Greater Lafayette area.

Mulberry is 10 miles from the nearest major industrial area. Because of this the community is free from such objectionable factors as smoke, odors, noise, and excessive dust.

Two major hospitals are accessible to the site, both of which are within 15 minutes driving time from the Home. Both institutions provide 24-hour emergency room service staffed by licensed physicians. Hence, comprehensive medical care is more swiftly available than it is in most suburban areas around large cities.

**SITE RESTRICTIONS**

There is an easement of 200 feet radius around the present city water well on the east side of the property.

There is an easement of 75 feet on each side of the 18 clay tile cutting across the eastern half of the southern boundry (Creamery Court Ditch).

Due to the elevation of the manhole on West Street (where the Home will tie into the new sewer system) it will not be possible to provide sewer service to the western area of the site without the addition of a pumping station.
ECONOMICS
FINANCING

Each component of the project will be funded in its own way. The Church can conduct a capital funds drive to help raise money for their new facility. Additional money could be obtained from the sale of any real estate that the churches may now hold in other areas around Mulberry. Contingent on their success in these areas, they will still, more than likely, have to borrow money from some lending institution.

The Home is dependent on the monthly payments made by residents, their entrance payments, and on gifts to meet its operating expenses. The Home will also except Memorials and gifts which may be used for designated purposes. The Home will also need to borrow money to finance the new construction. At the present time the Home also makes some money by renting parts of their land to the surrounding farmers to use for raising crops. This practice should continue through the initial stages of development.

The apartments, more truthfully condominiums, will be built as they are prepaid for by their occupants. Because they will only be built after they are paid for, there will be no need for the Home to borrow money to construct these units. However, there will have to be an investment in roads and utilities to serve these units.

GROWTH

As each unit is added to the nursing facility it shall be self-supporting, but with the accepted principle that the unit costs of management should decrease with the increase in care units.

Growth beyond the initial project of 80 residential beds and 40 comprehensive care beds should not be limited to one gross addition of 120 beds, but should possibly be considered in 40 bed steps (40 beds being the maximum for one Nursing Station), in whatever mix is appropriate for the market. In this way the Home will have some options as to how it will grow to its final capacity of 240 beds and will be more able to respond to the needs that are present.
ZONING
ZONING

Clinton county is just now establishing its metropolitain planning body, and, consequently, the site is not zoned.
CHURCH

Churches are classified as a Group C occupancy by the Building Rules and Regulations, Vol. I, of the Administrative Building Council of Indiana. Specific requirements for Group C occupancies are found in Vol. I; Part III, chs. 5, 6, and 8; Part V; Part VI; Part VII; and Part X, and Vol. IV. Plumbing requirements are given in the Uniform Plumbing Code, of the International Association of Plumbing and Mechanical Officials.

NURSING HOME

Nursing homes are classified as a Group D occupancy, Division 2, by the Building Rules and Regulations, Vol. I. Specific requirements for Group D occupancies are laid out in Vol. I; Part III, chs. 5 and 9; Part V; Part VI; Part VII, chs. 33, 34, 37, 38, and 40; and Part X, and Vol. IV. Also to be followed is the Uniform Plumbing Code.

Other standards for nursing homes are to be found in State of Indiana Health Facilities Regulations, published by the Indiana State Board of Health. Requirements with regard to food preparation are covered in Regulation HFD 17, Regulations Pertaining to the Sanitation of Food Service Establishments, published by the Indiana State Board of Health.

APARTMENTS

Apartments are classified as a Group H occupancy by the Building Rules and Regulations, Vol. I. Specific standards for Group H occupancies are found in Vol. I; Part III, chs. 5 and 13; Part V; Part VI; Part VIII; and Part X, and Vol. IV. Plumbing requirements are found in the Uniform Plumbing Code.

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USER
HEALTH
AND
ACTIVITY
PATTERNS
This section will deal with two areas. The first is on the elderly's physical ability and the second is on the manner in which they use their time.

**INFLUENCE OF HEALTH ON ACTIVITIES**

In recent years a significant change has taken place in the attitude of the public toward the health status of the aging. Formerly, there was a widespread belief that an old person must be an infirm person and that old people, therefore, must generally be provided with much special care. Today it is recognized that, although persons may become more infirm as they become older, this is a normal process and one that is usually not incapacitating. The proportion of the elderly who are chronically ill is a relatively low proportion of the total—estimates from different sources range from 2 to 4 percent of those persons age 65 and over. With the recognition that health does not limit the ability of most aged to take care of themselves, increased emphasis has been placed on encouraging them to live independently as long as they are possibly able to do so.

The health of an older person is a big determinate of their activity patterns. Summerized below are the results of a survey which dealt with the following four areas:

1) The number and kind of health problems they had.
2) The extent to which they had been confined to a bed or chair during the past year.
3) The amount of help they needed with activities.
4) The activities that they had given up because of health.

The elderly persons were asked what physical problems were bothering them at present. One third of the respondents indicated that they were not bothered by any problems—the percentage decreasing significantly from 30 percent for those under age 70 to 24 percent for those age 80 and over. The most common ailments were arthritis and rheumatism, followed by high blood pressure, hearing difficulties, eye trouble, heart

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trouble, and trouble with other internal organs. The only health problems that were found to increase with an increase in age were hearing and eye trouble.

In addition to the third of the elderly who were found to have no health problems, another third had only one problem, 19 percent had two problems, 9 percent had three problems, and 5 percent had four or more problems. As age increased, a larger proportion of those living in the households of others, as compared with those living in their own households, had at least one health problem. Differences were observable after about age 70 and increased until they significant at age 80 and over.

While direct information was not obtained concerning the seriousness of the various health problems, the respondents were asked how long they had been confined to bed or chair because of health during the past year. Of the total group, 7 out of 10 respondents had not been confined at all. Of those who had been so confined, the distribution was fairly even among those who had been confined for periods of less than a week, one to three weeks, or more than a month. The majority had been confined for less than a month, and this may have included several short periods throughout the year.

Confinement did not increase with advancing age when respondents lived in their own households. However, among those not living in their own households, there appeared to be a relationship between age and whether or not they had been confined: whereas 76 percent of those under age 70 had not been confined, only 60 percent of those age 80 and over had not. In general, though, the differences were slight between those who were living in their own households and those who were not. Even for the age group 80 years and over, the difference was not significant--60 percent of those respondents who did not live in their own households, compared with 70 percent of those who did, had not been bed or chair confined.

To determine how well the aging could take care of their day-to-day needs, the respondents were asked, "How does your health affect what you can do from day to day? Do you do everything without help? Do you do most things without help? Do you have some help to get most things done? Do you have help with all activities?"
Answers to these questions provided another indication that most of the health problems of the aged were not seriously incapacitating. A total of 67 percent of the respondents stated that they did everything without help. When the answers to the first two questions (everything and most things) were combined, the affirmative responses covered 92 percent of the elderly in the survey.

Even when those respondents who had several health problems were considered, a high proportion needed no help or help with only a few things. Among those with four or more health problems, 74 percent could do everything or most things without help, and only 5 percent reported that they needed help with all activities.

It might be expected that the elderly who do not live in their own households need much more assistance than those who maintain their own households. In this study, however, it was found that up to about age 75, respondents living in the households of other people were as able to do things without help as were respondents living in their own households. After that age, for both groups, there was a decline in the proportion who could do everything without help, but this decline was much more pronounced for respondents who were not living in their own households. For example, 7 out of 10 respondents age 74 or younger under either living arrangement were able to do everything without help. After age 80, 6 out of 10 respondents who lived in their own households were still able to manage without help, while for those not living in their own households the proportion was only 4 out of 10. However, when considering those able to do either everything or most things without help, differences disappeared. After age 80, 85 percent of those who lived in their own households and 81 percent of those who lived in the households of others could do everything or most things without help.

As another measure for determining the effect of existing health problems, respondents were asked whether they had given up any of the following activities because of their health:

1) Working at their regular jobs.
2) Taking long trips.
3) Doing heavy work around the house (like shoveling snow).
4) Going up and down stairs.
A total of 37 percent of all respondents had not given up any activity; 27 percent had given up their jobs, 48 percent had given up certain heavy work, and the number that had given up other activities was negligible. There was a considerable increase in the percentages that had given up heavy work and their regular jobs with an increase in age. For example, for the age group 80 years and over, 62 percent no longer did heavy work, and 38 percent had given up their jobs because of health. This reflects, of course, not only a greater general disability with advanced age, but also the increased probability of having given up more activities as more years passed. The latter is especially a factor in relation to working at a regular job.

Again, on this question, some differences were found between those elderly who lived in their own households and those who lived in the households of others. For example, 4 out of 10 of the former, as compared with 3 out of 10 of the latter, reported that they had not given up any activities. The difference between those living in their own households and those in the households of others was in the proportion who had given up heavy work. This item became especially important with an increase in age. For those age 80 years and over, 56 percent of the elderly living in their own households, compared with 77 percent of those living in the households of others, had given up some activity of this type.

ACTIVITIES DURING A TYPICAL DAY

To obtain information about the daily activities of the aged, the question was asked, "What did you do yesterday from the time you got up until you went to bed?" The interviewer probed for more detail by asking questions such as: About what time did you get up? What did you do first? About how much time did you spend on that activity? What did you do next? This line of questioning was continued until information was gained for the entire day. The final question inquired about the time the respondent retired.

There was considerable variation in the "length of day" among the elderly covered by this study. The percentage distribution of the number of hours in the typical day for all respondents was as follows:
length of day—the median was 15 hours.

- 12 hours or less: 5%
- 13 hours: 9%
- 14 hours: 21%
- 15 hours: 31%
- 16 hours: 22%
- 17 hours or more: 12%

The percentage distribution of the times of arising was as follows:

**Arising time**—the median time was 7:00 A.M.

- Before 6:00 A.M.: 7%
- Between 6:00 A.M. and 7:00 A.M.: 22%
- Between 7:00 A.M. and 8:00 A.M.: 36%
- Between 8:00 A.M. and 9:00 A.M.: 25%
- After 9:00 A.M.: 10%

The percentage distribution of the times of retiring was as follows:

**Retiring time**—the median time was 10:00 P.M.

- Before 8:00 P.M.: 2%
- Between 8:00 P.M. and 9:00 P.M.: 4%
- Between 9:00 P.M. and 10:00 P.M.: 22%
- Between 10:00 P.M. and 11:00 P.M.: 40%
- Between 11:00 P.M. and 12:00 P.M.: 23%
- After 12:00 P.M.: 9%

About 40 percent of the respondents had taken a nap during their typical day. Of those who did, nearly half napped for an hour, and one fourth for two hours. For the remainder, 11 percent napped for half an hour or less and 7 percent for more than two hours.
The simplest manner of describing daily activities is divide them into work and leisure categories. However, it should be remembered that work does not necessarily imply that the activities were not performed for pleasure or to fill leisure hours. The role of work activities undoubtedly varies with different individuals.

The work activities considered are:
1) Meal preparation, eating and cleaning up,
2) Other housework such as housecleaning and laundering,
3) Personal care,
4) Shopping and related activities,
5) Employment,
6) Care of others.

Since most of these activities are essential in the household, the term "obligated time" activities is used here.

Typical leisure activities are more numerous. The most common activities can be identified and described. However, they have been grouped to make analysis possible and understandable.

Most elderly had a minimum of 5 or 6 hours a day that were committed to activities which needed to be performed. This time increased, of course, for those who were still employed full time and for those who had such added responsibilities as the care of others. It also was increased by such activities as shopping.

Meals. No out-of-the-ordinary pattern with regard to the number of meals eaten by the elderly was found in the study, i.e. most of them (86 percent) had three meals a day. Couples, regardless of living arrangement, had three meals a day in about 90 percent of the cases. However, for widowed, single individuals, there was a slight variation depending upon whether they lived alone or with others. Both men and women living alone had three meals a day in 8 out of 10 cases, with most of the remainder having two meals. When widowed, single individuals lived with other people, the proportions having three meals increased. Women living with children had three meals in 89 percent of the cases, while for men, the proportion increased to 93 percent. The matters of age and income did not influence these patterns.
The median number of hours spent in preparing, eating and cleaning up after meals was 2 1/2, with 60 percent spending from 2 to 3 hours a day. However, another 23 percent spent 4 hours or more, and 17 percent less than 2 hours on these activities. The longer periods of time reflect primarily the extra time taken by some women, while the shorter periods of time primarily reflected the time taken by men. The time spent by widowed, single women on meal preparation and eating was greater when they lived with others than when they lived alone. This difference may be partially a reflection of extra work involved in cooking and cleaning up for families with which they lived, but it undoubtedly also reflects the extra time spent eating and visiting when other people were present at meals.

Since it is usually considered enjoyable to eat with someone else rather than alone, the study inquired into the frequency with which the elderly had relatives or friends come to eat regular (as distinguished from formal) meals with them. Only a small proportion of the elderly never had anyone eat meals with them. An exception was 21 percent of the widowed, single men living alone and 13 percent of those men living with others. However, this kind of social activity apparently took place at infrequent intervals for many elderly.

Approximately 90 percent of the elderly sometimes ate out, either with relatives or friends or at a restaurant. Single, widowed men living alone ate out more frequently than any of the other subgroups—none of the other subgroups ate out daily and another 30 percent eating out at least once a week. Comparable figures for single, widowed women were 7 percent daily and 34 percent weekly. Couples, whether living alone or having others live with them, ate out less frequently. Among all of the subgroups, there was usually less eating out if there were children in the household than if not.

There was some tendency for the elderly of advanced age to eat out less frequently than for those who were younger. The data indicates that for widowed, single men and for couples, there was only a slight change with an advance in age; a relatively high proportion of the widowed, single men but a much lower proportion of the couples ate out regardless of age. On the other hand, it is interesting to note that nearly two fifths of the widowed, single women between the age of 65 and 74 ate out weekly or more often, but when they reached the age of 80 or over, this proportion declined to
only one out of five.

As would be expected, elderly in the higher income groups ate out more frequently than those in the lower income groups—the proportion declining from 45 percent for the income group $3,000 and over to only 23 percent for the income group under $1,000, for those eating out weekly or more often.

The matter of health also had a significant influence, with those in the best health condition eating out considerably more frequently than those in the poorest health. This trend did not exist for single, widowed men living alone. This was probably because eating out was more of a necessity for them, while for others it may have been more of a luxury.

Other Housework  Housecleaning and laundering represented other important household work to be done by the elderly.

Approximately two thirds of the respondents indicated that they did some housework during a typical day. The time spent varied considerably, with a third of those who engaged in this kind of activity spending 1 to 1 1/2 hours at it, another third 2 to 3 hours, and the remaining third distributed evenly between less than 1 hour and 4 hours or more.

While it would be assumed that the data would show a high proportion of the women performed this kind of work during their typical day, it is interesting to note the proportion of men engaged in it. Of the men living with their wives, approximately one fourth did some work of this type. However, for widowed, single men living alone, this proportion rose to nearly 6 out of every 10. Men, however, spent less time doing this kind of work than did women.

As age increased, a lower percentage of elderly engaged in housework on a typical day—the figures dropping from 69 percent for the age group 65 to 69 years to 52 percent for the age group 80 years and over. After the age of 70, approximately a half hour less time was spent daily in these activities. In addition, it was found that a higher proportion of elderly in the low, as compared with high, income groups did
housework in a typical day, but those in the lowest group spent less time at it.

Elderly living with others frequently have someone else in the household who can do some, if not most, of the housework. This is not true, of course, for those living alone. It was found that 9 out of 10 of those elderly living alone did this work themselves, regardless of sex or age.

Because of the burden housework could place on them, those respondents who lived alone and did their own housework were asked whether there was anything in particular about their house that made housecleaning hard for them. Over four fifths of the widowed, single men and two thirds of the women answered in the negative. Of those who answered in the affirmative, the principle complaint, expressed by 2 out of every 3 who mentioned a problem, was about household furnishings, equipment, and facilities. About a third mentioned the number of rooms in their house and about a fifth indicated that it was the size of their rooms or the age or condition of their houses. Some mentioned more than one thing.

Another household activity that involves work is laundering. Approximately 9 out of every 10 couples and widowed, single women living alone did their own laundering. The proportion dropped to about 6 out of every 10 widowed, single men. Age had some influence. For couples, the proportion dropped off some after the age 80, and for widowed, single women, it dropped off some after the age of 75.

As incomes increased, a lower percentage of the elderly living alone did their own laundry. For couples, the proportion dropped only slightly for the income group $3,000 and over, but for widowed, single women, it dropped to 73 percent, and for widowed, single men, it dropped to 40 percent.

Since housework consumes a certain amount of energy, and the elderly may be assumed to have less energy as the years go by, it is interesting to see whether they have made any changes in their living arrangements, and if so, what kind, which might reduce the effort put into housework. On this subject, respondents were asked what changes they had made, if any, since they were 55 years old to make life easier for them.
Nearly half of the elderly had made some changes. The most general change was moving into another place. This change had been made by nearly half of the elderly who were living in the households of others at the time of the interview. It had also been made by approximately 4 out of 10 renters and those who were living rent free and by a somewhat higher proportion of low income families than of those in the higher income brackets.

Another type of change that was frequently made was to change the use of rooms. This type of change, an obviously inexpensive way to make life easier, was made in more instances among low income families. It was also made among a higher proportion of the elderly in advanced age groups than among those who were not so old. Owners and those living rent free changed the use of rooms more frequently than renters, undoubtedly because there were more rooms in their houses.

The only other type of change that appeared in significant numbers was general home improvement. Approximately 1 out of every 10 owners reported that they had made some general improvements in their houses to make living easier since they reached the age of 55.

Personal Care. Since almost all of the elderly engaged in some form of personal care—washing, grooming, dressing, bathing—the only matter of interest concerning these activities was the amount of time spent at them. Approximately half of the respondents spent less than 1 hour and most of the remainder spent from 1 to 1 1/2 hours—the median being 1 hour. Those living in their own households tended to take slightly more time than those living in the households of others. There also was some tendency for those in the younger age groups to take more time than those advancing in years, but the difference was very small. Women also tended to take more time than men.

Shopping and Related Activities. While shopping and such related activities as going to the bank, library, doctor, dentist, beauty shop, and movies are irregular activities, as evidenced by the fact that only 28 percent of the respondents engaged in them on a typical day, nevertheless the importance of these activities to the livelihood of the elderly is recognized. The median time spent on these activities on a
typical day was 2 hours. Therefore, on days the elderly went shopping, the median amount of time spent on obligated time activities increased to between 7 and 8 hours. A very low proportion spent less than 1 hour or more than 3 hours on these activities.

There were some significant differences in the proportion of elderly in the various subgroups who engaged in shopping during a typical day. The percentages increased with income levels, and decreased with age. Also, as would be expected, a larger proportion of those living alone, as compared with those living with others, engaged in this activity—undoubtedly because they had no one else to do it for them.

Other Obligated Time Activities. In the study, 28 percent of the men and 15 percent of the women were in the labor force. Participation in the labor force was considerably higher among those individuals living in their own households than among those who were not. The percentages were appreciably higher among married men than among those who were widowed or single. Among those men still in the labor force, approximately half were employed in full-time positions and the other half in part-time positions. Among those in full-time positions, about half were working in the same position in which they had worked most of their lifetime.

The only other activity involving obligated time that appeared to be of any importance from the standpoint of amount of time devoted and the percentage of the elderly participating was the care of other people. In some instances this activity may have involved essential care of someone in the household, but in other instances it is known that it was more or less voluntary in nature, such as babysitting. Although only 7 percent of all the respondents interviewed cared for others on a typical day, a median of 2 hours was spent by those who engaged in the activity. There were no differences between those living in their own households and those living in the households of others, or among elderly in the different income classes, but there was a somewhat higher percentage of those in the age group 65 to 69 than in the age group above that who engaged in such activity.

There undoubtedly were other activities, such as church and club work, that for some people constituted obligated time, but since such activities are generally performed voluntarily, they are discussed later rather than in this section.
As already stated, the median day for the elderly covered by this study was 15 hours long, and a minimum of 4 or 5 of those hours was generally committed to housework or other activities that in effect represent obligated time. This suggests that approximately two thirds of the time during the day or about 10 hours, often is available for other than work activities.

When all of the elderly in this study were considered, it was found that this time was spent in a vast variety of activities. These activities can be classified in many different ways, but the simplest and yet the most meaningful classification is one that combines the proportion of elderly who participated in the activity and the amount of time they spent on it.

The three activities in which a large proportion of respondents reported participation on a typical day were watching television, visiting, and reading. In addition, a relatively high proportion of the elderly were found to have spent some time during a typical day in idleness—just relaxing or doing such things as "sitting and looking out the window"—and napping. Although 'idleness' is not considered an activity per se, because of high participation it will be discussed along with the other activities mentioned.

Watching Television. One of the most important leisure time activities for the elderly is watching television. A total of 70 percent watched television on a typical day. Furthermore, more time was consumed on this activity than on almost any other. Half of the elderly who watched TV spent 2 to 3 hours in this manner, and nearly 40 percent spent 4 hours or more. The median time was 3 hours.

In this connection it should be mentioned that 15 percent did not have sets and, therefore, rarely did not have the opportunity to watch television. A significantly lower proportion of widowed, single men and women living alone, than other aged persons, had television sets. Similarly, fewer elderly in the advanced age groups, and fewer renters than owners, had sets.

Of those who had television sets, there was actually little difference in the extent to which they were used. Generally, among those who had sets, approximately 8 out
of 10 watched television, regardless of their marital status, age or income. There was some tendency for more of those living alone or with spouse only to watch TV than of those who were living with others (or had others living with them).

One of the most interesting findings is that while only 63 percent of the men living alone had sets, 91 percent of those who did, watched television. In other words, the proportion of ownership was lower for men living alone than for women or couples, but the proportion of men watching TV was higher than that for the other groups.

The extent to which watching television has replaced listening to radio or records is quite evident from the data. Compared with the high participation and high median number of hours spent in watching television, only 17 percent of those interviewed listened to the radio or to records during a typical day, and the median number of hours spent at this was 1 1/2. These figures refer only to time spent primarily on these activities and do not include listening to the radio when work or other activities were being performed.

**Visiting**  It is commonly recognized that one of the basic problems of growing old is that of maintaining social contact with the outside world. Since visiting involves the presence of another person, this is a limiting factor both with regard to being able to visit and the amount of time that can be spent at it. The problem of loneliness among the elderly is today gaining such recognition that in some cities voluntary organizations are arranging home visiting programs to overcome the problem.

It is impossible to determine from this study how many old persons had periods of loneliness. It was found, however, that over two thirds had visited with someone during their typical day. Half of those who visited did so for 2 to 3 hours during the day and almost a third for 1 to 1 1/2 hours. The median time spent in visiting was 2 hours. A somewhat lower proportion of widowed, single individuals living alone, as compared with couples or those living with others, had visited with someone. This reflects both the fact that there was no one in the household with whom to visit and also the fact that those living alone had fewer people stop by. No differences were found between the elderly living in their own households or in the households of others, between renters or owners, or between different income groups or, interest-
ingly, between different age groups.

Most regular contacts of the elderly with persons from outside the household were
with relatives. Children were the primary source of contact. Two thirds of the re-
pondents who lived in their own households and who had living children had children
come to see them at least once a week. Even among those elderly living in the house-
holds of others, half had children stop in to see them weekly or more often.

Contacts with nonrelatives were fewer. Although respondents generally knew several
neighbors, and a large proportion had most of their friends in the neighborhood, this
did not mean that they had regular contact with them. Only 1 in 10 had neighbors
stop in to see them as frequently as daily, and only 1 in 5 had neighbors stop in
once a week or more often.

Reading Reading was a rather widespread leisure activity among the elderly covered
by this study, approximately 60 percent doing some reading during their typical day.
However, only about one hour was spent, on the average, on this activity. A somewhat
higher proportion of men than women read during a typical day. The proportion of
readers was somewhat lower for those in the lowest income group than in the highest
income groups. There was little difference in the age groups from 65 to 79 years,
but a somewhat higher proportion of those aged 80 and over did some reading on a
typical day than those under 80 years of age.

Napping and Idleness Over half of the 5200 elderly individuals interviewed reported
that there was some time during their typical day when they were not actively doing
something. This time was spent in sitting or standing and perhaps looking out the
window watching people, cars, birds, and the like. Some napping also took place. It
was not possible to determine what portion of this time may have been spent in essen-
tial activities (such as needed rest) or in enjoyable activities and what portion was
spent merely for the purpose of reducing idle time on their hands.

The differences in participation in this activity tended to indicate that the respond-
ents who had less opportunity for other activities spent time in this manner. For
example, there was considerable variation among the different age groups who reported
time spent in this manner on a typical day, from half the age group 65 to 69 years to three fourths the age group 80 years and over. Furthermore, there was a difference in the median amount of time spent, with 1 1/2 hours for the age group 65 to 69 years and 2 hours for the age groups above that. A somewhat higher proportion of men than women mentioned some time being spent in this manner on the previous day.

There is another group of activities in which relatively low participation was found on a typical day—less than a fifth of the respondents reporting them. This low participation did not necessarily result from a lack of importance of these activities, but rather because they were activities that were likely to be performed only at periodic intervals, as for example, entertaining, church and club activities, and gardening. The extent of participation and the time spent on these activities make them sufficiently important to include them in the discussion below.

Entertaining: While less than 1 out of every 10 respondents reported that they had entertained during their typical day, the amount of time spent was high—a median of 2 1/2 hours. In fact, approximately a third of those who entertained spent 4 or more hours in this activity. One of the interesting aspects concerning entertaining was that no significant variations were found among the various age and income groups, although there was a tendency for more of those with high incomes to entertain than of those with low incomes.

Undoubtedly the reason that little variation appeared in the overall figures was the fact that the category of entertaining included many different kinds of activities, ranging from formal dinners to playing cards. It was learned, in fact, from data collected in other parts of the study, that there were some significant differences relating to certain specific activities. For example, it was found that the elderly living in their own households, as compared to those who did not, more frequently had friends or relatives (other than children) stay overnight. Couples and widowed, single women living alone or with relatives other than children also were found to have friends or relatives staying overnight in a higher percentage of instances than did widowed, single men. A similar pattern was found with reference to children or grandchildren occasionally staying overnight.

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**MULBERRY LUTHERAN HOME**

**Thesis 4 by John E. Cassell**

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9.15
Church and Club Activities  Only 4 percent of the elderly engaged in church activities (bazaars, suppers, handiwork for church, etc.), organized activities (clubs, lodges, adult education, or other groups), and charity and volunteer work (Red Cross, hospital work, welfare work) on a typical day. However, those who did, spent a median of 3 hours on these activities. Practically none of the families who engaged in such activities spent less than 2 hours at them. Two fifths of the families spent from 2 to 3 hours and half spent 4 hours or more.

Probably because of the varied nature of the activities, no significant differences were found with regard to such factors as age, income, or sex.

Further information on the role of organized activities was provided through the aged’s responses when asked what organizations or social clubs that they belonged to. Although it was not determined how many organizations were belonged to or how active they were in the organizations, it was found that 60 percent of the aged did not belong to any organization. There was a decrease among those who belonged to at least one organization with an advance in age for men but not for women. It was also found that the elderly with high incomes belonged to organizations in a significantly larger proportion of cases than those with low incomes, and this trend was more accelerated for men than women. The data also show that more owners belonged to organizations than did renters or those living rent free.

Gardening  Approximately 1 out of every 5 respondents had done some gardening on a typical day, and had spent a median of 2 hours at this activity. As would be expected, a higher proportion of owners (26 percent) than renters (only 6 percent) had engaged in this activity. Also, a higher proportion of men (28 percent) than women (13 percent) did some gardening during a typical day. The percentage was somewhat higher for those living in their own households (20 percent) than those living in the households of others (14 percent). Interestingly, there were no differences among the different age groups or between elderly living alone and those living with their children or others.

Miscellaneous Activities  There were many other activities which were found to have been performed during a typical day, some of which may have been quite important to
particular individuals. One example is worshipping and meditation. This included reading the Bible or other religious material, attending church or other religious programs, praying, and the like. Approximately 1 out of every 10 elderly reported this activity on a typical day, and the time spent on it was a median of 1 hour. There was little variation among the different age groups, although there was a somewhat higher proportion of those in the lowest income than those in the highest income group who engaged in such activities.

Approximately 1 out of every 10 of the elderly took a ride or engaged in some kind of outing, and another 1 out of every 10 went for a walk. No significant differences were found with regard to age, but a somewhat higher percentage of the elderly in the high income bracket compared to the low income bracket went for a ride, with the trend reversed with regard to taking walks. A somewhat higher proportion of men than women also went for walks.

Hobbies, crafts, and collections (woodworking, photography, coin, stamp, or other collections) were activities of only 1 percent of the total number of elderly interviewed. The time spent was a median of 2 hours on the typical day. However, the participation in these activities was somewhat higher for the retired men than might be assumed from these percentages. Data from another question in the survey indicated that about 10 percent of this group had hobbies or worked at crafts or on a collection, and this proportion reached 15 percent among retired men with higher incomes. Handicrafts such as sewing, knitting, or crocheting was an activity for about 15 percent of the elderly. A median of 2 hours was spent on this work.

Broadly speaking, mornings were generally occupied with obligatory time activities; afternoons were spent primarily in a variety of forms of leisure and idleness; while evenings were devoted primarily to television. No single activity was as outstanding for the afternoon as was housework in the morning and watching television in the evening. Outside of the time spent in idleness, a wide range of activities was performed, some of which may have been quite necessary, such as shopping. Others may have been performed either because they were enjoyed or because they merely filled up time. Despite this impression of activity, it should be pointed out that for many of the elderly approximately 4 hours in the afternoon—most of it—were found to be taken...
up by idleness and visiting.

Frequently, of course, there were variations in this pattern. For example, while most elderly who watched television watched it in the evening, many (one fourth) also watched it in the afternoon, and a few watched it in the morning. While three fourths of those who visited did this visiting in the afternoon, over two fifths also visited in the evening, and over one fourth also did some visiting in the morning. People generally went downtown in the morning or afternoon, with a high percentage favoring afternoon. Some activities were performed throughout the day with fairly equal frequency. For example, many elderly read and listened to the radio during all three periods of the day, and gardening was distributed between morning and afternoon.

From these findings it can be concluded that if there was any period of the day in which the elderly had time on their hands, this period was likely to be during the afternoon rather than during the morning or evening. This assumption is based on the fact that the activities performed during the morning were probably essential and had to be performed, and that television usually occupied evenings. In addition, it is in the afternoons when most idleness occurred. The elderly who did not own television sets spent their time in the evening visiting, reading, or listening to the radio. Some elderly may have curtailed this period by retiring earlier than most of those who watched television in the evening.

ATTITUDES OF THE ELDERLY TOWARD VARIOUS LIVING ARRANGEMENTS

Many other studies have inquired into the housing preferences of older people. Based on questions which asked directly what they wanted themselves, the majority, usually 70 to 80 percent, of the elderly have stated that they preferred to remain where they were.

In this study, a different approach was taken. First, the elderly were not asked directly what they preferred for themselves; rather, they were asked what kind of living arrangement they thought was "best for people over 65." It was felt that this more impersonal approach might elicit more accurate responses which would reveal
real preferences. Secondly, the question was asked in two parts: (a) what arrangement they thought best for the elderly "who can take care of themselves," and (b) what arrangement they considered best for those "who were no longer able to take care of themselves." Finally, the analysis on the answers was broken down on the basis of different age groups, whether or not the respondents were presently living alone or with others, whether or not they were living in their own households, and similar factors, rather than being limited to all the respondents combined into a single group.

To obtain the soundest information possible on the degree of independence desired and on the importance attached to the matter of location with respect to relatives, respondents were given a choice of three living situations from which to select the one they thought best for the elderly able to take care of themselves, or they could volunteer a different choice. The three choices and the proportion of the total group selecting each were as follows: live by themselves away from their relatives, 31 percent; live by themselves but near their relatives, 52 percent; and live with their families, 17 percent. No volunteered choice appeared in sufficient numbers to be important.

These overall figures are not too meaningful because they conceal the variations between different subgroups of the elderly. What they do show is that only a relatively low percentage thought that the elderly who were able to care for themselves should live with their families.

Far more meaningful than these generalized figures are the figures for the various subgroups. Beginning with one specific detail, for example, it was found that for couples who lived alone, 60 percent indicated that they felt the best living arrangement was "to live by themselves, but near their relatives." This response might have been foreseen. What was perhaps more interesting was that 37 percent of such couples felt that the best arrangement was "to live by themselves, away from their relatives." Obviously, there can be some speculation about how these respondents interpreted the word 'away.' Some may have interpreted it in terms of location—that the elderly person should not move from his present location to be close to his children who were living 'away' from him. Others may have interpreted it in terms of social or 'inter-
personal' factors. There may also have been other interpretations. The significant point is that this group chose the response "away from relatives," regardless of the reason.

A percent distribution similar to that for couples living alone was found for widowed or single women living alone -- 63 percent expressed the attitude that the best arrangement was "to live by themselves, but near relatives," and 35 percent felt that the best arrangement was "to live by themselves, away from relatives." It was found, however, that of those widowed or single women who were living in the households of their children, 58 percent felt that the best arrangement was for the aged to live with their families. Again, this figure was in the direction that would be expected. What was surprising was that 42 percent of these women, although living with their children, expressed the attitude that "living by themselves" was the best kind of arrangement.

The choices of widowed or single men were quite different. First, a high proportion of those men who lived alone thought that the best arrangement was for the aged to live by themselves, away from relatives (52 percent), while only 40 percent selected "living by themselves, near relatives." On the other hand, a high percentage of the widowed, single men living in households of their children -- three quarters -- felt that the best arrangement was for the aged to live with their families. In other words, when widowed, single men were compared with couples and widowed, single women, they expressed an attitude toward a higher degree of independence if they lived alone, but a higher degree of dependence if they were presently living with their children. It should be noted, however, that the high degree of independence expressed by men living alone may, in part, reflect the fact that fewer of these men than couples or women had living children.

Age had some influence on the attitudes of the elderly concerning how they should live, but the influence perhaps was not as important as might be expected. Among respondents who presently were living with their children (or had children living with them), three fifths of those 80 years and over, compared with two fifths of those under age 70, expressed the attitude that living with their families was the best arrangement for the elderly. As the preference for living with relatives increased with age,
there was a corresponding decrease in the percentage who thought elderly persons should live by themselves, but near relatives. A similar trend was apparent for the aging living with other relatives. In contrast, respondents living alone or with nonrelatives showed no significant change in their attitude against living with their families, with advancing age.

The health status of the respondents influenced their preferences, but only to a limited extent. As might be expected, the preference for independent living was lower among respondents in the poorest health than among those in the best health. For example, among those who lived in their own households, the proportion of respondents in the poorest health who favored the aged living with their families comprised 21 percent, compared with 7 percent of those in good health who favored this arrangement. Among respondents not living in their own households, the proportion favoring "living with families" changed from 58 percent of those in the poorest health to 42 percent of those in good health. Perhaps a more significant point of interest concerning those not living in their own households was that a proportion as high as 4 out of 10 of those in poor physical condition felt that the elderly who were able to take care of themselves should live by themselves.

Again, the percentage figures for the subcategories are more enlightening than the general percentages covering all respondents. For example, it is interesting to note that, for the elderly living alone or with spouse only, their health situation did not change their general attitude toward having the aged live with their families. Even among those in poorest health, only 7 percent preferred this arrangement. However, significantly fewer of this group in poor health, as compared with the group in good health, wanted the aged to live by themselves, away from relatives.

Among the aging living with children and other relatives, there was more of a tendency to favor living with their families than if they were living alone or with nonrelatives. This tendency was especially emphasized among those in the poorest health condition and among those who were at the time living with their children. For example, among those living in their own households who had children living with them, the percentages increased from 26 to 36 to 60 through the three health score indexes, reflecting the progression from good to poor health. Among those elderly who were living in the house-
holds of their children, the figures begin higher for the first health score category but also showed progression—from 54 percent to 60 percent to 66 percent.

It has been indicated that the proportion of elderly unable to care for themselves is a relatively small group. However, since the situation of this group differs greatly from that of those who are able to care for themselves, respondents also were asked to indicate the living situation which they felt would be best for an aging person who had reached this stage of physical health. They were given four choices, all providing some degree of personal care, or they could volunteer a different choice. The four listed choices were: (1) in his own home with nursing care, (2) with his family, (3) with his relatives, and (4) in a nursing home. No volunteered choice appeared in sufficient numbers to be important.

The question did not specify the type of nursing care proposed or the amount of time it would be available. It is probable that most respondents were considering care by a practical nurse or personal care bordering on practical nursing. It is doubtful that many were considering skilled (registered) nurses. There probably was considerable variation among (a) those who were thinking of a practical nurse or other type of person living in and (b) those who were thinking of this kind of help being available only when it was most needed. Nor did the question include home for the Aged as a separately listed possible choice. This choice was not included because it represented another variety of institutional accommodations, and a variety which often has nursing services of some type attached to it.

In studying the following data, it should be remembered that none of the persons interviewed was living in institutional accommodations; they were living in housing situations—in houses or apartments either of their own or of other persons.

When all respondents were considered as a group, it was found that 38 percent thought that the elderly when they were unable to care for themselves should live in a nursing home; 39 percent said they should live in their own home with nursing care, and the remaining 23 percent believed they should live with their families. While the respondents also could have selected the choice of "living with relatives," the response to this category was so small that the individuals who suggested this arrangement were
combined with those suggesting a living arrangement with their families.

One of the largest groups of aging is couples living alone in their own households. Because this is such an important group numerically, it is interesting to note that nearly half of such couples interviewed thought the best arrangement would be to have the elderly unable to care for themselves have nursing care in their own homes. Another 37 percent felt that nursing homes would be the best place for such elderly; only 16 percent thought they should live with their families. When couples had children living with them or lived with their children, the choice of having the elderly live with their families had greater favor. Even among these respondents, however, 35 percent of those who were living in their own households thought that the best arrangement was for the elderly to have nursing care in their own homes as did also 26 percent of those who lived in their children's households.

Another important category of the aging is the group comprised of widowed or single women living alone in their own households. The findings with respect to this group were similar to those for couples who lived alone, but with a higher response in favor of nursing homes. For those widowed, single women living in their own households but who had children or other relatives living with them, there was a more even distribution among the three choices, with the choice of living with their families becoming more important than it was for those women who lived alone. This trend was accelerated when consideration was given to the responses of widowed, single women living in the households of their children—48 percent of these women favored having the aged live with families, compared with 32 percent favoring nursing homes for them and only 20 percent favoring their living in their own homes with personal care.

The data with regard to widowed or single men living alone in their own households showed greater favor for nursing homes and less favor for their own homes with personal care than was found for either single or widowed women or couples. On the other hand, for those widowed or single men living with their children, the picture was somewhat similar to that of the other groups living with their children, although a somewhat lower percentage of the men than of the other groups favored having the aged live in their own home with personal care. Among those living in their children's households, slightly more than half of these men preferred a living arrangement with
their families and slightly over a third expressed a preference for nursing homes.

A difference in attitude toward living with family might be expected between respondents with low incomes and those with high incomes. Necessity and tradition combine to make living with their families more acceptable to those with low incomes. In contrast, for families with high incomes, other living situations are both more familiar and more within the range of possibility. The preferences of the higher income groups, therefore, may more nearly represent the living situation that would be selected when the widest range of choice is possible.

Approximately 4 out of every 10 respondents, regardless of income class, thought that elderly unable to care for themselves should live in nursing homes. However, the choice of having the elderly live at home with nursing care gained favor as income increased. Of respondents with annual incomes of $3,000. or more, 46 percent preferred that arrangement, compared with 29 percent of those whose annual incomes were less than $1,000. Respondents of all income levels favored the choice of living with family, more than other choices, when they were already living with children. However, almost one half of those respondents who had low incomes selected this arrangement, compared with only about one third of those with high incomes. Among respondents who lived alone, 1 out of 5 of those with low incomes thought that the elderly should live with their families, compared with only 1 out of 10 of those with higher incomes.

There were also some differences in attitudes among the elderly who owned their own homes and those who rented or lived in rent-free quarters. Approximately half of the owners living alone favored the choice of living in their own homes with care and approximately one third favored nursing homes. These proportions were reversed for renters.

For owners living with their children (or having their children live with them), 41 percent felt that living with their families was the best arrangement for the elderly. A total of 34 percent felt it desirable for them to live in their own homes with nursing care, and 25 percent preferred nursing homes. Similarly, among renters having children in the household, only 37 percent thought it best for the elderly to live with their families, but 40 percent recommended nursing homes and only 23 percent felt
that living in their own homes with care was the most desirable arrangement. Only among the elderly individuals living rent-free with their children was the proportion as high as 50 percent who felt that living with their families was the most desirable.

The responses to this question for elderly in the different age groups are particularly interesting since it may be assumed that with advancing age they had given more thought and consideration to a living situation in which they might be unable to care for themselves.

It was found that the older the aging became, the less favorable was their attitude toward living in a nursing home. For the total group of respondents, the proportion declined from 41 percent in the group 65 to 69 to 32 percent in the group 80 years and over. Among those living alone (including couples living with spouse only), 43 percent in the age group 65 to 69 years, compared with 37 percent in the age group 80 years and over, felt that the elderly no longer able to take care of themselves should live in that kind of institutional arrangement. For the elderly living with their children (or whose children lived with them), the proportion declined from 33 percent to 24 percent, and for those living with other relatives it declined from 44 percent to 25 percent.

It appears from these data, then, that the closer the aged were to the possibility of dependent living, the less favorable they were to the idea of moving into a nursing home. This decline in the choice of a nursing home with an advance in age was offset by a preference in favor of living in their own homes with care for those elderly living alone and those living with nonrelatives. For those living with children or other relatives, on the other hand, there was evidence of greater attachment to families as a situation of greater dependence approached.

Finally, since this question in the survey was directed toward a situation involving elderly who are physically incapacitated in some manner, it is especially interesting to note how the respondents in the various conditions of health replied. The answers should also be interesting because one of the choices which the respondents could select involved a type of institution which has as its sole purpose the care of the sick.
It can be seen that the differences regarding the choice of living arrangements, under different conditions of health, were greater with regard to those respondents who lived in the households of others than among those who lived in their own households. Among those living in the households of others, the percentages of respondents favoring nursing homes decreased from 46 to 40 to 26, reflecting the changes in attitude for the three categories of physical condition, from good to poor health. It should be pointed out, however, that these figures may not represent merely a bias against nursing homes per se, with deterioration of health, but also may represent an increase in the feeling that when people reach a state of poor health they should live with their families. For the total number of respondents living in the households of others, the percentages increased from 34 to 39 to 52 in favor of living with their children as health deteriorated. The trend was equally strong for those elderly living with children and those living with other relatives.

In summary, then, it can be seen that, while an important proportion of the respondents in the survey tended to feel that their present living arrangements might be suitable for other elderly, a substantial proportion also recommended an arrangement different from their own. It was found that their choices were dependent in individual situations on such factors as whether or not they were presently living in their own households, whom they were living with, as well as on their age, their health status, their income, and whether or not they owned or rented their present housing accommodations.
FUNCTIONAL
CHANGEMENTS
CHURCH

GENERAL

The Church is to serve the general community of Mulberry as well as the more specialized community of the Home. The Church must be viewed by its members as their Church, and not just a chapel for the Home.

ELEMENTS

The sanctuary itself should be able to seat 275 people. The seating should be comfortable and portable with plenty of room allowed for wheelchairs. The existing organ is to be incorporated into the new structure, and room for it must be provided. A seating area for a choir of 50 people is also needed.

Areas relating to the sanctuary include the sacristy or work area, and an area for noisy children where their parents can still watch and hear the service. A good sound system is essential to the sanctuary for the hard of hearing. This system could also be tied in at other points around the Church and Home.

The Church will have access to the Home's facilities, and therefore will not have its own auditorium. To avoid conflicts, careful and thoughtful planning will be required on the part of both institutions. The Church Library will be combined with the Home's to provide more room for this function, to allow greater variety for both, and to reduce the space needs of the Church.

A large lounge for receptions, informal conversation, group meetings, etc. is needed in the Church. This area could be divided up and used for Christian education or smaller meetings. A small kitchen would needed here for coffee and receptions. This room could also be used for choir rehearsal. Several smaller rooms will be needed for Christian education.

The administrative area of the Church will include the Church office, the Pastor's office, a work room, and public rest rooms. A conference room is also desired.
RESIDENTIAL UNITS

GENERAL

The residents of these units will be those who require little more nursing care than would be available in their own home. However, they will not be doing housework, as it will be done by the Home's staff.

It is assumed that either the resident's physical or mental condition, or both, is not as good as in the case of an older person living on his or her own. However, the design and management of the Home should encourage the residents' independence and approach the ideal of living on their own. The Home should offer the maximum possible freedom to its residents, ranging from the ability to come and go as he pleases, to the furnishing of his room. The daily program should only be influenced by meal times and by the times at which the rooms are cleaned.

An important aspect of Home life is the possibility of establishing social contacts, whereby the occupants can form a community of their own free will. Most homes overlook this aspect of their services and thereby become merely storage bins in which the elderly sit out the rest of their days in isolation. Such opportunities are presented by allowing the residents to have their meals together, by enabling them to make use of communal rooms, recreation facilities, etc., and by seeking and encouraging their participation in the running of the Home.

By going one step further and allowing and encouraging those residents who are so inclined, to even do some work around the Home, the Home would be making it possible for the residents to make themselves useful, both in the Home and outside. With this type of program, taking place not in an atmosphere of compulsion, but in one of voluntary cooperation, the psychological benefits would be multiple.

ELEMENTS

The 80 beds in the two initial residential units will be in two 40 bed units with the composition broken down as follows:
64 beds in 32 two-bed rooms with toilet and bathing facilities,
8 beds in 4 two-bed rooms without toilet and bathing facilities (these rooms will share communal facilities),
8 beds in 8 one-bed rooms with toilet and bathing facilities.

The following items should be available for each resident in the room: a single bed and a closet for clothes. Each room must have a lavatory. Other items of furniture and decor should be left pretty much to the resident's discretion and taste.

A toilet in each room offers the residents greater privacy and they need not leave their rooms during the night, while difficulties between occupants, which sometimes occur about the use of common toilets, are avoided. Also, it should be realized that the standard of housing is rising in general, and that in the future there will be greater preference, even a demand, for private toilets. The same reasoning holds in regard to bathing facilities. Therefore, in view of the future value and competitiveness of the Home, it must be recommended that almost all of the rooms in the residential units be provided with toilet and bathing facilities.

For the 4 rooms that will be using the shared toilets, the distance to these facilities should be no more than 50 feet. All bathing and toilet areas should be connected to the emergency call system. For safety and because of the resident's reduced mobility, showers should be provided in the rooms and in the communal bathing area, with a tub also available in the common area for those who prefer this manner of bathing.

Experience has shown that large lounge rooms are not very popular with older people. Therefore, several small living rooms or club rooms (two per unit) for use by 8 to 25 people are to be desired over one large room for all of the residents.

A couple of easily accessible and soundproof telephone booths should be included in the residential units. These should be included even if the residents are allowed to have phones installed in their rooms. The booths should be made larger than normal, so there is room for a chair or wheelchair inside.

A small one-bed room with toilet facilities should be included to house resident's
guests, guests of the Home, or prospective new residents going through a trial visit or orientation.

Storage space is needed for clean and soiled linen, cleaning and janitorial supplies, and wheelchairs.

Corridors in the residential units must be 6 feet wide, while those in the nursing units must be 8 feet wide (both dimensions are exclusive of handrails). Handrails should be mounted approximately 3 1/2 feet above the floor in all corridors for resident use. The floor should be of a material that will not be slippery.

The building should be surrounded with gardens and terraces with seats in sheltered places. Gravel and flagstone are unsuitable and fully tiled paths or paved walks are preferred.
NURSING UNITS

GENERAL

The character of the nursing units should be such that the units are regarded as a transition between the hospital, on the one hand, and the residential living units or independent living, on the other.

The nursing units will have to respond to the needs of three types of residents:

(1) Bed patients in the process of rehabilitation,
(2) Ambulatory and semi-ambulatory patients, and
(3) Permanent bed patients.

The atmosphere of the Home must be cheerful and homelike, and have a stimulating effect on the residents. This atmosphere must be achieved by location and the equipment and furnishings of the Home and by the attitude of the staff. The residents should be treated as much as possible in a normal manner.

Physical and occupational therapy should be available not only to the residents, but also to the members of the community on an out-patient basis. This would not only provide a service to the community, but would serve to help establish ties between the Home and its residents and the community.

A well thought out and scientifically supervised diet program plays an important role in the recovery of patients, and a dietetician should be included on the staff.

Because of the difficulty involved in level changes, the Home should be, as much as possible, on one level.

ELEMENTS

The nursing unit will contain 40 beds. This figure is arrived at from economic considerations, and from the State laws, which limit a nursing unit to 40 beds. European nursing homes set the minimum at 24 beds, and the maximum at 30 beds per nursing unit.
The 40 beds in the unit will be divided as follows:
   28 beds in 14 two-bed rooms,
   8 beds in two four-bed wards, and
   4 beds in a four-bed ward for intensive care.

Patient rooms should have clear, unobstructed views of a present nature. East, south, or west exposures should be provided to the patient rooms so that the sun will be a part of the room at least a portion of the day. Care must be exercised with regard to the intensity of the sunlight with south and west exposures.

The following should be available for each patient in the room: a single bed, a bedside table, a chair, and a closet with both a hanging area and a shelving area. Each room should also have a small table and one or two easy chairs.

With this category of residents, it is especially important that the dull hospital atmosphere should be avoided. This should be a consideration not only in the design of the rooms and building, but also when choosing the colors of the rooms, the decor items, the lighting fixtures, etc. One simple way to enhance room appearance is to use bedspreads or blankets with lively colors.

In the nursing units, each pair of two-bed rooms will share a toilet and lavatory, and use common and supervised bathing facilities similar to those in the residential units. The four-bed wards will contain a lavatory and use shared toilet and bathing facilities. The use of wheelchairs will be common and all bathing and toilet areas should be designed with this in mind. Some patients will need to be assisted with these activities, and this will need to be planned for also.

For the nursing unit one bath tub should be provided. It should be free-standing, and a step should be available to enable residents to get into and out of the tub more easily. The tub should not be too deep (about 15") and adjustable hand grips above the tub and a hand held shower fitting are desirable. A bath-lift would also be advisable.

A number of shower-baths should be provided in the nursing unit. These should be in

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**MULBERRY LUTHERAN HOME**

**Thesis A by John E. Cassell**

**COLLEGE OF ARCHITECTURE AND PLANNING**

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