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ABSTRACT

The Gaylord White Project, a pilot program in the use of television to promote the health and well-being of the elderly, used bi-directional cable television to deliver programs to the residents of a low-income, East Harlem housing project for the aged. For 15 months, health education and community information messages were delivered to investigate the use of: (1) demonstration television program modules; (2) physicians as communicators with lay audiences; and (3) peer communication in affecting social well-being. Evaluative research investigated the viewing habits and attitudinal changes of the participants. This report summarizes the planning, operation, technology, and research findings of the project. (EMH)

FINAL REPORT
GAYLORD WHITE PROJECT
OPERATIONAL STAGE
(NOI LM-2-4711)

SUBMITTED TO
THE LISTER HILL NATIONAL CENTER
FOR BIOMEDICAL COMMUNICATIONS

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SUMMARY

The Gaylord White project was a demonstration project in the use of television to promote the health and well-being of an elderly population. In the fifteen months of operation the Gaylord White Channel attempted to explore a broad variety of parameters in the delivery of health education and community information. These included the use and effectiveness of:

1. Television health education including "demonstration modules".
2. Physicians as communicators with lay audience.
3. Peer communication in affecting social well-being.

Despite general agreement in the literature that television is a potentially positive medium for communication with the aged, the Gaylord White project was a first attempt to implement such programming. In this uncharted territory, it was necessary to determine not only what should constitute "success" in the use of television to promote improved health and well-being, but also what could be used in the measurement and assessment of such change.

A modest research design for the Gaylord White project provided the following insights into the effectiveness of CATV among this elderly population:

1. The technology of CATV was manageable by the population.
2. Program and channel horizons were broadened without an increase in television viewing. Despite the improved reception of all

television programming afforded by cable technology and despite the successful addition of Gaylord White programming to available network and local television programming, television viewing decreased among this population.

3. The special programming of the Gaylord White Channel achieved a very high audience among its potential viewers.

4. The Gaylord White Channel was successful in imparting health education and announcing health screening programs.

5. The Gaylord White Channel had an effectiveness beyond its viewers by virtue of a ripple effect.

6. A differential effect was found among heavy, light/moderate and non-viewers of the Gaylord White Channel in which the greater the viewership the more positive the:

   a. Subjective assessment of health
   b. Attention paid to health
   c. Attendance at screening programs
   d. Participation in Gaylord White activities

7. Six "modular demonstrations" directed to high-risk conditions among this elderly population elicited selective screening responses based on perceived severity, susceptibility and other relevant factors. Given the availability of health screenings, respondents did not over-utilize available services, but selected services on the basis of their needs.

Other outcomes of the project are not subject to quantification, but suggest the positive effect of Gaylord White CATV:

...Twenty-one physicians contributed their time and expertise to the Gaylord White project as lecturers on a range of illness entities. Their interaction with tenants provided a unique opportunity for both physicians and lay-people to learn to communicate more effectively with each other.

...Gaylord White Channel offerings resulted in increased participation by tenants in the larger community. A number of tenants undertook volunteer responsibilities at a nursing home; many participated in a college-level sociology course offered by the Project.

...Social isolation among all tenants appears to have decreased during the course of the Gaylord White project.

...Finally, the response of Gaylord White tenants to the withdrawal of project support suggests the positive role of the project for Gaylord White tenants. As project staff began to "wind down" programming in August-September 1975, the tenants themselves took an increasingly active role in production in an effort to maintain a regular schedule for their peers.

INTRODUCTION

The Gaylord White project was an effort to apply a new technology - cable television - to enhance the well-being of an elderly inner-city population. As a demonstration project, it was hoped that the Gaylord White experience could provide both practical guidelines in the establishment of special-audience cable television links and some measures of the actual effectiveness of television in the health education of the aged. This report thus describes the technological and theoretical inputs, process and outcomes of the Gaylord White project.

The Aging

In 1900, somewhat over three million persons over 65 years of age constituted four percent of the population of the United States; by 1970, the number of older Americans had risen to 20 million and their proportion of the population to 10 percent. The life expectancy of the average American has risen from 47 years to 70 years in the same period. This trend is attributed to the improved standard of living and the control of both infectious and chronic diseases, which, in combination with a declining birth rate, point to an increase in the proportion of the elderly in the United States population for the years to come. Most Americans will enter the category of the aged in their lifetime.

These stark demographic realities have perforce affected the conventional wisdom about old age. The increasing personal experience of all Americans with either their own old age or that of their parents or close family demonstrates that the years from 65 onward are neither

necessarily as "golden" nor as barren as once believed. Nor do the years after 65 magically create a qualitative transformation in all aspects of the life of the individual. The findings of a recent Louis Harris study, conducted for the National Council on the Aging, point to a far broader range of differences than of homogeneity among the aging:

> ....there appears to be no such thing as the typical experience of old age, nor the typical older person. At no point in one's life does a person stop being himself and turn into an "old person", with all the myths and stereotypes that the term involves. Instead, the social, economic and psychological factors that affect individuals when they are young often stay with them throughout their lives.[1]

Increasingly intensive study of the aging by biologists, physicians, physiologists, psychiatrists, sociologists, gerontologists and others points to a complex inter-relationship between physiological and social factors in affecting the individual's response to aging. In reviewing the research on the biological nature of the aging process, for example, Moore points out:

> It is not clear whether the older person's physical condition is due to his age per se or to the accumulating effects of his social and physical environment, or indeed whether age and environmental effects can be meaningfully separated. It is not even entirely clear how age-related anatomical and physiological changes affect one another or how either may affect changes in behavior.[2]

Birren et al, in a longitudinal interdisciplinary pilot study of 47 physically healthy, socially independent men over 65 years of age, report:

> Factors of the immediate social psychological environment...were found to be very closely related to the aged person's behavior and attitudes. As the environment showed qualities of deprivation or displacement of the person...the attitudes and behaviors of the aged showed more deteriorative qualities.[3]

Aging is clearly an irreversible process of physiological decline. It is society's response to that process, however, which appears to affect and often exacerbate the impact of the aging process on the individual.

> Since World War II, society has increasingly withdrawn from its older members. The labor of older people is neither sought nor desired. They are left primarily on their own, particularly in terms of social contact and life satisfactions. Compounding this problem is the fact that preparation for the 'freedom' of later life is largely left up to the individual and as a result is often inadequate.[4]

To the socially-imposed isolation of the aged must be added the social isolation concomitant with age, i.e., the death of husband or wife and of close family and friends. Hoffman reports that 12 percent of men and 44 percent of women in the age group 65-74 are widowed; in the over-75 category, this figure rises to 34 percent of men and 70 percent of women living alone. A study of the period 1970-73 by the New York City Department of Aging found a 26.3 percent increase in the number of older people living alone in New York City. Of roughly one million people aged 65 and over in New York City, 373,000 or 37 percent were found to be living alone.[5]

That physiological decline and social isolation are experienced

as major problems in aging by the elderly themselves is confirmed by survey research data drawn from in-depth interviews with those over 65 years of age. The recent Harris poll found that:

> poor health came far ahead of other responses as the major drawback of old age, followed by loneliness...[6]

The Gaylord White project was designed to utilize television to address the problems of health and well-being among the aging.

The Aging and Television

The universality of television as a medium of communication has been confirmed by numerous studies of media use. Roughly 65 percent of the American population watches television daily and, in the course of a week, an estimated 87 percent of the population does so. Television use among the aged closely parallels that for the population as a whole. Studies of the use of leisure by those over 65 years of age find watching television among the most widespread activities of the elderly. For example, Beyer and Woods found that 70 percent of 5,000 persons over age 65 had watched television the preceeding weekday, while 68 percent had visited with friends and 61 percent had read. In terms of intensity, the study group had watched television a median of three hours, compared with two hours for visiting and one hour for reading on the preceeding weekday.[7] The more recent Harris study,[8] found a median of 2.2 hours spent watching television "yesterday" by a representative sample of 2,797 respondents 65 years of age and older, as compared with 1.7 hours spent watching television "yesterday" by a control group of 18-64 year olds.

While the intensity of television use among older people is not significantly different from that of the population as a whole, their substantive interests differ markedly from those of younger people. Schramm has pointed to a "steady trend through the years of aging toward more 'serious' use of the media."[9] Atchley suggests that:

> Older people tend to prefer serious content. Their favorite tv programs center around public affairs, news and information. Also, older people tend to devote more attention to the 'local news'...Older people tend to avoid shows designed strictly for entertainment and they avoid popular music.[10]

At the same time, as has been widely noted, television is a broad-scale mass medium, geared to maximizing audience size by appealing to the common denominators in a mass audience rather than to the special needs of the groups which comprise its mass audience. In this process, the aging have been least served of any group in the American population. Programming for children, however criticized, abounds on commercial television. Weekly series in celebration of ethnic heroes and heroines, occupational heroes and heroines, families, and women pay continuing tribute to the commercial viability of each of the population subgroups. No such attention has been paid to the aging. When the aging are "news," the "news" is usually about the institutionalized aged, who in fact comprise only five percent of the population over age 65 at any one time. Even educational television, which has yet to reach a mass audience, devotes only miniscule programming time to the elderly.

As a widely accepted mass medium among the elderly, television would appear to have potential for effective communication about their

own status, needs and interest. In Davis' study of the use of TV among elderly urban and suburban samples,[11] for example, those respondents dissatisfied with programming pointed to its failure to meet their personal needs and their needs for general education.

Davis suggests that:

> ... programming needs to be created that is not only planned for the elderly, but is about the elderly. Benefits can occur to the elderly due to any programming about that, which promotes a positive image about them.[12]

Because commercial television is advertiser supported; because advertisers must reach potential customers; and because the aged are, by and large, the least profitable potential target audience for advertised products, it is highly unlikely that commercial television would target significant programming to this population group. As the Sloan Commission has pointed out:

> Scarcity has imposed...a series of imperatives on conventional television. In their totality they have enforced...the obligation to satisfy those needs which are perceived by the largest number of people at any given moment. Thus television has provided mass entertainment; it has provided national news and regional news... It has necessarily eschewed the particular, whether it be the particular taste in entertainment or the particular need for information.[13]

In view of the popularity of television among the aging and of the paucity of programming for the elderly on commerical and educational television, the Gaylord White Project was designed to develop TV programming for an elderly population focused on their social and health needs.

Cable Television

At the present time, cable television serves 15 percent of the television homes in the United States. Its special capability is technological. Unlike broadcast TV, which has only limited channel capabilities, cable TV has the potential for transmitting as many as 40 and more different channels simultaneously. As such, it has been described by the Sloan Commission as the "TV of abundance", with the long-range potential of providing to its users up to 40 program choices at any one time. In theory, the widespread availability of cable TV could transform television from a solely mass medium of communication to one capable, like radio and print, of meeting a huge variety of special public interests and needs.

Marshall has described the development and expansion of "communities of interest" via the media.[14] A community of interest is any group with a shared interest: baseball fans, for example, are a community of interest independent of other socio-economic variables; at another level, the elderly can be viewed as a community of interest characterized by special interests and information needs. Unlike the baseball fans, the needs of the elderly are not being served by the media.

The Marshall model suggests that when individual interest in a subject is stimulated via the mass media, further information is sought in the specialized media.

With the development of cable television, the mass medium of television has - for the first time - the potential to deliver such specialized information directly to a variety of communities of interest. The Sloan Commission, for example, has described cable TV as the

> television of abundance, very nearly as copious as the press, providing all that has come to be expected of conventional television and an endless range of new services to the home; to the institutions society has erected to serve its needs, and directly to the public itself.[15]

Cable television was chosen as the technology of communication in the Gaylord White Project because of its special capability for targeted "community-of-interest" programming and its potential for growth nationwide as a flexible communication medium.

THE GAYLORD WHITE DEMONSTRATION PROJECT

It was in light of these factors that the Lister Hill National Center for Biomedical Communications of the National Library of Medicine supported the development of what has come to be known as the Gaylord White Project, a three and one-half year program to utilize television to promote the well-being of an elderly, inner city population. The Gaylord White Project evolved in developmental stages, as follows:

I. SITE SELECTION (February-June 1972)

II. FOCUSED PLANNING (July 1972-August 1973)

III. OPERATION (September 1973-June 1975)

I. SITE SELECTION

As a division of the Department of Community Medicine, Mount Sinai School of Medicine, the Division of Communication charged with developing and implementing the Gaylord White Project shares the special commitment of the Medical Center to its neighboring East Harlem community. East Harlem is the assigned catchment area of Mount Sinai Medical Center. The social-health problems of its population have obvious relevance to the planning and delivery of health care by the Mount Sinai Medical Center. The Gaylord White Project was not designed to provide direct linkage to the health care facilities of the Mount Sinai complex, but rather to be an expression of the generic mission of Community Medicine "to promote the health of people". It was therefore specifically formulated to focus on its neighboring East Harlem community.

In focusing on East Harlem, the project's over-all purposes were necessarily shaped by the specific demographics of the neighborhood and of the site ultimately selected. An inner-city area, East Harlem is characterized by a generally low-income, low-education population, with a high concentration of foreign-born residents. Historically, East Harlem was a center of Italian immigration to the city from the mid-19th century through World War I. In the period following, the European-born population has been largely

displaced by southern blacks and, since World War II, by Puerto Rican immigrants. East Harlem is now the center of New York City's Puerto Rican population, popularly referred to as "El Barrio."

Other significant characteristics of East Harlem in terms of the present study is its relatively youthful population as compared with the city as a whole, the low income of its population, and its high concentration of public housing. Only seven percent of the East Harlem population is over 65 years of age, while almost half the area's population is under 20 years of age.[1] Thus, the predominance of available community services in the area are directed toward the multiple-needs of the younger population, including education, drug rehabilitation and recreation.

The low income of the population necessarily restricts mobility and choice with regard to all the facilities of urban life. Finally, the high proportion of public housing in East Harlem has significantly affected the quality of urban life in the area. Apart from its superblocks of public housing and its rows of tenements, East Harlem has only one significant industry or entertainment area; most public use facilities are small, individually owned stores.

The lack of services, dearth of facilities, and lack of available funds which characterize East Harlem led the project team to expect a high degree of social isolation among the elderly in the area.

The East Harlem Study[2] asked all respondents to which community problems the city should give "most attention": 27 percent of

those 65 and over cited police protection as a first priority, as compared with 23 percent of the 45-64 age group, and 16 percent of the younger respondents, 17-44 years of age. There is a wide spread fear of crime in most inner-city neighborhoods, particularly marked among older people, who are especially easy targets. All of these factors led the project team to expect an elderly population in East Harlem characterized by such aspects of social isolation as infrequent departures from home, and low participation in community activities.

In seeking sites for the installation of cable television the project team identified two alternatives in the East Harlem area:

1. To cable individual apartments in many buildings tenanted by elderly residents
2. To cable a single site with a high proportion of elderly residents.

The cabling of invididual units was rejected because of the expense of separate cable installations to the minimum of 100 units in different buildings. Instead, the project staff sought the greatest single concentration of elderly residents in East Harlem and thus identified the Gaylord White House as the project site.

Gaylord White is a twenty-story high-rise apartment house built specifically for the elderly in 1964 and operated as a low-income project by the New York City Housing Authority. The structure has 246 apartments, housing 330 tenants.

Gaylord White was felt to be an ideal site for cable television installation and for research. The scale and concentration of tenants minimized the cost of cable installation. The homogeneity of its population with regard to age provided a large potential audience for the projected programming. The physical arrangement of Gaylord White also provided several community use spaces, such as day rooms, for both formal and informal interaction with residents. Studio space was also made available within the building.

II. FOCUSED PLANNING (JULY 1972 - AUGUST 1973)

Given the site for the Gaylord White Project, the project plan called for a one-year period of preparation, to include:

...Technological specifications

...Research Design

...Program Planning

...Staff Selection and Training

...Negotiation of Needed Contracts

...Initial Planning for the Introduction of CATV to Gaylord White Tenants

...Community Coordination with Existing Health and Social Service Providers at Gaylord White

...Cost Projections

The focused planning stage has been described in full in a Final Report submitted to the funding agency in July 1973 and appended to the present report as Appendix I. For purposes of the present report, only two aspects of the focused planning stage which were directly implemented in the operational phase of the Gaylord White project will be described. These are: the technological specifications for Gaylord White and the research design.

Technological Specifications

The technological specifications developed in the focused planning stage and implemented thereafter called for:

1. Installation of bi-directional CATV
2. Development of set-top converter for CATV users
3. Acquisition of studio space and equipment for production and cablecasting.

CATV System

The original project plan called for the installation of cable outlets in each of Gaylord White's 246 apartments as well as in several commons locations. The cable was to be bi-directional in that messages could originate in the studio and be transmitted to all apartments, or originate from any outlet or apartment to the central studio for retransmission to all apartments. The cable system would provide clear reception of all operating New York City television channels (VHF and UHF) as well as a channel (R) created exclusively for the transmission of Gaylord White programming.

Set-Top Converters

CATV subscribers in most large systems do not select channels or fine tune via their television receivers. Instead, each subscriber is provided with a special set-top converter for that purpose. In Manhattan, subscribers to CATV are given a 26-channel converter marked for channels 2-13 and A-N. The numbered channels receive conventional television broadcasting, (VHF and UHF), the lettered channels are used for cable transmission of municipal services, public access, news, etc.

For the Gaylord White project, a 30-channel converter was chosen (Jerrold 30 Channel "Set Commander", Model RSC--2) so that reception of Gaylord White programming on Channel R would not interfer with tenants' reception of all other CATV programming available to regular subscribers of the CATV system.

The converter was further adapted from the conventional dial tuning provided regular cable television subscribers to a push-button selector designed for ease of operation and improved legibility.

Studio and Facilities

For maximum transmission flexibility, equipment was selected to:

Produce programs in the studio or in any point in the building. These programs could be live, videotape, or a combination of the two.

Edit videotape

Exhibit programs to large audiences

All videotape equipment was mounted on mobile carts for flexibility; the production and cablecasting studio was set up in a basement room in the building, provided without charge by the New York City Housing Authority. (See Appendix II)

Service

CATV was provided to tenants without charge as part of the project plan. In addition, provision was made to repair tenants' television sets when necessary without charge in order to assure the continuing availability of Gaylord White programs to the entire population. (See Appendix III for a discussion of fine tuning and repair problems).

Research Design

Throughout the focused planning stage, it was clear that research and evaluation would constitute an important element of the Gaylord White Project. The expenses projected for a full-scale evaluation were such, however, that the funding agency, the National Library of Medicine, believed those costs would more appropriately be borne by other sources. Neither the Division of Communication nor the Library were able to attract funding for evaluation, and, in the absence of such resources, the Division utilized a modest evaluation whose design called for a before-after study of the Gaylord White population and the development of six "demonstration modules" to test out the efficacy of the health education components of the Gaylord White project. The evaluation of the project developed into a major controversy between the Division and the Library which left each side suspicious of the other. In this climate, the limited evaluation discussed in this document was developed and implemented by the Division at practically no cost to the Library. It is added to the document because it was a vital part of the project but it should not be regarded as sponsored, approved, stimulated, or funded by the Library.

In light of the above, the research questions which the project addresses were affected not only by the limitations of funding, but by the actual conditions on site. There was particular concern about three factors:

1. The Volume of Data

It was obvious that this project could generate an enormous volume of useful data. In fact, much data was collected on a wide variety of variables. The most relevant data are discussed below. Much information has not been processed because of time pressures and the paucity of funds.

2. Controls

Original plans called for the establishment of a viable control group composed of a matched sample of elderly East Harlem residents in public housing other than Gaylord White. This control group would have provided measures of differences in outcomes between respondents who had access to the Gaylord White Channel and those who did not. While the New York City Housing Authority was favorably disposed to this idea, the absence of research and evaluation funding precluded it's implementation. A sub-sample of Gaylord White tenants who would not accept CATV might have constituted an alternative control group. This proved impractical when about 85 of the tenants accepted CATV. Therefore a third approach was taken--that of using non-viewers of the Gaylord White Channel as a basis of comparison with two groups of viewers, (heavy and light/moderate). This approach was less than ideal because all Gaylord White tenants

(non-viewers as well as viewers) were influenced by Project activities.

3. Hawthorne Effect

From the very outset, there was an awareness that a Hawthorne Effect would be operative. Project staff members were in daily contact with tenants. Many meetings were held with small tenant committees and large groups of tenants. The continuing interaction between staff and study population cannot be discounted as affecting overall tenant response.

The hypothesis is made that activities generated by the project (Hawthorne Effect) influenced all tenants, but that the varying intensity of Gaylord White Channel viewing had an effect over and above that of the Hawthorne Effect.

Nevertheless, the Gaylord White project provides significant data in answer to the questions:

1) Will an elderly target population watch programming specifically designed to address their needs and interests?

2) What is the net effect of such programming on a variety of factors related to the well being of the study population?

To generate these data, a before-after study was planned for the Gaylord White House based on personal interviews with a random sample of roughly one-third of the residents. (See Appendix IV for questionnaire) Phase I of the study was implemented in June 1974 and constitutes the base line, "before" data. The follow-up study of the same respondents was undertaken in May 1975, after 11 months of Gaylord White transmission. The findings of these studies are described in detail later in this report.

In addition to the general data collected on the effects of Gaylord White programming on the population, six "modular demonstrations" studies of specific health content were implemented. The modules provided information on chronic diseases to which elderly populations are known to be at high risk - hypertension, vision, diabetes, cardiology - as well as health education about dentistry. Each was constructed so that screenings for the relevant disease entity were available at Gaylord White in the period immediately following the TV presentations. The findings of the demonstration module studies are described in detail later in this report.

Staff

The project staff consisted of a half time project director plus the full time personnel.

1 Associate Project Director

1 Production Supervisor

3 Member Production Crew for video taping, cablecasting, editing, graphics, etc.

1 Administrative Assistant

1 Clerk Typist

In the course of the project additional personnel were employed, largely on loans from other projects, to assist in the evaluation and other tasks. The Gaylord White studio also served as an on-site office. The major office space was provided by Mount Sinai.

III. OPERATIONAL STAGE

Funding for the operational phase of the Gaylord White Project was originally requested for the period September 1973 - August 1974. Internal problems within the CATV franchise holder (Teleprompter) however, delayed the actual installation at Gaylord White from January to May 1974, leaving only three months for transmission. Additional funding was therefore sought and received from the Lister Hill National Center for Biomedical Communications to extend the operation of CATV at Gaylord White for an additional year.

Installation and Preparation

Preparation for Gaylord White transmission was a multi-faceted process requiring concurrent research, technological, programming, tenant and community organization activities. Each of these activities necessarily overlapped with others, and difficulties in any one activity affected others. For example, the national as well as local corporate officers of the vendor corporation (Teleprompter Corporation) were among the most enthusiastic supporters of the Gaylord White concept. However, almost at the moment of operational funding, this corporation found itself in the throes of an unprecedented financial crisis. Its stock dropped more than 90 percent, and the threat of bankruptcy was ever present. As it turned out, the corporation survived, but the enormous personnel changes at all levels replaced the enthusiastic supporters of Gaylord White with individuals who had no knowledge of the project. It was therefore necessary to reinvolve Teleprompter as if de novo. These problems, as well as technological difficulties in cable installation required continuing explanation and interpretation to all involved. Efforts to elicit programming inputs from tenant and community organizations required lead-

time, follow-up time and continual revision of program plans based on the eventuality of cooperation by individual and community service agencies.

Throughout the period of installation and preparation, the first priority of the project staff was to gain tenant acceptance of both the cable installation and the Gaylord White programming plan. Familiarity with both production and receiving equipment was fostered by encouraging all tenants to learn to operate portapak camera equipment, by videotaping and replaying of tenant meetings and discussions, and by the continuing presence of project equipment and staff at Gaylord White.

Tenant Organization

It was a belief of the project staff that a sense of tenant participation and "ownership" in the channel - via the appearance of tenant peers on CATV and their suggestions and comments for programming would help to maximize interest and support for the Gaylord White channel. Beginning in December 1973, therefore, project staff met with residents on a floor-by-floor basis to explain the project and to elicit and answer tenant questions. At each such meeting, portapak recording and playback equipment was introduced to the tenants and the proceedings videotaped for instant playback. As estimated 90 percent of Gaylord White tenants attended the orientation meetings; 30 individual tenants volunteered to appear on camera to discuss a topic of their own choice for periods from several minutes to almost 30 minutes.

By February 1974, two thirds of the apartments had been cabled. At that time, a promotional videotape describing the project and the used of the set-top converters, was introduced to tenants via an 19"

monitor displayed in the building lobby, solarium and day room. The cart was also transported to individual apartments throughout the building for display to tenants.

At the same time, a five-member voluntary Tenant CATV Committee was organized to provide continuing input and liaison with the project out the project period to finalize programming decisions (see below) and to preview Gaylord White demonstration modules.

Software Development

Concurrent with tenant organization activities, project staff began in November 1973 to seek programming inputs from the many health providers functioning within the Gaylord White community. These included the Visiting Nurse Service, which supplies after care to many Gaylord White residents; Metropolitan Hospital, an important source of health care to Gaylord White residents; Health Insurance Plan of Greater New York (H.I.P.); Union Settlement House, a neighborhood settlement house; and the New York City Housing Authority, which operates Gaylord White housing. Two joint meetings of these health providers were held in November and December 1973, to introduce and explain the project and to request provider cooperation and assistance in the preparation of software segments. Individual meetings with each of the health providers were then arranged for specific follow-up and planning. Health providers contacts and outcomes are summarized below:

Health Provider	Problems Identified
Mount Sinai Medical Center	Health, nutrition
Visiting Nurse Service	Medication, nutrition laxatives
H.I.P.	Misutilization of health facilities
N.Y.C. Housing Authority	Personal safety
Metropolitan Hospital	Misutilization of health facilities
Union Settlement Association	Tenants' health needs

Other programming topics were developed by the project staff based on research about the needs and interests of the aging and target topics identified in the focused planning stage.

By May 1974, immediately prior to the completion of cable installation, the staff had developed a variety of software segments based on provider suggestions. These included:

.....The Flying Carpet - rug and carpet safety and accident prevention

.....Drugs in your Life - Physician, pharmacist, and three tenants discuss medications; Health Provider suggestion

.....Housing Authority Social Services: Provider suggestion

.....The Telephone Alert Service - Visiting by Telephone

.....Hypertension

.....Covello Senior Citizens Center - Information re a community facility for the elderly

.....Nutrition - A nutritionist discusses a tenant's food purchase

Research

To develop data for program planning and a base line for subsequent research on the effect of Gaylord White CATV programming, personal interviews with a random sample of 108 of Gaylord White tenants (residing in different apartments) were undertaken in June 1974.

Two sub-cultures are reflected in the demographic profile derived from the in-person interviews. In age distribution, sex and patterns of occupancy, Gaylord White residents typify elderly Americans. In income, however, the Gaylord White residents typify the sub-culture of the poor; their median monthly income places them at the officially- designated poverty level for the City of New York. Equally significant, a majority report their income as either better than or the same as it had been in the past.

Age

Within the over all category of the elderly (formally defined as those 65 years of age) diferentials as great as 25 years or more can be found. Thus, a long-lived parent and his own children may theoretically be included in an elderly population. This suggests a wide variation of interests and life experience among any elderly population.

One quarter of the Gaylord White tenants surveyed were under 68 years of age and an equal proportion (78 years of age and over) was born before the turn of the century. The median age of the study group was 74.5 years.

Table I

Age of Respondents
N=106*

Age	Number	Percent
To 68	25	24%
69-73	23	22%
74-78	32	30%
79-83	15	14%
84+	11	10%
	106	100%

Median 74.5 years

* Two No Answers excluded from Table

Sex

As among the elderly nation-wide, the population of Gaylord White was found to be predominantly female. Women accounted for more than 3/4s of the study group. Men were equally distributed throughout all the age categories.

Table II

Sex of Respondents
N=108

Sex	Number	Percent
Male	25	23%
Female	83	77%
	108	100%

Marital Status

As among the elderly generally, most Gaylord White tenants are not living with spouse. Only 24% lived in two-person households, including 22% who were married.

Table III

Marital Status of Respondents
N=107*

Marital Status	Number	Percent
Married	24	22%
Widowed	58	54%
Divorced	6	6%
Separated	6	6%
Never Married	13	12%
	107	100%

*One No Answer Excluded from Table

Table IV

Size of Household of Respondents
N=108

Household Size	Number	Percent
One person	82	76%
Two persons	26	24%
	108	100%

Ethnicity

The ethnic distribution of respondents mirrors the ethnic history of East Harlem. The predominance of white residents is significantly greater than the current proportion of white residents in East Harlem and reflect the area's role as a center for European immigration in the early past of the twentieth century.

Table V

Ethnicity of Gaylord White Respondents Compared With Johnson East Harlem Survey

Gaylord White Sample		East Harlem Sample	
Black	30%	Black, Brown & White Hispanic	45%
White Italian	22	White European	17
White/Other	32	Black & Brown U.S. born	35
Hispanic	17	Other	3
	100%		100%
			(935)

Income

The reported monthly income of 81% of respondents was between $150-$300, thus placing them in the category of the aged poor. Of particular interest in this context is the respondents' views of their current income relative to the past: half the respondents report that their current income is about the same as it was; 15 percent consider their income better than it was, and one third consider it worse.

Table VI

Income of Respondents
N=105*

Income	Number	Percent
Under $150	11	10%
$150-300	85	81%
More than $300	9	9%
	105	100%

*Three Don't Know/No Answer responses excluded from computation

Table VII

Present Income of Respondents Relative to Past Income
N=103*

Present Income	Number	Percent
Better	15	15%
About the same	53	51%
Worse	35	34%
	103	100%

*Five DK/NA responses excluded from computation

This is not to suggest that financial problems are non-existent in Gaylord White, nor that the population is atypical among the elderly with regard to income. Indeed, for New York City, the Gaylord White median income is at or near the median income of New York City's elderly population of $2,430/annum for unrelated individuals of 65 years of age and over. The lack of funds, however, appears to affect the elderly poor in Gaylord White with less impact than it does the elderly who have been middle-class in their middle age. For example, the Harris poll

asked a national sample of 2,797 persons 65 years of age to assess the "very serious problem" of aging and found that 15 percent of the respondents considered "not enough money" one such very serious problem. In contrast, the Johnson study, in seeking assessment of the "most important things to have from life" found that only four percent of the elderly cited money. Money ranked third in the Harris study; fifth in East Harlem.

Education

The educational status of Gaylord White respondents is typical of that of the "other America" of poverty, as is seen by a comparison of the reported education of Gaylord White respondents with that of the aged population as a whole.

Table IX

Education	N (105)	Gaylord White	Brotman National Data Americans Over 65
0-4 years	38	36%	13%
5 years	39	37	44
9 or more years	28	27	43
Median		5.3	8.7

Television Viewing

Data on television use among the Gaylord White residents was if particular importance both in program planning and in efforts to establish a base line against which to measure the effectiveness of CATV at Gaylord White.

Of the respondents surveyed, 88 percent owned at least one tv set and devote a mean of 3.9 hours daily to television viewing.

Table X

Number of Television Sets Owned by Respondents
N=108

Number of Sets	Number	Percent
None	6	6
One	81	75
Two	21	19
	108	100%

Table XI

Time Spent Watching Television
N=108

Number of Hours Daily	Number	Percent
None	7	6%
1 Hour	4	4
2 Hours	10	9
3 Hours	14	13
4 Hours	27	25
5 Hours	15	14
6 Hours	9	8
7 Hours	2	2
8 Hours	3	3
9 Hours	1	1
10 Hours or more	2	2
Don't Know/No Answer	14	13
	108	100%

Mean 3.9 hours/day

As is the case nationally, television use was highest in the evening, with more than half the study group reporting television use in the hours from 6-8 p.m.

Table XII

Hours of Day Respondents Watch Television *
(N=108)

Hours	Number	Percent
6-8 A.M.	3	3%
8-10	9	8
10-12 Noon	13	12
12 Noon-2 P.M.	22	20
2-4	22	20
4-6	22	20
6-8	63	58
8-10	45	42
10-12 Midnight	23	21
Other	6	6
Don't Know/No Answer/ Does Not Apply	8	8
	236	218%

*Question allows for multiple responses

Gaylord White Transmission

The Gaylord White Channel began regular functioning on June 10, 1974. The program schedule called for three weekly one-hour programs transmitted each Monday, Wednesday and Friday at 9:30 a.m. and repeated at noon of the same day. *)

The format for the first week's programming was maintained throughout June and July 1974, as follows:

1. A Tenant Reporter who gave date, time, weather and a round-up of Gaylord White and neighborhood activities (live)
2. A short inspirational reading or hymn: Tenant (tape)
3. Grocery Shopping Information: Best buys and nutritional tips: Tenant and Staff Member (live)
4. Health or Home Safety Segment: Staff or Health Professional (tape)
5. "Meet Your Neighbor" - interview with tenant (tape)
6. Sign off and preview of following program

*) At the suggestion of the Tenants Committee a second daily repeat at 4:30 PM was instituted in Spring 1975.

It will be noted that four of the six program segments feature Gaylord White tenants. In the period June-August 1974, 16 of approximately 81 program segments (or almost 20 percent of total programming) were devoted to efforts to introduce viewers to each other through the "Meet Your Neighbor" format. In addition, 16 tenants appeared on the channel as "reporters" or "readers", so that in the three-month period June-August, 32 tenants had appeared on the cable.

This initial focus on the Gaylord White tenants was a deliberate programming strategy based on an effort to personalize CATV at Gaylord White by showing many familiar faces. At the same time, the high tenant visibility was planned to directly counter the widely noted social isolation of the elderly tenants by "introducing" them to each other via the cable.

It should also be noted that the Tenants' Cable Committee supplied important programming input in the initial Gaylord White format. It was at the suggestion of the Committee that date, time and weather were included in the "Morning Report" to provide an immediate orientation to the outside world. It was also on the advice of the Committee that the 9:30 a.m. time slot was chosen for transmission. Their prescience in this choice was confirmed in subsequent analysis of the base-line data. The hours from 8-10 a.m. were found to be among the least used for viewing commercial tv, thus most likely to attract viewers without competing with favored programs later in the day.

Initial Tenant Response

Only the most fragmentary and anecdotal data are available on initial

tenant response to the Gaylord White channel it suggests the tenats' dependence on television reception, and their initial viewership of the Gaylord White Channel.

In May 1974, before the channel was operative but after many of the Gaylord White apartments had been cabled, a construction accident damaged the main cable line feeding into Gaylord White. Many of the residents already on the cable happened to be watching television at the time and immediately barraged the project office and the vendor corporation with telephone calls complaining of the disruption in service. As a result of project staff intervention, service was restored within three hours by the laying of an emergency cable line; the line was fully repaired within 24 hours. Many of the Gaylord White residents complained bitterly about the disruption; a number requested that their television sets be disconnected from the cable. In a few cases, the sets were in fact disconnected, but in each instance the tenants later requested that the service be restored.

The immediacy of tenant response to the cable break and their expressed concern about the loss of service confirmed to the project staff the great importance of television in the lives of this elderly population. It also provided an important insight in subsequent program planning, viz, that any projected change in programming or scheduling would best be implemented with adequate lead-time to prepare tenants for the change.

An indication of tenant viewership of the Gaylord White Channel was derived from a contest to name the channel, held in June, at the very outset of transmission. Eighteen tenants submitted possible names for the Gaylord White channel; 73 tenants voted on the issue, arriving at the name, "HELLO TENANT! GAYLORD WHITE HOUSE".

IV. GAYLORD WHITE PROGRAMMING

The Gaylord White studio produced a total of 328 program "segments", varying in length from 30-second spots to one-hour productions. For purposes of analysis, these segments have been divided into 6 major categories, each of which combines the range of segment lengths. Of these, roughly 30 percent were directly related to physical health and an equivalent proportion to social well-being.

Table I

Gaylord White Programming Segments
June 1974 - July 1975

	Number (328)		Percent (100)	
Focus on Tenants				
Meet Your Neighbor Interviews	31		9	
Morning Reporter or Prayer	29	90	9	27%
College Classes	14		14	
Tenant Committees	16		5	
Focus on Health				
Demonstration Modules	66		20	
All Other Health	36	102	11	32%
Community	48		14	
Bingo	44		13	
Entertainment	19		6	
All Other	25		8	
TOTAL	328		100%	

Focus on Tenants

The literature on aging cites social isolation as a major negative factor in this period of life: the death of a spouse, illness, physiological decline are seen to contribute to increasing distance between the elderly and the world around them. With 70 percent of tenants living alone, one third non-ambulatory, and a majority assessing their health as either fair (34%) or poor (24%), Gaylord White House is a microcosm of the conditions that affect social isolation among the aging. This isolation was a primary target for CATV programming.

It was the belief of the program staff that as tenants came to see their neighbors and/or appear themselves on television, they would increasingly relate to each other on a day-to-day basis: Gaylord White channel viewing

would thus serve as a catalyst or introduction for other forms of continuing interaction. For this reason, tenants were used wherever possible in programming as panelists, audience, and "actors". In addition, several program formats were specifically designed to focus on individual tenants and on the interactions of tenants with one other.

In all, 27 percent of all programming specifically featured tenants. In Meet Your Neighbor , project staff interviewed individual tenants for 15-25 minute discussions or tenant interviewed members of the project staff. The Morning Reporter and Morning Prayer format brought additional individual tenants on camera.

In October 1974, for example, project staff interviewed Mrs. R. for a Meet Your Neighbor segment. Mrs. R. is a childless widow who moved to Gaylord White House with her husband in the late 1960's. Shortly after they moved into Gaylord White, Mr. R became ill and was repeatedly hospitalized. Between hospitalizations, Mrs. R cared for him alone at home. No neighbors offered to help her, nor befriend her and no one offered condolences after Mr. R.'s death.

When the project staff met with Mrs. R. in June to orient her to CATV, she refused to participate in any manner with other Gaylord White tenants. She said she would "never" appear on television. By October, however, after five months of transmission, Mrs. R. willingly appeared on the cable, received a number of compliments from her peers and subsequently developed a number of friendships and building-centered activities.

An early outcome of Gaylord White programming was the formation of a Tenant Nutrition Committee, which met continuously throughout the project

period to discuss cooking and food tips. Videotapes of tenants meal preparations included demonstrations of nutritious breakfasts and a holiday meal prepared by a retired chef of a major New York Hotel. Meetings of the Nutrition Committee and other building committees were videotaped throughout the project for transmission.

Tenants were the focus, too, in the College Class project, cablecast live and videotaped for transmission from April - June 1975. A college-level sociology course was taught at Gaylord White House by New York City Community College to a tenant enrollment of 50 students. The courses were designed to serve as educational programming and equally important, as an opportunity for viewers to see their peers in a learning situation.

In a ceremony at New York City Community College in June 1975, 13 of 18 tenants who qualified received certificates from the College for completion of the sociology course work. Several tenants arranged for family members to meet them at the College auditorium for the certification ceremony award, which was videotaped for transmission to all Gaylord White tenants via CATV.

Focus on the Community

Moving outward from the building to the immediate East Harlem neighborhood and the larger New York community, the Gaylord White CATV project devoted 12 percent of programming to community affairs. In East Harlem, segments were produced on Union Settlement, the Covello Senior Citizens Center, neighborhood stores with food and health specials, etc.

Programming about the larger community included background information on social entitlement programs, such as Social Security and SSI: information on city-wide programs and facilities for the aging; and presentation by volunteer programs seeking participation from Gaylord White residents.

In February 1975, for example, a representative of RSVP (a program seeking elderly volunteers) addressed a group of Gaylord White tenants in person to offer potential volunteers a visit to a nursing home in need of volunteers' services. Eleven members of the group immediately offered to participate. Following transmission of the RSVP segment on Gaylord White channel the nine television viewers volunteered for the orientation tour. Of the original 20 interested tenants, nine ultimately volunteered their services weekly at a near-by nursing home: 5 of the 9 television viewers and 4 of the 11 participants were in this group.

Especially popular, by tenants accounts, was programming which followed tenants into and through the community. Tenant participation in a bus trip to the Rye Beach Playland Amusement Park was videotaped on site by the project staff for subsequent transmission.

The following partial listing of community programming provides an overview of the project's focus on the community.

Table II

Gaylord White Community - Focused Programming
June 1974 - July 1975

EAST HARLEM COMMUNITY	NEW YORK AND ELDERLY
Cavello Senior Citizen Center	Dag Hammersckold Sneior Citizens' Rally
Union Settlement House	RSVP Program
Kress Department Store	Foster Grandparent Program
Trip to Rye Beach	Social Security
Food Shopping	Visit to Museum of the City of New York
Visit from an Old Friend	

Bingo

To encourage viewership of the Gaylord White channel and to derive tentative measure of the intensity of viewing, the project instituted bingo as a daily program component of the Gaylord White channel beginning October 1974 and extending for 42 weeks until August 1975.

Bingo cards were distributed by the building's Tenant Patrol from a centrally-located table in the lobby. Each day's transmission included the calling of 9-10 bingo numbers, to a total of 27-30 numbers each week.

Tenant response, as measured by the number of cards taken by tenants each week, ranged from 110-190, clustering between 131 and 170 cards each week. A total of 110 prizes was distributed to 42 individual Bingo

[illegible] these small prizes were useful items with high health and safety [illegible] minimal cash value. These choices were offered each week, ranging [illegible] to household safety and convenience items. In general it should [illegible] food was usually chosen.

[illegible]go participation provides only the roughest measure of viewership. [illegible]e, it was perfectly possible for tenants to "pool" bingo cards, [illegible]nly one viewer could keep track of a number of cards simultaneously each day's bingo drawing. On the other hand, anyone watching the channel [illegible]hite for bingo only would perforce be exposed to a full hour's [illegible], since number-calling was distributed throughout each day's [illegible]ion.

[illegible]lance, the introduction of bingo to Gaylord White programming [illegible] have been a positive addition. The interest and excitement [illegible] among participants and winners (and their neighbors) provided [illegible] confirmation of CATV's viability at Gaylord White Houses.

Table III

Tenant Participation in CATV Bingo

Card [illegible]ed Up	Number of Weeks*
B12-[illegible]	[illegible]
B21-[illegible]	4
B30-[illegible]	5
B41-[illegible]	7
B50-[illegible]	5
B63-[illegible]	12
B75-[illegible]	3
B85-[illegible]	1

*[illegible]te records available for four weeks

Health Programming

Health programming was the principle component of the Gaylord White channel transmission, constituting 32% of all program segments produced. For purposes of anayisis, such programming has been divided into:

1. A discussion of health in general and
2. An analysis of the specially-designed health "demonstration modules".

Overall Health Programming

Health programming focused on those disease entities most relevant to an elderly population and stressed the specific relevance of conditions to Gaylord White tenants. Early in the project, for example, project staff observed that many tenants spent several hours each day basking in the hot summer sun; a software segment on "skin care", describing protection from the sun's rays was prbduced for transmission during the hottest summer months. Another early program segment, "Flying Carpet" was directed toward household safety, and directed tenants' attention to the risks of scatter rugs, untacked linoleum and "flying carpets" in their apartments. A forthcoming East Harlem Health Fair was previewed in another software segment.

Of the total 103 health segments produced for the Gaylord White channel, 66 were designed for screening and research as "demonstration modules"

(see below). All other health programming is listed in Table IV

Table IV

Gaylord White Health Programming
June 1974 - July 1975

	TITLE	PARTICIPANTS
1.	Flying Carpet: Household Safety	Staff
2.	Hypertension	M.D.
3.	Health News	M.D.
4-5.	Nutrition	Nutritionist
6.	Resusci-Annie	Staff Health Education
7.	Health Fair Interview & Promotion	Health Fair Coordinator
8.	Skin	M.D.
9.	Bathroom Safety	Nurse Clinician
10.	Health News	M.D.
11.	Body Mechanics	Nurse Clinician
12.	Belly Aches	M.D.
13.	Breast Check	M.D.
14.	Oh! My Aching Head	M.D.
15.	H.I.P. Services at Gaylord White	M.D., Social Worker
16.	Large Bowel Problems	M.D.
17.	Mental Power	M.D.
18.	Diabetes	Staff Health Educator
19.	Better Breathing	Nurse Clinician
20.	Arthritis	M.D.
21.	Your Heart	AHA Film on Heart Disease
222-23.	Planned Admission to a Hospital	Staff Production

24.	Lumps and Bumps: Dermatology	M.D.
25.	Stroke	M.D.
26.	Your Lungs	M.D.
27.	Diabetes	M.D.
28.	Get Off Your Hands: Utilization of Health Services	Group Health Educator
29.	Bladder Problems	M.D.
30.	Choosing an M.D.	Staff Health Educator
31.	Foot Care	M.D.
32.	Skin Problems	M.D.
33.	Health Services at Gaylord White	M.D., Nurse Practitioner
34.	What's Blood Pressure	Staff Health Educator
35.	Let's Talk About Problems	M.D.
36.	Patient Service Representatives	Hospital Patient Service Representative
37-38.	The Problem of Living	M.D. Social Worker

Throughout the project, staff continuously experimented with optimum formats in the use of physicians on CATV. Because the time availability of participating physicians was always at a premium, it was often impossible to schedule sufficient "lead time" to assure that physicians would be sufficiently relaxed on camera to appeal to the audience. In addition, it was soon noted that physicians' terminology was far too complex for a lay audience.

Two basic production formats were employed for health programming. In one, the health provider would present a 10-15 minute lecture, followed by a 10 minute question period by a staff member to discuss the preceding information and to reinforce the most important points in the message.

In another format, providers addressed a live tenant audience with 10-15 minute presentation, followed by 15-20 minute question periods from the tenants.

An additional format used the tenants' apartment as the "studio". In these segments, the health provider would interact on camera with the tenant.

To assure the accuracy of content, each provider was also asked to review the videotape on which s/he appeared. (See Appendix V for format.) This "instant replay" had the additional effect of providing an opportunity for participants to see themselves (often for the first time) on videotape and frequently to sensitize them to the impact of their performance. Indeed, an interesting side effect of CATV at Gaylord White was its impact on the participants themselves. As tenants became more confident of their own "right" to question providers, the "repeat performers" at Gaylord White became increasingly aware of the inherent difficulties in communication - on both sides - between patient and provider, and each appeared to gain confidence in the relationship.

V. MODULAR DEMONSTRATIONS

As one means of evaluating the potential of television as a health education tool, the project staff developed a modular demonstration design. Six experiments were conducted during a nine month period, modular in form so that each would be somewhat standardized and could be examined both on its own and compared to other modules.

The modular demonstrations were based on the operational definition of health education, agreed upon by the 1972-73 Joint Committee on Health Education Terminology: "A process with intellectual, psychological, and social dimensions relating to activities which increase the abilities of people to make informed decisions affecting their personal, family, and community well-being. This process, based on scientific principles, facilitates learning and behavioral change in both health personnel and consumers including children and youth".

In each modular demonstration, information relating to a specific health problem was transmitted via the Gaylord White Channel, and free on-site screening was offered. Tenants who responded to the screening offer, and an equal number of randomly selected tenants who did not respond were interviewed to determine among other things:

1. Source of information about the screening
2. Feelings of susceptibility to the specific health problem
3. Knowledge of factual information about the health problem which was conveyed over the Gaylord White Channel.

Health Problems Covered

Criteria were established for selection of health problems for the six modular demonstrations. Thus concentrating on problems:

1. Of Significance to this population;
2. For which there was a reliable screening mechanism;
3. For which there was a real possibility of affordable treatment.
4. About which tenants should be alerted to the advisability of periodic testing.

It was initially determined to concentrate on hypertension, vision, (i.e.) glaucoma and cataract), diabetes, dentistry, cardiology, and breast cancer. During the course of the year, breast cancer screening was dropped due to the unability of mobile mammography equipment, and the results of one of the screening programs (hypertension) caused us to repeat that demonstration.

Duration of Each Experiment

With six demonstrations planned during a period of nine months, a determination was necessary as to the duration of each experiment. For example, each demonstration could be conducted for one day or over six weeks. Both extremes were rejected; the first as too brief (many tenants do not watch every program), and the second would have meant continuous screening.

Each experiment was thus limited to a one-week period, with the

messages and screening running concurrently. This also provided a five week hiatus between screenings.

J'accard has reported on the relation between intentions and behavior in health. He reports a decrease in correlation between the two when the time interval increases. The relationship between behavior and intentions is further affected by exposure to new information and by the number of steps to be performed by the individual in order to perform the behavior.

In screening programs, agencies have long used the technique of blanketing the target area with literature or verbal announcements of the available screening immediately before and during the screening. This fact suggests that a kind of intuition about the intentions - behavior relationship has existed for some time.

Format

The format decided upon contained these elements:

Commercial type messages

Didactic presentations and

"Tenant Tags"

1. Commercial Type Messages

These were similar to television commercial "spots" in length (30-60 seconds). Each "spot" made one or two points about a health problem. We sought simplicity, directness, often humor, and

repetition where appropriate. Visual images were employed to reinforce verbal information because of greater retention of visual over auditory cues. The video relied on familiar subjects--plants, a screen, the corner mailbox, neighbors, etc. Content was determined by staff in consultation with a geriatrician and a specialist in the particular health problem.

2. Didactic Presentations

These were of longer duration (5-10 minutes), presented by a physician or dentist who specialized in the subject area. Models of the eye and heart were employed to enhance the presentation which often repeated information in the spot announcements to enhance validity and afford reinforcement.

3. "Tenant Tags", The Concluding Messages

The concluding message on screening related to accessibility - the when, where and cost (free). Tenants themselves were used to provide this information. An average of four "tenant tags" were done for each screening, each by a different tenant. It was felt that tenant peers conveying this information would be entertaining and would lend a more personalized touch then either the commercial messages or the didactic presentations.

Message Length

Three factors determined the length of each 'spot', didactic segment, or tenant tag. They were:

1. The length of time necessary to communicate each message with video reinforcement.

2. The delivery style of the talent (some people speak more slowly than others)

3. Knowledge of tenants' perceptual ability. (The latter changed with increasing understanding).

Message - Intensity (Dose)

There is wide acceptance of the dose-response notion i.e. the more cues to action, the greater the behavioral response. Adhering to this, demonstration modules cut heavily into each daily program with 'spots', didactic segment and "tenant tags". Thus, in a one hour program during a modular demonstration week, a tenant would see four 'spots', two of which would be repeated in Spanish, one doctor segment, and four neighbors announcing time and place of screening. In this way about twenty of the sixty program minutes related to the module.

Evaluation

Each module (and the modules in aggregate) lent itself to evaluation in three ways.

1. Outcome: the behavioral response to the modules using non-respondents as a control group.

2. Tenant evaluation of messages: a panel of tenants was asked to articulate its perception of the messages in each module.

3. Evaluation by professionals: physicians, health educators, representatives of agencies working with the elderly and television experts were asked to critique the messages.

Outcome

Lacking measures of viewership during the Gaylord White channel transmission it was not possible to accurately anticipitate the number of respondents who would turn out for the screenings, nor to what extent the television messages or their ripple effect would operate. As the number of viewers increased over time, so did the number of potential respondents to the screenings. Examination of the number of tenants who actually responded in the order in which the screenings were conducted, shows:

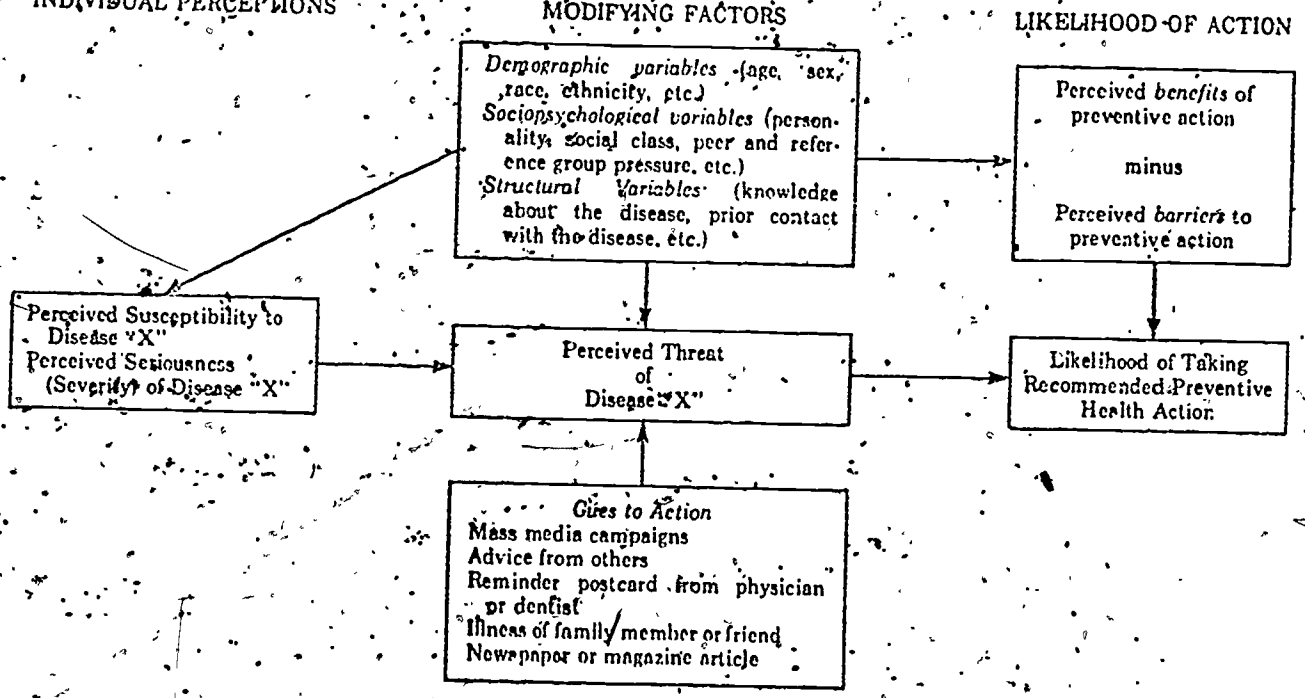
Table I

SCREENING	# RESPONDENTS
Hypertension #1	29
Vision	17
Diabetes	25
Dentistry	6
Hypertension #2	38
Cardiology	15
Total	130

There was no orderly increase in the number of respondents to the screening programs as the year progressed.

It was hypothesized that the explanation for this phenomenon might be found in Rosenstock's[2] Health Belief Model, which is based on Lewin's[3] theory of motivation. The Health Belief Model is basically phenomenological in its orientation; i.e. it is the perceived world of the consumer rather than his physical environment that motivates action.

Table II



"Health Belief Model" (after Becker et al[4])

As suggested in the model, it seemed possible that perceived feelings of severity and susceptibility would be significant in motivating responses to the screenings. In addition, it was felt that television cues would be a significant factor in this motivation so that viewers of the modular programs would be significantly more knowledgeable than non-viewers.

Findings

1. Severity:

Examination of the screenings in the order of the number of respondents they drew, shows:

Table III

SCREENING	#. RESPONDENTS
Hypertension #2	38
Hypertension #1	29
Diabetes	25
Vision	17
Cardiology	15
Dentistry	6

In the post interview, tenants were asked to rank several conditions (including four of the above five; cardiology was not included) by the degree of seriousness. Using a score of 3 for "very serious", 2 for "somewhat serious" and 1 for "not too serious", the following scores were derived:

Table IV

ILLNESS	SCORE
High Blood Pressure	2.09
Diabetes	1.92
Vision (Cataracts & Glaucoma)	1.84
Teeth Missing	1.47

The rank order of the illnesses in the interview question and response to the corresponding screenings are identical. This clearly correlates with the Health Belief Model i.e. that perceived severity is a major factor in the individual's decision to attend a screening program.

2. Susceptibility:

Respondents and non-respondents were asked to state their feelings of vulnerability to each condition:

Table V

Total Perceived Susceptibility

to Six Conditions

	Respondents	Non-Respondents	Viewers	Non-Viewers
Susceptible	60 (46%)	41 (30%)	41 (52%)	60 (32%)
Non-Susceptible or Don't Know	70 (54%)	94 (70%)	38 (48%)	126 (68%)
Total	130 (100%)	135 (100%)	79 (100%)	186 (100%)
Previously diagnosed	39 (30%)	37 (27%)	26 (33%)	50 (27%)

$P = < .01$

This table demonstrates that viewers and respondents are more likely to regard themselves as susceptible than are non-viewers or non-respondents. It is not clear whether viewers watched the modular television programs because they felt susceptible to the

health problem. It is certainly clear that susceptibility was a motivating influence in response.

3. Previous Testing:

The recency of previous testing for each condition was examined in the following table:

Table VI

Total Previous Testing for Six Conditions

When Done	Respondents	Non-Respondents	Viewers	Non-Viewers
< 1 Year	88 (68%)	95 (70%)	55 (70%)	128 (69%)
> 1 Year	23 (17%)	24 (18%)	14 (18%)	33 (18%)
Never	10 (8%)	4 (3%)	6 (7%)	7 (4%)
Don't Know	9 (7%)	12 (9%)	4 (5%)	18 (9%)
Total	130	135	79	186

Of great interest in this table is that there is virtually no difference among the four categories. It is evident, however, that the respondents were not a group who utilize health services to excess.

Since most older people are routinely checked for hypertension, these data were further analyzed excluding the two hypertension modules. When this is done, the findings are far more interesting.

TABLE VII

Total Previous Testing
for Four Conditions

(Excluding 2 Hypertension Screening Programs)*

When Done	Respondents	Non-Respondents	Viewers	Non-Viewers
<1 year	29 (46%)	47 (62%)	27 (54%)	49 (55%)
>1 year	19 (30%)	20 (26%)	13 (25%)	26 (29%)
Never	10 (16%)	3 (4%)	6 (12%)	6 (7%)
Don't know	5 (8%)	6 (8%)	4 (8%)	8 (9%)
Total	63	76	50	89

*Vision, Diabetes, Dentistry, and Cardiology

Of all groups, the respondents were highest in the never screened category and lowest in the most recently screened category. Thus it would appear that the screenings did not attract a group of heavy utilizers, but rather those who were most in need of the screening.

4. Educational Outcome:

To ascertain comprehension and retention of health messages conveyed in the modular television programs, a series of true/false questions were asked of both respondents and non-respondents

(who could be sub-divided into viewers and non-viewers). Five questions were asked about each modular television program; a perfect score would be 100%.

TABLE VIII

Average Scores on Health Message Questionnaires

Program	Respondents	Non-Respondents	Viewers	Non-Viewers
Hypertension 1	70%	50%	71%	57%
Vision	45%	29%	53%	33%
Diabetes	60%	30%	67%	20%
Dentistry	70%	72%	93%	66%
Hypertension 2	67%	63%	75%	62%
Cardiology	55%	58%	67%	48%
Total	61%	50%	71%	44%

In toto there is a clear progression of scores in this table. Viewers scored highest, respondents were followed by non-respondents, and non-viewers scored lowest of all groups. It is evident that television did serve an educational function. In addition, it seems that respondents, on the whole were likely to know more about the disease than non-respondents.

5. Frequency of Response:

The 130 screening/respondents were comprised of 75 different individuals.

Table IX

Frequency of Response to Demonstrations by Individuals

NUMBER OF INDIVIDUALS	NUMBER OF SCREENINGS ATTENDED
44	1
14	2
12	3
3	4
2	5
0	6
Total 75	

Clearly, tenants were discriminating in their response to the screenings. No tenant attended all six screenings, and the majority of respondents (59%) attended one screening.

In attempting to evaluate this response, the data were examined with respect to potential screening respondents, rather than the total tenant population. In table X, below, account is taken of tenants who could not have participated in the screenings, showing a maximum of 263 potential participants.

Table X

Maximum Potential Participants

Total Gaylord White Residents		330
Unable to participate:		
Working	33	
Out of building	17	
Confined to bed/apt.	17	
		67
Maximum Total Potential Participants		263

More than one quarter (28.5%) of the potential participants (75/263) attended one or more screenings. Each of the 263 potential participants had the opportunity to attend six screenings, thus there was a potential of 1578 attendees. The 130 actual attendees account for 8.2% of the potential turnout.

The group of 135 non-respondents, was comprised of 120 different individuals (of whom 21 had participated in screenings other than the one for which they were interviewed as a non-respondent).

6. Cues to Action:

Respondents and non-respondents may or may not have seen the modular televison program, as the following table indicates:

Table XI

	Respondent	Non-Respondent	Total
Viewers	63	16	79
Non-Viewers	67	119	186
Total	130	135	265

As in all communications, the primary audience should not be considered the only audience. There is a secondary gain which must be taken into account. In Gaylord White, tenants may have been informed about the screenings only through the modular television programs or word of mouth (ripple effect) from viewers. A weekly television guide posted in the lobby announced television content, but gave no information about the screenings.

Table XI attests to Beckers[5] recent findings on the importance of health related information and motivation in response to screening programs. If television viewing were considered related health information and motivation, we can see that television per se was an effective stimulant to participation in a screening program.

Table XI also demonstrates that viewing was significant in response ($p = 0.001$). Non-viewers respondents constituted a large number of screenees (more than half). It would appear that the secondary gain of television (i.e. "ripple") increases the significance of this tool as a stimulant to participation.

Kirscht[6] says "cues...have never been explicity studied". Gaylord White research suggests that cues can have a synergistic effect in recalling a lifetime of health information. This was clearly demonstrated in the dental module where the message was "save your teeth". Tenants not only identified this messag but spontaneously played back other health messages obvious

acquired through the years (none were included in our module messages). In response to the question, "What is the message here?" Tenants told us "Brush twice a day"; "See a dentist twice a year"; "Brush after meals"; "Eat nutritious foods."

Tenant Evaluation of Messages

The Tenants Cable Committee at Gaylord White was selected in February 1974 to serve as an advisory panel of tenants to the project staff. This committee, comprised of an ethnically mixed group of tenants, served as a preview audience for each module.

Prior to each modular demonstration week, the staff met with this group, showed them the tapes, and asked them to articulate each message they perceived.

A hypertension spot titled, "Control", which visually depicted a number of control situations, such as a woman turning a faucet, another wearing a girdle, and cluminating with a man pushing down the words "High Blood Pressure" was obscure to the panel. The tenants focused on the picture in an attempt to identify the people as Gaylord White tenants. In doing so, the message was entirely lost. One tenant said, "Pictures speak louder than words, but not in this case".

Another hypertension spot, used the analogy of shoe lace tying, i.e., a man was shown teaching a child how to tie his shoes with the verbal message, "Controlling high blood pressure may seem difficult at first;

but it can be as simple as tying your shoes". The panel responded to the act rather than the message, with such comments as, "I don't use shoe laces", and "Lots of people can't tie their shoes because their bellies are too big".

A very effective analogy proved to be that of constant care of plants and/or high blood pressure. Tenants' reaction tothis spot focused on the message we intended. The panel commented, "You have to check regularly". "That's right, you have to take care of yourself like a plant." "You gotta keep after it all the time".

Reaction to the doctor segment for the second hypertension module included remarks such as, "The words he used would be too difficult for most people in the building to understand" and "I understood what he was saying, but it was too professional".

Having learned that complicated video interfered with message clarity and that the less obscure the analogy, the more effective the communication, a second module (on vision), was initiated. In one "spot" which showed a clear snowflake design becoming blurred (by putting the camera out of focus) and then restored to clarity, the audio stated, "If your vision is getting a little more blurry all the time, you should have your eyes checked". Reaction to this ranged from "This is what it looks like when you have a cataract" to a suspicion that it was an eye test.

Tenants tages were very well received. Comments identifying various tenants as "my neighbor" were interspersed with comments of empathy at

obvious nervousness. In the second module, there was greater concentration on the spots featuring people known to the panel. For this reason, tenants and staff were featured in the third module (on diabetes).

In a spot describing diabetic symptoms, project staff members were shown eating a great deal and losing weight, drinking constantly and running to the bathroom. Tenants were amused by the presentation and commented that "It was comical and to the point".

Another spot featured shots of tenants taking medicine, selecting food from an exchange list, and dancing to emphasize the three methods of control. The general reaction was that the "messages were clear". One tenant nodded his head and agreed, "Diet and exercises are important".

Reactions to the doctor segment included, "He made it mean more to us at our age". "If I had any doubts about being a diabetic, I would have it checked after listening to him".

The dental module relied more heavily on graphics because of the difficulty (embarrassment) of features gap-toothed tenants. Again one message which used elaborate graphics, was missed. Another spot featured two staff members contrasting the old-time dentist with modern dentistry. The message was that there is less pain now. One comment speaks for all, i.e. "You don't have to be afraid of the dentist".

In previewing the doctor segment, which showed a dental exam and explained therapies, the consensus of the Tenant Committee was that no dentist

they knew would be that thorough or take that much time with a patient. Criticism because of the use of a young man as the 'patient' rather than an older person was anticipated; however the panel made no comment about this.

Finally, in the heart module, the most successful spot seemed to be one which alternated shots of a car motor with a pulsating heart. In this, the motor noise gave way to a heart beat and the only verbal message was "Isn't it time you had your motor checked?" Comments included "The motor represents your heart". "Get your heart checked".

Comments on the doctor segment, which featured a model of the heart, were "He explains the symptoms". "You have a better idea how the heart operates", and "I think it's good for us who don't know about it to learn".

The pre-tests with the Tenant Committee suggested that analogies must be kept very simple. Some of the graphics used were apparently too complicated to be used extensively. It was wise to concentrate video efforts on familiar people engaged in familiar activities which fit the message. The tenant tags were always well received.

Four out of the six doctor segments featured doctors who were the same age as the tenant population. Teh tenants made no comments on this. Several of the doctors segments featured eminent physicians who were presented as such. This also was never commented upon by tenants. Generally, those doctors whose delivery appeared warm and concerned on television,

fared better in tenant comments. A universal comment on doctors was that they use words that are difficult to understand.

Evaluation by Professionals

In yet another attempt to evaluate the material developed for the modular demonstrations, we asked a number of professionals to cirtique the spots, tags, and segments.

Each physician who presented was pleased with his own presentation. Non-presenter peers of these doctors commented unfavorably on the delivery by some. None of the content was questioned by these peers. No doctor mentioned (or apparently noticed) that the use of medical jargon might interfere with communication.

Health educators remarked positively on the analogies, clear language, and use of participants in the spots and tags. Some who reacted negatively to the 'spot', felt they were "talking down to the tenants". This group reacted very negatively to the doctor's jargon, but commented positively on the content of the doctor segments.

Television expert critiques were quite favorable. The television critic for a leading New York newspaper, commented on several heart spots he saw. He said..."marvelous analogy-very clear...good camera work... this one has the look of a Felini flick".

An advisory committee consisting of a total of thirty-five people

representing agencies engaged in work with the elderly viewed a number of spots. Their reaction was entirely positive.

Mr. Walter Newburgher, President, Congress of Senior Citizens of Greater New York, a member of the Advisory Council, and a most severe cirtic at the outset, after viewing the spots, was laudatory in his comments, specifically mentioning the honest portrayal of the elderly with dignity.

Other individual members of the committee viewing the doctor segments, agreed that the jargon interfered with the communication, but found content of interest.

Growth of Tenant Sophistication in Education

Observation of the panel's growth in sophistication over the nine months affords an insight which should not be overlooked.

In the first module, this group of older people was asked to articulate (perhaps for the first time in their lives) their reactions to health information on television. They knew that the information had been developed by the project staff and physicians at Mount Sinai, and some of the information was delivered by doctors. Tenants were willing to evaluate the spots and tags, but when the doctor segment appeared on screen, each offered an excuse, such as having to return home for lunch, and left. No member stayed to observe or critique the doctor.

While the group felt more comfortable in reacting to the second

module spots and tags, they again made excuses and left before observing the accompanying doctor segment. We had scheduled the meeting earlier than the first so that lunch would not interfere.

Aware of this reluctance, a live program on diabetes was scheduled to occur in the same central meeting location prior to the panel's preview of the diabetes module. In this way tenants were provided with enough prior knowledge to increase their comfort in the task they were asked to perform. The maneuver was most effective. The panel displayed a great deal more comfort in their role and referred to some of its newly acquired knowledge in comments about the spots. This time no one left when the doctor appeared on screen. The cirtique was generally positive.

For the fourth module, we did not arm the tenants with prior information about dentistry. The panel was still able to critique the dentist without discomfort. Comments were again generally positive.

In meeting with the panel to preview the fifth module (on hypertension), the group was prodded when they again appeared to be 'rubber stamping' the doctor. At this time they finally mentioned medical jargon as an obstacle. Several members agreed that this had been true for prior doctors, although no mention of it had been made before this meeting.

In the preview of the sixth module (on cardiology), no prodding was necessary. The group was obviously comfortable in its role by this time. The role reversal requested of this panel, i.e., evaluating a doctor, may have been a difficult chore. It would appear that they needed help over

time to become comfortable in the role.

By the time of the sixth module, the group was comfortable enough to speak of other doctors (who had been seem on television and in person) in the same way. The forceful critique of this doctor segment and sports included comments about information the panel felt should have been included.

It seems to us that using television to depersonalize the contact in order to accomplish such a comfort level in any community might be helpful in community organization.

Summary

Six modular demonstrations were designed to elicit a behavioral response to televised "cues to action". Respondents and randomly selected non-respondents were questioned to determine motivational influences, utilization patterns, and educational gain.

Perceived severity and susceptibility to the health problems were demonstrated to be significant in stimulating response.

Respondents were not heavy utilizers of health services, but appeared to be underutilizers (when compared with non-respondents) who were making intelligent use of the screenings. No respondent attended all six screenings. Only five people (or 6.7%) attended more than three screenings. The majority appeared to have selected screenings on an ad hoc basis, according to their needs.

Television was demonstrated to be a two-pronged influence. The term 'primary gain' refers to those respondents who were influenced primarily by television. "Secondary gain" refers to those who were influenced by a television viewer. The primary gain, i.e. the number of respondents who were viewers, was significant ($p=0.001$). The secondary gain respondents in these modular demonstrations appear to have equalled the number of respondents who were directly influenced by television. This leads us to believe that television was a significant motivational influence in attendance at screenings.

The educational gain in television is demonstrated by comparing the correct answers by viewers to non-viewers; this medium was found to be a significant educationaltool ($p= < 0.001$).

Investigation of the messages sent in each demonstration leads to a number of suggestions to those who would undertake a similar project. Health messages for an elderly population are most effective if:

1. The analogies are quite simple
2. The graphics are easily identifable
3. The depicted individuals are familiar
4. The medical jargon is avoided, and
5. The synergistic effect of cues is exploited.

VI. RESEARCH FINDINGS

To measure the effect of CATV at Gaylord White, the project staff planned a before-after study of 108 randomly-selected tenants. The pre-test, in June 1974, sought both demographic and social-health data as a base line for study, measuring self-rated health status, avowed happiness, psychological well-being, self-rated depression, sociability, degree of isolation and level of activity as well as media use. In the post-test, in May 1975, the identical individuals were re-interviewed with additional questions based on the CATV project.

Due to the exigencies of time, only the essential variables are addressed in this report. Further findings will be reported in future articles.

The Sample Group

Of 108 tenants originally interviewed, 90 were available for the follow-up study. The disposition of the 18 unavailable residents reflects the epidemiology of the elderly. Five of the group had died in the one-year period, seven were either hospitalized or in nursing homes at the time of the interview, two had moved away from Gaylord White House and one was on vacation. Only three of the original 108 respondents refused to participate in the follow-up study.

Table I

Derivation of the Follow-up Sample

Original Respondents	Number
Available for Follow-up Interview	90
Died	5
Moved	2
Nursing Home/Hospital	7
Vacation	1
Refused to Participate	3
TOTAL	108

Patterns of Television Use

The original survey sought information on the intensity of television use among the elderly tenants at Gaylord White, and categorized viewing intensity as follows:

Viewing Intensity	Number of Hours/Day
Light	None-Two Hours
Moderate	Three-Four Hours
Heavy	Five Hours or More

It is suggested by its critics that television is a socially isolating medium in that viewing is essentially a private and passive activity. With the availability of CATV to Gaylord White tenants, and the concomitant improved reception of all television channels provided by cable in the

Table III

Overall Television Viewing and Gaylord White Channel Use*
(Post Interview)

ALL TELEVISION (n=90)		GAYLORD WHITE CHANNEL	
Light/None	37%	39%	None
Moderate	32	28	Light/Moderate
Heavy	31	33	Heavy
	100%	100%	

Comparison of general television viewing with Gaylord White viewing suggests that those who watch television most, often tend to be heavy viewers of the Gaylord White Channel. For example, 40 percent of those who were "heavy" viewers of the Gaylord White Channel (several times/week), were also high viewers of television generally, watching five hours or more of conventional television daily. In contrast, half of those who did not watch Gaylord White programming also reported that they watched television only briefly or not at all.

Table IV

Viewership of the Gaylord White Channel and
General Television Viewing
(Post Interview)

GENERAL TELEVISION VIEWING	GAYLORD WHITE CHANNEL VIEWING		
	HEAVY (n=30)	LIGHT/MODERATE (n=24)	NONE (n=33)
High	40%	25%	24%
Moderate	37	33	27
Light/None	23	42	49
	100%	100%	100%

* For the purpose of analysis, low general television viewers and non-viewers were treated as one group. Non-viewers of general television in the post interview numbered only 4.

Reversal of the variables (see Table V) produces similar results. Almost half of those who watched large amounts of television daily were also heavy viewers of the Gaylord White Channel; of the infrequent television viewers only one fifth were heavy users of the Gaylord White Channel, while half did not watch Gaylord White Channel programming at all.

Table V

General Television Viewing and Gaylord White Viewing

	GENERAL TELEVISION VIEWING		
	HIGH (n=26)	MODERATE (n=28)	LOW-NONE (n=33)
GAYLORD WHITE CHANNEL VIEWING			
Heavy	46%	39%	21%
Light/Moderate	23	29	30
None	31	32	49
	100%	100%	100%

That Gaylord White programming and format was generally acceptable to the television viewers in the tenant population is further confirmed by analysis of the Gaylord White viewers. In the follow-up interview, 39 percent of respondents were found not to view the Gaylord White Channel (see Table VI). Of these, only 2 percent were potential viewers. The remaining 33 respondents owned no television set, had refused cable installation, never watched television, worked during the day, or had serious language problems. By and large, this group did not view television at all and were thus not potential viewers of the Gaylord White

Channel. Of the potential viewers of the Gaylord White Channel, more than half were in fact heavy viewers.

Table VI

Viewing of the Gaylord White Channel

VIEWING	NUMBER	PERCENT
Heavy Viewers	30	33%
Light/Moderate	25	28
Non-Viewers Potential	2	2
Non-Potential	33	37
	90	100%
Of the 57 potential viewers:		
Heavy Viewers	30	57%
Light/Moderate	25	44
Non-Viewers	2	3
	57	100%

Channel Selectivity

Despite the improved reception of all television transmission provided by the availability of CATV to Gaylord White tenants, there was an overall decrease in the viewing of most New York channels, with only two local VHF channels (#5 and #9) viewed more, and with all networks viewed less. Fewer than five percent of respondents watched the National Educational Television network (Channel 13 in New York City) and almost no one watched

either the city's municipal channel or its educational channel.

Table VI1

Specific Channels Viewed by Tenants *)

CHANNEL		PRE-INTERVIEW (n=83)	POST-INTERVIEW (n=74)
2	C.B.S.	63%	61%
4	N.B.C.	48	41
5	Local	19	30
7	A.B.C.	33	24
9	Local	19	22
11	Local	19	10
13	P.B.S.	5	3
25	N.Y.C. Board of Education	1	-
31	N.Y.C. Municipal Channel	2	-
41	Local Spanish Language	12	10
47	Local Spanish Language	17	11

*)Multiple Choice

Program Selectivity

The first interview sought tenant ranking of 14 program types. Top rated program types viewed by roughly 20 percent of respondents were found to be:

Table VIII

Preferred Program Types: *) Pre-Interview

PROGRAM TYPE	RANK ORDER	PERCENT (n=90)
News	1	67%
Soap Opera	2	31
Religious	3	24
Quiz/Games	4	21
Sports	5	19

When health and educational programs were added to the listing of program types in the follow-up study, health programming was cited by 24 percent of the respondents and ranked third among preferred program types. Educational programs were cited by 11 percent of the respondents. Since only three percent of respondents watched Public Broadcasting (the National Educational Television network) and one watched the city's educational channel, it must be assumed that both the health and educational

*) Multiple Answer Question

programs cited came almost exclusively from the Gaylord White Channel.

Table IX

Program Types by Rank Order: Pre and Post Interview *)

PRE INTERVIEW			POST INTERVIEW	
RANK	PERCENT	PROGRAM TYPE	RANK	PERCENT
1	67%	News	1	68%
2	24	Religious	2	33
3	31	Soap Opera	4	22
4	21	Quiz/Games	5	16
5	19	Sports	6	13
Not Asked		Health	3	24

Health Correlates of Gaylord White Viewing

With Gaylord White programming directed to an improvement in physiological and social well-being among viewers, the tenant interview schedule sought measures of these factors over time.

To establish some base line data about health behavior, for example, respondents were asked whether they had had health checkups in the past six months. Almost half of the respondents indicated they had done so. The same question, after one year of Gaylord White transmission, reveals an increase of 13 percent among heavy viewers in this standard preventive health behavior, and a decrease of 17 percent among non-viewers. The

*)Multiple Answer Question

contrast between heavy viewers and non-viewers suggests that Gaylord White health programming affected the health behavior of its viewers.

Table X

Had Checkup in Past Six Months: Gaylord White Viewers

	Heavy Viewers (n=20)			Light/Moderate Viewers (n=25)			Non-Viewers (n=25)		
	Pre	Post	% Change	Pre	Post	% Change	Pre	Post	% Change
Had Checkup									
Yes	47%	60%	13%	48%	40%	-8%	51%	34%	-17%
No	53 / 100%	40 / 100%	-13	52 / 100%	60 / 100%	8	49 / 100%	66 / 100%	17

Subjective health status changed. Heavy viewers and non-viewers offer the greatest contrast. In both interview, respondents were asked to rate their own health on a scale ranging from very good to poor. Analysis of subjective health status in relation to intensity of Gaylord White viewing reveals that heavy viewers tended to assess their health more positively than did others over the course of the project.

Maddox[1] has reported a persistent, positive congruence of this subjective health assessment and physician assessments of general health status.

Table XI

Self-Rating of Health

Gaylord White Channel Viewing

Health Status	Heavy			Light/Moderate			None		
	Pre (n=30)	Post (n=30)	% Change	Pre (n=25)	Post (n=24)	% Change	Pre (n=34)	Post (n=32)	% Change
Very good/good	33%	40%	+7%	32%	29%	-3%	56%	50%	-6%
Fair/poor	67%	60%	-7%	68%	71%	+3%	44%	50%	+6%

Another behavioral measure of the effect of Gaylord White programming was derived from the data on knowledge of and participation in the health screenings offered to tenants in conjunction with the six "demonstration modules" on the Gaylord White Channel.

While almost all the viewers (86%) knew of the health screenings, it should be noted that more than half of the non-viewers knew of them. This high awareness among non-viewers is attributed to word-of-mouth communication.

Table XII

Knowledge of Screenings

	GAYLORD WHITE CHANNEL VIEWING		
	Heavy (n=30)	Light/Moderate (n=21)	NONE (n=33)
Knew of Health Screenings			
Yes	87%	85%	51%
No	13	13	49
	100%	100%	100%

Heavy viewers participated in the screenings more than others, with almost half the heavy viewers and fewer than one third of the non-viewers reporting that they had attended at least one Gaylord White screening.

Table XIII

Attendance at Screening Program
n=67

Attendance	Gaylord White Channel Viewing		
	Heavy (n=26)	Light/Moderate (n=21)	None (n=20)
Yes	46%	38%	30%
No	54	62	70
	100%	100%	100%

Isolation

As one measure of social well-being, the pre-interview sought data on tenants' isolation. Answers to 27 questions dealing with interactions with others (e.g., living arrangements, visiting patterns, daily activities, etc.) were combined in an "isolation index".

Table XIV

Isolation Index

Isolation	Pre Interview (n=90)		Post Interview (n=90)		% Change
	n	%	n	%	
High	29	32	26	29	-3%
Moderate	34	38	21	23	-15%
Low	27	30	43	48	+18%
		100%		100%	

The largest group of respondents (38%) in the Pre Interview were judged "moderately" isolated as compared with roughly 30 percent of tenants who were highly isolated and an equal proportion with "low" isolation, i.e., relatively high levels of social interaction. The follow-up study reveals a marked shift in the respondents' isolation index, with far less isolation among the tenants as a whole. The change was less noticeable among highly isolated tenants, (from 32% to 29%). Moderately isolated tenants, however, shifted dramatically in the direction of increased socialization; moderate isolation decreased by 15% during the project so that almost half the sample group in the follow-up study was found to be only minimally isolated.

The relationship between Gaylord White viewing and isolation is of particular interest in light of the expressed purpose of the project to reduce social isolation among this elderly population. The tendency toward de-isolation was greatest among Gaylord White Channel viewers, least among non-viewers and especially marked among light/moderate viewers of the Gaylord White Channel. Table XV indicates, for example, that while 40 percent of light/moderate viewers were highly isolated at the out-set of the project, only 24 percent of this group remained highly isolated after one year's exposure to Gaylord White Channel programming. There was an increase of 10 percent in de-isolation among heavy viewers and of 44 percent among light/moderate viewers. A slight decrease in isolation was also found among non-viewers.

Table XV

Isolation Index

ISOLATION	HEAVY			LIGHT/MODERATE			NONE		
	Pre	Post	% Change	Pre	Post	% Change	Pre	Post	% Change
High	13%	20%	+7%	40%	24%	-16%	43%	40%	-3%
Moderate	40%	23%	-17%	44%	16%	-28%	31%	29%	-2%
Low	47%	56%	+10%	16%	60%	+44%	26%	31%	+5%
	100%	100%		100%	100%		100%	100%	

Among the components of the isolation index were participation in activities in the Gaylord White building and feeling of involvement in the Gaylord White community. (See instrument Appendix IV, p. 13). Heavy

viewers of the Gaylord White channel both participated more in building activities and considered themselves more involved in the building than others. It should be noted in this context, however, that Gaylord White "activities" include both project-related and non-project-related events. There was tenant participation independent of Gaylord White Channel viewing in many project-related building activities. College classes, for example, were in-person experiences for participants although transmitted to viewers. Many of the channels's health programs were videotaped before live audiences in the building's ninth-floor solarium. The finding that 47 percent of non-viewers participated in Gaylord White activities is thus, in part, a serendipitous dividend of the project. Of significance in terms of the effect of CATV specifically is the substantially greater proportion of viewers who both participate and feel themselves involved in Gaylord White House.

Table XVI

Participation in Gaylord White Activities
(Post Interview)
n=88

Participation	Viewing		
	Heavy (n=30)	Light/Moderate (n=24)	None (n=34)
Yes n=50	70%	54%	47%
No n=38	30%	46%	53%

Feeling of Involvement at Gaylord White
(Follow-up Interview)
n=21

Involvement	Viewing		
	Heavy (n=28)	Light/Moderate (n=21)	None (n=26)
High n=39	64%	57%	35%
Moderate-Low n=36	36%	43%	65%

The Peer Effect of Gaylord White Viewing

Gaylord White programming was deliberately personalized in that tenants appeared in the overwhelming majority of software segments, either as audience members for live cablecasts, as commentators, as subjects of Meet Your Neighbor interviews, etc. A series of questions in the follow-up interview were designed to measure the relationship of tenants to the Gaylord White Channel.

Respondents were asked whether they had personally appeared on the Gaylord White Channel, with the thought that personal participation might be found to encourage viewership. While far more viewers than non-viewers had appeared on the Gaylord White Channel, it should be noted that as many as half the heavy viewers had not appeared at all.

Table XVII

Appearance on Gaylord White Channel

	Heavy (n=30)	Light/Moderate (n=24)	None (n=20)
Appeared on CATV			
Yes	50%	42%	20%
No	50%	58%	80%

With regard to word-of-mouth communication, too, the Gaylord White Channel was most often discussed by viewers. More than half the viewers talked about the channel with other tenants. At the same time, significant proportions of the non-viewers knew of, discussed, or heard others discuss the channel.

Table XVIII

Talked About Channel With Other Tenants

Talked About Channel With Other Tenants	High (n=30)	Light/Moderate (n=25)	None (n=21)
Yes	63%	52%	24%
No	37%	48%	76%
Other Tenants Talked To You About Channel			
Yes	60%	56%	43%
No	40%	44%	57%

Table XIX

Summary of Selected Health and Social Data in Relation to Viewing Intensity *)

	Gaylord White Viewing		
	Heavy*	Light/Moderate	None
Checkup in Past Six Months	60%	40%	34%
Attended Health Screenings	46%	38%	30%
High Social Isolation	20%	24%	40%
Low Social Isolation	57%	60%	31%
Participate in Gaylord White Activities	70%	54%	47%
Feel Involved in Gaylord White	64%	57%	35%

Do changes on the order of 10-30 percent justify the use of closed circuit television in an attempt to improve the health and social well being of the elderly? Following are the Sloan Commission's comments on the use of cable television for the delivery of community health information:

> ...the value of a health service of this sort... is not measures as broadcast television is measured, in size of audience. The proper calculus sets the value of the services to those who benefit from them against the cost of providing those services. If preventive health eduation in a community of a few hundred thousand persons, maintains the health of a few thousand of the population - that is, if the effective reach of the program is calculated at one percent - the cash value of the programming may be in excess of $1 million. Such a return would satisfy the most exigent accountant.**)

*)See relevant tables for complete data

**)On the Cable: The Television of Abundance, Report of the Sloan Commission on Cable Communications, New York: McGraw Hill Book Co., 1971, p. 105/

As a small-scale innovative demonstration of the effect of CATV, the Gaylord White project affected far more than one percent of its target audience, as indicated by these research findings.

Hawthorne Effect

From the inception of programming at Gaylord White House, project staff was aware that their daily presence, the project activities to which all tenants were invited, and day-by-day communication among tenants would create an atmosphere in which non-viewers of the Gaylord White Channel would also be affected. Any attempt to measure the impact of the Gaylord White project on the tenants must therefore take into account the existence of the ripple or Hawthorne Effect, stemming from the side effects of the project.

Table XIX summarizes some significant correlates of Gaylord White viewership. It reveals a consistent pattern of greater involvement by heavy viewers in health and social activities associated with the Gaylord White Channel. At the same time, it indicates that roughly one third of non-viewers were aware of and involved in many aspects of the Gaylord White project. This finding confirms the existence of the Hawthorne Effect. It also provides a measurement, albeit inexact, of the impact of Gaylord White programming on its viewers.

The net difference between non-viewers and viewers of Gaylord White CATV, on any measure, may be seen as the "actual" impact of closed circuit television on this elderly population. If, for example, 30 percent of non-viewers attend Gaylord White health screenings while 46 percent of heavy viewers did so, it may be inferred that roughly 16 percent of this population was directly and positively influenced by the television communication in and of itself.

the supralocals. Leeds points out that competition among supralocals will be particularly likely to occur among those drawing their power base from mass support. Many supralocals operating within Gaylord White have overlapping functions as well as overlapping sources of support, utilization and membership; they thus may be seen as competitors for resident participation (which may in turn mean political clout or material resources). Several expressions of this competition have been observed. For the purpose of this discussion, however, the relationships of most interest are those involving the Cable Television Project.

Some competition between the Cable TV Project and Union Settlement functions, particulatly the Senior Center, seems inevitable, given that both depend on resident participation. One indication of this competition has been programs offered by the Center and Settlement and related to self-defense for the elderly, hypertension screening, and "ending nursing home abuse." All of these have been the subjects of Cable TV programs; more overtly, the first two were scheduled for precisely the time of the Cable TV's regular lecture sessions. Furthermore, various residents have attempted to manipulate the Cable TV program and staff in their conflict with the Senior Center's Director over various alleged abuses. While the Cable Project has avoided such entanglement, its functions do provide a source of social participation and various gratifications for those residents who are dissatified with and feel out of favor at the Senior Center.

While the Cable Television Project does not play a direct role in the competition among providers of medical care, it influences this competition in a variety of ways: by referral of positives

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A previous report introduced Leeds'[1] formulations of "localities" and "supralocal agencies." The characteristics of Gaylord White House as a locality were outlined, as were the activities of supralocal agencies most immediately present at Gaylord White. To review briefly, the locality is a more or less stable and distinct settlement with complex sets of formal and informal relationships and interactions among its members; these relationships are manipulated to deal with different life situations, most specifically the actions and policies of supralocal agencies. Supralocals, in turn, are structures whose form is independent of any one locality and which affect a number of localities similarly. The supralocal agencies most directly visible at Gaylord White are: the New York City Housing Authority; the Senior Community Service Program; Union Settlement and the senior center it sponsors; medical care providers; and the Cable Television Project.

In this paper we turn to relations among supralocal agencies and between supralocals and the locality. Leeds classifies these relationships as competitive, mediating and cooperative, though he states that they may have many forms simultaneously. To simulate clarity we will examine separately each of these modes of relationships among supralocals at Gaylord White. We will see simultaneously and through a separate analysis the principles underlying locality reaction to these supralocal relationships and to the supralocal agencies themselves.

Since competitive relationships tend to show underlying principles in sharper relief, we will begin with competition among

the supralocals. Leeds points out that competition among supralocals will be particularly likely to occur among those drawing their power base from mass support. Many supralocals operating within Gaylord White have overlapping functions as well as overlapping sources of support, utilization and membership; they thus may be seen as competitors for resident participation (which may in turn mean political clout or material resources). Several expressions of this competition have been observed. For the purpose of this discussion, however, the relationships of most interest are those involving the Cable Television Project.

Some competition between the Cable TV Project and Union Settlement functions, particulatly the Senior Center, seems inevitable, given that both depend on resident participation. One indication of this competition has been pregrams offered by the Center and Settlement and related to self-defense for the elderly, hypertension screening, and "ending nursing home abuse." All of these have been the subjects of Cable TV programs; more overtly, the first two were scheduled for precisely the time of the Cable TV's regular lecture sessions. Furthermore, various residents have attempted to manipulate the Cable TV program and staff in their conflict with the Senior Center's Director over various alleged abuses. While the Cable Project has avoided such entanglement, its functions do provide a source of social participation and various gratifications for those residents who are dissatified with and feel out of favor at the Senior Center.

While the Cable Television Project does not play a direct role in the competition among providers of medical care, it influences this competition in a variety of ways: by referral of positives

picked up at the various screenings; through urging residents to consult a physician about specific conditions mentioned during the lecture sessions; through assurance that medical care is not needed (information conveyed in both the previous settings); through preventive health education; through discussions related to the seeking and evaluation of health care. The Health Committee will further serve these functions both for those tenants on the committee and, through their activities, for the residence as a whole.

While one focus thus shows the Cable Television Project adding to and subtracting from the pool of resources available to competitors in the medical sphere, a more important aspect of its role is as mediator between the locality and other supralocal agencies. "Mediation" refers first of all to the fact that organizations which operate directly within Gaylord White and draw support from residents are the local representatives and functionaries of larger, less immediate and more powerful agencies. We would thus expect that locality reaction to supralocal action or policy will be made manifest in the relations between the residents and the local level supralocals.

Mediation also refers to the role a supralocal may serve as broker or buffer between the locality and other supralocal agencies. Through its various activities the Cable TV Project has mediated between Gaylord White and Mt. Sinai, other health care providers, New York City Community College, Union Settlement, such federal bodies as RSVP and (less directly) DHEW - and others. Resident reaction to the Cable TV Project is often in terms of its mediating function, particularly in regard to health care.

Health for Gaylord White residents is not an abstract quality of life but a factor affecting their everyday behavior, their control over other resources and their ability to maintain an optimal life style. They see themselves as consumers of medical care - a consumption constrained by physical necessity and by the limited rights and privileges conferred on senior citizens. Evaluation of medical care is a topic of frequent discussion and phrased both hypothetically (eg., how to find a good doctor) and, more often, in terms of life experiences. These perspectives mesh well with the preventive orientation of Cable TV programs, certainly an important element for the success of planned interventions (cf. Arensberg & Niehoff[2]). Beyond that, other agencies within Gaylord White which offer opportunities for such discussions and referral also have close administrative ties with health care providers or programs; the Cable TV Project has offered the only independent source of advice. The mediator role thus relates both to the abstract supralocal medical agencies - an influence phrased by residents as helping them know when they do or do not have to see a doctor - and to the representatives of other supralocals affecting medical care available to the residents.

Finally, cooperation among supralocals may also be seen in terms of its manifestations within Gaylord White. Cooperation between the Cable TV Project and other supralocals is manifest in the initiation of the Project and its use of the Senior Center and Senior Community Service Program rooms for various activities. Guest speakers, the NYCCC and RSVP programs initiated through Project auspices, and the screening referrals are further cooperative ventures.

We now turn to relations between supralocal agencies and the locality. Since Leeds defines these as power relations it behooves us first to analyze the sources of power available to the locality and to supralocals.

Leeds defines power as "the exercise of some control, as individual or group, over one's own situation and the exercise of some effect on the situation of others." (Leeds, op. cit., p.24) He cites as the three major sources of power "the control of material resources; the use of organization; and mobilizable masses of persons." (Ibid., p. 25)

In regard to the first two power sources mentioned, Gaylord White tenants are limited. On the Cable TV questionnaire, 91% of residents sampled reported monthly incomes of less than $300. Even with medical benefits and relatively low rents many residents report that monthly incomes barely cover living expenses. To buy "something nice" or to save against the omnipresent threat of long-term care, residents employ various economic strategies. There is, for example, an active grapevine of detailed information on how to maximize buying power in regard to food and other essentials. Uneaten food from luncheon and afternoon programs is tucked away for dinner. Weekend and longer stays with families ease out tenants' budgets; there are also gifts of money, clothing and food from relatives. Some residents are regularly employed; others take on small chores for families they used to serve domestically or even for other residents.

The residents value and manipulate material resources insofar as they allow life relatively free from dependence on family or society and a sense of individual integrity. What prompts the

proliferation of strategies for maximizing material resources may be not so much a sense of vulnerability as the impossibility of knowing exactly how vulnerable one is. From the tenants' perspective, then, actions by supralocals which are seen as affecting material resources (or the valued areas for which the resources provide) or vulnerability with respect to these resources will be be highly likely to invoke locality reaction.

For the supralocals we have been considering, however, the monetary resources of tenants are probably negligible factors. The residents' lack of resources puts them into initial contact with, and dependence on, supralocals, but with reference to monetary resources their bargaining power depends not so much on the amount they have as on the amount they represent as utilizers of health and social services.

The residents also have some control over space and materiel within the building: but for the most part the tenants have not control over material resources but access to them through the immediately-present supralocal agencies. Similarly with regard to the use of organization; tenants are the backbones for the supralocals but are limited in the extent to which they can control the organizations. They have most control over the functioning of the Tenant Patrol, but the organization of the Patrol is predetermined by its sponsor, and its manifest function is a limited one.

The chief locality resource lies, of course, in mobilizable masses of people. These include the tenants, their families, the elderly in the community, and representatives of other localities.

The power of supralocals lies mainly in their control over material resources (to ensure their own survival and to be provided

to the locality) and use of organization. But each of these sources depends ultimately on their manipulation of masses of people, specifically the residents.

Leeds states that these sources of power are activated through various sanctions. Sanctions available to the supralocals affecting Gaylord White involve control of resources and organizations (and access to them). The main sanctions available to residents are their participation in or utilization of services offered by competing supralocals and their potential for consolidated action.

Leeds also points out that resources are used to protect rights and privileges accruing to statuses, roles and networks held by supralocals and localities, and tactical locations held by virtue of membership in these statuses, roles and networks. A review of literature on the role of the aged emphasizes the limited prestige, rights and privileges held by the elderly in the U.S. (cf. Butler, 1975[3]). Those privileges they are granted by definition make them dependent on supralocal agencies, both those administering the rights and those legislating, adjudicating and otherwise influencing them. The rights do confer a tactical location to the elderly, however, again refering to their role as consumers of the competing services (though they have limited choice about whether to consume at all). We would thus expect informal and formal organizations within Gaylord White to activate power - ie., for the most part mobilize people - insofar as they can make manifest their influence of tactical locations in relation with supralocals and optimize the control of resources in the favor of the locality.

Still, supralocals define the rights of the elderly, being given this function as their privilege in return for provision of goods

and services and for allowing the elderly their tactical location as utilizers of these services. We can thus expect relations between the locality and supralocal agencies to center on the definitions of the rights and privileges of each side, and over the perception of the extent to which the obligations implied by the granting of the privileges are being fulfilled. The relations will be seen in maneuvering in areas related to the control of power sources ("tactical locations") and in application of the sanctions available to each party.

To illustrate these relations - and specifically the use by the locality of various strategies to deal with contested supra-local actions and assumptions - it is best to return to specific incidents at Gaylord White. The most overt incidents have been related to areas of resident safety and comfort. For example, after a particularly bad spell of elevator operation, with the maintenance workers unable to repair the problem, the President of the Tenants Association complained to the City authorities. Shortly after residents in another Housing Authority project were killed in an elevator mishap City workers arrived at Gaylord White and fixed the elevators.

A more persistent problem has been security - an area of great and realistic concern among residents. Apparent abrogation of responsibilities by supralocals in this area would be expected to provoke a strong reaction. This has been the case in several incidents. At one Thursday afternoon Cable TV program several residents, fully aware that their statements would be broadcast to the building at large, severely criticized the Tenant Patrol for not stopping persons at the front desk. The management was also

criticized for breaking the secondary door locks installed by residents (this occurs when entrance to the apartment is necessary for some repair and the resident is not home). Aside from the element of security, the failures of these supralocals are obviously threats to the pride of residents in maintaining private, independent residences.

Other instances of conflict between Gaylord White residents and supralocal agencies (eg. the dispute over Senior Center functions; efforts by the Tenant Patrol and Tenants Association to maintain the number of patrolmen on duty at Gaylord White) provide further insight into the types of situations likely to invoke community organization and reaction. The issues concern rights granted to the supralocals by the residents on condition of fulfillment of services; the neglect of these conditions; and access to and control of tangible resources such as food, money and physical environment as well as more abstract and symbolic resources, such as social participation, health, safety and individual integrity.

As noted above, both objectively and from the tenants' perspective the Cable TV Project has functioned as a mediator between tenants and other supralocals in regard to many of these different resources. While the tenant reaction to the Cable TV intervention has in some ways been characterized by behavior and emotions typical of reactions to other supralocals - eg. a focus on individuals instead of institutions, with expectation of individual reciprocity and fulfillment of obligations - for the most part the reaction has been to Cable TV as a resource enabling maximization of power in relation to other supralocals.

This reaction is, of course, itself mediated by several aspects

of social organization previously discussed. The sense of commonality among "beginners" (tenants who have lived in the residence since shortly after it was built) overlaps ethnic and sex boundaries within Cable TV and other activities; people who most often attend Cable TV activities are typically beginners. The division between Italians and Hispanics, which is interwoven with the difficulties with the Senior Center and the neighborhood surrounding the residence, found a natural ally in the Cable TV decision not to broadcast most programs in Spanish. Personal influence of Project staff members and brokers between the two ethnic groups has been the main element crossing this division and making Cable TV programs a new arena for interethnic interaction. Finally we come to the sexual segregation of labor and social life. This is typical of the past lifestyles of these cohorts of these ethnic groups; it is exaccerbated by widowhood and complicated by retirement and ill health. Cable Television programs have affected and been affected by this facet both by allowing individual activities for members of couples (thus going along with the traditional mode where other circumstances might be prohibitive) and by providing one of the few forms of organization which facilitates informal contact between men and women.

Thus, apart from any considerations of individual need or desire for the services Cable TV has offered, the social organization of the locality and locality reactions to other supralocals (both concurrent and historical reactions) have influenced the probability of Cable TV impact on any individual or sub-group. But most elderly persons in the United States, regardless of whether they are the sole or merely the oldest element of a locality - are confronted

with representatives of the supralocals affecting Gaylord White residents and will engage in negotiations with these representatives related to control over the same resources. This is nowhere more true than in the area of health care, an area in turn affecting control over so many other resources. While the ways in which the Cable Television Project has affected, and been affected by, Baylord White relate to the particular social history of the residence, we could expect any such project to be successful in a niche incorporating the role of mediator between the elderly and other supralocal agencies.

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