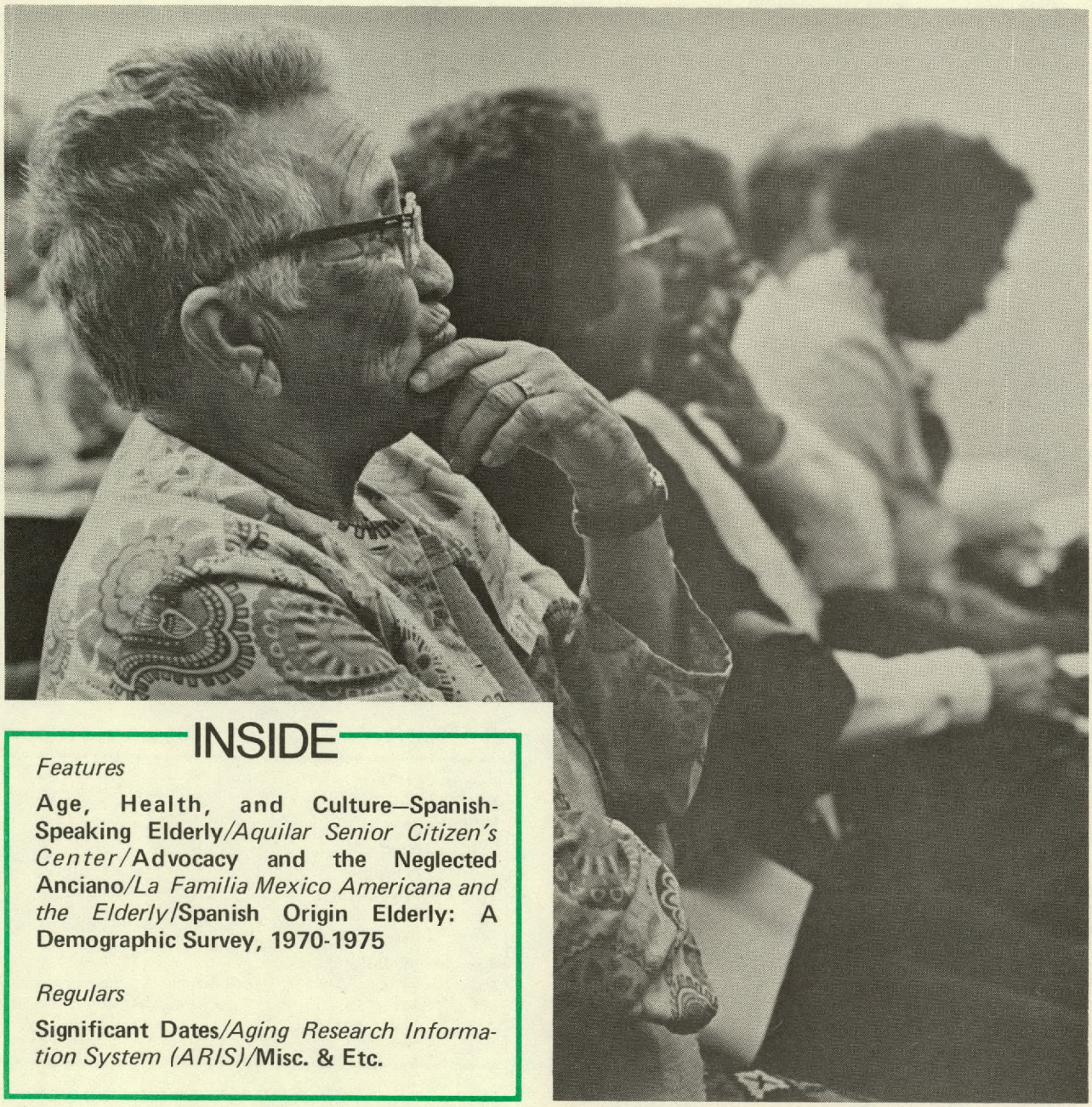
AGING

RESEARCH UTILIZATION REPORT

The Generation Connection

Vol. 4, No. 1 TEXAS STATE DEPARTMENT OF PUBLIC WELFARE Spring 1977



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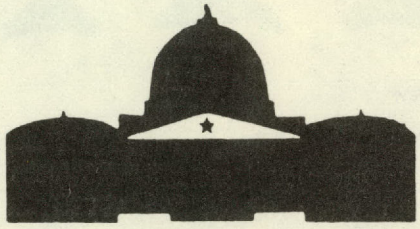
OPEN  SESSION

MARK YOUR CALENDAR NOW—

Significant Dates 1977-78

June 1-3,—**Fourth Annual Conference on Systems and Devices for the Disabled,** Seattle. Write: C. Gerald Warren, Dept. of Rehabilitation Medicine, University of Washington School of Medicine, CC-814 UH, RJ-30, Seattle, Wash. 98195.

The **Institute of Gerontology,** The University of Michigan-Wayne State University, Ann Arbor, announces upcoming seminars. Write: Dorothy Coons, Director of Continuing Education, Institute of Gerontology, 520 E. Liberty, Ann Arbor, Mich. 48109.

June 13-17—*Day Care Programs for the Elderly*

June 27-July 1—*Social Aspects of Urban Planning: Implications for the Elderly.*

June 6-7—**National Conference on the NASA Shelf-Stable Meal System,** L'Enfant Plaza Hotel, Washington, D.C. Contact: Peggy Wilson, SRH, Room 3.303, LBJ School of Public Affairs, University of Texas, Austin, Tex. 78712. Ph. 512/471-4422.

June 6-9—**Workshop Conference on Alzheimer's Disease, Senile Dementia and Related Disorders,** Mazur Auditorium, Clinical Center, National Institute on Health, Bethesda, Md. Cosponsored by: National Institute of Neurological and Communicative Disorders and Stroke, National Institute on Aging, and National Institute of Mental Health. Contact: Dr. Katherine L. Bicks, NINCDS, 710 Federal Building, 7550 Wisconsin Avenue, Bethesda, Md. 20014.

June 6-8—**National Council of Senior Citizens Legislative Conference,** Washington-Hilton Hotel, Washington, D.C. Contact: The National Conference of Senior Citizens, 1511 K Street, N.W., Washington, D.C. 20005

June 8-10—**National Conference on Resource Development for Aging Citizens,** Del Coronado, San Diego, Calif. Contact: Mary Brugger Murphy, National Association of Counties, Program on Aging, 1735 New York Ave., N.W., Washington, D.C. 20006.

June 8—New York Academy of Medicine's Section on Geriatric Medicine presents **First Symposium on Geriatric Medicine,** New York City. Contact: Seymour B. Jacobson, Secretary, Section on Geriatric Medicine, N.Y. Academy of Medicine, 2 East 103rd St., New York, N.Y. 10029.

June 8-9—**Utilization of Consultants in Long Term Care Facilities,** Holiday Inn, Lubbock, Texas. Write: Texas Association of Homes for the Aging, P.O. Box 15587, Austin, Tex. 78761.

July 13-15—The quarterly meeting of the **Texas Association of Community Action Agencies,** place to be decided, Fort Worth, Texas. For information contact: Jerome Vacek, TACAA Secretary, P.O. Box 612, Corsicana, Tex. 75110. Ph. 214/874-5697.

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RESEARCH UTILIZATION REPORT
FOR THE AGING
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Age, Health and Culture–

An Examination of Health Among Spanish-Speaking Elderly

Fernando Torres-Gil, Ph.D.

Simultaneous English to Spanish translation McAllen, Texas

Research indicates that Chicanos, Puerto Ricans and other Latinos suffer severe health problems not adequately addressed by the health delivery systems in the United States.

According to the 1970 census*, approximately 382,000 Spanish-speaking persons were over the age of 65. Of these, 189,000 were Mexican-Americans, 34,000 were Puerto Ricans and 35,000 were Cubans.

Inadequate census procedures have tended to undercount the Spanish-speaking population. The figures given for the Spanish-speaking elderly are at best, estimates.

This is particularly true because of the large number of Spanish-speaking people in this country who do not have legal entry documentation. Older Latinos are especially reluctant to participate in census studies because of the threat of deportation.

Like elderly everywhere, the Spanish-speaking elderly face many problems associated with old age. Of all the problems, health is perhaps the most troublesome.

In an East Los Angeles health study, a large percentage of Mexican-American elderly stated that they did not seek medical care even if they felt a need for it.

The **major reason** given for not seeking medical services was a lack of finances or insurance to pay the costs. The ***second reason*** was a lack of transportation and personal assistance.

Lack of income and transportation are correlated with low socio-economic status of older persons and their need for assistance in walking, driving, taking a bus or using a taxi.

Medicare and MediCal (California's Medicaid program) are intended to provide insurance coverage for hospitalization and medical treatment.

A few years ago, MediCal covered almost 50% of the health needs of the elderly. Today it covers slightly more than one-third of their medical expenses.

In East Los Angeles, 25% of the males 60 years and over, and 37% of the females 60 years and over, were not covered by Medicare or MediCal.

*These figures were taken from the U.S. Census Bureau. Allegations have been made that because of categories used by the Census Bureau (i.e., lumping all Spanish-speaking together) that many Hispanics are undercounted. In addition, many elderly fear deportation and government representatives, thus do not make themselves available to census takers.

Ninety-one percent of the males and 85% of the females, 60 years and over, had no health insurance other than Medicare or MediCal.

Among the total sample 60 years of age and over, 25% had ***no insurance coverage*** to meet any type of medical expenses. Their medical expenses had to be paid entirely by out-of-the-pocket ***cash.***

Of the East Los Angeles respondents, 50% stated they received home health care from friends or relatives. The relatively high use of home health care may be attributed to the high cost of other care.

The need for health care and the demand and necessity for personal health services is apparent.

There are four basic sources of Chicano health-care knowledge and treatment:

- Folk medicine of Mexico
- Folk medicine of one or more native American tribes
- Anglo folk medicine
- Scientific medicine

FOLK MEDICINE AND CURANDEROS

Many older persons believe in folk medicine and utilize its treatments. Illnesses such as ***mal de ojo*** (evil eye), ***empache,*** (indigestion), ***susto*** (shock or fright), and ***aire*** (muscular aches thought to be caused by drafts) are treated by oral administration of various herbs: ***yerba buena*** (mint), ***manzanilla*** (chamomile), ***hoja se*** (an herbal tea), ***estafiate*** (wormwood), and many other herbs.

Application of liniments, oils and herbal mixtures, ***sobadas*** (massages) and regulation of diet are also used as treatment. A patient may treat himself, ask a friend or relative who knows herbs and other cures or go to a ***curandera*** (a specialist in the diagnosis and treatment of folk syndromes).

Although the full extent of the use of folk medicine among older persons is not known, belief in them has been long standing and has strong emotional significance.

THE FAMILY

As the case with folk medicine, familism among Chicanos has been viewed as a deterrent to individual adjustment and social mobility among Mexican-Americans. Relatives in the neighborhood sometimes influence the elderly in their refusal of hospitalization for treatment of tuberculosis.

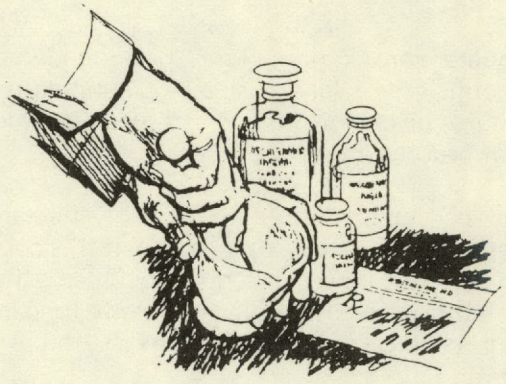
Researchers are beginning to recognize the family as an important coping mechanism in the use of health services. Familism reduces feelings of alienation among lower-class Mexicans and in turn influence, for good or bad, the health care behavior of the aged.

THE CHURCH

Most older Mexican-Americans have relatively strong religious beliefs. They attend church more often than other segments of the Chicano population. The church serves as an important spiritual support, helping them to face pain, suffering, and emotional crisis.

In addition to spiritual support, the church could act as an important advocate and disseminator of health information. It has direct access to many older persons who cannot otherwise be reached (those without proper immigration papers).

Education about balanced inexpensive meals, metabolic system needs (exercise and the dangers of obesity), and the location of social service agencies are needed. This is information that the church could provide.



SCIENTIFIC MEDICINE

The lack of coordination of health services and the lack of public knowledge about health services discourage the older person from taking advantage of existing facilities. Comprehensive health centers located near the clientele and offering a variety of services are needed.

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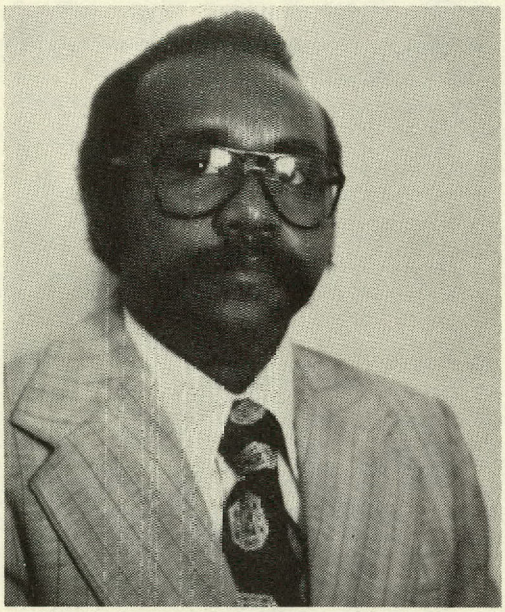
Aguilar Senior Citizen's Center

East Harlem, New York



Hector M. Cruz

During the 1940's, the overall architectural design of most buildings in residential communities in New York City offered large, four and five bedroom apartments capable of accommodating the large extended family unit inherent to the Hispanic culture.

The increased demand for housing during World War II led a number of landlords to subdivide large apartments into two and three smaller ones.

New public housing projects after the war consisted of two and three bedroom apartments and efficiency studios. Stringent eligibility requirements were imposed and occupancy laws made the transition from extended family living to nuclear family units almost imperative.

The split in the family came about as the younger, mobile family members moved away and the older, less capable, less financially independent remained in the old neighborhood.

The advent of urban renewal was a terrible blow. About 90% of all government and community level planning in terms of demolition, relocation, and new construction was done without the input or knowledge of those who would be most affected—the *elderly Hispanic* apartment dweller.

A large percentage of the elderly Hispanics are in constant movement; from ghetto to ghetto, from burnt out buildings, to SRO (single room occupancy) hotels, to high crime and depersonalized public housing and back again to substandard brown stones. They have been turned into *nomads of the inner city.*

In 1969, the **Aguilar Senior Citizens Center,** a non-profit agency located in the East Harlem Community (*El Barrio*) of New York City, was organized.

The program of Aguilar was designed to meet the needs of the Hispanic senior citizens. Open from 9 a.m. to 5 p.m., Monday through Friday, the center provides:

- Hot lunches
- Escort service
- Individual counseling
- Friendly home visits to the homebound
- Indoor and outdoor recreation
- Information and referral
- Outreach to the homebound
- Alcoholism identification and referral
- Psychiatric identification and referral
- Basic community work training for senior citizens
- Social health advocacy

In 1974, New York City formed a coalition of six East Harlem based programs. They were designated as *satellite* programs. Two of the six programs gave priority to the special needs of the Hispanic Elderly; *Aguilar Senior Center* and *La Iglesia del Buen Vecino* (The Church of the Good Neighbor).

The coalition encouraged the member centers and programs to participate in activities and functions of all programs. Competition and needless duplication of services was avoided by careful joint planning.

The coalition is now serving 50 meals a day to seven community satellites, and 100 meals at the central location. In addition to the on-site meals, each satellite sends out approximately 10 meals to homebound seniors. The meals are delivered by senior volunteers who stay and visit with the shut-in elderly.

Other community agencies, like the New York City Housing Authority, communicate regularly with the coalition and its satellites concerning the elderly.

With the cooperation and support of the Manhattan Office Director, New York City Department on Aging, the coalition has begun negotiations with representatives of senior programs on the west side of Manhattan to explore the feasibility of utilizing parts, or all, of the coalition concepts in that area.

Recently, Aguilar convened a meeting of representatives from 36 programs and agencies to present to them the **Outreach and Linkage Project** program and goals. A firm commitment of future involvement and support was obtained from at least one-third of the participants.

Assisted by the New York City Board of Education and the East Harlem Block School, Aguilar set up a corps of volunteer students. Teenagers from the Manpower Youth Program and adult volunteers from the East Harlem Community were recruited.

The volunteers were divided into groups of two or three—one adult and one or two youngsters. Their mission was to survey a building or set of buildings in carefully selected areas for homebound elderly.

Before field work actually began, all volunteers were given a two-week orientation by trained staff members and consultants.

Working from a list of tenants (60 years of age and over) compiled by the New York City Housing Authority, each group was given specific targets. In the first year, more homebound elderly were identified than could be serviced. (600 in a six-month period). The identification process was geared down.

Aguilar has established links, and worked out written agreements with eight major service providers in the community.

- Hospital for Joint Diseases
- Kirby Psychiatric Center
- Experimental and Bilingual Institute of East Harlem
- College for Human Services—NYC
- James Weldon Johnson Community Center
- The 110th Street Plaza Housing Development Corporation
- Cornell University's East Harlem Nutrition and Education Program
- East Harlem Tenants Council

Three of the initial agreements flourished into other areas.

In the spring of 1976, the Experimental and Bilingual Institute of East Harlem and Aguilar co-sponsored basic literacy classes for Hispanic senior citizens. The classes were well received.

It was discovered that seniors not only grasp information easily and work diligently at improving their skills, but displayed a deep concern for each other.

The Hospital for Joint Diseases and Aguilar are exploring the idea of a *Community Residence* as an alternative (and prevention) to institutionalization of the elderly person. The **East Harlem Tenants Council** is working closely with Aguilar and the Joint Diseases Hospital. There is the possibility of a tri-partite agreement in the near future that would add a greater dimension to the Linkage Project.

Aguilar and the Bilingual Institute have an agreement to co-sponsor English as a Second Language (ESL) classes for seniors. As a result of those classes, the *Senior Training Project* was

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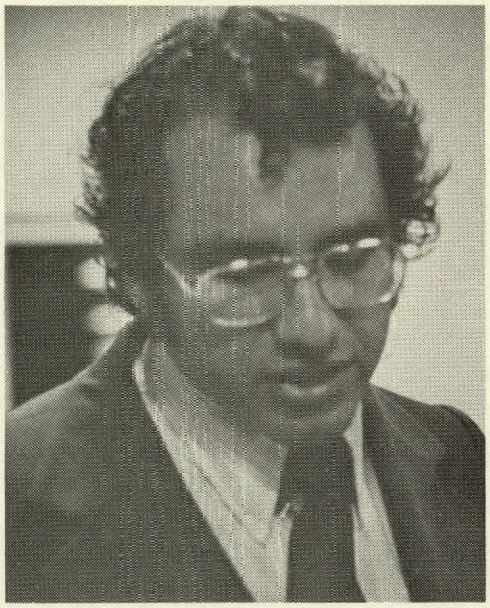
Advocacy and the Neglected Anciano

Ascencion Hernandez



The Spanish-speaking elderly in the United States are a minority within a minority within a minority. A triple dose of discrimination suffered by nuestros viejitos (our old people).

The triple danger the Anciano (elderly) faces includes the discrimination of age, the discrimination of language (monolingual Spanish speaking), and the discrimination of ethnicity.

When we hear talk about the early Chicano movement, the names that come to mind are *Jose Angel Gutierrez, Cesar Chavez, Corky Gonzales* and *Reis Tijerina.* However, the true unsung hero in my opinion are the persons in the forgotten segment of American society, the pachuco, the pinto and the viejito. These folks are the vanguard of the Chicano movement because of their courage under extreme circumstances. They are the preservers of our cultural heritage.

Tomas Atencio, coorcinator of the **Academia de la Nueva Raza** in his acvocacy work in New Mexico, maintains that the real education, the true history of the Raza Latina, must and will come from oral history. Education will come from dialogue with and from the life experience of the viejito (old person)

In Kansas, the Anciano is the Mexican immigrant who came to the area as "contracted labor" in the first two decades of the 20th century. Many worked as railroaders developing the transportation system of the Santa Fe railroad. Others helped to build the foundation for the meat industry in the midwest. The Anciano of today was the hard-working taxpaying person of yesterday who for the reasons just listed did not benefit completely from the city's social and public institutions.

The Anciano came to America for the same basic reason and dream as the European immigrant—for a better opportunity than existed in the old country. The dream of the Anciano did not materialize, but not because he lacked ambitions or industry.

The melting-pot theory did not work for him. His skin was brown, and he spoke Spanish. The Anciano is proud and full of pride with a love for his culture.

The Anciano and his family, while successful in his own right, is still far behind the Anglo in education and economic achievements; he is still poor. Our goal today is to help social institutions produce a commitment to working with the Latino elderly.

The United States emphasizes a life style of youth and the small nuclear family. The role of the elderly person has been pushed aside. In the process, America has lost an important human resource, the elderly.

As Americans we have within us a lifelong dream, a lifelong yearning, a lifelong objective of making things better for our children and our family. However, we need to remember that the **Raza Latina** should keep its value-system intact—the extended family, a family where respect for the grandparent, for the elderly, is learned.

The idea of maintaining a cultural heritage becomes difficult in the changing world. The fight for bilingual education is an uphill battle. The Latino who can take the best of the American culture and keep his own culture intact can be a tremendous asset to his society.

Slowing down the process of assimilation in America can be done by providing advocacy and services for the Spanish-speaking elderly. Planning with the elderly and using their input in program development that affects their destiny, our destiny, is necessary.

At age 65, the elderly are generally mandated to retire instead of adjusting to another way of life. For the viejito, this is only one source of trouble. There are many more:

—Most live on fixed incomes
—Most live in undesirable housing
—Most have transportation problems
—They are designated minority group status

The push for change must come from the Latino. As with the function of a church, a business, or any enterprise in America, it takes time, money, politics, and a "commitment" for social workers to rub elbows with the elderly.

Dialogue with the elderly in the homes, in the parks, in the nursing homes, and in the streets is necessary. Only then will the neglected life style of the elderly become known.

The role of the multi-service center could and should provide direct accessible humanizing assistance for the Spanish-speaking Anciano. Program development must include the young and the middle-aged Latino.

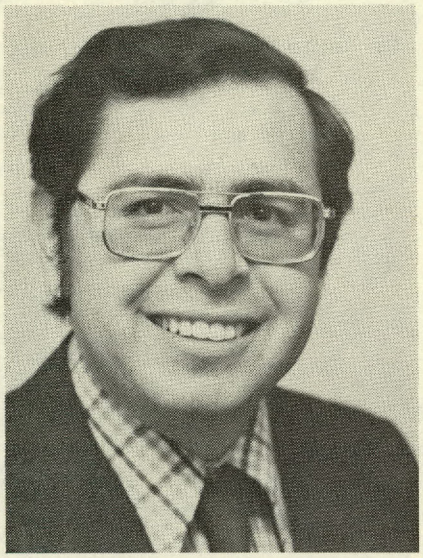
After centers are established, a coalition and network of advocacy and communications must begin and strategies for bringing power to the Latino elderly must be implemented. In this way, advocacy can develop and dignity restored to the Latino Anciano.

It will take the individual and collective efforts of many to get this social movement going.

For additional information write:

Ancencion Hernandez
U.S. Commission on Civil Rights
911 Walnut, Room 3103
Kansas City, Missouri 64106

La Familia Mexico Americana and the Elderly



David Maldonado, D.S.W.

In order to analyze and understand a social phenomenon such as the Mexican-American family and the elderly, it is imperative to recognize and establish their complexity and their dynamically changing character.

An increasingly popular topic of study, *la Familia Chicana* has fallen victim to traditional stereotypes. This has resulted in biased conclusions.

Studies of the Mexican-American in a small south Texas town or even smaller northern New Mexican village are commonly used to make general statements about all Mexican-Americans, both rural and urban, southwestern, midwestern or of the west coast. Thus, the tendency is to assume or conclude that the Mexican-American family is a monolithic phenomenon; that Chicanos and their families are all alike.

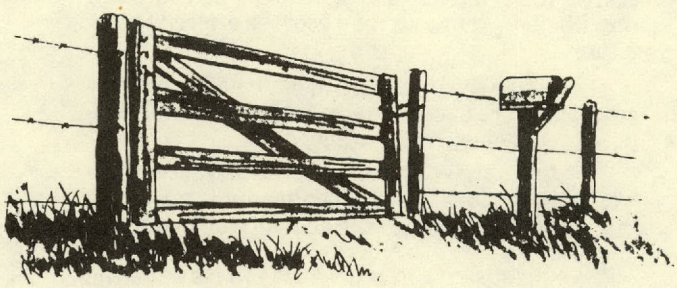
It is not uncommon to see the Mexican-American family treated and understood as a phenomenon isolated from the external socio-political environment and climate. The family is described as a closed system, unrelated, untouched, and non-impacting in relationship to its external world. As a remnant of the past, the Chicano family is treated as out of date, out of step, and irrevelant to modern society. It does not conform to the American family norms.

As something outside the American experience (unsound assumption), the Chicano family is treated as a vague and mysterious phenomenon. Two extremes easily become working options: *neglect* or *modification.* Either the Chicano is ignored, or an attempt is made to change him. Both are neither ideal nor realistic.

La Familia Mexicana is a product of Chicano history, yet very much a product of today's experience. Because of its deep roots in history as well as its intimate relationship to the present, la familia must be recognized as a ***heterogeneous phenomenon.***

Various elements contribute toward heterogeneity. Regional differences, degree of acculturation, and socio-economic levels generate a large degree of differentiation among Chicanos.

Rural and urban settings provide basically different contexts and have different impacts on the Mexican-American family. The family reflects the needs of its members as well as the realities and constraints of the external environment. Nevertheless, within that adaptation, a strong cultural base appears to be valued and maintained.



- The elderly can be expected to reflect a more restricted socio-economic personal and community history. The elderly did not have the educational, social and economic opportunities that we enjoy today. Their formative years were characterized by a greater degree of poverty and discriminations overtly practiced. Thus, their personal resources (financial, social, and political) are highly limited.

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Thursday, April 7, 1977 The Austin American-Statesman

First Lady deplores abuse of elderly

EDINBURG (AP) — Texas is wasting one of its most precious resources — the services of senior citizens — said Janey Briscoe, wife of Texas Gov. Dolph Briscoe, in a brief speech Wednesday before the Generation Connection Forum.

"Our generation has the idea that because a person has reached 60 or 65, that he no longer is able to contribute," said the Texas First Lady. "These mature citizens have been segregated from the mainstream of our society.

JANEY BRISCOE
Speaks out

"They have so much to offer . . . so much to give . . . so much wisdom. There is no way to get wisdom until you live. These mature citizens can do so much for the rest of us."

Mrs. Briscoe and Hidalgo Mayor Ed Vela were the keynote speakers at the all-day affair sponsored by the Texas State Department of Public Welfare.

"I don't know when I became interested in the problems of our mature citizens," she noted. "In college, I wanted to specialize in geriatrics, but there were no courses. I don't believe there are any courses offered today, either.

"I was blessed in my life to have had grandparents who were exceptionally active, alert and contributing people," she continued.

"We must strive to diminish the stereotype image of the older person confined to a rocking chair," Mayor Vela told the audience of about 500.

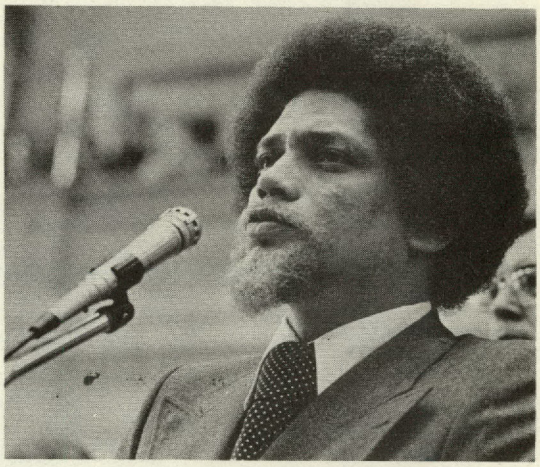
"We must strive to accelerate efforts at getting the older person back into the mainstream, allowing him to be productive and feel useful."

Both Vela and Mrs. Briscoe said a change in Social Security laws must be made so that "mature citizens" can earn more than $3,000 annually. If a Social Security recipient earns more than $3,000, his Social Security benefits are trimmed.

the Generation Connection

–to improve the quality of life for older Texans–

The Voice, Feb. 1977



MICKEY LELAND, Texas Representative of Houston Keynote Speaker for National Workshop on Minority Elderly in Houston.

Research Utilization Workshop in Houston

Delegates from all over the United States attended a national workshop on minority elderly entitled "The Minority Elderly—Population at Risk" held in Houston this past week. J. J. Berry, from the Mayor's office of Affirmative Action in Houston, chaired the workshop.

Following the keynote address, reports from specialists in four areas was presented. Delores A. Davis, Ph.D., executive director of the National Center on Black Aged of Washington, D.C. discussed protective services and crimes against the minority elderly. Doris S. Bailey, M.D. of the Los Angeles Health Department presented a report on health maintenance and stress in the black elderly, and "Housing, a National Concern in a Changing Economy" was covered by Hobart C. Jackson, executive V. P. and director of Stephen Smith Geriatric Center, Philadelphia, Pa., Euris Carmichael, Austin and Robert Moore, Housing Authority of Houston presented information on economic implications in innovative community planning.

Following the addresses, the audience broke up into four workshops for question and answer sessions.

This publication is supported in part by the Administration on Aging Grant 90-A-948/0 Human Development, U.S. Department of Health, Education and Welfare, Washington, D.C

The Austin American-Statesman

Elderly living alone must stress safety

COLLEGE STATION---Many older people live alone, and their safety is of primary concern--beginning at the front door, Mrs. Vivian Blair, family life education-aging-specialist, reminds.

"Of course, most people who call on the telephone or come to the front door are honest, legitimate callers. But the risk taken if they are not is too great to ever take the chance of opening the door without checking first. The best defense is a constant, suspicious attitude of prevention---and a peephole in the front door."

Mrs. Blair is with the Texas Agricultural Extension Service, The Texas A & M University System.

"When someone knocks on the door, never automatically open the door, even if a visitor is expected. Don't even rely on a chainlock and opening the door a few inches."

Margie D. Perry, Director, Generation Connection

Commissioner Raymond Vowell, Department of Public Welfare

Some suggestions to help insure safety at the front door follow.

--Install a one-way peephole . They are not expensive and are easily installed.

--If there is a stranger at your door, have him slip his credentials under the door or make a verifying telephone call before admitting him.

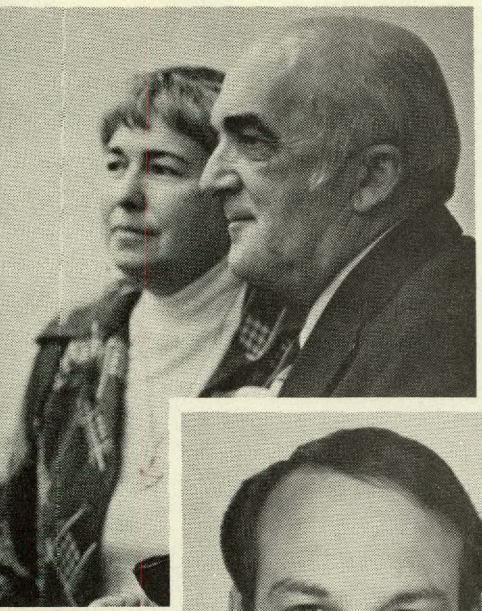
--When a stranger wants to make a phone call, take the information and make the call for him, but don't admit him to your house.

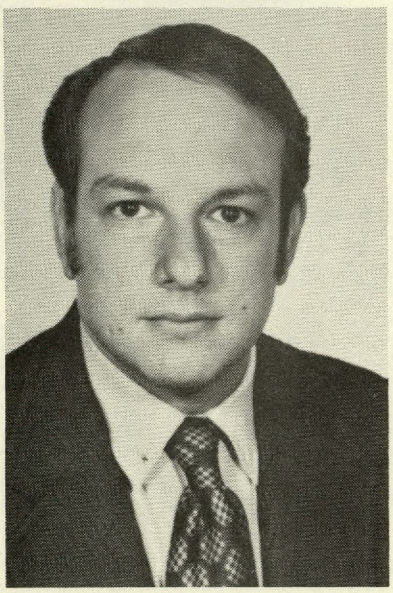
--Close blinds, shades or draperies at night so that no one can watch you from the outside. Call the police immediately if you suspect a prowler.

--Avoid lonely deserted spots such as an apartment house. Arrange to go there or have someone go with you.

--Don't get on an elevator with a strange, lone person. Wait until someone you know or several people are on the elevator.

--Don't play telephone games. If your caller won't identify himself, hang up immediately. Never give any personal information about yourself--even your name--until you know who is calling you and recognize it to be a safe legitimate call. If asked, "Who is this?" reply "Whom are you calling." If the caller gets ugly or obscene hang up immediately. If you are bothered frequently with strange telephone calls, call the police and ask for advice or assistance.





Dr. Shelly Liss

—LUBBOCK AVALANCHE-JOURNAL—Sunday Morning, April 17.

Houston Doctor Speaks On Exercise For Aged

Elderly persons "just barely able to get by" become depressed by their loss of control over their environment, a fact that can be reversed by carefully planned exercise programs, a Houston physician told audiences Friday at a conference on aging.

The conference was sponsored by the state welfare Research Utilization Project and other agencies. A DPW spokesman said more than 500 persons registered for the one-day meeting at Lubbock's South Park Inn.

The physician, Dr. Shelly Liss, is director of the physical medicine and rehabilitation department at Houston's Memorial and Rosewood General hospitals.

Liss stressed that, through sensible, carefully monitored exercise programs, many elderly persons can regain mobility—and greater independence.

Liss outlined a "stand up, step up" program in which elderly persons who—once having obtained approval from the physicians—have their pulses monitored while gradually increasing a program of muscle-conditioning exercises.

In one exercise, the elderly person—using thigh muscles—rises from a chair (the seat of the chair is sometimes elevated in the early portion of the exercise program to make rising easier) to a standing position.

In a "step-up" exercise, the person simply walks up a step, then returns to his original position at ground level.

Liss emphasized that exercise programs should be conducted under careful supervision and that care should be taken to avoid overtaxing the heart and body.

Age, Health and Culture–

Continued from page 4

A comprehensive health center could include a health component, nutrition center, day care facility and a mental health clinic, all linked to the community by transportation programs such as *Dial-A-Ride.*

Incorporation of nutrition centers would serve to draw out the isolated elderly who seek social companionship.

Many older persons using nutrition centers and other social service agencies frequently have grandchildren with them. A day care facility in the comprehensive health center would encourage utilization by older persons who frequently care for young children.

At the present, Mexican-Americans rarely use extended care facilities or nursing homes. It is likely this will change in the future.

Developing an extended care facility within or near a comprehensive health center would serve to keep the elderly close to their resources, neighborhood, and family.

Existing transportation systems (Dial-A-Ride, jitney services, and subsidized taxis) would be better able to transport elderly people to a centralized facility and the center would be in a position to utilize government funds to establish demand-response transportation programs.

Recommendations for improving the health status of older Chicanos include:

1. *The development* of a comprehensive care facility which is close to the *barrio* or in areas of high concentrations of older people.
2. *Demand and response* systems of transportation (Dial-A-Ride, subsidized taxis) be developed to assist the older persons' mobility, be coordinated to get them to needed health care facilities.
3. *Bilingual educational* and information programs for early detection programs and annual screening examinations be established.
4. *Employment of personnel* who are sensitive to the culture, language and needs of the elderly person.
5. *A national health Insurance* program be voted into law.
6. *Greater consideration* to cultural aspects of the Spanish-speaking elderly and that their coping mechanisms be recognized and encouraged.

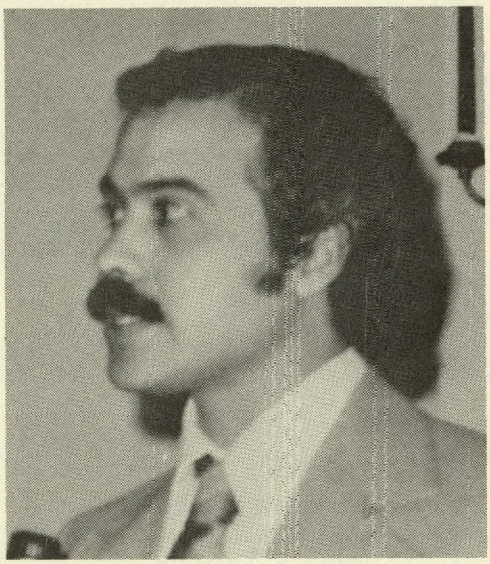
For additional information write:

Fernando Torres-Gil, Ph.D., Director
Research Dissemination and Utilization
Social and Cultural Contexts of Aging
Andrus Gerontology Center
University of Southern California
Los Angeles, Calif. 90007

For information on state programs, dial 1-800-292-9600 (no charge to caller).

The Spanish Origin Elderly:

A Demographic Survey, 1970-1975



Leobardo Estrada, Ph.D.

Everyone ages. In humans, this natural process of aging is compounded by socio-economic and cultural-psychological factors which dictate the pace of aging.

Some age before others and some age in different ways than others. Socio-economic factors result in limited opportunities and thereby contribute to an acceleration of the aging process.

The elderly Spanish origin population has numerically tripled in the last two decades, yet they represent only 3.5 percent of the total Spanish origin population. In the White-Anglo population, 10 percent of the population is 65 and over.

The Spanish origin population (excluding the Cuban origin population) is presently undergoing a process similar to that experienced by the U.S. population in the 1900's when the number of elderly continues to double or triple in number but their proportion to the population as a whole remains low.

Numerically, the Spanish origin elderly increased at the rate of approximately 23 percent from 1970 to 1975.

In Texas, 78,209 Mexican origin elderly lived in urban areas compared to 16,607 rural Mexican origin elderly—a ratio of five to one in 1970.

Almost half of the Spanish origin elderly are foreign born. Traditional values regarding decision-making in the household or deference patterns are more likely to persist among the foreign born. These traditions must be considered in developing programs for the Spanish origin elderly. The stereotype which views the Spanish origin elderly as living with their children and being adequately cared for in their old age is incorrect. The proportion of Spanish origin elderly living with their children is approximately 10 percent with a slightly higher proportion in rural areas.

The image of three generations living under one roof is not supported by facts. The majority of elderly live in husband-wife primary family households.

The Spanish origin elderly are three times as likely to live alone than in someone else's home—especially elderly Spanish origin women. Female excess (a demographic term used for the over-representation of females in the later age groupings) is much less pronounced among the Spanish origin elderly.

This fact holds two significant implications: The marital status is less likely to be ***divorced, separated,*** or ***widowed.*** The Spanish origin elderly should be regarded as couples rather than as isolated individuals.

Females do not outlive men. This fact indicates an equilization of life chances, not based upon sturdier or healthier males but upon a lower socio-economic life style in which both males and females struggle equally. The females are exposed to greater risks than females from other racial and ethnic groupings.

The Spanish Origin Elderly:

(continued)

The Spanish speaking elderly have low educational achievement. They are the second highest illiterate in the U.S. among racial and ethnic groups (the native American elderly have a higher rate). Persons who complete less than five years of formal schooling are regarded as illiterate.

A surprising proportion of the Spanish origin elderly remain active in the civilian labor force after age 65 although their occupations are generally at the lowest occupational levels—largely concentrated in craftsmen, unskilled categories, and a relatively high proportion of farm laborers. Mexican elderly are most likely, of all the Spanish origin groups, to be in the labor force.

Puerto Rican elderly are more likely to be employed full time since they have spent most of their lives in occupations without Social Security benefits or pension programs. It has been suggested that continued work is a cultural pattern of ***activity***. Others feel that it is because they lack information of the availability of Old Age Assistance or knowledge of eligibility requirements.

In 1970, urban dwellers and rural residents were equally likely to be in the labor force. These differences fluctuate depending upon supply and demand and the location of particular types of industries or need for personal services (i.e., maids, housekeepers, etc.).

The mean earnings of the Spanish origin elderly are approximately one-third of the median earnings level of the total Spanish origin population (approximately $9,600 annually). Only the native American elderly have lower mean earnings than the Spanish origin elderly.

So few Spanish origin elderly persons reside in institutions that no proportion is published nationwide.

The Spanish origin elderly have extremely high rates of home ownership and are more likely than not to own a home built before 1949. The Spanish origin elderly report low rates of victimization and exhibit high rates of "feeling safe" in their neighborhoods.

The Spanish origin elderly are less likely to be registered to vote than other elderly groups, particularly females. Those who ***are*** registered tend to vote. Most Spanish origin elderly persons are not registered to vote—some because of their citizenship status.

These findings may or may not be representative of the Spanish origin elderly in any particular location. At the local level, further studies must be conducted to fill in the details so that knowledge of the local situation may be compared to the nation.

For additional information write:
Leobardo Estrada, Ph.D.
Population Division
Bureau of the Census
Washington, D.C. 20033

Identification No. _____

INFORMATION SEARCH REQUEST

Texas State Department of Public Welfare
The Generation Connection Research Utilization Project
Phone: (512) 475-6516

Name: _____ Agency: _____ Date: _____

Address: _____ Phone: _____

Background of Question:

Statement of specific question for which the information is needed:

List of keywords related to question:

1. _____ 2. _____ 3. _____

If possible, list some words, phrases, or proper nouns that might be used in textual material or abstracts which relate to these keywords.

_____ _____ _____

_____ _____ _____

_____ _____ _____

Below are some items that can help in making the search more pertinent to your question. If the following topics are not covered in the above information, please complete them.

a) Who will use the information requested?

b) Does the information requested relate to a specific group of people? Who?

c) Does the information requested pertain to a specific locality? Where?

d) Does the information requested relate to a specific phase of a project or case? What?

Mail to:
Anne T. Kohler
Research Utilization Project
The Generation Connection
Texas Dept. of Public Welfare
John H. Reagan Building
Austin, Texas 78701

AGING RESEARCH INFORMATION SYSTEM

INSTRUCTIONS

During the November 15, 1974 Utilization Workshop for state agencies in Texas, Dr. Marvin Taves, chief of research, applications and demonstrations, Administration on Aging, Washington, D.C., announced the availability of the *Aging Research Information System (ARIS)* that was developed as part of a Title IV Research Utilization Grant from the Administration on Aging.

The *Aging Research Information System* is a computerized information storage and retrieval program that includes approximately 12,000 individual abstracts of research reports.

Each abstract represents many pages of written material which is potentially useful to different kinds of users.

The data base is constantly being expanded as new records of research projects are added.

The basic purpose of the *Aging Research Information System* is to make it possible for the user to select—from the thousands of pages of research abstracts—the few pages of material that are directly relevant to his particular problem.

The system operates by having the user select words, phrases, or combinations of words or phrases which indicate his interest.

The computer then searches the total data base and selects abstracts which contain the words or phrases of interest to the user.

It then prints either the bibliographic reference or the complete abstract, depending on the user's instructions.

Thinking processes must be done by humans. The computer compares only what the user requests with what is available in the data base.

The system is new and still in the pilot or trial stage.

Errors can be anticipated and we hope that you will work with us to constantly upgrade and improve it.

At this time the system is fully operational and ready to accept your questions.

Questions should be stated as specifically as possible.

For example, the question "What can research tell me about nutrition in the aging?" would result in approximately 1,000 citations ranging from highly technical medical research projects to demonstrations of congregate meals programs.

This is more information than most people would want or find helpful.

Requests should be narrowed to fit more specifically your area of interest so that the selection of projects will be smaller and more relevant to your needs.

When your question is received, it will be defined in the method required by the computer.

This process may require that Mrs. Kohler contact you by telephone to clarify and further specify the exact question.

The computer will then search all of the records in the system to select those that meet your individual needs.

In the beginning, time will be scheduled on the computer once every two weeks. The interval between searches will be adjusted depending on the number of requests received. A four-week response time is anticipated.

You will receive, in answer to your question, one or more abstracts of research projects which are related to the question.

In case your question is not answered:

1. The question could have been misstated.
2. The person translating the question into a form understandable by the machine could have misinterpreted what you wanted.
3. The computer operator could have made a mistake.
4. In spite of what many computer people say, the computer itself may be in error.

It is important that, if these things do occur, you help us correct the errors.

Together we can make this system work and provide the information necessary for better services to the elderly.

Questions should be addressed to:

Anne T. Kohler
Research Utilization Project
The Generation Connection
Texas Dept. of Public Welfare
John H. Reagan Building
Austin, Texas 78701

AGING RESEARCH INFORMATION SYSTEM

RESEARCH SUBMISSION SHEET

TITLE OF RESEARCH:

AUTHOR:

YEAR OF PUBLICATION:

SOURCE OF RESEARCH*:

ABSTRACT (Maximum Length: 600 words. Use second sheet if necessary.)

*Where complete study may be obtained (Example: journal, book, publisher, mailing address, NTIS, etc.)

To include research on the Aging Research Information System (ARIS), please complete information above and mail.

Mail to:

Anne T. Kohler
Research Utilization Project
The Generation Connection, 500-0
Texas Department of Public Welfare
John H. Reagan Building
Austin, Texas 78701

Abstract submitted by:

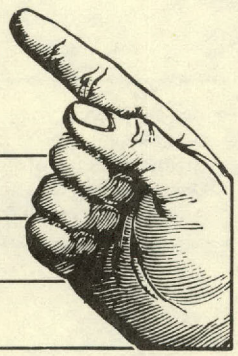
Name: _____

Address: _____

_____

Phone: _____

(Area code and telephone number)



La Familia Mexico

Continued from page 9

- The elderly can be expected to reflect a greater impact from Mexican or Chicano culture. Due to a greater degree of social isolation, or having immigrated from Mexico, the elderly of today are more "Mexicano" than the younger generations. Thus, their language, religious attitudes, world outlook, and other culturally determined behaviors and perspectives would probably reflect less Anglo-American influence.
- The Chicano elderly faces tremendous constraints in terms of his economic and socio-cultural capabilities in the struggle for survival in today's socio-economic context. He lacks both financial resources and personal capabilities to generate those resources.
- With a family structure that has become more nuclear oriented rather than extended in nature, the Mexican-American elderly increasingly finds himself lacking in traditional sources of physical, emotional, and social support. He must rely more and more on governmental or private social services the family once provided.
- In light of the increasing mobility of the Mexican-American, especially the younger generations, the elderly are more isolated than ever before. They can be found in rural areas as well as in the smaller towns, while their children have moved on to the cities. Or they may be found in the old barrios of the cities while the new generations have moved to the suburbs.

We can agree the Mexican-American elderly are in a critical predicament not of their own making, but a reflection of various processes both within and outside the Chicano community.

For additional information write:

David Maldonado, D.S.W.
Graduate School of Social Work
University of Texas at Arlington
Arlington, Texas 76019

Aguilar Center

Continued from page 6

developed to train advocates and peer counselors to help other seniors with the enormous needs of the isolated shut-in senior citizen—to become more self-sufficient in handling problems and crisis situations.

Direct services (especially crisis intervention) have been provided to about 700 aged shut-ins (most of whom are Hispanic) by the advocates.

Self help and volunteerism are the goals and hallmark of the Aguilar Senior Citizens Center which has shown great promise and potential.

For additional information write:

Hector M. Cruz, Director
Aguilar Senior Citizens Center
174 East 111 Street
New York, New York 10029

RELOCATING?

Send us your new address and the RUR will meet you there. Write us!

MISC. & ETC.

Ed—From time to time, *Aging* receives announcements, flyers, and advertisements from service providers, manufacturers, and other businesses that deal with the mature person's needs. *Aging,* in reprinting this material, does so as a service to its readers and **in no way endorses any service or product.**

LIFELINE—

Emergency Security Alarm System

LIFELINE is designed to help elderly and handicapped persons live independently, confident that they will be helped if an emergency occurs.

LIFELINE provides:

- Around-the-clock emergency-security alarm system.
- Personal response directed toward individual needs.
- A response system from the beginning of any emergency to the arrival of help.

A *LIFELINE* table-top transmitter attached to the subscriber's telephone automatically dials and sends a message to a 24-hour Communications Center if a button is pushed or if there is unusual *inactivity* which might mean an unconscious or incapacitated person.

Specially trained operators call the nearest emergency responders (neighbors, friends, health agencies, police, etc.). Operators monitor each emergency until it is resolved.

Emergency buttons are installed in the residence and a portable wireless transmitter is provided which can be clipped to clothing. With a pocket-size transmitter, a subscriber can activate the *LIFELINE* from anywhere in the home.

LIFELINE can call even if the subscriber is unconscious.

A timer in the *LIFELINE* unit is reset continuously by the subscriber's normal activities. If the subscriber is inactive for a period of time the timer will run out and sound the alarm.

The timer resetting is accomplished by sensing the subscriber's use of the telephone or merely lifting the telephone handset.

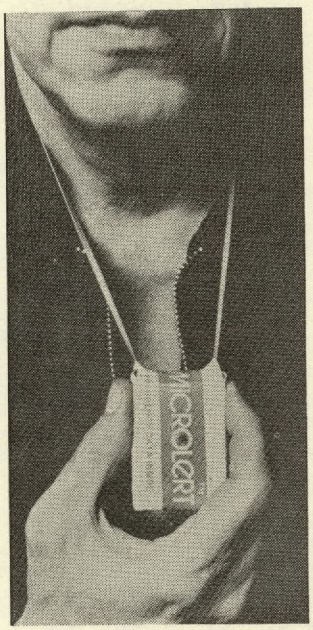
The timer setting can be varied to accommodate the needs and life style of the subscriber.

For additional information write:
LIFELINE SYSTEMS, Inc.
839 Beacon Street
Boston, Mass. 02215

Message-sending device calls for help in emergencies

The Microlert™ system summons emergency help for individuals who may not be able to reach a telephone.

The system's 1 oz transmitter can be concealed under clothing and worn in bed without being accidentally activated. Squeezing the transmitter activates a base-station unit in the user's home or business. This unit sends prerecorded telephone messages to preselected parties—police and fire departments, doctors, relatives, or friends. The unit can dial up to 30 telephone numbers in sequence.



The transmitter's size and weight permit comfortable concealment under a shirt or blouse.

The transmitter has a range to 300 ft, depending on the terrain and the type of wall it must penetrate (metal can reduce the range substantially). The base unit uses the telephone line but does not need to be placed near the telephone.

The system has been certified by the Federal Communications Commission for plug-in use on residential and business telephone lines. There are no additional monthly telephone charges.

Further information may be obtained from Microlert Systems International, 7121 Case Avenue, North Hollywood, Calif. 91605.

CONTRIBUTIONS WELCOME

Please write the editor, **Research Utilization Report for the Aging,** if you desire to make contributions to future issues, to announce meetings, research results, or other items of interest in the field of aging.

Texas Department of Public Welfare
Research Utilization Project
The Generation Connection
John H. Reagan Building
Austin, Texas 78701

Address Correction Requested

(continued)

The **Gerontology Center, Pennsylvania State University,** announces the *1977 Summer Series in Gerontology.* For information contact: Dr. Dennis R. Hameister or Betty J. Fatula, Pennsylvania State University, Amy Gardner House, University Park, Pa. 16802. Ph. 814/865-1767.

The **University of Hawaii's** *1977 Cross-Cultural Summer Institute in Gerontology* first session begins May 31. For information write: Jim Kelly, Ph.D., Director of the Gerontology Summer Institute, School of Social Work, University of Hawaii, Hawaii Hall, Honolulu, Hawaii 96822. Ph. 808/948-6623 or 948-7182.

Andrus Gerontology Center, University of Southern California, Los Angeles, announces its *1977 Summer Institute for Study in Gerontology.* Contact: Summer Institute, Andrus Gerontology Center, University of Southern California, University Park, Los Angeles, Calif. 90007. Summer Institute also includes these one-week seminars:

June 20-24—*Drugs and the Elderly*
June 27-July 1—*Advisory Councils: A Means for Responsive Policy Development*
July 11-15—*You and Your Aging Parent*
July 18-22—*Cognitive and Depressive Disturbances of the Elderly: Clinical Issues*
July 25-29—*Contemporary American Funeral Practices*
July 25-29—*Administrative Problem Solving in Long Term Care*
July 25-29—*Case Management: Responding to the Whole Person: Providing Access to the Whole System*

August 20-25, 1978—**XIX International Conference on Social Welfare,** Jerusalem, Israel. Contact: International Council on Social Welfare, 345 East 46th Street, New York, N.Y. 10017.

the Generation Connection

The Generation Connection forums:

May 18—*Senior Alliance Awards Luncheon, The Generation Connection,* **Fort Worth,** Contact: Catherine D. Green, Regional Adult Program Specialist, Texas Department of Public Welfare, P.O. Box 17129, Fort Worth 76102. Ph. 817/336-9591.

June 1—**Abilene.** For coordination information, contact: Delores Williams, Regional Adult Program Specialist, Texas Department of Public Welfare, P.O. Box 3235, Abilene 79605. Ph. 915/698-2434.

June 15—**Lubbock.** For coordination information, contact: Sharon Boatman, Regional Adult Program Specialist, Texas Department of Public Welfare, P.O. Box 10528, Lubbock 79408. Ph. 806/797-4311, ext. 52.

June 29—**Odessa-Midland.** For coordination information, contact: Dorothy Lee, Regional Adult Program Specialist, Texas Department of Public Welfare, P.O. Box 10276, El Paso 79994. Ph. 915/779-7790.

August 10-13, 1978—**Satellite Conference of the XIth International Congress of Gerontology,** Sydney, Australia. Write: Mrs. R. J. Inall, Organising Secretary, Australian Association of Gerontology, Science House, 157 Gloucester Street, Sydney, NSW, 2000, Australia.

August 20-24, 1978—**XIth International Congress of Gerontology,** Tokyo, Japan. Write: Dr. Mototaka Murakami, Chairman of the Organising Committee, XIth International Congress of Gerontology, Tokyo Metropolitan Geriatric Hospital, 35-2 Sakaecho, Itabashiku, Tokyo, Japan 173.