

Vol. 2 No. 1

TEXAS GOVERNORS COMMITTEE ON AGING

Spring, 1975

KEYNOTE SPEAKERS SCHEDULED FOR RESEARCH UTILIZATION CONFERENCES



Henry B. Gonzalez U.S. Representative 2/28/75 San Antonio, Texas



Raymond Vowell, Commissioner Texas Dept. of Public Welfare 3/21/75 El Paso, Texas



Joe Christie, Chairman State Board of Insurance 4/11/75 Houston, Texas



Robert Felix, M.D. Former Director of NIMH 5/12/75 Austin, Texas

Texas Governor's Committee on Aging national Research Utilization demonstration project has scheduled four conferences during the spring of 1975. All conferences are open to individuals and agencies interested in providing better services to the aging. There are no registration fees.

SAN ANTONIO

U.S. Representative Henry B. Gonzalez will keynote the San Antonio, Texas, conference on February 28, 1975, speaking on *NATIONAL LEGISLA-TION' AND THE AGING*.

The conference will be co-sponsored and held Continued on page 11

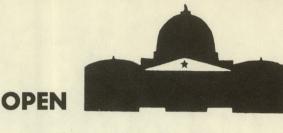
INSIDE

Special Features

VA:Research in Aging / Lubbock Study of the Mexican Americans / NCOA—Pre-retirement Preparation / ARIS—Aging Research Information System

Regulars

Open Session / Older Texan in the News / College Corner / GCA Library Addition



SESSION

MARK YOUR CALENDAR NOW-

Significant Dates 1975

The Governor's Committee on Aging-Research Utilization Program announces workshops and seminars for 1975.

March 21, 1975—Seminar, **Economics and the Older Texan**, The Hilton Inn, International Airport, El Paso, Texas.

April 11, 1975—Seminar, **Economics and the Older Texan**, St. Anthony Center, 6301 Almeda, Houston, Texas.

May 12, 1975—Statewide Workshop, **A Day of Reporting—The Significant Tenth**, Joe C. Thompson Conference Center, Austin, Texas.

There are no registration fees.

The Governor's Committee on Aging quarterly meeting will be held March 10. This date is subject to change and will be posted at the Secretary of State's Office ten days prior to the meeting.

March 19-20, 1975—The Governor's Committee on Aging and the North Texas State University Center for Studies on Aging is sponsoring a workshop for nutrition project directors at Stagecoach Inn, Salado, Texas.

March 24, 25, 1975—State Convention of the **Texas Senior Citizens Association**, Villa Capri Motel, Austin, Texas.

April 13-15, 1975—"Aging Black Women and Federal Policies: 1960-2000 A.D.", L'Enfant Plaza Hotel, Washington, D.C. This is the Third Annual Conference of the **National Caucus on the Black Aged.**

April 24-26, 1975—National Conference on Aging and Blindness, Hotel Monteleone, New Orleans, Louisiana. This conference is cosponsored by the **American Foundation for the** **Blind, Inc.;** Administration on Aging, DHEW; and Office for the Blind and Visually Handicapped/DHEW.

May 17-18, 1975—Symposium on Geriatric Medicine for the Practicing Physician and Other Health Professionals, Hunt Valley Inn, Cockeyville, Maryland. The Symposium is sponsored by **the American Geriatric Society** in cooperation with Franklin Square Hospital in Baltimore, Maryland.

June 1-3, 1975—**NRTA-AARP Conference** entitled "Older Consumers—How Well Are They Served?" Those interested, Contact Fred Waddell, 1909 Kase Street N.W. Washington, D.C. 20049.

June 8-10, 1975—**NCOA Regional Conference** entitled "Laying Foundations for the Future: Programs and Services", Adams Hotel, Phoenix, Arizona.



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

RESEARCH UTILIZATION FOR THE AGING

Published quarterly by the: Governor's Committee on Aging Research Utilization Program P.O. Box 12786, Capitol Station Austin, Texas 78711

John H. Poerner, Executive Director, Governor's Committee on Aging Anne T. Kohler, Research Utilization Project

Director, & Editor Marion R. Shofner, Assistant

An Equal Opportunity Employer

The Researcher Speaks

VETERANS ADMINISTRATION: Research in Aging



Paul A. L. Haber, M.D.

*National Health Insurance has long been a concern of the Veterans' Administration.

The VA is anxious to contribute to the general development of a national health insurance program and has been involved with the office of Management and Budget, with Congress, and with the Department of Health, Education and Welfare, in this effort.

The VA is the largest federal health care program in existence.

By 1990, two out of every three American males over the age of 65 will be a veteran, and that is without creating any more wars, or more veterans than we now have. The VA hopes to share all programs that have been devised for veterans, health care techniques, and other health applications.

It is not generally understood or known, but the first nurses' home care program in this country, federally sponsored, was not Medicare or Medicade, it was the VA Nursing Home Care Program which began in 1963 and which predated by a full year and one-half the passage of the Medicare and Medicade laws. Congress profited from our experience because of some of the built-in deficiencies we noted. Thankfully they were not reproduced in the Medicare and Medicaide programs.

The VA has a triple function that we see in serving the aging.

We are anxious to develop *alternatives to institutionalization*, but, at the same time, we have a responsibility in looking at the *institutions themselves*. It is important to discern which attributes of the institutions are pernicious, which will dehumanize and depersonalize our patients and eliminate those attributes and make the institutions more helpful and supportive of the individual's personalized life. In our clinical program there are some 29,000,000 veterans—if you count their dependents they number 58 to 60 million Americans.

Of this group, we are taking care of about 50-65,000 older veterans every day in one setting or another, in a hospital, in a clinic, in a nursing home, in a facility designed to care for older Americans. The VA home nursing care program operates 86 nursing homes with about 8,000 beds.

This will soon increase to about 10,000 beds.

The homes are always located on the grounds of VA hospitals.

Until very recently we were not permitted to build new nursing homes. Now, however, we are involved with a new generation of nursing homes, which we can build from the ground up.

^{*}Speech excerpts, November 15, 1975, Research Utilization Workshop, L.B.J. School of Public Affairs, Austin, Texas.

LUBBOCK STUDY OF THE MEXICAN-AMERICAN



Walter J. Cartwright, Ph.D.

While much of the literature on the Mexican-American population assumes a continued influence of traditional culture, it is quite likely that this influence has been greatly reduced in the past few decades.

¹Fernando Penolosa suggests that some of the current writing on the nature of this population in general represents an "Anachronistic misconception." He points out that the values of this population are no longer dictated by traditional folk culture.

This content is reflected in Lubbock findings concerning the perception by older Mexican-Americans of the family. Responsible officials of state and federal agencies from time to time express concern over the utilization of services provided from public funds.

Representatives of the Sociology Department at Texas Tech University were asked in such a discussion in a regional office, "In Texas, why don't elderly Mexican-Americans use services that are provided for them?" Our tentative answer was based on an expected predominance of the values of families which caused Mexican-American needy to turn to the family rather than to the government for assistance. Research began in the department to determine if, in fact, this were so. Traditionally, it has been the duty of the family to care for and support the older members.

The subjects of the Lubbock sample, however, depart from this traditional pattern in that the majority does not manifest expectations of support from the family.

Sixty-one percent indicated the family does not have an obligation to support the older family member, whereas only thirty-eight percent stated the family does have an obligation.

This finding is particularly noteworthy in the light of responses about expectations in an earlier era.

In response to the question, "Of the resources responsible for helping to care for older Mexican-Americans, that is, the family, the church, or the government, which has had the greatest obligation?', forty-nine percent indicated the family has had the greatest obligation in the past; five percent the government; and less than one percent indicated the church. (Thirty-three percent gave no answer and twelve percent said "equal.") About one half (73% of those responding) testified that in the past the family has been the primary supporting institution while only 38% stated that the family still has an obligation.

Why do we find this decline?

Explanation for this departure from traditional family patterns is based upon the effects of urban life. In a rural setting where traditional culture still holds considerable sway strict norms regarding care of older persons are extant.

In an urban environment, however, the family's very frequent economic inability to support an older member seems to effect the older members' expectations of the family.

Frequent comments, such as, "They (children of the respondent) have their own children to support," or, "They have enough problems already," mirror a tacit acceptance of Anglo nuclear family patterns among older Mexican-Americans.

In short, the general expectation of the family as a source of support in old age in line with traditional norms seems to be tempered by economic realities in an urban setting.



Photo by Jana Watts2

Certainly it is not affluence which has influenced the Mexican-American population in Lubbock.

The economic and educational level of the population will be lower than that of the same population in other cities of the state.

With no long term Spanish speaking population, Lubbock has gained recent drop-outs of the migrant stream who began to follow the cotton picking season only after the plains were put under irrigation in the late 1940s and 50s.

In the decades that followed, much of this work was mechanized. The people replaced in the fields obtained work in Lubbock as janitors, truck drivers. garbage collectors, yard men and dishwashers. With education level like economic class well below both blacks and Anglos. few Mexican-Americans in Lubbock have become professionals or gone into business, representing a quite different situation from the Texas border cities, Austin and San Antonio.

Median educational level of the Lubbock Mexican-American population aged sixteen and older is three years of schooling in the 1960 census and estimated as five years for 1970. Given this educational and economic level, the Lubbock Mexican-American can be expected to and does embrace many of the values from his Mexican her tage. The midwife is called when a child is expected, the curandera is consulted in illness, and participation in Planned Parenthood Clinic is marked by many more drop-outs than among blacks and Anglos.

Within the same set of traditional values, the Mexican-American has been a member of an extended family and, as such, could expect to be supported by his children and grandchildren in his old age.

Both the elderly parent and his middle aged children who might be expected to support him see a decline in the strength of this requirement. It can be hypothesized that the older persons in the sample would tend to perceive of the family as having a greater obligation to its older members than would younger persons in the sample.

The finding would be anticipated partly on ³Sister Francesca's 1958 study in San Antonio concerning great generational differences in the degree of acculturation of Mexican migrants to an urban setting.

In this perspective, it was possible that with increasing age more traditional family norms would be expected. Statistical analysis of the Lubbock data does not support this difference; such a departure from traditional norms was not agespecific but characteristic of each age group.

Thus what emerged from this study of older Mexican-Americans, largely financially dependent, was that they do not feel their children have a responsibility to support them but they do not expect the church to aid them nor do they know whether the government can or will help them.

At this point it may be appropriate to ask whether the responses might have been partly suggested by the interview method that was used.

For decades the Mexican-American (like other subordinate peoples) has survived by his gut knowledge of the answers the dominant Anglo wants and by giving them to him.

¹Penoloso, Fernando, Professor of Sociology, California State University, Long Beach, Calif. 90840.

- ²Photography Student, Texas Tech University.
- ³Sister Mary Francesca, Catholic Charities of Indiana Victory Noll College, Box 109 Huntington, Indiana 46750.

NCOA grand strategy for change



Dorothy Bauer

PRE-RETIREMENT PREPARATION

The National Council on the Aging, Inc. has recently conducted an analysis of pre-retirement planning programs and associated curriculum approaches and materials.

Regardless of the sponsors—government, unions, or industry—one major conclusion has become evident.

There has been little if any new development in the pre-retirement area over the last twenty years.

The state of the art consists of a series of books, pamphlets, and brief course outlines.

These cover a range of important topics (retirement income, health concerns, use of leisure time, etc.) but not in a very organized or planning oriented way.

Most programs emphasize getting the informamation over to the prospective retiree, rather than initiating a planning process within these individuals and their spouses. Films and slide presentations dealing with this subject also have one thing in common. They are outdated.

University sponsored seminars related to this field tend to be very abstract and consist of disparate materials and non-focused program approaches. And yet the problems and issues of preretirement preparation are becoming increasingly important to unions, industry, government, and, of course, the future retiree.

... Many organizations have solid pension plans but do not give retirees adequate planning skills to effectively utilize that resource.

... Many organizations are developing optional early retirement plans but do not give the individuals the planning guidance needed to take effective advantage of such options.

. . . Many organizations offer mini-courses (three hours a day for five consecutive days) or distribute pamphlets to their employees on preretirement one year or six months prior to actual retirement. This is, in most cases, too little too late.

... Many extant programs are passive in nature and do not utilize or develop new training and educational methods or media presentations needed to effectively communicate the critical issues of retirement preparation to older persons who will be facing the problem. Research and implementation efforts have indicated a need for specific program elements if the consideration of preretirement planning is to have a positive outcome.

This consideration must combine organizational resources and employee needs.

The major program elements should include:

. . . Determine the needs, concerns, and resources of the organization for mounting a retirement preparation program.

—What is the status of the present program?

-What changes are needed?

—What resources are needed to effect the changes?

. . . Determine criteria for selecting organizational units or cross-sections of units which will participate in the program.

. . . Establish criteria for selecting individuals to participate in the program.

-Numbers and levels of individuals.

-Rates at which individuals are approaching mandatory retirement.

-Helping individuals select early retirement options.

NCOA continued

... Determine what mechanisms will be used to obtain pre-program information from participants (questionnaires, formal interviews, etc.).

... Involvement of prospective retirees in preretirement program development (Select groups from different occupational and income classifications.)

. . . Set time frames for program sessions. Recommended time span would be four to six months. Build in formal or informal follow-up sessions within six months and/or one year after the program.

... Based on the above factors, analyze data on prospective participants and select materials and methodologies to be utilized in the program (e.g., a variety or media instruments and methods should be utilized, ranging from the traditional to the innovative—reading on retirement issues, workbooks for participants, simulation, closed circuit TV, film strips, slides, transparencies, etc.).

. . . Establish a flexible program design which will:

- a. accommodate in-put from participants and allow facilitators to modify the design.
- b. insure continual testing and feed-back on retirement goals of participants and means of achievement.

. . . Develop post-program feed-back mechanisms to test the planning advance and modification made by participants over the course of the . program.



. . . Establish methods for on-going contact and information distribution among all group participants.

For additional information, please write:

Ms. Dorothy Bauer Field Services Coordinator National Council on the Aging 1828 L Street, N.W. Washington, D.C. 20036

Lubbock continued from page 5

Did that occur here?

To lessen the change that this should be so, care was exercised in selecting bi-lingual Mexican-American students (from other parts of Texas) as interviewers.

Of course, the fact that they were university students did set them apart from most of the people being interviewed. It can hardly be said, however, that this was responsible for all the new ideas (non-traditional) that were introduced to the population sampled.

The rapidly urbanized Mexican-American population is being exposed constantly to new and nontraditional values.

With so many of the Mexican-Americans working as maids and yard men, they are aware of a common Anglo pattern for caring for elderly parents in rest homes rather than in the family household.

Waitresses and many others working in public places may be exposed to similar ideas.

In part, the elderly Mexican-American, when he said "Children have no responsibility for their parents" may have been giving the answer he thought was expected by the Anglo, by the Mexican-American university student, and by his own acculturating children.

The existence of an isolated (possibly alienated) elderly population adds to the complexity of the question asked of the researcher, cited at the beginning of this article, "Why do not elderly Mexican-Americans use services that are provided for them?"

In its harshest form, this may indicate that they do not feel these services are for them.

The implications of this must give us pause.

For while increasing percentages of Mexican-American families are attempting to educate their children through high school (the educational level is rising!) the Mexican-American in Lubbock will for many years continue to live at the lowest income level of the three ethnic groups.

For additional information, please contact:

Walter J. Cartwright, Ph.D., Professor Department of Sociology Texas Tech University P.O. Box 4590 Lubbock, Texas 79409

OLDER TEXANS



Comfort News Comfort, Texas

Office to aid senior citizens established in Boerne

Kendall County senior citizens who need food stamps, transportation to the doctor, etc. or various other aids can now contact the office for Community Service Aid for Senior Citizens in Boerne.

The office is now located in the Courthouse, but will soon move to 917 Plant St., Boerne.

A group of senior citizens can take advantage of a minibus which goes from Dietert Claim in Kerrville to the Community Service Aid office on Wednesdays and Thursdays for food stamps. Arrangements could be made for the bus to stop in Comfort. Interested persons should call Mrs. Dorothy Fox, 249-2626, at least one week in advance.

Also, anyone wishing to volunteer for transporation of the elderly would be greatly appreciated.



HOME CARE---Homebound citizens of Andrews are being served by a new health service, the West Texas Home Health Agency. The service is new to West Texas, but is a proved and tested project in northern states. It allows senior citizens to remain at home even though they may require part-time nursing care. (Staff Photo) Standard Fredericksburg, Texas

Outreach To Elderly Begun Here

An information and referral office has been established to locate and offer social services to persons 60 years of age and older in Gillespie County. Objectives of the office are to develop and implement escort, outreach, personal reassurance and information and referral services to the elderly and have been developed in coordination with the Governor's Committee on Aging and Federal guidelines.

Isolated or homebound elderly or anyone knowing of elderly persons in need of assistance should telephone Mrs. Parker at 997-2357, or call at the office in the Court House.

Agreements are in effect with the Texas Department of Public Welfare, Salvation Army, Red Cross, Social Security, local churches and others who are able to render aid where needed.

Outreach is a vital component of the program and will depend in large measure on volunteers, existing social agencies, business and friends of the elderly to get the information to this office. The Outreach effort will allow for the easy entry into the system for all elderly of the county.

One of the attractive elements of the system is in the area of personal reassurance either by telephone call or personal calls if a person would like to be called.

Eligible clients, persons age 60 or more, regardless of sex, religion, education, income or ethnic background will be provided any and all services at no cost to them.

Andrews Co. News Andrews, Texas GOVERNOR'S COMMITTEE ON AGING. RESEARCH UTILIZATION PROGRAM P. O. BOX 12786, CAPITOL STATION AUSTIN, TEXAS 78711

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May 12, 1975

Joe C. Thompson Conference Center Austin, Texas

A DAY OF REPORTING

"THE SIGNIFICANT TENTH"

A DAY OF REPORTING - THE SIGNIFICANT TENTH

May 12, 1975

Joe C. Thompson Conference Center Corner of 26th and Red River Streets Austin, Texas

FIRST FLOOR AUDITORIUM

MORNING SESSION

8:30- 9:30	Registration	
9:00	Announcements	Anne T. Kohler, Administrator Research Utilization Project
	Welcome and Introduction	John Poerner Executive Director Governor's Committee on Aging
	Introduction of Keynote Speaker	Wayne Holtzman, Ph.D., Director Hogg Foundation for Mental Health
9:10- 9:40	SIXTY: DAWN OR SUNSET? Keynote Address	Robert H. Felix, M.D., Dean Emeritus School of Medicine, Saint Louis University, and former Director of the National Institute of Mental Health
9:40-10:00	COFFEE BREAK	
10:00-10:30	COSMETICS: SELF-INDULGENCE OR SELF- CONFIDENCE?—Research Report	Marvin Ernst, Ph.D., Director Dallas Geriatric Research Institute and Adjunct Professor at Center for Studies on Aging, North Texas State University, Denton
10:30-11:00	UTILIZATION OF EXISTING RESOURCES— Research Report	Rev. Norman Hein Assistant to the Director Lutheran Social Service of Texas
11:00-11:05	Mini-Break	Austin, Texas
11:05-11:50	QUESTION BOX Dr. Marvin Ernst Rev. Norman Hein	
11:50- 1:00	LUNCH	

AFTERNOON SESSION—First Floor Auditorium

1:00- 1:05 Announcements

1:05- 1:35 SENILITY?—It doesn't have to happen to you! Research Report James C. Folsom, M.D., Director Rehabilitation Medicine Service Department of Medicine and Surgery Veterans Administration Washington, D.C.

1:35- 2:15	NEWER LIVING STYLES FOR OLDER PEOPLE Research Dialogue	Chaired by Mrs. Bert K. Smith Hogg Foundation for Mental Health
	Albert Stein Executive Director California Home for the Aged Reseda, California	Herbert H. Shore, Ed.D. Executive Vice President Dallas Home for Jewish Aged Dallas, Texas
2:15- 2:30	COFFEE BREAK	
2:30- 3:15	QUESTION BOX	
	Dr. James Folsom	Room 3.120
	Mr. Albert Stein and Dr. Herb Shore	Room 3.122
3:15	ADJOURNMENT	
	A Continuing Education Program	

KEYNOTE SPEAKER



Robert H. Felix, M.D.

ROBERT H. FELIX, M.D., Dean Emeritus, School of Medicine, St. Louis University, and former Director of the National Institute of Mental Health.

- Licensed Diplomate in Psychiatry—American Board of Psychiatry and Neurology
- Licensed Certified Mental Hospital Administrator—American Psychiatric Association

Assistant Surgeon General, USPHS-1957

President of American Psychiatric Association 1960-61

Member of National Advisory Council, Hogg Foundation for Mental Health—1962-65

Member of the Steering Committee, National Committee on Aging

Member of White House Conference on Aging, Technical Committee on Health—1970-72

Member of Delegation, World Health Organization

Received Distinguished Service Award, American Psychiatric Association—1974



Marvin Ernst, Ph.D.



Rev. Norman Hein



Albert M. Stein

MARVIN ERNST, Ph.D., Director, Dallas Geriatric Research Institute, Dallas, and Adjunct Professor, at Center for Studies on Aging, North Texas State University, Denton. Dr. Ernst conducted research sponsored by a grant from the Mary Kay Cosmetic Corporation. Paper was presented at 27th Annual Meeting of the Gerontological Society, Portland, Oregon, November, 1974.

> JAMES C. FOLSOM, M.D., Director, Rehabilitation Medicine Service, Department of Medicine and Surgery, Veterans Administration, Washington, D.C. Dr. Folsom is a graduate of the Menninger School of Psychiatry and a Diplomate of the American Board of Neurology and Psychiatry.

REV. NORMAN HEIN, Assistant to the Director of Lutheran Social Service of Texas and Coordinator of Community Services for the Elderly. He has served as consultant to all Lutheran agencies in the western United States, Division of Welfare service; National Consultant on Aging for Lutheran Council and a participant in the White House Conference on Aging, 1971.

> HERBERT H. SHORE, Ed.D., Executive Vice President, Dallas Home for the Jewish Aged, Dallas, Texas. He currently holds faculty appointments with SMU, North Texas State University, University of Texas at Austin, and UT School of Allied Health Sciences in Dallas.

> He is a member of the Academy of Certified Social Workers; Past president of the Texas Gerontological Association; former Board member of the National Council on Aging.

ALBERT M. STEIN, Executive Director, California Home for the Jewish Aged at Reseda, California. Mr. Stein received his Master's Degree from the School of Social Work, Boston University and served during World War II on a Navy Neuropsychiatric team.



James C. Folsom, Ph.D.



Herbert H. Shore, Ph.D.

This workshcp is supported in part by the Administration on Aging Grant 93P-57604/6-02. Office of Human Development, U.S. Department of Health, Education and Welfare, Washington, D.C.

Morning American-Statesman Austin, Texas

Poerner To Head Committee

Capitol Staff

Hondo Rep. John Poerner will become executive director of the governor's Committee on Aging upon expiration of his term in the house, Gov. Dolph Briscoe announced Tuesday.

Poerner, a member of the legislature since 1969, will begin work with the governor's Committee on Aging January 15. He lost in May his bid for the democratic nomination for congress.



REP. JOHN POERNER To head committee

Citizen El Campo, Texas



Senior Citizens Confer

George Lehnert Jr., coordinator of the Continuing Education Program in Louise, is shown above as he addresses the members of the Louise Senior Citizens Symposium, sponsored by Wharton County Junior College's Senior Citizens Project.

Empire Stephenville, Texas

New Program Has Been Inaugurated by FUCDA

A new Senior Citizens Rural Transportation Progam has been inaugurated by the Farmers Union Community Development Association. The program is designed to provide transportation on a regularly scheduled basis for older people who have limited access to transportation facilities. The program is funded through the Governor's Committee on Aging and is administered through the Devclopment Association in cooperation with the Governor's Committee on Aging and Texas Green Thumb.

"This is a major breakthrough for older people living in isolated locations," states Farmers Union Community **Development Association Pres**ident Jay Namon of Waco. "We are most pleased that the Governor's Committee on Aging has contracted the program to us. Transportation facilities are always high on the list of needs reported by older Americans, and this is even truer in rural areas. We hope that this service will alleviate many of the hardships endured by our older citizens in rural areas caused by their isolation," said Naman.

The pilot program, first of its

size in Texas, is operating in eighteen rural counties: Hale, Lamb, Crosby, Falls, Terry, Leon, Bell, Williamson, Lee, Garza, Navarro, Milam, Dickens, Lampasas, Floyd, Hockley, Mills and Briscoe.

TFU Green Thumb State Director David Hartwig has assigned Green Thumb enrollees as drivers in the counties where there is also a Green Thumb project. Hartwig is also serving as coordinator for the transportation program.

Local sponsoring agencies such as cities, counties, neighborhood centers, and community action councils provide a twenty-five percent matching fund for operation of the system in their respective areas. This matching consists of either cash donations or in-kind contributions - gas, maintenance, supervision, etc.

The Governor's Committee on Aging awarded a two-year contract to the Farmers Union Community Development Association for purchase, maintenance, insurance and administration of the program.

Eighteen twelve-passenger vans were purchased by the Association and the entire program is now in full operation.

Cushing News Cushing, Texas

Ark-Tex COG unit names Mrs. Surrat

LONE STAR--Mrs. Vance Surratt recently was appointed as the Morris County Chairman of the Ark-Tex Council of Governments Area Agency on Aging. The appointment was announced at a training session held January 23 in Mt. Pleasant. Purpose of the session was to compile a detailed questionnaire determining the greatest needs of older Texas citizens. Mrs. Surratt is conducting a survey of needy Morris County Senior Citizens and is being assisted by Tom Forrest, Larry Cowan Rev. Dave Buford and Myrtle Davis.

Mrs. Surratt currently is serving as president of the Gadabouts Senior Citizens Club in Lone Star.

VA Research continued from page 3

Last spring we gathered a group of architects, engineers, and health care people together—sat them down in the same room for three days and discussed the needs of a nursing home.

It was a very challenging experience for everyone.

Out of this conference, with the budget as the limit, we will hopefully develop a new generation of nursing homes which will not be depersonalized or dehumanized stations.

A good nursing home is not the same as a poor hospital.

The design of a hospital is radically different from a nursing home. To take a hospital and convert it into a nursing home or to take an old mansion and to convert it into a nursing home, while it may be expedient, certainly goes a long way towards defeating the purposes for which the programs were made. Hospitals must not be the model for nursing homes - - - they must have more than a medical model—a blending of psycho-social aspirations as well as medical.

The VA has, under existing legislation, the opportunity to pay for veterans in community nursing homes that meet our standards.



We have contracts with about a fifth or a sixth of all the skilled nursing homes in this country. About 5,000 veterans every day are being treated in these nursing homes. This program has proven to be very satisfactory, because it enables the veteran to get closer to his own home, something we think is extremely important.

In this program we are cooperating with the states.

It is lamentable from my standpoint, both as an honorary citizen of Texas and as a bureaucrat from Washington, that Texas does not have such a program. *But 38 other states do*, and in these states we, the Veterans' Administration, help pay for the proper care of veterans who are in those homes or in those nursing homes. Further, we can help build and defray the cost of such construction by two-thirds.

We have helped the states build some 28 separate nursing homes with about 2800 beds at a cost of 30 to 45 million dollars over the past eight years.

I think that this is a fine example of Federal-State cooperation.

We have laid down general guidelines, and have been very flexible. We have learned a lot from the states. Some of their designs have been incorporated into our own, so again it has been a twoway street.

Our hospital care program population is now 85,000 in-patients, about 23% aged 65 and over.

We have developed programs for foster care, for hospital-based home care in which we place veterans back in their homes when the family can support them, and we send doctors, nurses, technicians, the whole crew to help support the veterans in their homes.

But one of the most exciting things that is happening in VA is that we have developed and gotten the money this year for the first time to develop a number of Geriatric Research and Clinical Centers.

The Geriatric Research and Clinical Centers are being created where we have a large population of aging patients in the VA facilities and people interested in research to work on these problems of aging.

When we say "Research In Aging" we mean the whole broad spectrum. We mean those biomolecular phenomena which have to do with DNA cellular production, health care delivery, spychosocial aspects of reality orientation, and changing the climate of expectancy.

We are very concerned about memory in the aged.

We are investigating new types of drugs which have been reported to have beneficial effects. We are going through a number of investigations on how memory is organized, the differences between young people and old people.

One interesting bit of research is that the perception of time passage varies with age.



The younger person has a more rapid perception of the passage of time than the older person.

We have been checking on cercadian r h y t h m s, those biological time clocks which let you go to sleep at night and keep you awake at day and which a number of automatic functions of your body—your temperature, your pulse rate, your

blood pressure change—depending on whether it is day or night.

We know that when you're aging, these circadian rhythms tend to get upset; which is cause and which is effect, we don't know.

Do you get older because these cercadian rhythms get upset and is that what makes you older? There are many studies in progress.

To deny that the aged have special problems and that a special body of knowledge is not applicable to their particular state is to guarantee mediocracy in at least the health care aspects of providing for the aged person.

We hope to start, in one of our centers, a *Department of Geriatric Medicine*, which may be the first in the country, and then hopefully transplant it to the Medical School.

We hope that the transplant will take effect and grow into viable departments in Medical Schools across the nation."

For additional information, write:

Paul A. L. Haber, M.D., Deputy Assistant Chief Medical Director Professional Services Department of Medoicine and Surgery Veteran's Administration 810 Vermont Washington, D.C. 20420

RU Conferences continued from page 1

at Our Lady of the Lake College in San Antonio.

Speakers include Mr. George Cronin, U.S. Senate Committee on Aging, reporting on "Transportation and the Elderly"; Dr. Leo Estrada, North Texas State University, reporting on research done in San Antonio, Texas, in 1974 "Utilization of Existing Resources"; Virginia Van Steenberg, Texas Attorney General's Office, "Consumer Protection and the Older Texan"; and William Bush, NASA Johnson Space Center, "NASA Research and Food Developments."

EL PASO

Mr. Raymond Vowell, Commissioner of the Texas Department of Public Welfare, will keynote the El Paso meeting on March 21, 1975. Commissioner Vowell will discuss "ALTERNATE CARE FOR THE OLDER TEXAN." The El Paso conference will be held at the Hilton Inn, International Airport, El Paso, Texas.

In addition to Commissioner Vowell, a speaker from the NASA Johnson space Center, is scheduled to discuss "NASA Spinoff and Benefits to the Older Texan"; David Thomas, an expert on transportation for the elderly and handicapped at the University of Texas at Austin, "Transportation and the Elderly"; Clinton Cross, Texas Attorney General's Office, "Consumer Protection and the Older Texas"; and Dr. RoseAnn Shorey, University of Texas at Austin, will report on "Nutrition and Heart Disease".

HOUSTON

Joe Christie, Chairman of the State Board of Insurance, will keynote the conference in Houston, Texas, on April 11, 1975. Mr. Christie, long noted for his interest in the welfare of senior citizens will speak on "INSURANCE AND FUTURE HEALTH CARE FOR THE ELDERLY".

The conference in Houston is co-sponsored by the University of Texas Health Science Center and will be held at St. Anthony Center, 6301 Almeda.

Speakers from Washington, D.C. include Val J. Halamandaris, Associate Counsel for the U.S. Senate Committee on Aging, and Paul A. L. Haber, M.D., Deputy Assistant Chief Medical Director for Professional Services, Department of Medicine and Surgery, Veterans Administration.

ARIS

AGING RESEARCH INFORMATION SYSTEM

INSTRUCTIONS

During the November 15, 1974, Governor's Committee on Aging-Research 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 to the Governor's Committee on Aging.

The Aging Research Information System is a computerized information storage and retrieval program that includes approximately 7,000 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 or phrases and combinations of words or phrases which indicate his interest.

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

The computer 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. (See page 13)

For example, a question such as "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 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 a period of 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 mistated.
- 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 to your request, 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:

Mrs. Anne T. Kohler, Administrator Research Utilization Program Governor's Committee on Aging P.O. Box 12786, Capitol Station Austin, Texas 78711 512/475-4753



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Identification No.___

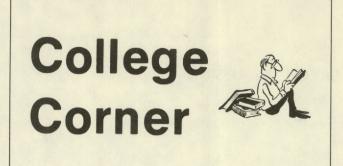
INFORMATION SEARCH REQUEST

Aging Research Information System

Texas Governor's Committee on Aging-Research Utilization Propect

Nar	me: Agency:	Date:
Add	ldress:	Phone:
Bac	ckground of Question:	
Stat	atement of specific question for which the info	rmation is needed:
Liet	st of keywords related to question:	
1	2	3
	possible, list some words, phrases, or proper n iich relate to these keywords.	ouns that might be used in textual material or abstracts
		··
	low are some items that can help in making the g topics are not covered in the above information	e search more pertinent to your question. If the follow on, please complete them.
a)	Who will use the information requested?	
b)	Does the information requested relate to a spec	cific group of people? Who?
c)	Does the information requested pertain to a sp	ecific locality? Where?
d)	Does the information requested relate to a spe	ecific phase of a project or case? What?
		Mail to: Anne T. Kohler

o: Anne T. Kohler Research Utilization Project Governor's Committee on Aging P.O. Box 12786 Austin, Texas 78711



A STUDY OF ENRICHMENT PROGRAMS PROVIDED BY CHURCHES FOR THE AGING

by Kathleen Bush

In a study to discover and understand what churches are doing to provide meaningful programming which encompasses the older members of the congregation and surrounding community, the basic question seemed to be "What ministry is the church engaged in which takes seriously older persons?"

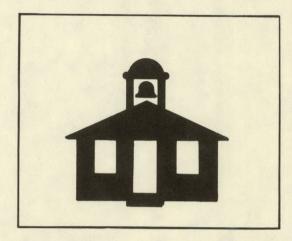
Corollary to that question was "Does the church provide programming which is central to the needs of older persons; does it self-consciously seek to equip older church members to become centrally involved in the relevant issues to which the whole church addresses itself; and how well is the church communicating to itself the interrelatedness of its membership across generational lines?"

Information was sought from churches of varying sizes, cultural settings, and geographical locations about what was happening regarding their older members.

It appeared that very rarely has any religious community designed programming specifically and intentionally seeking to speak to the needs of its older members; usually the church has been concerned only with how to pacify those persons who have lived and served longest.

In spite of less than enthusiastic responses by many of the surveyed churches, none responded that older adult programming had no place in the program of the church.

Only 7% acknowledged apathy on the part of their congregation as a whole. On the other hand, it was discovered that the larger the church, the greater was its programming for older adults.



Companion to this was that where churches provided specific resources in terms of finances and staff for older adult ministries, then these churches uniformly had much more active programming for the older adults in their congregations.

Excerpts from an unpublished student paper prepared for Lorraine H. Clark, Ph.D., Adjunct Professor, **East Texas State University**, Commerce, Texas, April, 1974.



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.

GCA LIBRARY

Recent Additions



Mrs. Maureen Slocum, Librarian Governor's Committee on Aging P. O. Box 12786, Capitol Station Austin, Texas 78711

PUBLICATIONS LISTED BELOW MAY BE CHECKED OUT ON A TWO-WEEK LOAN BASIS

- Centers for Older People: Guide for Programs and Facilities. By Jean M. Maxwell. National Council on the Aging. 1962. 118p.
- A Manual on Planning Educational Programs for Older Adults. Edited by Andrew Hendrickson. Tallahassee, Florida. Florida State University. 1973. 178p.
- The Annals of the American Academy of Political and Social Science: Political Consequences of Aging. Edited by Frederick R. Eisele. V.415, September 1974. 301p
- *Community Planning for the Elderly.* Edited by M. Powell Lawton and Thomas O. Byerts. Washington, D.C. U.S. Dept. of Housing and Urban Development. 1974. 66p.
- Post-White House Conference on Aging Reports, 1973. Prepared for the Committee on Labor and Public Welfare and the Special Committee on Aging, U.S. Senate. Washington, D.C. 1973. 637p.
- Criminal Victimization of the Aged: The Houston Model Neighborhood Area. By Raymon Forston and James Kitchens. (Community Service Report #1) Denton, Texas. North Texas State University, 1974. 99p.
- A Sermon on Aging. By the Reverend Bill Holmes, University United Methodist Church. Austin, Texas. 1972. Cassette.

Cooking for Two. U.S. Department of Agriculture. Washington, D.C. 1974. 89p. Large print.

- *Home-Delivered Meals:* A Selected Annotated Bibliography. Compiled by Margaret D. Simko and Kathleen S. Babich. Washington, D.C. Administration on Aging. 1974. 25p.
- Symposium: Nutrition and Aging. Edited by Donald M. Watkin and George V. Mann. Proceedings of the Sessions on Nutrition and Aging at the 25th Annual Scientific Meeting of the Gerontological Society., San Juan, Puerto Rico, December 17-21, 1972. Administration on Aging. 1973.

GOVERNOR'S COMMITTEE ON AGING RESEARCH UTILIZATION PROGRAM P. O. BOX 12786, CAPITOL STATION AUSTIN, TEXAS 78711

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Austin, Texas 78711

Address Correction Requested

RU Conferences continued

Mr. Halamandaris, noted for his concern in nursing home care for the elderly will discuss "National Health and the Older Citizen". Dr. Haber reports on the extensive findings by the VA, "Veterans Administration: Research in Aging".

Dr. Charles Berry, President of the University of Texas Health Science Center at Houston and former director of Life Sciences at NASA, will give a first hand report of NASA research findings, "NASA Spinoff and a Better Life for the Elderly".

Bill Marquis, Texas Attorney General's Office will report on "Consumer Protection and the Older Texan".

AUSTIN

Robert H. Felix, M.D., Dean Emeritus of the School of Medicine, St. Louis, Missouri and former director of NIMH, will keynote a statewide meeting in Austin entitled "A DAY OF REPORTING— THE SIGNIFICANT TENTH". The meeting will be held at the Joe C. Thompson Conference Center, Corner of 26th and Red River Streets, Austin.

Dr. Felix's keynote address is entitled "SIXTY: DAWN OR SUNSET?"

The May conference is co-sponsored by the Hogg Foundation for Mental Health and will fea-

ture research reports by Marvin Ernst, Ph.D., Dallas Geriatric Research Institute and North Texas State University; "Cosmetics: Self-Indulgence or Self Confidence?"; Rev. Norman Hein, Lutheran Social Service of Texas, "Utilization of Existing Resources" and James Folsom, M.D., Director of Rehabilitation Medicine Service, Department of Medicine and Surgery, Veterans Administration, Washington, D.C., "Senility?—It doesn't have to happen to you!"

A research panel entitled "Newer Living Styles for Older People" chaired by Mrs. Bert K. Smith, Hogg Foundation for Mental Health, will feature Mr. Albert Stein, Executive Director of California Home for the Aged at Reseda, and Herbert H. Shore, Ed.D., Executive Vice President of the Dallas Home for the Jewish Aged.

IN MEMORIUM

Mr. Dale Kinzel died January 26, 1975, in an automobile accident in San Antonio, Texas. Mr. Kinzel was the computer consultant to the Research Utilization Project from the Governor's Office of Information Services and instrumental in the development of the Aging Research Information System (ARIS). His loss is profoundly felt.

This publication is supported in part by the Administration on Aging Grant 93P-57604/6-02 Office of Human Development, U.S. Department of Health, Education and Welfare, Washington, D.C.