AGING

RESEARCH UTILIZATION REPORT

The Generation Connection
Vol. 3 No. 4 TEXAS STATE DEPARTMENT OF PUBLIC WELFARE Winter 1976-7

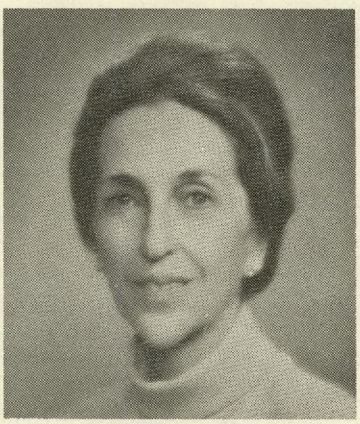
Living Alternatives for the Elderly or Pursuit of Dignity

Bert K. Smith, executive associate of the Hogg Foundation for Mental Health, Austin, moderated a **Research Utilization** workshop that featured sections of her new book, *The Pursuit of Dignity, New Living Alternatives for the Elderly.*

The workshop was held December 13 at the Joe C. Thompson Conference Center in Austin. A large portion of the research material used by Mrs. Smith in writing her book was obtained from the *Aging Research Information System (ARIS)* of the Research Utilization Project/The Generation Connection, Texas Department of Public Welfare.

Her book, *The Pursuit of Dignity, New Living Alternatives for the Elderly,* is on the press and will be published in late spring by Beacon Press of Boston.

Exerpts from the presentations by **Marie McGuire Thompson,** housing specialist from The International Center for Social Gerontology, Inc., Washington, D.C.; **Daphne H. Krause,** president of the Minneapolis Age and Opportunity Center, Inc., of Minnesota; **Rene Waterbury,** Abilene Day Care Center, Abilene; and **Charlotte M. Hamill** and **Robert C. Oliver,** co-directors of the Day Hospital, Burke Rehabilitation Center, in White Plains, New York, are included in this issue.



Bert K. Smith

INSIDE

OPEN SESSION

MARK YOUR CALENDAR NOW—

Significant Dates 1977

The **Research Utilization Project**/The Generation Connection, Texas Department of Public Welfare announces workshops for 1977. All workshops are open to the public and have no registration fees. For additional information, please call or write the editor.

March 23—***New Developments in Aging—Answers to Stress,*** Dallas/Fort Worth Metroplex. This conference will feature the use of the TAGER television network between eight educational institutions.

April 15—***New Options for the Disabled Elderly: Research and Rehabilitation,*** SouthPark Inn, 3201 South Loop 289, Lubbock.

May 9—***Economics of Aging: Retirement vs. Employment,*** Joe C. Thompson Conference Center, Corner of 26th and Red River Sts., Austin.

April 6-9—**The Institute of Gerontology** is sponsoring a pilot training program for nutritionists in nursing homes on ***Sanitation.*** Contact: Patricia Belyeu, Institute of Gerontology, P.O. Box T2006, TSU, Stephenville, Tex. 76402, Ph. 817/968-2196.

April 12-14—***National Intra-Decade Conference on Spiritual Well Being of the Elderly,*** Atlanta, Georgia. Write: **National Interfaith Coalition on Aging,** Inc., 298 South Hull Street, Athens, Ga. 30601

April 20-21—**University of Western Ontario,** London, Ontario, Canada, will conduct ***Conference on Geriatric Medicine*** at the University Hospital, London, Ontario. Write: Dr. T. G. McGhie, Assistant Dean, Continuing Medical Education, University of Western Ontario, London, Ontario, Canada.

April 28-30—**San Diego State University, Center on Aging,** will sponsor the fourth National Institute on Minority Aging entitled ***Approaches to the Development of Conprehensive Service Delivery Systems for the Minority Aged,*** San Diego. Contact: Shirley A. Lockery, Coordinator, or E. Percil Stanford, Director, Center on Aging, 349 Cedar Street, San Diego, Calif. 92101. Ph. 714/235-6583.

May 15-18—**104th Annual Forum of the National Conference on Social Welfare,** Chicago, Ill. Write: National Conference on Social Welfare, 22 West Gay St., Columbus, Ohio 43215.

May 19-20—**American Geriatrics Society** will sponsor ***Geriatrics: The Fruition of the Clinician,*** University of Rochester. Write: Knight Steel, MD, Monroe Community Hospital, 435 E. Henrietta, Rochester, NY 14603.

May 26-28—**2nd Philadelphia Symposium** on Aging entitled ***Pharmacological Intervention of Aging Processes,*** Valley Forge Hilton Hotel, Valley Forge, Pa., Write: Dr. Richard C. Adelman, Albert Einstein, Medical Center, N.D., Aging Research Center Korman Building, York & Tabor Rds, Philadelphia, Pa.

May 15-17—**National Institute of Neurological and Communicative Disorders and Stroke (NINCDS)** and Georgetown University School of Medicine are co-sponsoring ***Advances in Epidemiology of Neurological Diseases,*** Washington, D.C. Write: Bruce S. Schoenberg, MD, MPH, Head, Section on Epidemiology, NINCDS, NIH, Room 7C10A 7550 Wisconsin Avenue, Bethesda, Md. 20014.

May 16-18—***7th German Congress of the Older Generation,*** Augsburg, Germany, Write: Lebensabendbewegung e.V., Burgfeldstr. 17, 3500 Kassel-Wilhelmshoehe, Federal Republic of Germany.

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PROSPECTS & POTENTIALS

Public Congregate Housing

Marie M. Thompson

At the International Center for Social Gerontology (ICSG) much time is given to work on all aspects of congregate housing, to develop guidelines on design, services, characteristics of the potential tenant, and development of management programs that differ from the usual pattern in housing for fully independent people.

An example of research utilization that started modestly but became the national design and operational standard for one type of housing for the elderly was ***apartments for independent*** living under the public housing program . . . San Antonio's Victoria Plaza.

The Hogg Foundation and the National Institute of Mental Health provided the support that made the study possible. Two aspects of that 1950's effort, generally overlooked when planning housing today, are ***built-in flexibility*** of spaces and ***safety.***

We designed for the inevitable fact that the tenants as well as the building would age.

We also designed for flexibility that would permit the public spaces to change in original services as frailty or impediments came about. Space flexibility was provided by sizing the recreation room to be a future dining room capable of serving all tenants at one sitting. The adjacent kitchen was scaled to the space and equipment needs for the dining service rather than the usual small snack kitchen arrangement.

A small serving surface was designed to be a future steam table, if desired. Counseling rooms were located nearby for the food director and to accommodate a housekeeper's office.

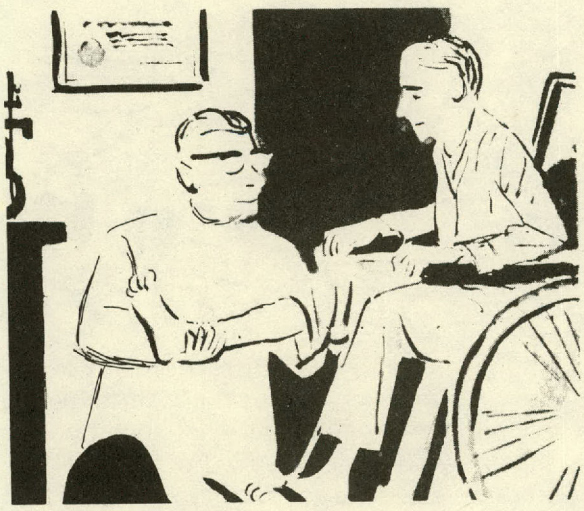
The clinic size was determined by the increased health needs of the future as well as those of the elderly in the neighborhood.

While innumerable safety features were introduced into the building, the one concept which was and remains the least replicated by designers was substitution of a shower with seat, tempered glass doors and no curb, replacing the traditional bathtub.

This was to permit even the impaired resident to take care of his bathing needs in safety and comfort without assistance.

The Consumer Product Safety Commission reporting on the results of its studies stated "the common tub is the most menacing to safety; 119,000 casualties yearly could be directly related to it, and that the cost over a 40 year period of bathroom accidents would be in the dimension of $1.6 billion to the American people."

The article observed that until recently the bathroom industry, the government, and the consumer groups have done little to improve bathroom safety.



The *National Safety Council* committee on home accidents, particularly those related to persons in the 65 and over group, came to the same conclusion many years ago.

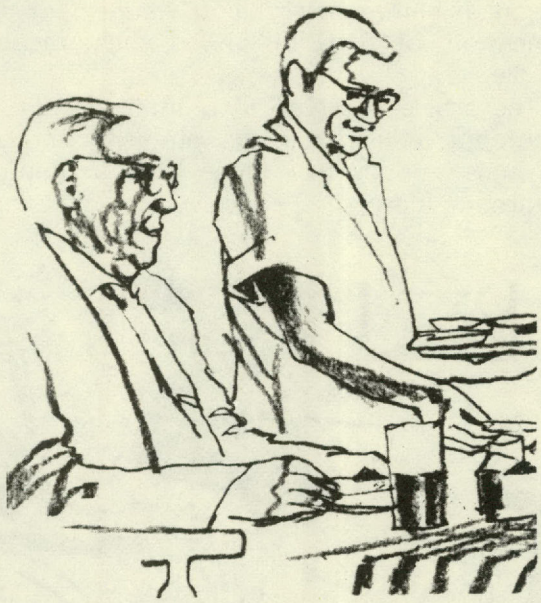
A *HUD* home safety study concluded that while most accidents of older persons were caused by stairways, the secondary villain was the bathroom.

Many improvements in concept and design have come about since the *Victoria Plaza* days, but this building is one example of the utilization of research that directly brought about improvements in the quality of life in housing across the country, not only in unit design but also in its activities component.

The design of *Victoria Plaza* is one example of flexibility that makes it possible to shift service emphasis to accommodate those needed by a more aged tenant body as age-induced changes take place. This is essentially the congregate housing concept.

Our premise was that it should not be necessary to evict older persons and deprive them of a residential atmosphere and continuing membership in the home community simply because they cannot shop, cook, or manage heavy housekeeping.

Congregate housing should provide services that a frail older person would expect if he lived in the home of a relative.



In spite of widespread discussion of congregate housing in this country, there continues to be varying interpretations of what such housing really is and whom it is intended to serve.

Some see it as a *care* facility, with medical service overtones; others as a sort of hotel, club, or hostel; still others as simply an apartment arrangement with full meal service.

Recently a *share-a-home* concept built on family sized groupings has appeared and is receiving considerable attention as a form of

congregate housing.

Unlike housing for independent living, congregate housing is primarily distinguished by two major factors: the change of emphasis in the management program to give **first** priority to services that are life supporting and respond to the activities of daily living: food service, housekeeping service and personal aid when necessary.

The **second** factor is the tenant selection process. In subsidized housing for independent living, only age and income are required tenant-selection criteria. In congregate housing another dimension is added: a determination that the applicant can, with the service available, continue to enjoy a residential environment in the community.

The essential character of this type of housing is that it is designed to afford ***assisted residential living.*** Its hallmark is that it makes life supportive services available.

While the functional capacity range is comprehensive, the requirement is that the individual be relieved of shopping, cooking, and housekeeping but not the other activities of daily living—residing in a residential setting in the community.

In the early '60's the Public Housing Administration was urged by President Kennedy to demonstrate the feasibility of congregate housing.

Five congregate projects with meal and housekeeping services were undertaken, two in small towns, two in a metropolitan urban setting, and one on an Indian reservation. They have been highly successful.

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Opportunities in an Inner-City Center—

Minneapolis Age and Opportunity Center, Inc.

Daphne H. Krause

We ask ourselves, *"Are all old people alike?"* We find that they are not.

Are they all a burden on the community? A large percentage are comparatively or completely independent. For those who do need assistance we ask, *where does our responsibility lie?*

The Minneapolis Age and Opportunity Center, known as MAO is one answer to those vital questions.

In 1967, we analyzed the fragmented services, many of which were excellent in themselves but not sufficient to provide the full range of medical and social supportive services needed by the dependent elderly to keep them out of institutions. The first thought was to coordinate these programs and then fill in the gaps.

We immediately ran into problems. There were two major stumbling blocks. While most private and governmental agencies talked coordination, it had to be within the context of their own programs' funding survival, and must not impinge on their self-decided territory.

We proceeded with the MAO concept in several ways:

FIRST, by attempting to reassure the private agencies and institutions that we were not trying to obtain their funding, there was room for a variety of programs, and we would leave the door open to those who truly wanted to coordinate.

SECONDLY, we decided to develop a consortium of partners from local resources by analyzing their individual concerns and objectives, then designing programs that were mutually beneficial.

FINALLY, we applied for a variety of federal funds for services our partners could not provide.

From the beginning, nine years ago, we knew we had to plan and develop a program that was not only humanly effective, but also ***cost effective.***

Social supportive services and medi-support services must be welded together to meet the diverse problems of the client-patient.

Health is also environmental, nutritional, and emotional well being—anything that makes up the quality of our lives.

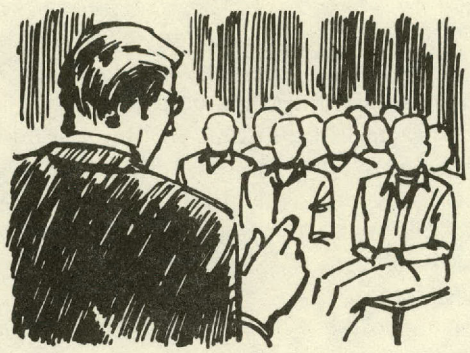
The most important services are always the ones based on the individual's needs.

In 1969, MAO was incorporated as a non-profit organization. The majority of MAO's governing boards are senior citizen leaders, representing many major senior citizen organizations.

These senior citizen governors choose others from the community to sit on the governing board, such as the mayor, state senator, aldermen, hospitals, government agencies, business; including representatives from our partners' organizations, etc.

There are none of the usual power struggles, because the senior citizens retain complete control of MAO through their council structure within the governing board.

While the senior groups are divergent in the aims of their individual organizations, they are strongly together on MAO's objectives.



Our multiple reporting procedure is designed not only to meet the various federal guidelines to show accountability of services given, but also to show how *much* time was spent on each

service. Thus we were able to estimate the direct costs of serving each individual. We also built in methods of evaluating the quality and effectiveness of our services.

Federal funding guidelines that limit our services chronologically can be very discriminating, especially when serving minorities who have a shorter life expectancy. The degree of disability and need should be the determining factor.

Services that are essential for this age and disability level are disallowed, such as Pap smears, dental care, and drugs needed to maintain health.

There is not much point in providing medical care if the person cannot afford the prescribed medications. It becomes a waste of medical resources. Nevertheless, the federal funds enable MAO to provide its 156 social supportive services and paid staff, ranging from attorneys, employment specialists, home care staff, handymen, drivers, home delivered meals, counselors for emotional health, alcoholic and drug dependency and abuse, etc.

We serve approximately 9,000 people with medi-supportive services. Of these, we serve an average of 2,800 individuals a month, with an average of 16,000 recorded services. About 5,000 individuals receive medical services from our clinic in Abbott-Northwestern Hospital.

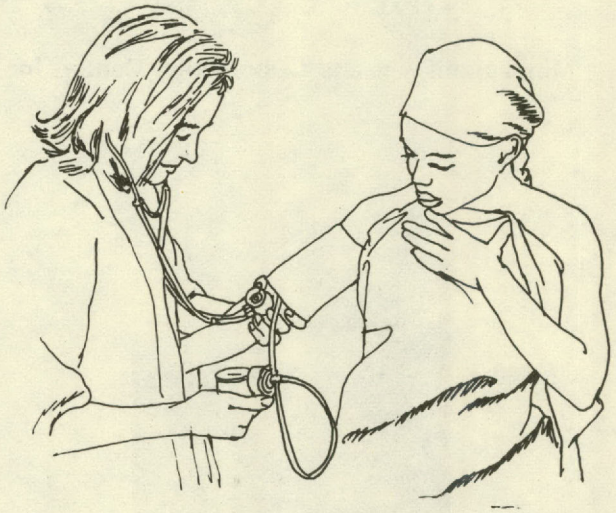
Through our various voluntary action programs, we are serving 32,000 people.

MAO's medical partner is the Abbott-Northwestern Hospital. This hospital has a proven record of delivering top quality medical services with flexible leadership.

We were aware of seniors who were not seeking critically-needed medical services because of their inability to pay the costs above Medicare. We asked the hospital to ***subsidize the uncovered costs for in-patient and out-patient care*** for low and near poverty-income level seniors. In return, we projected a better utilization of the hospital's resources.

The hospital found that with increased utilization the cost of hospital services to Medicare patients was reduced by 20 cents per day. This saving has made it possible for the hospital to invest in providing jointly the medi-supportive concept.

The hospital runs the Abbott-Northwestern MAO Senior Citizens Clinic, providing nurse practitioners, visiting nurses, eight nurses in our clinic, plus nurses for our mini-clinic centers, lab technicians, dieticians and clinical pharmacists. They provide the on-site pharmacy where our seniors can purchase prescription drugs at a substantial savings. The hospital's kitchens furnish our meals in the home, including special diets.



Abbott-Northwestern's physicians show their support of our program by forming the ***Community Medical Associates, P.A.,*** a private medical practice which provides our five full-time physicians and nine part-time physicians.

Besides staffing our joint clinic, our physicians serve MAO's patients in the hospital as in any private practice.

MAO has its own counselors serving within the hospital as well as in our joint clinic to provide an unbroken service. The clinic and MAO have a single intake procedure. Our social service records and medical records are kept together in one case history file to further reinforce the medi-supportive concept to all staff viewing these records.

MAO's supportive services and our joint clinic are housed in an attractive modern building, owned, remodeled, and furnished by Abbott-Northwestern to meet our methods of delivering medi-supportive services.

The space MAO occupies is leased from the hospital. All services are on the ground floor. The atmosphere is warm, welcoming, reflecting the respect we have toward the people we serve. Seniors are never seen in an office atmosphere but individually in intimate, comfortable, and private mini-sitting rooms, or in modern; well-equipped examination rooms.

Besides serving seniors in our center, we bring MAO's services to their homes and to 10 mini-clinic centers scattered throughout the city, with one in the county. Some are housed in schools, churches, and other agency buildings.

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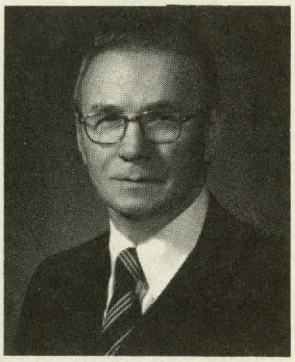
Medically Oriented Adult Day Care—

The Burke Day Hospital Experience

Charlotte M. Hamill



Robert C. Oliver

Our experience over the past three and a half years clearly indicates a burgeoning interest in day care in the United States. Day care is the umbrella term for programs that provide:

- Short-term restorative care to post-hospital patients.
- Health maintenance services for the high-risk elderly in the community.
- Supportive psycho-social services to frail elderly, who also represent a high-risk group.

The Burke Day Hospital provides medically-oriented day care in the Burke Rehabilitation Center, a 150-bed non-profit rehabilitation hospital located in White Plains, New York.

The Burke model coordinates and makes accessible a package of health care services for those chronically ill, physically disabled aging persons who do not require 24-hour institutionalization.

It is a medical model—viz., a day hospital. Its goals are similar to those of the British geriatric day hospital: patient rehabilitation, relief of family stress and strain, ongoing medical supervision, socialization, and reduced isolation.

Patients are referred from a variety of sources—our own inpatient division, from acute care and rehabilitation hospitals, private physicians, community agencies, nursing homes, family members and friends, health professionals in the community, and clergymen.

The first patient was admitted to the program on March 27, 1973. Three hundred patients admitted in the first three years came from 100 different sources.

The initial goal was to serve 40 patients a day. Currently the patient census is approximately 120 with an average daily attendance of 48.

A patient is eligible for admission to the Day Hospital if he or she meets the following criteria:

- An adult who does not require 24-hour institutionalization but is incapable of full-time independent living because of chronic disease or physical impairment.
- Functional level can be improved through a therapeutic program including medical surveillance, nursing services, psychological counseling, socialization and two or three of the following: occupational therapy, physical or speech therapy.
- Health care needs cannot be met satisfactorily in a physician's office, a hospital outpatient clinic, other ambulatory care setting or at home.
- Not confined to bed.
- Does not exhibit harmful behavior.
- Sufficiently oriented to time and place so that constant supervision is not necessary.
- If not Medicaid-eligible, has other means to meet financial obligations to the Day Hospital.
- Currently under the care of a private physician or clinic.

Patients at Burke range in age from 15 to 93 years, with 25 percent between 60-70, and 42 percent older than 70.

The primary diagnostic categories include diseases of the circulatory system, which account for 50 percent of our patients, with stroke and arteriosclerosis the major groups.

Twenty-four percent have diseases of the musculoskeletal system, 8 percent fractures and trauma, and 6 percent miscellaneous primary diagnoses. The hospital is open five days a week from 8:30 a.m. to 5 p.m. with the majority of patients attending from 9 a.m. to 3 p.m. or 10 a.m. to 4 p.m.

The average Day Hospital patient is scheduled to attend two or three days a week.

The Range and Scope of Day Care Services

Medical services are provided by a half-time Day Hospital physician assisted by a full-time, certified nurse-practitioner who constitutes the liaison between the Day Hospital and the pa-

tient's physician.

In addition to the Day Hospital physician, the panel of Burke's full time medical staff are available on a consulting basis. These include internists, neurologists, and a psychiatrist. Other medical services are provided by an ophthalmologist, otologist, and podiatrist. The specialists come to the Day Hospital on a regular basis.

Nursing services, health care surveillance and personal care are a major part of our basic daily service to patients. Each patient is assigned to a primary care nurse who assumes responsibility for the patient's total health surveillance.

Occupational therapy is functional and diversional in nature. It includes functional exercises, functional activities, activities of daily living, homemaking, perceptual training, communication and socialization, and specialized equipment.

Hearing and vision screening are integral parts of the initial evaluation. Speech therapy is provided for patients requiring it, usually about one-third of the patients. Audiological services are also available as needed.

Physical therapy is provided thorugh all the traditional modalities and includes group as well as individual treatment. When a brace, or a change in bracing, is indicated, other in-patient back-up services include hydrotherapy, Hubbard tank, and pool therapy.

The nutrition consultant provides nutritional assessment, instruction in the principles of good nutrition as needed, individual diet counseling, weight charts, and staff education in nutrition.

Social service includes casework services to patients and family members, orientation of new patients and family members, group counseling, and discharge planning.

Volunteers are carefully selected and are supervised by a designated team member. These services include discussion groups, writing clinics, word-finding exercises, and role playing.

Transportation is the essential ingredient for connecting patients with the day hospital services. Managing transportation presents the single greatest challenge, the greatest frustration, and the largest single expense.

Although some patients are transported by family members, most of them come by wheelchair van, provided by a commercial vendor. This arrangement is part of the basic daily service for those living within 16 miles of the hospital.

Patient treatment programs are continuously monitored and modified according to the needs of the individual patient. As patients progress to the point where they no longer need one-to-one therapy, they join a group therapy program.

There are two patient care floors within our building. An *intensive care* program is on one floor and an *intermediate care* program on the other. These program designations were chosen because they best describe the level of treatment provided to the Day Hospital patients.

At present, plans are underway to establish a third level of care. This will serve patients who require a *preventive-type program* through the intervention described above. Such patients would not require a full day of services, but would be able to manage effectively by coming to the Day Hospital from 11 a.m. to 2:30 p.m. two or three days a week. A community transportation service for the elderly handicapped has offered to transport patients to this third level, midday program.

The initial goal of 40 patients a day has long since been exceeded. A daily census of 60 is fast approaching and, because of this, a structural modification program is underway which will make it possible to serve that number more efficiently and more comfortably.

The Burke Day Hospital staff has spent considerable time in working with community agencies in soliciting and processing patient referrals, in providing services which supplement

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Model for a Small Town

Adult Day Care Center

Rene Waterbury

Hanging on a wall of the game room at **Day Care for The Elderly** is the motto *Success—getting up one more time than you fall down.*

Any success we have had in our Adult Day Care Program is because we have never failed to pick ourselves up.

In the 1972 October-November issue of *Aging* the headline "Hawaii First State to Enact Day Care Center Legislation" convinced me that Day Care Centers would best combat institutionalization of the elderly. From that time forward we planned and labored in an attempt to interest those who could help the elderly to secure a *Supervisory Adult Day Care Program.*

A program that would help the elderly stay out of institutions, provide social contacts, make burdens lighter for the family, provide nutritious food and diets for those who need them and pleasant surroundings for those who would be very much alone otherwise.

A program that would provide transportation in some form for travel to medical clinics, dentists and doctors' offices, therapists, field trips, and adult education classes, over and above the normal travel to and from the Center.

We opened on February 4, 1975—three years, 2 months and 18 days after first reading of Adult Day Care.

The last grant was made available to us on January 9, 1975—26 days later we opened.

The Day Care for the Elderly is located at the edge of the business area of northwest Abilene. It is within ten blocks of the churches and homes of the Mexican-American population and within 25 blocks of the black community.

The elderly white live in many areas of the town but often have family members who go to work in the area of the Center.

The program was written for 35 elderly—this year it was raised to 50.

Our population consists of people of all races, in wheelchairs, on crutches, walking with canes, elderly whose arthritic conditions have rendered them almost immobile. Some have disabilities that cause them to think slowly. Some are extremely sensitive, but most appear to be content at the Center and are actively engaged in fun, games, crafts, exercises and overcoming their loneliness as well as being involved in educational programs.

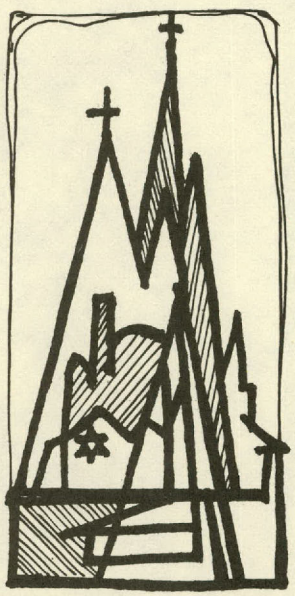
They look forward to as many days as possible in *the Center,* knowing that their physical well being takes top priority if they need medical services.

We have a medical history on file for each person. Their nurses and doctors are known to us and on our own staff is a registered nurse.

The city ambulance drivers were called in on our opening day so that they might know where we were located and the quickest route to us.

We have had to call them only twice since we opened and we have been on the job almost two years now.

The Abilene Adult Day Care is in the youth building at Trinity Baptist Church in Abilene. The building has 11,300 square feet but we lease only 5,000 square feet.



Trinity is not a wealthy church but its an enthusiastic group with a building program in progress. The church leases the front downstairs area to us for $612 per month. This includes the utilities and approximately one-half of the furniture we need for our program.

The building is used on weekends and almost every weeknight by the church. The interior is colorful and

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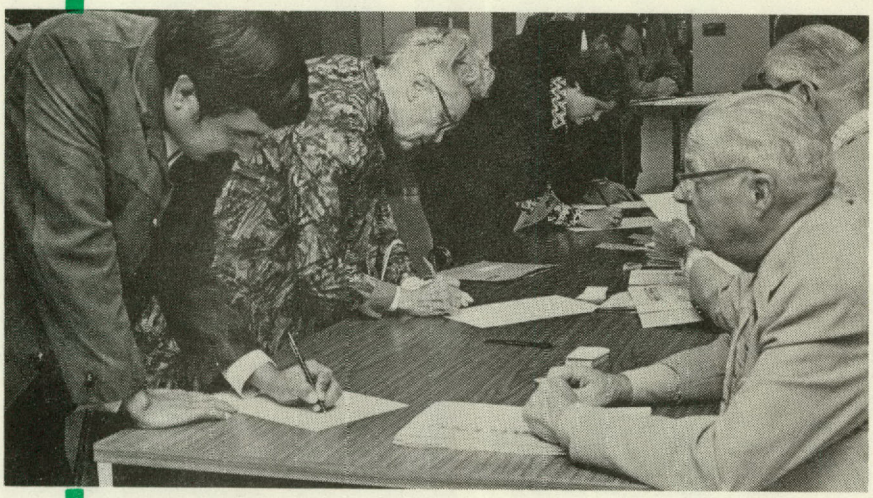
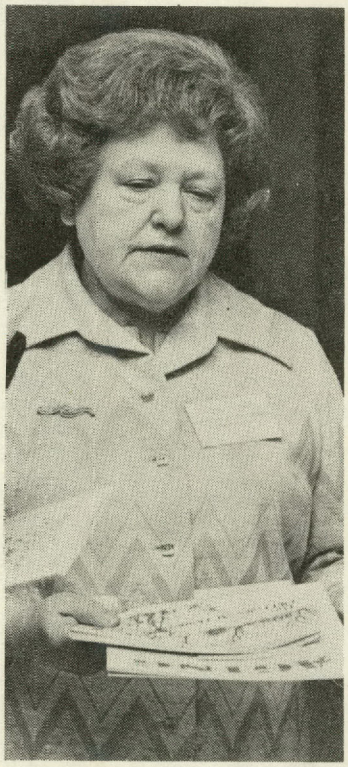
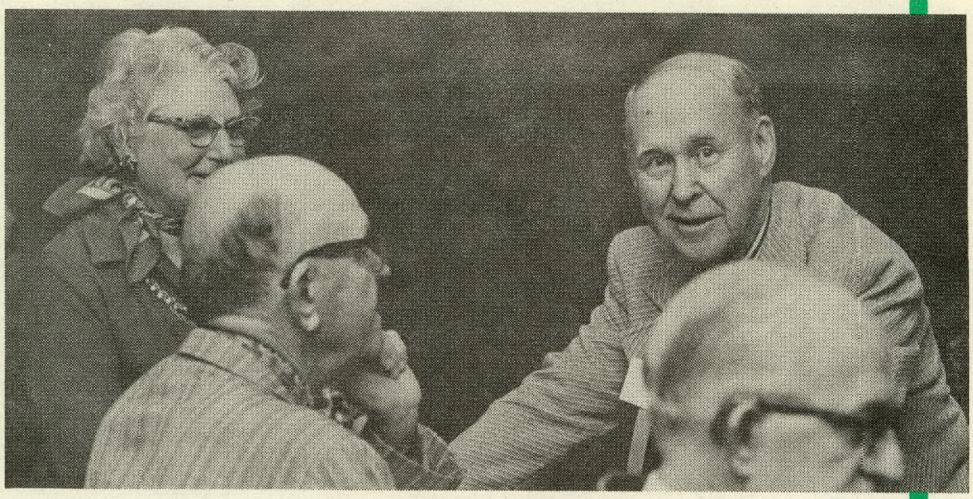
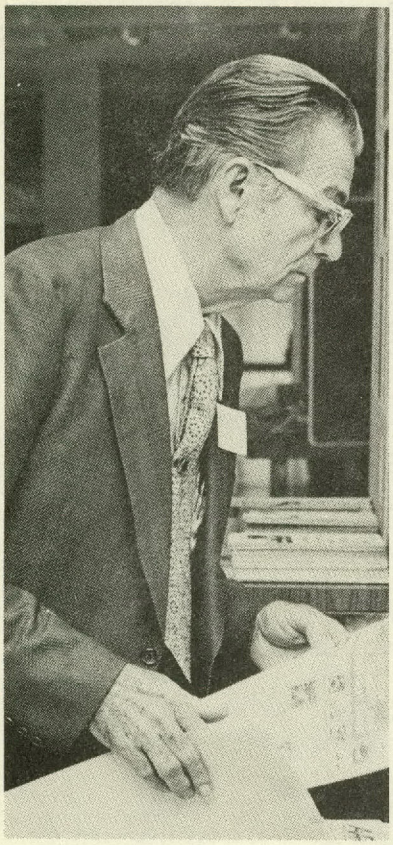
SPOTLIGHT on PEOPLE





Living Alternatives for the Elderly





or Pursuit of Dignity

Model for a Small Town

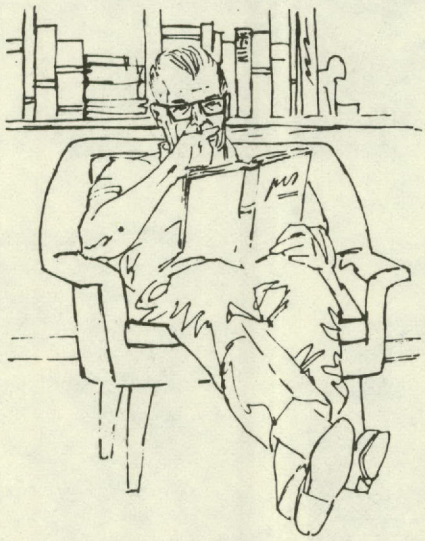
Continued from page 9

cheerful. The entrance hall is 8-feet wide and 20-feet long and ends at the entrance of a basketball court and recreation area. This space is used for daily exercise, ping pong, shuffleboard, horseshoe pitching and for jogging and walking when the weather is inclement.

The *carpet room* (our only carpet) has leather recliners, library tables, excellent color TV, piano, small reading tables, and a desk. A large service cart, chauffered by a young volunteer, delivers mid-morning snacks of cinnamon toast, juice, milk, hot tea, and coffee.

While the snack is being enjoyed, the staff guides the conversation around the events in the morning newspaper with an interpreter for the Spanish-speaking. Special time is given to any particular news regarding the elderly.

Crafts and work areas have been available for our *ladies* from the beginning. So far, money has not been adequate for the 18 *men* in the program. They have not had workshops of any kind and are requesting a workshop for refinishing and constructing small pieces of furniture. There are four men in the program who have been in construction most of their adult lives.



Lunch is served in the game room on colorful china with attractive placemats (8 elderly at each table). The ladies go to their weekly appointments at the Cosmetology Department of Abilene High School—two blocks away from our Center. They are given shampoos, manicures, and facials. They want to be attractive for church services.

After lunch, one group moves to the TV room while others wait until the tables are cleared in the game room. We have no dining area so the game room is a multi-purpose room. Some nap in recliners, some watch TV, some read and a few write letters.

All seem to enjoy the mid-afternoon by corn popping and apple polishing.

Finally, the first trip home is announced and the station wagon is on its way returning persons to their homes. The stationwagon is leased for $165 a month. It makes 9-10 trips a day. Other transportation is supplied through the staff's personal cars. We average 120 trips a month to stamp centers, doctors, dentists, therapists, pharmacies, hospitals and clinics. Eight of the elderly are called for by family members on their way home from work. The Center closes at 6 p.m.

One particular program that has been of tremendous help is the Title XIX Denture Program. In June 1975, one of our gentlemen was fitted for dentures. His first teeth in 20 years! He was the first at the Center—there have been more.

Someone once said, ***Today's volunteer is not a bored housewife with time on her hands. Neither is she lady bountiful with unlimited time and funds. Today's volunteer is someone—man, woman, or child who recognizes that this is the only world available and if it is to be a better world, it's everyone's responsibility.***

We have used junior and senior high school students and students from our local universities and colleges as volunteers. They have been responsible for our **Oral History Project,** our **Cosmetology Program,** our **Adult Education Program,** some of our musicals, and general recreation efforts.

Supervisory Adult Day Care Centers such as ours *should* exist all over the state.

We *badly* need to go into the *rural* areas. Adult Day Care program locations should not be changed from one place to another in a community. The disabled elderly are frightened by the unknown, particularly those who are blind! They cannot be hurried, and they often have claustrophobia.

After all is said and done and all rules and regulations are met, and certain programs are initiated and adequate funding has been secured, if we who work in the project for The Day Care of the Elderly do not find time to provide warmth, love, understanding, willingness to listen, counseling in personal matters, education in available programs for better living for the elderly, establish a better understanding between the community and its elderly, convince

Continued page 18

Inner-City Center

Continued from page 6

We are not charged overhead and we do not charge for the services provided by our nurses, counselors, attorneys, or MAO services needed in a particular neighborhood.

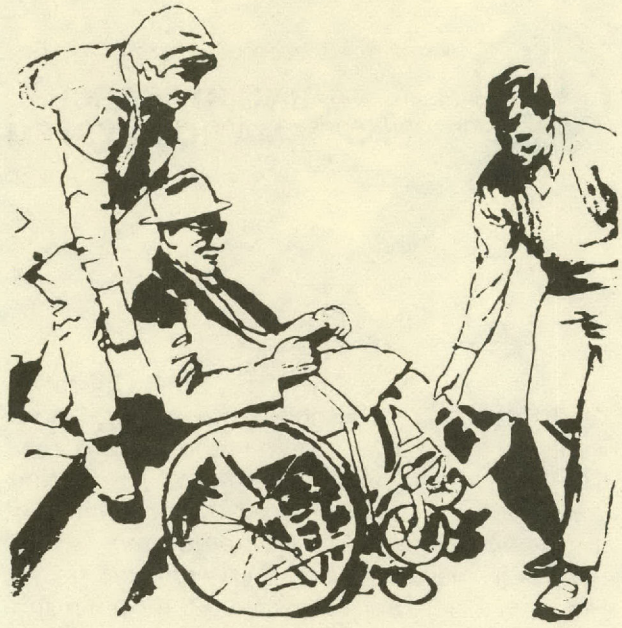
Seniors may make a donation if they can and wish to. It is interesting to note that while donations are given toward direct field services such as meals, home service, transportation, etc., rarely are they given for counseling—which is absolutely vital to provide a good client-patient care plan. Volunteers work directly with MAO staff at all levels.

MAO has about 200 volunteers in our various voluntary action programs, such as **Operation Grandparent.** Our volunteers are offered the same training opportunities and career-ladder development as our paid staff; in fact, some of them eventually become paid staff of MAO.

Besides Abbott-Northwestern, we have several other partners, such as the *Junior League of Minneapolis,* which provided us with our volunteer coordinator and helped establish our free blood bank. The *Minnesota Restaurant Association* provides low-cost meals in 140 restaurants during off-peak hours and *St. Mary's Friends* provide our crises funds.

During the last few years, MAO has received about 1,260 requests for consultation and training from the United States, Canada and foreign countries.

For additional information, write:
Daphne H. Krause, President
Minneapolis Age and Opportunity Center,
1801 Nichollet Avenue South
Minneapolis, Minnesota 55403
Ph. 612/874-5525



Adult Day Care

Continued from page 8

those provided by other agencies, in seeking services from a community agency which would in turn supplement the Day Hospital and, finally, in discharge planning.

The entire process is time-consuming, important, and essential to the goal of providing an effective health care plan for patients and continuity of patient care. Sometimes it is necessary to reassure a community agency or a physician that the Day Hospital is not really interested in taking over their patients.

Conversely, there are times when it is necessary to remind an agency of its responsibility to a patient it had referred for service but for whom Day Hospital care is no longer appropriate or necessary.

Community Outreach has been a major effort since the beginning of the program. This involved working with local low-income housing authorities for the elderly, with community action programs, and the social service departments of local hospitals. With their cooperation, Day Hospital staff provided a health assessment service at selected housing project.

Some Day Hospital patients could be maintained at home through such home health services as nursing, physical therapy, occupational therapy, speech therapy, and home health aides.

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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

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

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:

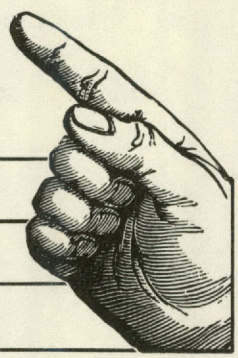
Name: _____

Address: _____

_____

Phone: _____

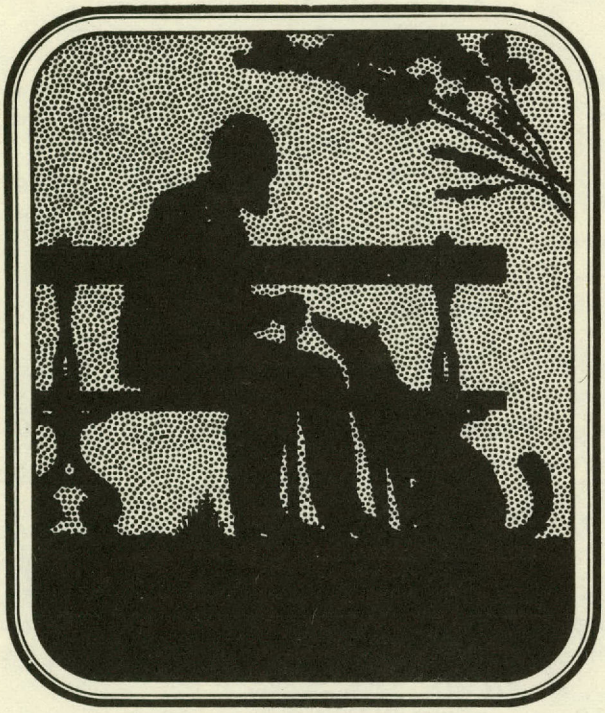
(Area code and telephone number)



Public Congregate Housing

Continued from page 4

The meal service in each of these demonstrations was provided by a nearby hospital. In the two Ohio urban projects the state itself, under contract with the federal government, accepted responsibility for all the services for 44 years—thus covering the amortization period plus four years.



Although these few experiments have been successful in their communities, the experience does not provide a base for a national program.

The major reason that public housing agencies have not taken advantage of the legislation is their fear of providing a food service with little or no experience and the possibility that congregate housing may become an institution which they are not equipped to handle.

No better argument could be made for the national and societal implication of congregate housing than a summary of need given by Dr. Wilma Donahue, director of the *ICSG,* before the Senate Special Committee on Aging.

The needs picture based on her survey of 182 Public Housing Authorities was:

- Out of 446,000 elderly persons reported by HUD now living in all public housing sites, 54,280—12.3 percent—need more assistance than is currently available to them.
- Of this number, 43,800 could live in congregate housing offering an adequate service package.
- The other 11,270 would be better cared for in a nursing home or similar facility.

Dr. Donahue then extended these estimates to the national population and it came out like this:

- At least 3,000,000 elderly persons can be considered to need assisted living.
- Of these, 2,400,000 are candidates for residential congregate housing with services.
- If the services are not provided in the housing, the entire 3,000,000 may be forced to resort to nursing homes, 80 percent of them unnecessarily.

This then is the challenge:

It would be gratifying indeed if Texas, known for its action orientation, could become the pioneer in a statewide congregate housing program. There could be no greater contribution to the mental health and general well-being of its citizens of distinguished age and restricted income.

For additional information, write:

Marie McGuire Thompson
Housing Specialist
International Center for Social Gerontology, Inc.
425 13th Street, N.W., Suite 350
Washington, D.C. 20004
Ph. 202/393-0347

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

Adult Day Care—

Continued from page 13

For the patient who is essentially homebound and who could not tolerate the trip to the Day Hospital, the same home health service package is the obvious solution. The problems encountered were few in comparison with the satisfaction felt by those involved in the development of the program.

Our experience indicates that a day hospital within a rehabilitation center is an effective and viable community health care option for older adults. It provides comprehensive, coordinated services which do not duplicate, but reinforce, existing health care resources.

For additional information write:
Charlotte M. Hamill or Robert C. Oliver
Co-Directors
The Day Hospital
The Burke Rehabilitation Center
785 Mamaroneck Avenue
White Plains, New York 10605

Model for a Small Town

Continued from page 12

our population their churches care and persuade the churches to care, attempt to stimulate the interest of the elderly in activities outside the TV room, and hopefully help them to begin to think so much of others around them that some of their own aches and pains are not so acute, then it is our belief we shall have failed.

For additional information, write :
Rene Waterbury
Day Care for the Elderly of Abilene
2432 Buffalo Gap Road
Abilene, Texas 79605
Ph. 915/672-5742

MISC. & ETC.

Projections for Tomorrow, proceedings of the 1975 conference of senior centers ($4). Write: National Council on the Aging, Inc., 1828 L Street, N.W., Washington, D.C. 20036.

Passenger Assistance Techniques: A Training Manual for Vehicle Operators of Systems Transporting the Elderly and Handicapped. (1976). This basic manual, fully illustrated, is designed as an aid in teaching drivers to assist elderly or handicapped passengers. It will be augmented by a supplement for use by supervisors in conducting refresher in-service training or training new personnel. Write: Human Resources Division, Managenent Services Associates, P.O. Box 3750, Austin, Texas 78764.

National Directory of Educational Programs in Gerontology, First Addition, 1976, (Stock No. 017-062-001005-7, $9.35). Write: National Clearinghouse on Aging, Administration on Aging, U.S. Department of HEW, Washington, D.C. 20201.

Drugs and the Elderly (96 pp., $3) contains a series of comprehensive, relevant discussions dealing with the benefits and problems associated with the use and misuse of drugs by the elderly. Write: Publications Office, Andrus Gerontology Center, University of Southern California, University Park, Los Angeles, California 90007.

Dealing with Death (71 pp, $2.50) contains discussions of death presented at conferences at the Andrus Center for those concenred with delivery of care service for the elderly. Write: Publications Office, Andrus Gerontology Center, University of Southern California, University Park, Los Angeles, Calif. 90007.

This publication is supported in part by the Administration on Aging Grant 90-A-948/01 Office of Human Development, U.S. Department of Health, Education and Welfare, Washington, D.C.

Cancer Research

A researcher at *The University of Texas Health Science Center at San Antonio* has received a three-year $157,000 grant from the **National Cancer Institute** to investigate a mechanism by which molecules from the cells of one animal species can program the cells of another animal species to rid the body of a tumor.

In background studies done by microbiologist **Dr. Ronald Paque,** associate professor at the UT center, grafts of lethal guinea pig tumors were used in immunizing monkeys to the tumors.

When the monkeys' immune system reacted by producing immune lymphoid cells to attack the foreign guinea pig tumor grafts, these cells were collected, processed, and components from the cells were given back to the guinea pigs. Dr. Paque's results show that in one-third of the guinea pigs treated in this way, the tumor was completely eradicated and in another third of the animals, the survival rate was increased by 50-60 percent.

"We think the components from the monkeys' lymphoid cells programmed the guinea pigs' immune system to recognize and reject the tumor cells," explained Dr. Paque, *"although there are other possibilities which we hope to investigate."*

If this strong immune reconstitution can be caused on a cellular level in the tumored animal, it may be efficient as a method of tumor therapy in addition to drugs and other types of treatments.

The response by the recipients' immune system would be amplified to the existing tumor and would be systemic—that is, the patient's own cells would be programmed to reject small masses of tumor cells within the entire body.

Unique Gerontophilately Album Published

The third section is an index listing of over 500 stamps that are related to aging. Whether one attempts to acquire all of the stamps shown, the album is of great interest to gerontologists, philatelists, topical collectors, teachers, aging programs, golden age clubs, libraries, etc.

The special 96-page album is available from the **Club of Philately in Gerontology,** 2525 Centerville Road, Dallas 75228, for the cost of reproduction and mailing—$10.35.

The first and only stamp album devoted exclusively to Gerontology, has been introduced by the *Club of Philately in Gerontology.* The unique Vol. 1, No. 1 of the album has three major sections. There is an introductory chapter by the distinguished geriatrician, Dr. Joseph T. Freeman on *Stamps on Aging, Old Age and the Aged.* The illustrated album has nine sections covering famous gerontologists, scientists with interests in Aging, Social Gerontology, Arts and Artists, Distinguished People, Old People, Symbols and the International Association of Gerontology. There is a picture of the stamp, an explanation of its significance, and the country, date of issue and catalog number.

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Significant Dates

Continued from page 2

May 23-26—1977 *Annual Meeting of the Texas Association of Homes for the Aging,* Albert Thomas Convention Center, Houston. Write: Texas Association of Homes for the Aging, P.O. Box 15587, Austin 78761.

May 15-20—*Current Challenges in the Home Help Services,* 5th International Congress of Home Help Services, Montreux, Switzerland. Write: Congress Secretariat, Wartstrasse 19, Ch-8032 Zurich, Switzerland.

May 16-18—*Texas Conference on Poverty Alcoholism,* Austin. Contact: Gloria de Leon-Ewen, Texas Department of Community Affairs, Economic Opportunity Division, P.O. Box 13166, Capitol Station, Austin 78711 Ph. 512/475-6601.

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, Washington 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, MI. 48109.

May 2-6—*Neighborhood Based Services for the Elderly*

May 16-20—*Management of Long-Term Care Facilities*

May 23-27—*Senior Center Administration*

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

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

the Generation Connection

The Generation Connection forums:

April 6—**McAllen.** For coordination information, contact: Pedro Lerma, Regional Adult Program Specialist, Texas Department of Public Welfare, P.O. Box 960, Edinburg 78539 Ph. 512/383-5344, ext. 262.

April 20—**Beaumont.** For coordination information, contact: Wanda Echenhofer, Regional Adult Program Specialist, Texas Department of Public Welfare, 215 Franklin, Beaumont 77701 Ph. 713/835-3751, ext. 236

May 12—**Houston.** For coordination information, contact: Gloria O. Garcia, Regional Adult Program Specialist, Texas Department of Public Welfare, 3004 Yale Building North, Houston 77018 Ph. 713/631-6800, ext. 331.

May 18—**Fort Worth.** For coordination information, contact: Catherine D. Green, Regional Adult Program Specialist, Texas Department of Public Welfare, 711 West 7th, 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.