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AGING

RESEARCH UTILIZATION REPORT

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TEXAS DOCUMENTS

Vol. 2, No. 3

TEXAS GOVERNOR'S COMMITTEE ON AGING

Autumn, 1975

SENILITY—It Doesn't Have To Happen To You!

REALITY ORIENTATION



Geneva Folsom, Ed.D.

During the May 12, 1975, Governor's Committee on Aging-Research Utilization Workshop, Dr. Geneva Folsom reported on the development of Reality Orientation (R.O.) as a tool for increasing humanization of patients in nursing homes.

She stated that she had never been in an institution that could not stand a bit more normalization—or humanization.

Dr. Folsom recommended the use of R.O. as a management tool to fully humanize all staff so they are part of the treatment process.

R. O. can be a useful intervention in deinstitutionalizing those in long-term care institutions for aging, retardation, mental illness, and people who are chronically ill.

It can be a useful tool in prevention during disorienting crises such as medical emergencies, recovery from anaesthesia, confusion with drugs, surgery, etc.

R. O. is a technique which can be utilized to help overcome confusion and disorientation with the "senile" elderly.

"R. O. is a formalized system for structuring an environment which entices a confused person to return to reality." This is the primary goal for starting such a program in an institutional setting.

R. O. can be the framework for allowing staff to re-evaluate its roles, functions, attitudes, values, and techniques in working with the confused and disoriented client.

The concept and techniques of Reality Orientation are simple enough for direct care workers to identify with quickly and to institute for immediate reward.

However, the concepts and techniques of Reality Orientation are complex enough that there must be professional involvement if Reality Orientation is to be a viable treatment and rehabilitation process.

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INSIDE

Special Features

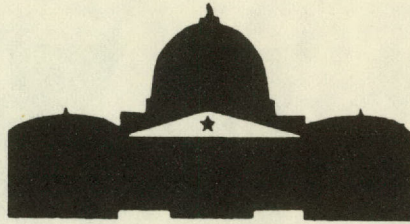
Art Preferences Among Nursing Home Residents / **Nutrition and Heart Disease** / We're Listening / **ARIS—Aging Research Information System**

Regulars

Open Sessions / **Older Texans in the News** / Significant Dates/**GCA Library/College Corner**

11-19-75

OPEN



SESSION

MARK YOUR CALENDAR NOW—

Significant Dates

1975-76

The **Governor's Committee on Aging** quarterly meeting will be held Nov. 21, 1975. This date is subject to change and will be posted at the Secretary of State's Office ten days prior to the meeting.

Governor's Committee on Aging-Research Utilization Workshops

December 12, 1975—Joe C. Thompson Conference Center, Austin, Texas. Ms. Bertha Adkins, Chairman of the Federal Council on Aging and Advisor to the President of the United States, will be the keynote speaker. Research topics to be presented include: "Older Persons and Their Legal Rights," "Alternate Care: 'Old Folks at Home'," "RSA R&D and the Elderly Handicapped," and "Insurance and Future Health Care for the Elderly." No registration fees.

May 10, 1975—Joe C. Thompson Conference Center, Austin, Texas

October 2-3, 1975—**The American Geriatrics Society**, together with the **University of Washington School of Medicine** and the **University of California at San Francisco School of Medicine**, will present "Workshop in Aging" St. Francis Hotel, San Francisco, California. Those interested, contact: Carl Eisdorfer, M.D., Professor and Chairman, Department of Psychiatry and Behavioral Sciences, University of Washington School of Medicine, Seattle, Washington 98185.

October 7-9, 1975—Second National Conference on Pre-Retirement Planning sponsored by **Drake University**, Des Moines, Iowa, will be held at the Des Moines Hyatt Hotel, 6215 Fleur Drive, Des Moines, Iowa.

Texas Association of Homes for the Aging and **North Texas State University** Center for Studies in Aging and School of Community Service.

"Interpreting Long Term Care, Meeting Community Pressures: Options and Answers"

October 8-9, 1975—Ramada Inn #3 DFW, Irving, Texas

November 5-6, 1975—International Friendship Gardens and Fort Brown Motor Hotel, Brownsville, Texas

University of Texas System School of Nursing "Nursing Care of the Diabetic Patient" Conference I and II

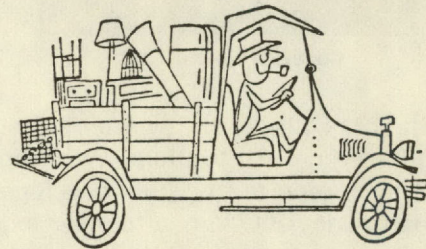
October 9, 1975—Eden Home for the Aged, New Braunfels, Texas

October 14 and 16, 1975—Canyon High School, New Braunfels, Texas

October 9-10, 1975—**Harvard Graduate School of Design**, Cambridge, Massachusetts, presents "Issues 76: Public Policy and the Built Environment." Those interested, contact: Mr. Paul Fishman, Harvard Graduate School of Design, Gund Hall 404, Cambridge, Massachusetts 02138.

October 10, 1975—**NRTA-AARP Texas Joint State Legislative Committee** meets in Houston. Mr. Walter Coers, Chairman.

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

RESEARCH UTILIZATION REPORT FOR THE AGING

Published quarterly by the:
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Research Utilization Program
P.O. Box 12786, Capitol Station
Austin, Texas 78711

Vernon McDaniel, Executive Director, Governor's Committee on Aging
Anne T. Kohler, Research Utilization Project Director, & Editor
Marion R. Shofner, Assistant



ART PREFERENCES AMONG NURSING HOME RESIDENTS



Nora Wilford Ernst

Nursing home administrators try to provide an atmosphere that is pleasant and pleasing to their residents. Often the only criterion available for deciding what decorations will be used in the home is the administrator's personal preference.

It may be, however, that the aged, as a group, have certain preferences in art which are not recognized by administrators.

With this in mind, a research project to determine art preferences among nursing home residents was conducted during the winter of 1974-75.

A Q-Sort of thirty-six reproductive photographs of famous paintings was administered to thirty nursing home residents.

The Q-Sort is a technique of gaining rank orders on a set of materials which forces the respondent to place all the materials in one of the various possible ranks.

Each resident was asked to look at each of the thirty-six pictures. The interviewer explained that the pictures were chosen to represent a type of painting such as modern or landscape rather than just that one particular picture itself.

The resident was then asked to place those pictures he would most like used around the home in Pile 1 and those he would least like in Pile 5.

After looking at the remaining pictures again, the resident was asked to place those pictures he would like in Pile 2, and those he would not like in Pile 4.

The remaining pictures were placed in Pile 3.

This resulted in a score of 1 through 5 for each painting by each of the thirty residents.

It should be noted that the selection of the residents to participate in this project was left to the discretion of the interviewer.

They were conducted in the resident's own room in a relaxed, informal manner. No one with a visual impairment was approached.

Neither were those residents that tend to be easily confused or disinterested asked to participate.

Most residents indicated that they enjoyed the experience and found the task interesting and pleasant.

The results of the study show several categories of pictures as high or low. Each picture was given a cumulative score by adding the pile numbers that it was placed in by the residents. The scores ranged from 37 to 107 with the lower number denoting a higher preference.



The most preferred pictures did not fall into any one particular category. However, all five were light and brightly colored.

Each one was a picture of something easily recognizable: dancers, boats, fruit, a child.

The next highest ranked group of pictures generally fell into three categories: landscapes, Renaissance Masters, or modern.

Continued on page 12

Reality Orientation—continued

R. O. is a total process, not just a technique effectively employed by direct-care personnel.

R. O. can be instituted in any setting without additional staff or additional funds.

The beginning concepts of R. O. were developed in response to a request from management in the Topeka VA Hospital in 1959.

There was concern that inactivity on the geriatric ward was contributing to regression in patients and to poor staff morale.



The acceptance and practice of the Team Approach is absolutely vital to the success of an R. O. program.

Unfortunately, this concept is given much lip service and is rarely accepted as a viable management style.

It is impossible to either begin or maintain a successful R. O. program in an autocratic management system.

If R. O. is to be instituted, management must truly believe that line staff is important to any treatment or rehabilitation process.

Communication must flow around, back and forth, and *not up and down*. Otherwise line staff cannot be philosophically committed to believing their input is incorporated in decision-making.

They, therefore, are never committed to true involvement in their work. If we are to have a successful R. O. program, we should be aware that the basic concepts of *behavior modification* are very much a part of the process.

How many times do we reward confusion? How many times do we reward staff for positive behaviors?

When do we use continuous reinforcement? Intermittent? What do we reward?

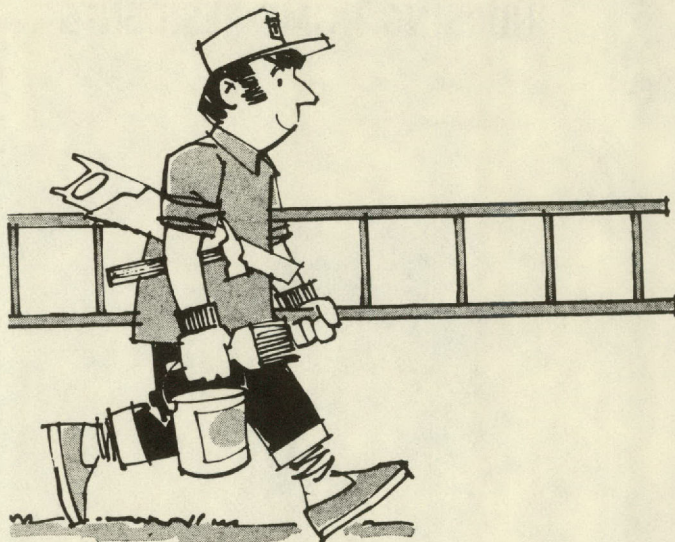
An R. O. program cannot be effective in a sterile environment.

There should be a basic understanding of the cause and effect of sensory deprivation.

Confusion can result from this sensory deprivation alone.

What happens when you add color to a wall that has been gray and broken only by gray doors?

Sensory clues are needed. When that "confused" old person finds his door, out of 25, is painted red, he has a clue.



When we give no sensory clues we compound or even cause confusion.

If you wake up from anaesthesia in the ordinary sterile hospital room and gaze up into three white uniforms who do not announce themselves as persons with names and functions, you might not appear as alert, intelligent, oriented, and self-aware as you would like.

Or you find yourself sitting in a row with others who are rewarded for sitting behaviors.

After a while it does not really make much difference what day it is, or time it is, or place it is.

And you would truly like to forget *who* you are.

What is activity? Bingo? Pot-holders? Bill-folds? Bathing? Taking medicine? Talking? Eating? Toileting?

Activity is all of these!

Which is meaningful to what person?

What are you going to do with volunteers? Are you going to involve them in meaningful activities so they can become treatment team members rather than cooky-pushers?

Whoever teaches R. O. should have good knowledge and skill in recognizing and understanding group dynamics and should know who does what to whom and what impact they are having on the group.

Your R. O. trainer should have a good understanding of his/her own motivation in working with people for whom R. O. is effective.

Continued on page 7

Now, now, now
. . . is the time, time, time



RoseAnn Shorey, Ph.D.

NUTRITION AND HEART DISEASE

*Cardiovascular disease is the cause of over 55% of deaths in the United States today.

Cardiovascular disease is often associated with the process of atherosclerosis, particularly in the coronary arteries.

Research has implicated many factors as contributory in the cause of cardiovascular disease.

Middle-aged men and postmenopausal women are at much greater risk.

Those with a family history of cardiovascular disease may have inherited an altered metabolic activity resulting in excessive synthesis or degradation of cholesterol.

Individuals also inherit a type of body build that may predispose them to heart disease.

Psychological factors have been implicated in heart disease.

These factors are related to the personality type of the individual and his reaction to time stresses.

Sociological, economic and cultural factors common to populations with a high incidence of heart disease include affluence, sedentary lifestyles, industrialization and ready availability of food.

Clinical problems often associated with heart disease include hypertension, diabetes, obesity and hyperlipidemia and these are frequently seen in combination.

Environmental factors often correlated with heart disease include cigarette smoking and consumption of diets high in cholesterol, saturated fats and total calories—often from sugars, alcohol or fats—and low in polyunsaturated oils and fibers.

Although hypercholesteremia, hypertension and cigarette smoking appear to be the three major factors, risk of heart disease increases as the number of the above factors increases.

So many of these risk factors are found simultaneously in individuals that it could be said that the *American way of life* practically assures heart disease for the susceptible individual.



"No sugars, alcohol, fats or smoking!"

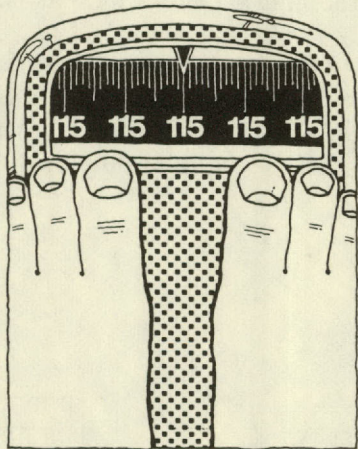
The American Heart Association and the Inter-Society Commission for Heart Disease Resources advocate general changes in the American diet and way of life.

The American Medical Association Council on Foods and Nutrition and the Food and Nutrition Board of the National Academy of Sciences-National Research Council suggest drastic dietary intervention only in those with evidence of hyperlipidemia.

*Speech excerpts, March 21, 1975, Research Utilization Workshop, Hilton Inn, El Paso, Texas.

Changes that have been recommended include:

1. adjusting caloric intake to maintain desirable or lean weight
2. reducing fat intake to no more than 35% of total calories and increasing the percent of polyunsaturated fatty acids
3. reducing the daily intake of cholesterol to 300 mg per day
4. emphasizing natural complex carbohydrates at the expense of refined sweets
5. restricting salt intake



Maintenance of a *lean body weight* is desirable and reduction of body weight is primary in the treatment of the clinical problems often associated with heart disease: adult-onset diabetes, hypertension and obesity.

Two research projects at the University of Texas at Austin are being conducted to determine the most effective diets to lower blood cholesterol and triglyceride.

The projects involved approximately 200 married males who were judged to be at an increased risk of heart disease due to elevations in cholesterol or triglyceride or both.

Three dietary regimens were employed in one or both projects.

All of the dietary plans were designed to furnish a balanced intake of nutrients and to restrict calories to permit reduction to a lean body weight.

From the results of our studies and those of other investigators, it can be stated that cholesterol is effectively lowered in the individual with elevated levels of cholesterol by

1. decreasing the dietary intake of cholesterol through elimination of egg yolk, organ meats, and shellfish

2. altering the ratio of polyunsaturated to saturated fats

The latter goal is achieved by avoiding all sources of solid and dairy fat, by using only very lean meats, fish and poultry, and by increasing the intake of safflower, corn, soybean, or cottonseed oil.

Success in the treatment of the individual with elevated triglyceride is apparently more related to overall decreases in the consumption of calories and to weight loss than to any specific diet.

Weight loss without the loss of a nutritionally adequate diet necessitates the limitation of "empty" calories in the form of fats, sugars and alcohol.

Our research suggested that more studies need to be directed at determining the most effective dietary treatment for the individual with elevated triglyceride.

Reduction of body weight is vital but other dietary factors are also important.

The magnitude of the changes in cholesterol attained by participants in the projects have been calculated on a statistical basis to result in about a 60% decrease in the risk of coronary heart disease for 30 to 50 year old men.

For additional information, write:

RoseAnn Shorey, Ph.D.
Associate Professor of Nutrition
Department of Home Economics
University of Texas at Austin
Austin, Texas 78712



Reality Orientation—continued

The trainer will need the knowledge, skills, and attitudes necessary for helping trainees understand their own behavior and motivation.

Do you get your kicks from fostering dependency?

There are healthy and unhealthy ways to get emotional kicks from work—and a trainer will have to help people understand what is going on between them and the patient.

Professionals and management should be involved from the beginning.

We do not have to wait on a diagnosis to decide someone is confused.

The physician needs to help pinpoint the cause.



Some causes can be eliminated immediately.

What is causing this disorientation? Medication? Fear? Anxiety? Sensory deprivation? Boredom? Lack of sleep? Isolation? Bereavement? Malnutrition? Just plain "rust"?

The social worker must immediately and continuously involve the family so it can be aware that a social worker intends to try to overcome the confusion—that their family member is not going to be "senile" forever.

The family must be an integral part of the team in order to have realistic expectations, to reinforce the right behaviors, to become a recognized part of the treatment team and to know the concepts and techniques of R. O.

The psychologist should be contributing special expertise in behavior modifications, group dynamics, evaluation, action research, and continuous refinement of the total program according to research feed-back.

How is the Team functioning?

What are the communicative patterns?

Where is communication productive?

Where is it breaking down?

What is happening in the group while the nursing assistant is "teaching" R. O. class?

How is the nurse contributing to "lack of motivation" when she demands that the aide teach R. O. class?

How do you change an authoritarian climate to a democratic management system?

If we can get consistency of environment, commitment of all of the staff in the treatment process, employees who are motivated by their self-esteem at work, clients who are involved in their own treatment process, a climate of expectancy, an environment which is structured to humanize clients and staff, a constant feed-back system for change, family involvement, meaningful activity in life, shared decision-making, a continuum of rehabilitation modalities, power struggles eliminated, volunteers included as part of the team, the reward system for staff and clients changed, systems of prevention for regression set up, and community attitudes toward the elderly changed, then Reality Orientation would not be needed.

If you have not reached those pinnacles of success, R. O. may provide a means, a direction, an approach for reaching these goals.

The R. O. group at Florida State Hospital began their research program last year.



We are all waiting the results with great anticipation.

Research recently completed by the AHA (American Hospital Association) reported on the effectiveness of a training package they developed for HEW.

The materials on R. O. were developed through AHA and tested in three institutions.

The purpose of the study was to determine effectiveness of self-instructional training materials with respect to attitudes toward elderly and understanding of specific R. O. techniques.

Continued on page 12

OLDER TEXANS IN THE NEWS



Astronauts' Space Food Could Aid Elderly Shut-Ins

If you can send a man to the moon, perhaps you can send nutritious meals to elderly shut-ins.

In fact, some of the food technology developed for the space flight of astronauts will be a key ingredient in a new project on which the Lyndon B. Johnson School of Public Affairs at The University of Texas is collaborating with several federal, state and local agencies.

The project is to devise a meal system of nonperishable foods (in cans or flexpacks) that home-bound elderly folk could easily reconstitute, simply by adding water and heating.

It is designed to reach these elderly who are missing out on available hot-meal programs either

because they live in rural areas beyond the range of Meals-on-Wheels vans (that deliver hot food to the home once a day, five days a week) or because they are too frail or cannot drive to get to communal eating centers in cities for one hot meal a day.

If proved feasible, the new meal system would make it possible for an elderly person to have a hot meal seven days a week, since no Meals-on-Wheels service is available on weekends. It also would improve nutrition for the elderly, who, through loneliness or apathy, frequently do not bother to prepare proper meals just for themselves.

More importantly, the proposed project would permit some elderly persons to continue living in familiar surroundings rather than being institutionalized.

Involved in the project, in addition to the LBJ School, are the National Aeronautics and Space Administration; Texas Research Institute of Mental Sciences (TRIMS), which is the research arm of the State Department of Mental Health-Mental Retardation, and United Action for the Elderly, an Austin-based social services organization for the elderly.

The Governor's Committee on Aging has been instrumental in establishing contacts between the project participants.

Throughout the coming months, the meal program will be tested, tasted and demonstrated on small and large scales in rural and urban settings.

Drawing on foods that astronauts have found palatable and serviceable, each basic meal package will be composed of thermostabilized, dehydrated, freeze-dried or wafer-type foods that have a shelf life of one to two years.

A basic meal generally would include an entree, two vegetables, a dessert and beverage.

Enough meal packs would be delivered to an individual — either by mail or in person — so that no menu would be repeated in a 20-day period.

TRIMS is already at work on the project to ascertain elderly persons' tastes and preferences for certain foods.

United Action for the Elderly will be responsible for selecting groups of elderly to participate in a three-month field demonstration of the system, beginning next January.



Dr. Stanley Burnham, professor of health, physical education and recreation, and Bert Kruger Smith, executive associate, Hogg Foundation for Mental Health, combine ideas for "How To Live With Yourself At Any Age," a seminar for the 50-year reunion class.

Alcalde
University of Texas at Austin
July/August 1975

The Austin Citizen
Tuesday, July 1, 1975

Grant approved for elderly vehicle

HOTCOG Agency Provides Two Vehicles For Transportation

Recorder
Fairfield, Texas

The HOTCOG Area Agency on Aging is pleased to announce that there are now two vans available in Freestone County. These vans are available to all over age 55 who are in need of transportation for necessary errands or for activities at the Senior Citizens Centers in Fairfield, Furnery Richardson, Butler and Teague.

This transportation has been expanded to include people of all ages who hold Medical Identification cards issued by the Department of Welfare under Title XIX who need to go to the doctor, hospital or pharmacy. This is not an emergency service. Persons with form 86 Medical Identification cards may call 214-389-3513 during the morning hours to schedule transportation for the next day in Fairfield. The number to call in Teague is 817-739-3541. If you live on the east side of I45 or have a Fairfield telephone call the Fairfield number. If you live on the west side of I45 or have a Teague telephone number call the Teague number. The form 86 Medical ID card must be presented by those riding the vans under this program.

All eligible persons are urged to use this transportation provided for them. There is no charge for this service. Call 389-3513 in Fairfield or 739-3541 in Teague.

AUSTIN -- A grant for \$29,079.11, has been approved for the Community Council of South Central Texas at New Braunfels by the State Department of Highways and Public Transportation. The department had made the grant applications to the U.S. Department of Urban Mass Transportation Administration on behalf of the Comal County organization and 40 other organizations throughout the state.

The grant will cover 80 per cent of the costs of capital

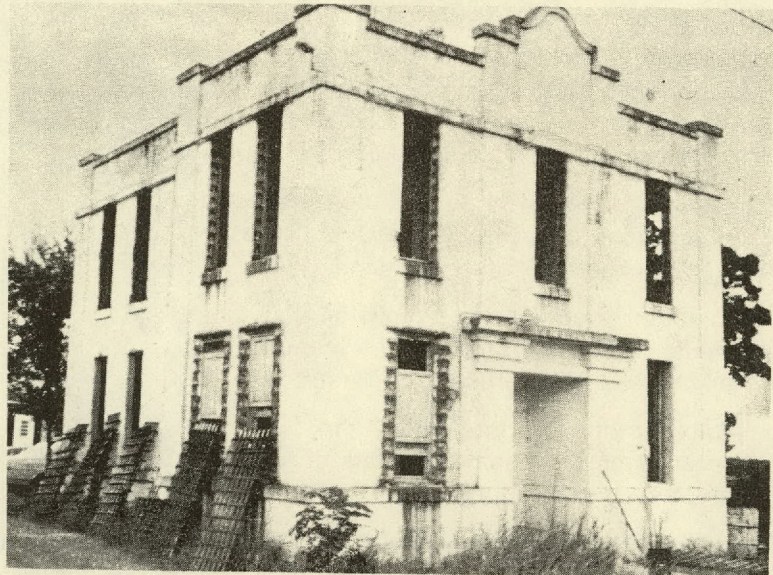
means that 95 vehicles, specially equipped for transporting the elderly and handicapped, will be purchased during the 1976 fiscal year in Texas.

The 41 approved applications will utilize all of the \$932,000 allotted to Texas this year.

equipment and facilities to provide transportation for the elderly and handicapped. The local organizations will provide the remaining 20 per cent of the needed funds.

Approval of the grants

The Giddings, Texas, Times & News



JAIL REMODELING -- The old Lee County jail is presently being remodeled so it can be used for a Mental Retardation Workshop for 30 Lee Countians who will be taught to make leathergoods and other trades. The labor for the remodeling project is being donated by the Green Thumb Program and the county is providing some of the materials

needed to get the building in shape. The bars are being taken off the windows and some replastering is being done. Some \$800 a month had been expended by the county to send the 30 students to Schulenburg each day for the program so this will enable the county to save this money and have a workshop locally.

--Times & News Photo

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 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.

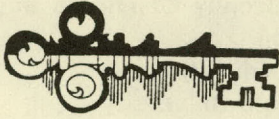
It is important that if these things do occur to your request, you help us correct the errors.

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**





INFORMATION SEARCH REQUEST

Aging Research Information System

Texas Governor's Committee on Aging-Research Utilization Project

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
 Governor's Committee on Aging
 P.O. Box 12786
 Austin, Texas 78711

Art Preferences—continued

These paintings tended to be darker and had less distinguishable figures. The landscapes were dull blues and grays, several of them were seascapes.

The Renaissance masters chosen were portraits or classical subjects. These Masters' paintings were not particularly dark but did not have many bright colors.

The modern paintings were both by Van Gogh. They were brightly colored but tended to distort the subject matter.

The pictures that ranked just below the mean again were landscapes, modern, and recognized Masters.

The landscapes contained darker colors than the higher ranked ones and were more starkly realistic rather than pleasant and idealistic.

The two modern paintings were bright but the degree of abstraction was more pronounced than the higher ranking pictures.

The recognized Masters were all portraits in which neither the subjects nor the artists were particularly recognized by the average person. The least liked pictures fell into two categories: totally abstract or dark landscapes.

The abstracts in this last group did not show distinguishable subjects while all those in the higher ranked groups did.

The landscapes were dark, night scenes filled with several indistinct objects.

In conclusion, then, the pictures did fall into a general rank order by characteristics.

The light, bright pictures of realistic pleasant subjects rated highest.

The rankings move steadily down on darkening colors and abstraction of subjects.

The degree of abstraction seems to show rank—the most abstract paintings, although brightly colored, rank lowest.

The light colored pictures of distinguishable, ideal subjects and settings seem to rank highest.

Nursing home administrators, then, might look for decorations for their homes that reflect these characteristics:

1. bright, light colors
2. pleasant, recognizable subjects
3. little abstraction of subject matter.

For addition information write:

Nora Wilford Ernst
Doctor of Philosophy Candidate in Research and Evaluation
Department of Education
North Texas State University
Denton, Texas 76203



Reality Orientation—continued

The sites included an institution for chronic disease, a chronic hospital and skilled nursing facility, and an investor-owned nursing home.

Two hundred and eighteen trainees were included in pre-test, post-test population.

There was a significant change which showed improved attitudes toward the elderly as rated by the Oberleder Scale.

This was statistically significant beyond the .001 level.

There was also significant change in understanding (cognitive) of R. O. techniques also beyond the .001 level.

“Based on these findings, it can be concluded that the Reality Orientation program has a positive impact on the training participants in regard to both their attitudes toward the elderly, as measured by the Oberleder Scale, and the knowledge gain of specific techniques, as assessed by the R. O. instrument.” (report from Bill Alderman, AHA).

For additional information, please write:

Geneva S. Folsom, Ed.D.
Research Scientist
George Washington University
School of Medicine
2300 Eye Street, N.W., Room 517
Washington, D.C. 20037

We're Listening



Mrs. Helen Childers, Lakeside Apartments, Austin, Texas

The Governor's Committee on Aging, the Department of Speech Communication of the University of Texas at Austin, and the Commission for the Deaf are pooling resources through a demonstration program designed to increase the degree to which the elderly deaf utilize existing social services.

The Service Development Project for Elderly Deaf Persons has undertaken a task about which very little is known: the problems that the pre-lingually deaf encounter as they become elderly.

The purpose of the project is two-fold:

1. To assist service providers to better understand the elderly deaf and their problems.
2. To develop effective means of communicating information to the deaf elderly about the services that are available to them.

Demographic data on the elderly deaf in Texas have not been specifically determined; however, through interpolation of the 1970 census data it may be estimated that there are approximately 17,570 deaf persons over 55 years of age in Texas.

In serving elderly persons with severe hearing loss, the most difficult individuals to reach are those who have never heard or who suffered hearing loss prior to acquisition of language.

This group communicates primarily through manual communication or sign language.

The elderly deaf are often overlooked in planning of services because they are not able to communicate their needs or do not know the process by which they should express their needs.

Also the elderly deaf are often uninformed about programs and/or services available because of the limited input they are afforded from the media. If a deaf person is aware of a public service or activity program, he may have difficulty obtaining that service.

Demonstration projects were launched in Fort Worth, Dallas, Waco, Temple, Austin and Houston to involve the deaf in human service programs for the elderly.

The project also gathered information on "deafness and the aging" from many different sources and these references will become part of the *Aging Research Information System* under the Research Utilization Program of the Governor's Committee on Aging.



Mrs. Helen Childers talks with Ms. Colleen Harmon.

For additional information, write:

**Ms. Colleen Harmon, Research Associate
Service Development Project for
Elderly Deaf Persons
5800 Wellington Drive
Austin, Texas 78723**

College Corner



A COMPARISON OF THE VOTING ACTIVITIES OF INSTITUTIONALIZED GERIATRIC GROUPS IN SELECTED RURAL AND URBAN AREAS IN THE STATE OF TEXAS

by John Garlock, Jerry Sue Hammett, Donald M. Barber, Jr., William David Ray, Blossom Slye, John B. DiFrancesco, Carolyn Fisher

Two hundred residents of geriatric institutions were interviewed to determine whether differences exist in the political activities of the aged in rural and urban areas.

Attention was given in particular to changes in voting habits and an attempt was made to establish whether improved access to ballots would increase voter participation.



A review of the literature indicated that several researchers found political involvement reaches its apex in middle age then gradually declines; that the elderly remain loyal to the party regardless of the candidate; and that social level influences voting habits.

Approximately 90 percent of the respondents were Medicaid patients and 10 percent were private patients.

The educational mean for the urban group was considerably higher than that of the rural, with the level for females in both groups being higher than for males.

Rural respondents, however, revealed that 92 percent had voted at some time in the past while only 76 percent of the urban sampling had participated in public elections.

Transportation was considered to be the major impediment to voting activity in the rural area and disinterest was given as the major reason in the urban area.

The group sampled showed that 52.1 percent had not voted in the last five years, but a majority indicated that voting activity would increase if opportunities were provided.

The institutionalized geriatric patient represents a potential force of considerable magnitude.

Recognizance of this emerging political power, when combined with increased interest and accessibility, could well prove to be a determining force in the national and state political arenas.

(Excerpts from an unpublished student paper prepared for Frances F. Price, Ph.D., **University of Texas School of Allied Health**, Dallas, Texas, May, 1975.)

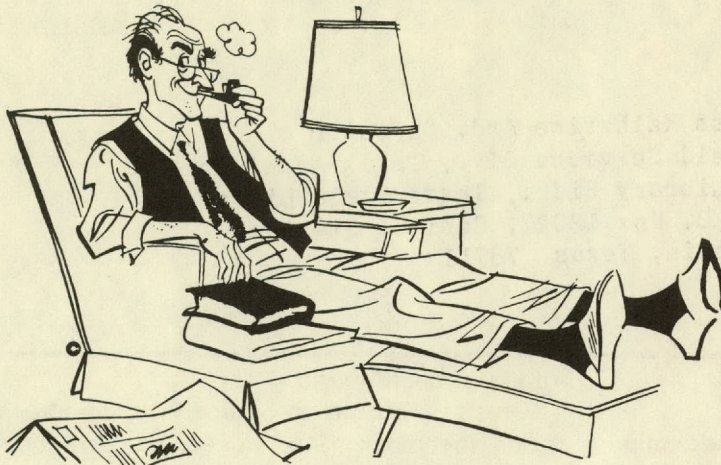


CONTRIBUTIONS WELCOME

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.

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- A Barrier-Free Environment for the Elderly and the Handicapped.* Hearings before the Special Committee on Aging, U.S. Senate, 92nd Congress, 1st Session, Washington, D.C. 1972. Parts 1-3.
- Adequacy of Federal Response to Housing Needs of Older Americans.* Hearings before the Subcommittee on Housing for the Elderly of the Special Commission on Aging, U.S. Senate, 92nd Congress, 1st Session, Washington, D.C. 1971. Parts 1, 4, 6, 7, 8, 9, 10, 11, and 12.
- Barriers to Health Care for Older Americans.* Hearings before the Subcommittee on Health of the Elderly of the Special Committee on Aging, U.S. Senate, 93rd Congress, 1st Session, Washington, D.C. 1973. Parts 1, 2, 3, 4, 5, 7, 8, 9, 10, 11, 12, 13, 14, 15, and 16.
- Cutbacks in Medicare and Medicaid Coverage.* Hearings before the Subcommittee on Health of the Elderly of the Special Committee on Aging, U.S. Senate, 92nd Congress, 1st Session, Washington, D.C. 1971. Parts 1-2.
- Death With Dignity, An Inquiry Into Related Public Issues.* Hearings before the Special Committee on Aging, U.S. Senate, 92nd Congress, 2nd Session, Washington, D.C. 1972. Parts 1-3.
- Developments and Trends in State Programs and Services for the Elderly, A Survey of Activities at the State Governmental Levels in the Field of Aging, 1972 and 1973.* A Report to the Special Committee on Aging, U.S. Senate, Washington, D.C. November 1974. 107p.
- Developments in Aging: 1973 and January-March 1974.* A Report of the Special Committee on Aging, U.S. Senate, Washington, D.C. 1974. 401p.
- Establishing A National Institute on Aging.* Hearing before the Special Committee on Aging, U.S. Senate, 93rd Congress, 2nd Session, Washington, D.C. 1975. 59p.
- Evaluation of Administration on Aging and Conduct of White House Conference on Aging.* Joint Hearings before the Special Committee on Aging and the Subcommittee on Aging of the Committee on Labor and Public Welfare, U.S. Senate, 92nd Congress, 1st Session, Washington, D.C. 1971. Parts 1-4.
- Fire Safety in Highrise Buildings for the Elderly.* Hearings before the Subcommittee on Housing for the Elderly of the Special Committee on Aging, U.S. Senate, 93rd Congress, 1st Session, Washington, D.C. 1973. Parts 1-2.

Miss Katherine Ard, Director
Field Services Div., Texas Archives &
Library Bldg., Texas State Library
P. O. Box 12927, Capitol Station
Austin, Texas 78711

Address Correction Requested

Significant Dates—continued

October 21-23, 1975—**AARP Area Leadership Workshop**, Ramada Inn at the Airport, San Antonio, Texas

October 24, 1975—Seminar on Death and Dying, **College of the Mainland**, Teaching Auditorium, Texas City, Texas

October 26-30, 1975—**28th Annual Scientific Meeting of the Gerontological Society with American Geriatrics Society**, "Research and Aging." Galt House Hotel, Louisville, Kentucky. Those interested, contact: Gerontological Society, One Dupont Circle, Washington, D.C. 10019

November 1, 1975—**American Geriatrics Society and The Frederic D. Zeman Center for Instruction** will present an Institute on "Bone and Joint Diseases: Advances in Diagnosis and Treatment," Jewish Home and Hospital for Aged, New York City, New York. Those interested, contact: Ms. Sara Yurman, Registrar, Frederic C. Zeman Center for Instruction, Jewish Home and Hospital for Aged, 120 West 106 Street, New York, New York 10025. Pre-registration required.

November 16-20, 1975—103rd Annual Meeting of the **American Public Health Association**. "Health and Work in America," Conrad Hilton Hotel, Chicago. APHA convention office, 1015 18th Street, N.W., Washington, D.C. 20036.

November 17-19, 1975—**NRTA-AARP Multi-Level Educational Conference**, La Mansion, San Antonio, Texas

November 19-21, 1975—**Texas Recreation and Park Society** annual conference, Sheraton-Crest Inn, Austin, Texas. For information, write: Sherry Sybesma, Parks and Recreation Department, City of Austin, P.O. Box 1088, Austin, Texas 78767. Pre-

registration required.

On-site Institute on Senior Programming will be held November 19th, Rosewood Zaragosa, 2808 Webberville Road, Austin, Texas.

December 3-5, 1975—**Texas Elementary Principles Conference**, Shamrock-Hilton, Houston, Texas.

December 4-5, 1975—**Department of Psychiatry, Baylor College of Medicine**, Houston, Texas, presents "Phenomenology And Treatment of Depression," The Shamrock Hilton Hotel, Houston, Texas.

February 5-6, 1976—**Texas Research Institute of Mental Science** announces its third annual research meeting will be held in Houston. Dr. Carl Eisdorfer, chairman of the Department of Psychiatry and Behavioral Sciences, School of Medicine, University of Washington, and formerly of Duke University, will be the principal speaker. Research on sociological and biological research in aging will be presented.

March 25-28, 1976—**Texas Retired Teachers Association Conference**, Green Oaks Inn, Fort Worth, Texas

May 9-13, 1976—**National Biennial Convention of the National Retired Teachers Association**, Hyatt Regency, Houston, Texas.

IN MEMORIAM

Mr. George Cronin, U.S. Senate Special Committee on Aging, died September 16, 1975, while on vacation in Denver, Colorado. Mr. Cronin participated in two of the Research Utilization Project's seminars, in Dallas and San Antonio. His assistance to the RU Project will be greatly missed.

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