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AGING

RESEARCH UTILIZATION REPORT

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Vol. 3 No. 1

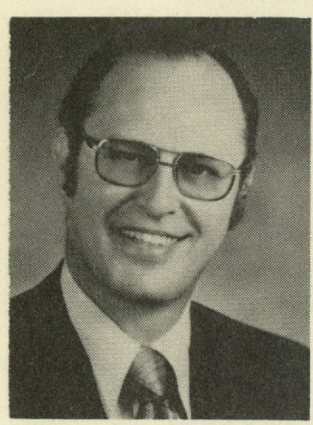
TEXAS GOVERNOR'S COMMITTEE ON AGING

Winter, 1976

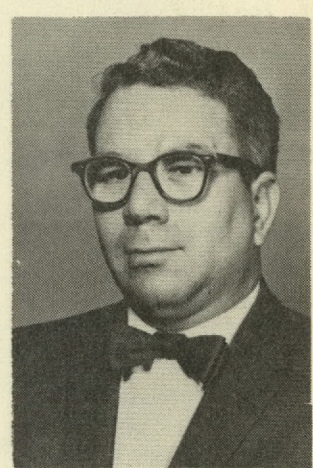
SPEAKERS RESEARCH UTILIZATION CONFERENCES



E. "Kika" de la Garza
1/22/76
McAllen, Texas



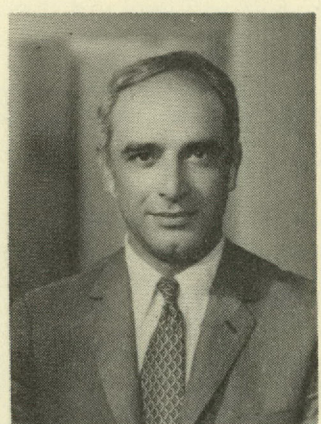
Charles M. Gaitz, M.D.
4/23/76
Houston, Texas



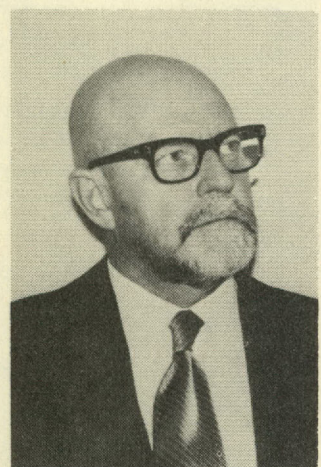
Paul A. L. Haber, M.D.
5/10/76
San Antonio and Austin, Texas



Leonel J. Castillo
1/22/76
McAllen, Texas



Tarek Shuman, Ed.D.
2/20/76
San Antonio, Texas



George Sunderland
3/11/76
Dallas, Texas

INSIDE

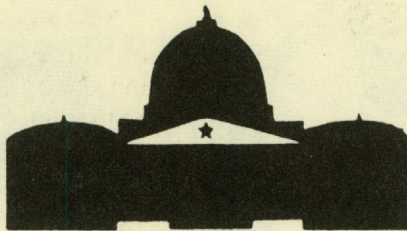
Special Features

Federal Perspectives on the Aged/Moods of Money/ARIS—Aging Research Information System

Regulars

Open Session/Older Texans in the News/Significant Dates/College Corner

OPEN



SESSION

MARK YOUR CALENDAR NOW—

Significant Dates

1976

The Governor's Committee on Aging—Research Utilization Program announces workshops for 1976. All workshops are open to the public and have no registration fees. For additional information, please write the editor.

January 22, 1976—*“Developments in Aging for the Spanish Speaking: A Partnership with Research, Planning and Implementation,”* Hilton Inn, 2721 South 10th Street, McAllen, Texas. Research topics to be presented include: “Consumer Protection and the Older Texan,” “The Extended Spanish-Speaking Family and the Needs of the Elderly,” and “Employment/Retirement and the Elderly Mexican-American.”

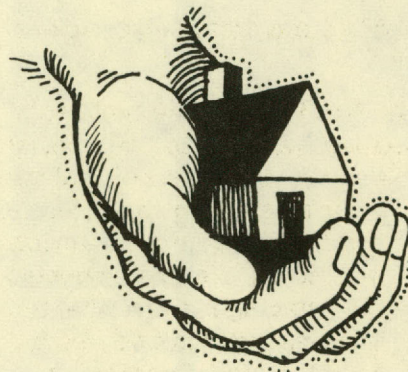
February 20, 1976—*“Developments in Aging: Urban and Rural,”* Trinity University, San Antonio, Texas. Dr. Tarek Shuman, Senior Planning Director, United Nations Fund for Population Activities, New York, will present the keynote address, “International Trends in Aging.” Other research reports to be presented include “The Older Veteran and Rural Communities,” “Financial Survival: Fact or Fiction,” and “Aging in a Rural Environment.”

March 11, 1976 — *“Developments in Aging: Communications and the Elderly,”* Skyline High School, Dallas, Texas. A two-way, closed circuit television program will examine “Crime and the Older American.” Other research will include “Myths and Realities of Aging in America — Louis Harris Report”, and a research panel “Communications and the Handicapped Elderly” regarding blindness and deafness in the elderly.

April 23, 1976 — *“Developments in Aging: Health in the Later Years,”* St. Dominic's Diocesan Center, 2401 Holcombe Boulevard, Houston, Texas. Proposed research to be presented includes mental health, rheumatology, long-term care and drug-food interactions in the elderly.

May 10, 1976 — *“New Options for Older Texans — A Day of Reporting,”* Joe C. Thompson Conference Center, Austin, Texas. This is the third annual statewide workshop. The theme of the workshop will be alternate care for the elderly. Research reports will include alternate care for veterans, NASA food project for the elderly, housing for the elderly, and federal perspectives and alternate care.

continued page 13



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:
Governor's Committee on Aging
Research Utilization Program
P.O. Box 12786, Capitol Station

Austin, Texas 78711

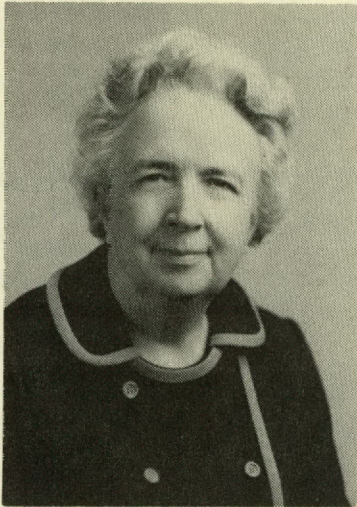
Vernon McDaniel, Executive Director, Governor's Committee on Aging

Anne T. Kohler, Research Utilization Project Director, & Editor

Marion R. Shofner, Assistant

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FEDERAL PERSPECTIVES ON THE AGED



Bertha S. Adkins

During the December 12, 1975, Governor's Committee on Aging-Research Utilization Workshop, Miss Bertha S. Adkins, chairman of the Federal Council on the Aging, stated that the Research Utilization Program was closely related to some of the national responsibilities of the Federal Council on the Aging created in 1973.

The following excerpts are from Miss Adkins' presentation.

The Council's mandate is to advise and assist the President on matters relating to the special needs of older Americans; to assist in making appraisal of the nation's existing and future personnel needs in the field of aging; to review and evaluate the impact of Federal policies regarding the aging; to serve as a spokesman on behalf of older Americans by making recommendations to the President and Congress with respect to Federal policies and programs for the aging; and to inform the public about problems and needs of the aging by collecting and disseminating information, conducting studies and issuing publications and reports and providing public forums for discussing pertinent issues.

There are fifteen members of the Federal Council, appointed by the President with the advice and consent of the Senate.

The Chairman is designated by the President. Members represent older Americans, national organizations with an interest in aging, business, labor and the general public, as required by law.

Some of our major activities during that time include Three Congressional Studies.

- I. Completion of a study on *State Formulae for Funding Programs Under the Older Americans Act*.

The major recommendation was that the factor of "the population age 60 and over who are living in poor households" should be added to the factor of the number of State residents aged 60 or over in the present State allotment formulae in the Older Americans Act.

This study has been sent to the Congress.

- II. Work was recently completed on a study of the *Combined Impact of All Taxes on the Elderly*.

Here we studied the income tax, Social Security Payroll tax, the sales tax and the property tax.

The study involved complex programs and we believe our recommendations will assist in bringing about additional equity for the elderly in tax strategies.

We are especially concerned about the low income elderly who need direct, efficient and equitable assistance.

We are also concerned with the impact any change in State and local tax priorities will have on State and local income and on their ability to provide needed services.

We are making recommendations that will allow services to the elderly to be continued or expanded.

The report will be sent to the President on January 1.

- III. A study on the *Interrelationships of Benefit Programs for the Elderly Operated by Federal, State and Local Agencies* has also recently been completed.

This study shows the impact an increase in one benefit, for example, Social Security, has for low income elderly on other benefits — food stamps, Supplemental Security Income, Veterans' Pensions and Medicaid.

We have found the creation of new programs to meet obvious needs of the elderly gave little recognition of the relationships among programs.

This has led to administrative complexity and expense, inequities in the distribution of benefits and requirements for eligibility and confusion among the potential recipients.

The elderly have a high incidence of poverty, are the focus of several programs, and are particularly likely to participate in more than one benefit program.

We surveyed the programs, analyzed their interaction and developed recommendations to reduce the most serious problems arising from the complex of overlapping programs for older Americans.

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The Researcher Speaks

MOODS OF MONEY



Carl Hall, Ed. D.

Today we are living in an unstable economy. Inflation is chewing up our dollars faster than we get them.

In fact the Chairman of the Federal Trade Commission reported in Kansas City recently that double-digit inflation was being studied by a group of economists with double-digit I.Q.'s. Humorous, yes, but maybe this is part of our problem.

While a lot of us have suggestions, no one seems to have answers.

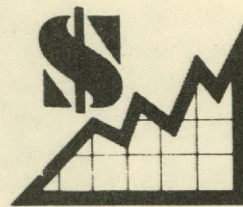
But answers for the aging, on fixed incomes, who face the serious effects of inflation, must be found.

When we look at a fixed income reflected against double-digit inflation we see the tremendous impact of rising food prices, soaring utility rates, higher taxes, and on and on — with these realities we see how tight the squeeze becomes.

Most of us realize the income we receive does not move up as quickly as the inflationary rate takes our cost of living.

As this happens, the person on a fixed income experiences very serious financial and psychological problems.

The nagging question arises — “How do I cope with the costs of inflation?” There are also other problems.



Interest rates, for example, represent a problem for all of us.

High rates adversely affect the aging, as they participate in a money market.

Interest rates are turning around and we may see them even higher than we saw them six or eight months ago.

Much confusion is expressed in the thinking of the money lenders of the country.

Some are saying interest rates will go out of sight and we can't control them. Rates could reach the 18 to 20 percent level in the near future.

The older American must demand consideration.

He will be heard as his numbers increase, and his desire to share in the economic wealth is heightened by the problems that face the economy.

An individual who has enjoyed a fairly decent living, including a comfortable life style, often finds himself in a situation where income drops significantly at retirement.

Critical financial adjustments for the aging will force the issues. The Gray Panthers and other similar groups suggest commitment and militance of this group of citizens.

They desire, have earned, and deserve their share of the wealth.

All of these problems focus on the need for better decision-making at all levels.

But, as mentioned before, problem definition is not enough.

Concrete steps can be taken by individuals to alleviate personal financial pressures.

In reality, there are two ways we can enjoy a better financial life.

One is to make better financial decisions; the other is to have more money to spend.

The first is available to all of us.

We can make better decisions than we made last year.

You can be more effective in the marketplace.

With respect to the second alternative—more money to spend—we need to look critically at legislation that would afford opportunities for the aging, including older Texans, to earn money without having severe losses in Social Security or other benefits.

There are other areas such as tax relief for the older person that need serious consideration.

Political leaders must be encouraged to pass legislation which relieves these problems.

However, better decision-making is the source of relief I would like to address.

There are two or three economic concepts that are terribly important to us in a practical sense.

One is "opportunity cost."

* For example, you elected to come to this session this morning.

You spent about 2 1/2 hours.

The cost was not 2 1/2 hours of extra sleep and a nice leisurely breakfast.

It might have been 2 1/2 hours of travel time to visit a relative or friend.

In reality the cost of this session is not the time you spent, but the other options that were available to you.

When I start to understand this as a consumer, as a manager of my own resources; it makes more sense for me to weigh decisions, particularly those more expensive or significant decisions.

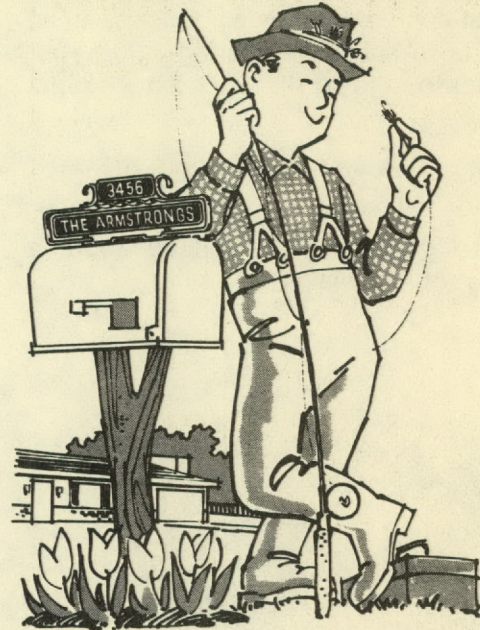
To further illustrate, the cost of buying a new car, or a newer used car must be weighed against keeping the old car.

Would I gain greater satisfaction from using those dollars some other way — travel, utilities, clothes, etc.?

I am looking at satisfaction gained from spending time or money.

Am I maximizing the satisfaction that I receive from the resources that I have?

In terms of opportunity cost, it is extremely important to look at the cost of something in relation to the satisfaction or pleasure it affords.



For example, the convenience foods which cost more versus buying food and spending time preparing it.

Decisions are weighed in terms of the happiness they yield as compared with pleasures that might grow out of other options.

Very simply stated, I can't spend a dollar twice.

When I spend it, it's gone.

If I buy two loaves of bread with it, then I have negated the possibility of a show ticket, or two gallons of gasoline that would take me on a short trip.

The cost of bread is not really a dollar, but rather the other choices that could have been made with the dollar.

Other dimensions of decision-making include what might be called the "Game of life."

We continually take what we have and try to make it provide what we want. This process consumes all of us. What we have and what we want are continually changing. In reality, the only tool we have to maximize our satisfaction is the **PLANNING** tool.

continued on page 6

*Speech excerpts, April 11, 1975
Research Utilization Workshop,
St. Anthony Center, Houston, Texas.

Through planning we try to bring things we have in line with things we want. Each of us does this moment to moment, hour to hour, day to day.

Does this *PLANNING* process mean budgeting?
No.

The word shouldn't be in our language. The worst thing that can be done by a counselor of an older resident is to say, "Well, bring in all your bills for last month, and let me work out a budget for you."

You don't like to budget, why should the older person like it?

Instead of budgeting we are talking about a positive concept of *PLANNING*.



How do I, through planning, get the most satisfaction out of the resources I have?

I look critically at the way my cash is spent in terms of the satisfaction I receive.

A better decision-making process necessarily involves the process of planning.

The planning process provides a central theme or the flow around which you can make wise decisions.

Insurance costs are high for older citizens.

Have you considered viable alternatives to high cost conventional plans?

Do you realize that the Credit Union will insure your 2,000 dollar share account for a like amount?

For example, I could go to the Credit Union, borrow 2,000 dollars, turn right around and put it into a savings (share) account.

They will charge me about 9 per cent, or perhaps 3/4 of one per cent a month.

They will pay me about 5½ to 6½ per cent on my savings account.

If I die, the 2,000 dollars debt is paid by in-

surance and the 2,000 dollar savings is doubled.

Compare the cost of this 4,000 dollar coverage with a conventional plan.

In counseling older Texans, we need some way to help you develop basic knowledge of content.

That is, an understanding of the market system that would open options — not dictate — but would open options to those you work with.

In the areas of health or property insurance and housing, similar options exist.

Housing is extremely important when we start talking about the aging.

With increased interest rates and the high cost of construction, we are seeing more and more older individuals move into mobile homes.

There is almost no regulation pertaining to construction or safety standards in Texas.

Therefore, buyers must be knowledgeable to protect their own interest. Corrective legislation should also be top priority for those seeking help for the aging.

Certainly we need to look at the housing problems in terms of legislation and consumer education.

Wills and estate planning and saving or investing represent concerns we do not understand or tend to neglect.

We live in a community property state in Texas, therefore the way we hold property is important in its distribution.

Many people do not understand the way the law works.

It would be interesting to know how many of you have a will.

It is important to understand that every one of us has a will, either one we have drafted and designed around our wishes, or one the state law has drafted for us.

Does the state law meet your requirements?

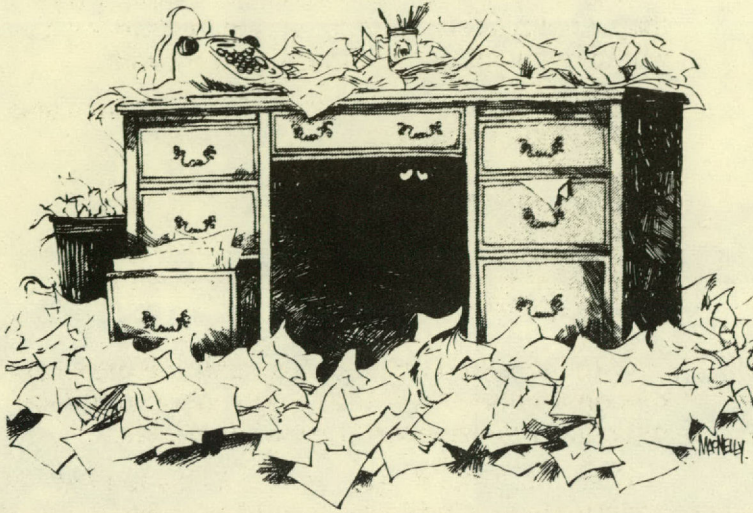
The Legal Aid group should be available to older Texans to help plan estates at a minimal cost.

Also, older citizens need to know something about the stock market and investing.

Many are encouraged by buy land which may or may not be a wise investment.

An unending stream of schemes exists to attract older citizens to land deals.

There is no substitute for information and understanding when making financial decisions.



Hopefully these and other ideas will provide alternative for a better financial life.

Really, there are two dimensions to the economic problem. One is education.

Older citizens enjoy discussing investments or wills or housing or insurance problems.

Seminars on these topics will attract large groups of older people.

However, sessions must be free-wheeling and conducted by someone who knows the subject.

People don't want to be told what to do.

Rather they want to exchange information; explore their problems; and discuss alternatives.

Educational programs of this type take little money.

It takes someone who is interested and committed enough to organize it, put the resources together, contact speakers, and make physical arrangements.

In fact, there are outstanding resources right in the retired group.

You have a retired attorney, a retired banker or others who can tell it like it is.

They will encourage people to make decisions that will provide the benefits they want.

The second dimension is legislation.

However, legislation is not worth the paper it is written on unless people know about it.

We have a new Consumer Protection Law in Texas but too few of our Senior Citizens know anything about it.

For example, if you are defrauded by a dealer or retailer, you may open suit for triple damages plus court costs plus attorney's fees.

Legislation is worth far more when the individual is educated to use it.

Older Texans must be active in securing and distributing information on consumer legislation.

An actual experience often impresses our minds.

While in Wisconsin recently a seminar participant, after discussing life insurance, related the following. "Carl," she said, "my husband died three years ago.

How long do I have to pay those premiums before the company pays me.?"

You say, this can't happen. Oh, yes, it did happen.

The company was not notified of the death of the insured.

They don't automatically receive a death certificate.

Insurance companies don't automatically receive a death certificate.

I think a small amount tends to motivate me to seek a little more.

It is a process I enjoy, regardless of my age or level of understanding.

So I would encourage Texans to promote these programs, both educationally and legislatively.

We can make a better life possible for older Texans.

For additional information, write:

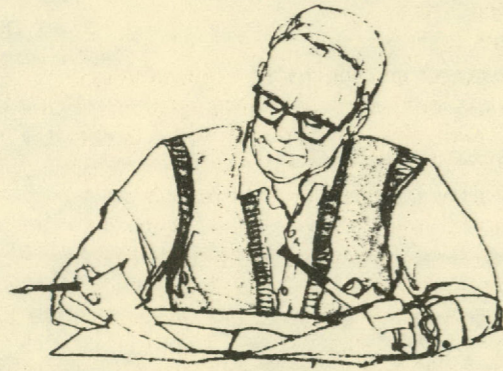
Carl Hall, Ph.D.
Professor of Family Economics
University of Texas at Austin
Department of Home Economics
Austin, Texas 78712



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.

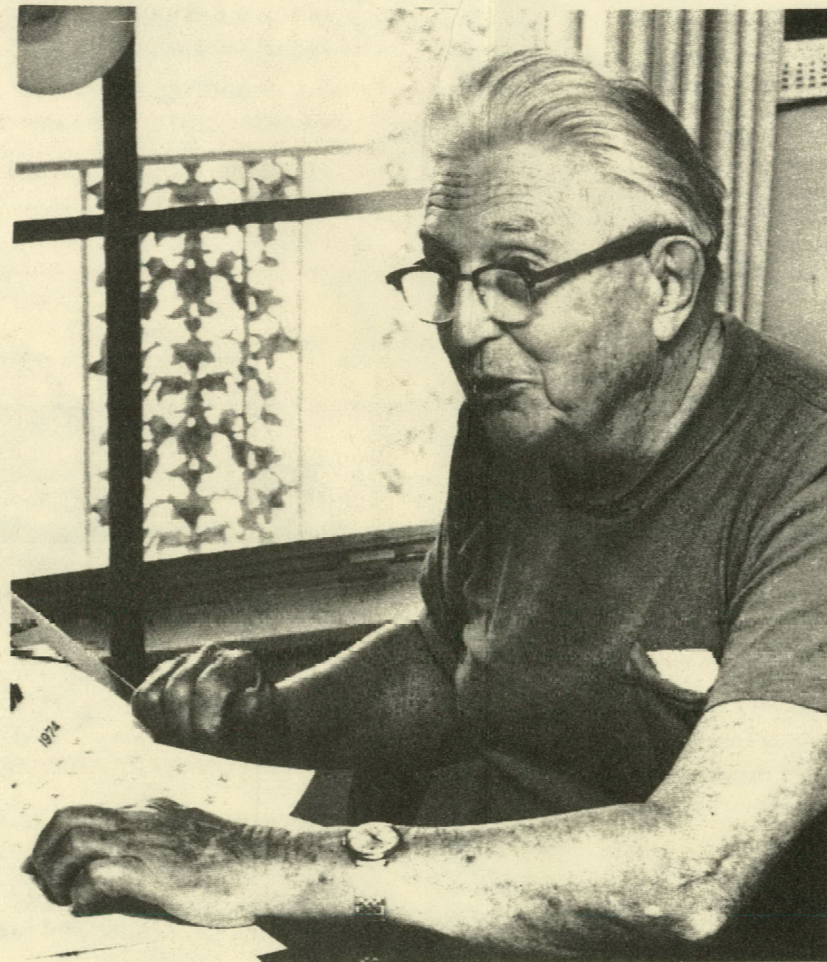
OLDER TEXANS IN THE NEWS



Reporter-News
Abilene, Texas



Photograph by John Best



Dr. James L. MacKay, Retiree

The Texas Flyer
November 1975

DR. JAMES L. MacKAY (pronounced MacKi) can tell you a lot about retirement, but not much about what it's like to be retired. Officially the 84-year-old doctor has been retired 13 years from the San Antonio labor force, but actually he's been busy enough to exhaust a man 50 years his junior. He swims, paints, studies, teaches and—most importantly—helps other people caught in the throes of old age.

"I tell you," says MacKay, "there's no reason for old people sittin' on their tails."

A child psychologist by profession, MacKay first encountered the social problems of the elderly when he and his wife returned from a post-retirement vacation in Europe several years ago. He found himself locked out of his professional circle. "It was a considerable shock," he says. "If I'd known I was dead, they'd a buried me. I refused to stay dead."

Instead, he started researching gerontology and joined all the associations in San Antonio for the elderly. He helped create the state's first city-funded office devoted specifically to the problems of aging, then served as chairman of an advisory board to the Governor's Committee on Aging.

These days the doctor's major project is San Antonio's Institute of Lifetime Learning. The Institute, which MacKay helped found in 1970, is open to anyone over the age of 55 and offers courses ranging from painting to "Help for the Hard of Hearing." "We're going to associate with a junior college," he says. "We had 1,650 students last year and just got too big for our britches. We're probably the largest operation of this kind in the country."

MacKay himself teaches a class at the Institute called the Psychology of Happiness. The class theme reflects his philosophy. "I teach 'know yourself, accept yourself and help others.'"



George and Mary Bray audit university classes.

Redone Senior Citizens Area Opens

The Rose Park Senior Citizens Center not only gained more floor space Friday morning, but drew praise from the 100 dignitaries and 200 senior citizens attending the grand opening of a renovated upstairs area.

Representing the Governor's Committee on Aging, Vernon McDaniel said that although he had visited several senior citizens centers, "this is by far the finest." McDaniel offered congratulations to the group and brought best wishes from Gov. Dolph Briscoe and his committee.

Abilene Mayor Fred Lee Hughes

noted that the center was a "teen canteen" when he was a high school student.

"To see it turn completely around ...to people like you who can appreciate it more than we (teens) did is truly inspiring," Hughes said.

The newly remodeled upstairs area, brightly painted in lime green and yellow, is full of greenery and includes a conference room, a large recreation room, a "green thumb" plant area and a center-supervisor's office.

Renovation of the little-used upstairs area began last fall with city revenue

sharing funds and money from the Older Americans Act. The area now contains large plate glass windows, fluorescent lighting, air conditioning, carpeting, restrooms and an elevator.

Other dignitaries at Friday's ribbon-cutting ceremonies included Richard Poss, director of training and evaluation with the Governor's Committee on Aging; program specialists Irene Rodriguez and Katy Durst, with the governor's committee, City Council members; city officials; and representatives from the West Central Texas Council of Governments and the

Parks and Recreation Board.

Also present was a group of officials from the Lubbock Regional Office on Aging and Texas Tech University interested in starting a senior citizens nutrition program of their own.

City Recreation Director Mel Neese was honored for his efforts to initiate the senior citizens program and to secure a grant to begin the program almost two years ago.

"He'd be the first to tell you he had nothing to do with this," said program project director Lynda Calcote as she thanked Neese for his assistance.

Illinois Bell Magazine

George still keeps busy.

We heard from George Bray, who retired in 1965 as secretary of the employee benefit committee. IBTers will remember George's retirement advice: Keep busy and be useful.

He's so busy and useful in Austin, Tex., retirement organizations that he's hard to get by phone. He's highly involved in conferences for the governor's committee on aging. And he's president or past president of several retirement groups.

In addition, he and his wife, Mary, audit classes at the University of Texas. They garden. And he teaches defensive driving.

"Most aging persons want to serve others," George says. "They don't want to be put on a shelf."

At 75, George is not on a shelf.

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 512/475-2717**





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

We have made recommendations that will increase program fairness so that all elderly individuals in similar circumstances will be treated the same.

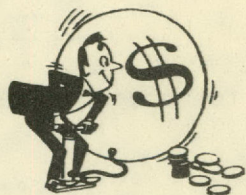
Some of our recommendations are designed to simplify the current complicated maze of eligibility for programs and to reduce the number of separate agency contacts an older person must make to secure multiple benefits.

We, who attempt to keep knowledgeable on aging problems, at times have problems doing that so just imagine how difficult securing benefits is for an average elderly person.

We also need further study on ways to make eligibility more uniform instead of the present system of varying exclusions, different countable income, different allowable assets and the problem of abrupt loss of major benefits when income or assets increase by a small amount.

In addition, we found that many low income elderly are not receiving cost of living increases and due to inflation actually have less ability to purchase necessities.

This results from States decreasing the mandatory SSI Supplement when a Social Security and SSI increase occurs due to increases in the cost of living.



We are recommending that the State supplement not be reduced after cost of living increases in SSI and Social Security payments.

A related recommendation is to increase allowable assets, excludable income and income standards at the same rate as the cost of living.

This would prevent an older person from becoming ineligible for benefits just because his home had to be reassessed at slightly higher than the allowable limit, for example, from \$25,000 to \$26,000.

There are many other recommendations designed to improve delivery of present benefits to the elderly.

We know, for example, that many eligible older Americans do not participate.

For example, only about 65% of those eligible for SSI actually receive benefits.

All who are eligible should have the right to apply and receive benefits if they wish.

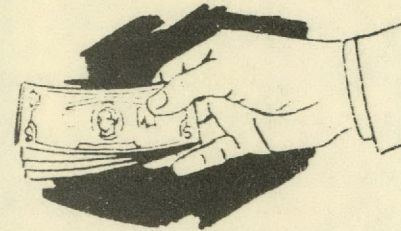
Therefore, we propose a study to determine the reasons for nonparticipation and related demonstrations to determine the relative effectiveness of various methods of outreach.

The end of December, 1975, the Federal Council on the Aging will send this study to the President.

The Council has worked on short-range and mid-range problems on the implementation of Federal laws and programs such as access to long term financing for housing for the elderly poor and minorities and high standards for safety, care and civil rights in nursing homes.

Of equal importance is the Council's focus on two long range priorities to stimulate the national policy debate these issues deserve.

The first issue is developing an income assurance system which integrates Supplemental Security Income, Social Security payments, private pensions and other private income sources so that financial security will be assured to the most vulnerable and fragile of the nation's elderly.



The second issue is developing a program of required minimal, universally available services needed by the "frail elderly."

We are tentatively defining the "frail elderly" as persons usually over age 75 who require one or more support services in order to cope adequately with daily life.

There are no simple, satisfactory approaches to planning, financing and delivering a package of services to the "frail elderly" but the Council has begun to identify national policy questions that should be addressed and will put these questions before the general public, service providers, policy makers and the elderly themselves for debate.

We need to continue efforts at all levels to plan and coordinate services for the elderly.

Much more can be accomplished under present authorities.

Finally, I want to assure you of continuing advocacy for older Americans from the Federal Council on the Aging and to compliment each of you for working so hard for older Americans to achieve one of the objectives of the Older Americans Act — immediate benefit from proven research knowledge which can sustain and improve the quality of life.

For additional information, write:
Miss Bertha Adkins, Chairman
Federal Council on the Aging
400 Sixth Street, S.W.
Washington, D. C. 20201

Significant Dates

The **Governor's Committee on Aging, Center for Studies in Aging**, and the **Texas Department of Community Affairs** will jointly sponsor "aging and Aging Service Fair." These training meetings are for directors of public housing, city officials, and service providers.

February 18-19 — Father Pinto Housing Complex, El Paso, Texas

April 14-15 — Fort Brown Best Western Motel, Brownsville, Texas

May 12-13 — Houston, Beaumont (Location to be decided)

June 9-10 — Dallas (To be decided)

July 18 — San Antonio (To be decided)

January 23-30, 1976 — **Texas Conference of Churches and Southwest Training Labs** will present "Coming of Age," MO Ranch, Hunt, Texas.

February 5-6, 1976 — **Texas Research Institute of Mental Sciences** 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

April 21-22, 1976 — **33rd American Geriatrics Society Annual Meeting**, Shamrock Hilton Hotel, Houston, Texas

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

University of Texas School of Nursing will present "Nursing Care of the Person with Diabetes."

January 21, 1976 — Public Health Region 10, Rangerville Road, Harlingen, Texas

February 13, 1976 — Emmanuel Lutheran Church, 1400 North Texas Boulevard, Alice, Texas

February 24, 1976 — Starr County Memorial Hospital, Airport Road, Rio Grande City, Texas.

May 13-15, 1976 — **National Center on The**

Black Aged will present the Fifth Annual Conference on Black Aged, "Major Issues Facing Black Aged: Advocacy and Action", Atlanta, Georgia. For additional information, write: National Center for Black Aged, 1730 M Street, N.W., Suite 811, Washington, D. C. 20036, Ph. (202) 785-8766.

North Texas State University, Center for Studies in Aging, conferences in 1976.

February 25-26 — Conference for planners for non-profit homes at Dallas Home for the Jewish Aged, Dallas, Texas.

April 26-28 — Conference for Service Providers to the Elderly, Hilton Inn, Fort Worth, Texas.

A training series on Mental Health and Aging for representatives of Mental Health Centers will meet five times at one month intervals for two days of instruction. Registration limited.

BIG SPRING — Big Spring State Hospital January 8-9; January 26-27; February 17-18; and March 15-16

RUSK — Rusk State Hospital January 19-20; February 2-3; and March 1-2.

DENTON — Center for Studies in Aging January 22-23; February 12-13; and March 8-9

A training series co-sponsored by the **Texas Association of Homes for the Aging** for administrators and staff of long term care facilities "Financial Aspects of Quality Long Term Care."

February 4-5 — Houston or Waco

March 10-11 — Big Spring

April 7-8 — San Antonio

May 5-6 — McAllen

June 16-17 — Fort Worth

For additional information, contact: Center for Studies in Aging, P.O. Box 13438, North Texas State University, Denton, Texas 76203

National Graduate University announces its courses on Improving the Quality of Long-Term Care for Aging and Handicapped Persons. For additional information, write: Long-Term Care Course, Division of Special Studies, National Graduate University, 3408 Wisconsin Avenue, N.W., Washington, D.C. 20016 Ph 202/966-5100

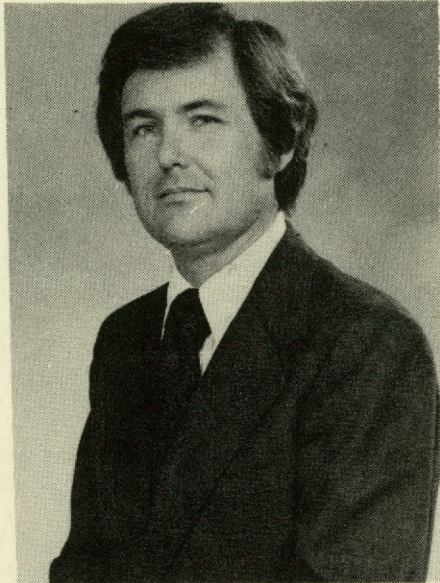
February 24-27, 1975 — The Monteleone, 214 Rue Royale, New Orleans, Louisiana

March 23-26, 1976 — Holiday Inn-Bethesda, 8120 Wisconsin Avenue, Bethesda, Maryland

April 20-23, 1976 — The 57 Park Plaza, 200 Stuart Street, Boston, Massachusetts

May 18-21, 1976 — Sheraton-Chicago Hotel, 505 North Michigan Avenue, Chicago, Illinois

College Corner



Don F. Renshaw, Jr.

FOUR SOCIOLOGICAL THEORIES OF HUMAN AGING - A COMPARATIVE REVIEW

Four principal theories of human aging are now under study by sociologists. This is a significant social phenomenon for our culture.

These theories have relevant bearing on such important issues as health, environmental adaptation, economic well-being, and emotional stability.

The first theory reviewed is the **Disengagement Theory** defined as the inevitable process in aging in which the individual reduces the number of his interpersonal relationships and alters the quality of those that remain.

Disengagement theorists contend that even under the best of circumstances, decreased energy levels, both physical and psychological, characterize the later years of the life cycle.

This decrease leads the older person to voluntarily decrease his social involvement and activity with a concomitant lessening of ego involvement.

According to this theory the mutual withdrawal of society and the individual from each other is a necessary condition of successful aging and societal function.

The **Ego Development Theory** views the life process in terms of eight stages of development, each focusing on a need or crisis.

The eighth stage of development - old age - focuses on acceptance and is called the age of ego-integrity. This theory focuses on the orderliness of life, and implies something of a fatalism in which the acceptance of all things, including death, is the key to successful aging.

This view understands aging as an extension of all that had preceded it, related to life's whole in terms of developmental sequence.

The **Continuity Theory** proponents contend that in the process of growth the individual develops traits and environmental responses, makes commitments and arrives at preferences that become an indelible part of his personality.

Maladaptation occurs, according to continuity theorists, when the individual is forced, by whatever circumstance to discontinue the values, habits, choices, and associations he has maintained throughout life.

The **Activity Theory** projects successful aging to be related to the maintenance, in so far as possible, of the activities and attitudes of middle age.

Maintenance of mid-life activities increases morale and adjustment in aging, according to this view.

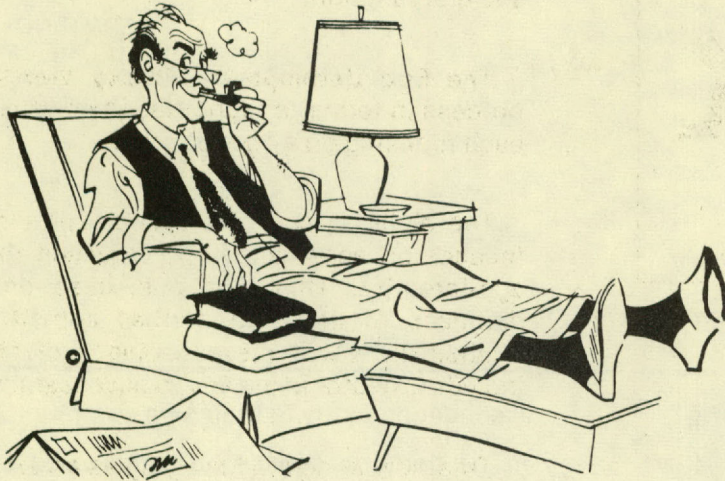
The author opts in favor of the continuity theory as the most viable from which to embark on a program of effective services both with and for aging persons.

Openness to new levels of investigation indicates that the continuity theory is the most useful tool for continued research in the field of aging.

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

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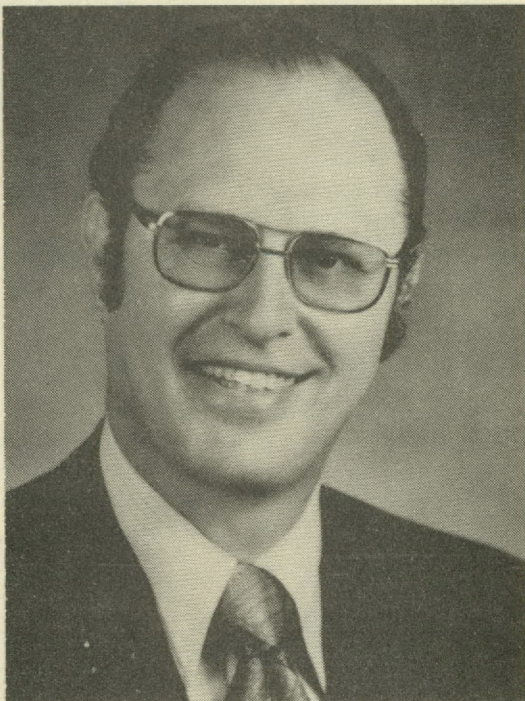


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PUBLICATIONS LISTED BELOW MAY BE CHECKED OUT ON A TWO-WEEK LOAN BASIS

- Flammable Fabrics and Other Fire Hazards to Older Americans.* Hearings before the Special Committee on Aging, U.S. Senate, 92nd Congress, 1st Session, Washington, D.C. 1972. 85 p.
- Future Directions in Social Security.* Hearings before the Special Committee on Aging, U.S. Senate, 93rd Congress, 1st Session, Washington, D.C. 1973. Parts 1-8.
- Future Directions in Social Security Unresolved Issues: An interim Staff Report.* Prepared for the Special Committee on Aging, U.S. Senate, Washington, D.C. 1975. 32 p.
- Home Health Services in the United States.* A Report to the Special Committee on Aging, U.S. Senate, Washington, D.C. 1972, 147p.
- Home Health Services in the United States: A Working Paper on Current Status.* Prepared by the Special Committee on Aging, U.S. Senate, Washington, D.C. 1973. 74p.
- The Impact of Rising Energy Costs on Older Americans.* Hearings before the Special Committee on Aging, U.S. Senate, 93rd Congress, 2nd Session, Washington, D.C. 1975. Parts 1-2.
- Improving Legal Representation for Older Americans.* Joint Hearings before the Special Committee on Aging and the Subcommittee on Representation of Citizen Interests of the Committee on the Judiciary, U.S. Senate, 93rd Congress, 2nd Session, Washington, D.C. 1974. 137p.
- Improving the Age Discrimination Law, A Working Paper.* Prepared for use by the Special Committee on Aging, U.S. Senate, Washington, D.C. 1973. 44p.
- Mental Health Care and the Elderly: Shortcomings in Public Policy.* A report by the Special Committee on Aging, U.S. Senate, Washington, D.C. 1971. 194 p.
- Older Americans Comprehensive Services Amendments of 1973. Explanation of 1973 Amendments and Selected Background Material.* Prepared for use of the Special Committee on Aging, U.S. Senate, Washington, D.C. 1973. 264p.
- Post-White House Conference on Aging Reports, 1973.* A Report on the Administration's continuing response to the recommendations of the Delegates to the 1971 White House Conference on Aging together with Final Report of the Post-Conference Board of the 1971 White House Conference on Aging— June 1973. Prepared for the Subcommittee on Aging of the Committee on Labor and Public Welfare and the Special Committee on Aging, U.S. Senate, Washington, D.C. September 1973. 859p.

Address Correction Requested



Charles M. Gaitz, M.D.

Dr. Charles M. Gaitz, chief of gerontological research at the Texas Research Institute of Mental Sciences (TRIMS), is president-elect of the Gerontological Society, a national organization of researchers, educators, and physicians in the field of aging.

Elected at the society's annual meeting Oct. 26-31 in Louisville, Kentucky, Dr. Gaitz will follow Dr. Robert H. Binstock of Brandeis University into the presidency next year.

Dr. Gaitz, 53, is a geriatric psychiatrist. Principal investigator of a five-year study for the National Institute of Mental Health on leisure and mental health across the life cycle, just completed, he is one of the country's chief proponents of comprehensive care to enable elderly people to

live independently in their own communities.

The geriatric service he established at TRIMS three years ago is still — as he says, “unfortunately” — one of the few services in the country offering a complete array of social, medical, and psychiatric services to elderly people.

The Gerontological Society has 3700 members active in all fields concerned with aging — scientists, physicians, social workers, psychologists, and teachers.

They have long advocated greater efforts in gerontological research and its clinical application.

This year, Dr. Gaitz reports, the society includes more than 800 graduate students in universities throughout the country who are preparing to enter the geriatric professions.

At TRIMS Dr. Gaitz directs the division of special clinical services which includes gerontology research and geriatric services, the inpatient unit, and drug abuse treatment and research.

He is a Fellow in the American College of Psychiatrists, associate clinical professor of psychiatry at Baylor College of Medicine, chief of psychiatry at St. Anthony Center, and consultant to the Jewish Home for the Aged.

He serves on the council for research and development of the American Psychiatric Association, is a liaison member to the APA task force on research in aging, and a member of the committee on aging of the Group for the Advancement of Psychiatry.

He helped plan the 1971 White House Conference on Aging.

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