

# **Proceedings**

## **Issues of Concern in Gerontology**

**January 25-26, 1977**

**Sponsored by**

**Extension Division**

**Virginia Polytechnic Institute and State University**

**Blacksburg, Virginia**



PROCEEDINGS  
ISSUES OF CONCERN IN GERONTOLOGY

Compiled by  
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Extension Specialist, Family Resources  
Virginia Polytechnic Institute and State University

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Extension Division  
Virginia Polytechnic Institute and State University  
Blacksburg, Virginia  
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ISSUES OF CONCERN IN GERONTOLOGY

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This seminar on aging was designed to provide professionals, involved with older people, an opportunity to:

- . gain a better understanding of some of the issues confronting older people,
- . gain knowledge about some of the methods and techniques in working with older people, and
- . share information relating to working with older people.

The planning committee for the seminar included the following VPI & SU faculty members:

- Miss Ethel L. Grubbs, Extension, Family Resources, (Coordinator)
- Dr. George Hughston, College of Home Economics
- Dr. James F. Keller, College of Home Economics
- Dr. S. J. Ritchey, College of Home Economics (Chairman)
- Dr. A. C. Samli, College of Business
- Mr. Walter L. Saunders, Jr., Center for Continuing Education
- Mrs. Margaret G. Skelton, Extension, Family Resources
- Dr. Harold Stubblefield, College of Education

One Continuing Education Unit (CEU) was awarded to attendees who attended the complete seminar.

It is anticipated that this proceedings will be used as a reference by professionals and others as they are involved with older people.

Ethel L. Grubbs  
Extension Specialist, Family Resources  
Coordinator of the Seminar

May, 1977

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WELCOME

Dr. W. R. VanDresser  
Interim Dean, Extension Division  
Virginia Polytechnic Institute and State University  
Blacksburg, Virginia

On behalf of the Extension Division and the total University at Virginia Tech, it is a privilege for me to welcome you to your Land Grant University where research, teaching, and extension is functioning to reach the people of Virginia through on-campus and off-campus programs and course work. In spite of the weather conditions, we hope you will enjoy yourself while you are here. If you have not visited our campus before and do not get to see very much of it this time, we hope you will return at a later date to see the facilities and opportunities available.

The Extension Division extends the resources of the Land Grant University throughout Virginia through 112 unit offices. These offices are located in every county and several cities across the state. Extension agents are supported by Extension faculty members within the Colleges of the University: Agriculture and Life Sciences, Architecture, Arts and Sciences, Business, Education, Engineering, and Home Economics. Faculty members from a number of these colleges are program presenters during this seminar. Some served on the planning committee.

Broad program areas of concern within the Extension Division include: Agriculture and Natural Resources, Business Extension, Continuing Education Programs, Community Resource Development, Education Extension, Engineering Extension, Environment and Ur-

ban Studies, Family Resources, 4-H Youth, and State Technical Services. The Extension program is funded by Federal, State, and local governments. Some special funds are made available through private agencies and organizations. Extension utilizes many resources including research facilities of the University. Youth, young families, middle-aged, and older people are reached through a variety of programs. Special interest meetings, workshops, newsletters, and mass media are some of the means through which these audiences are reached.

We are proud that the Extension Division can sponsor a seminar such as this one. This seminar is a continuing education program which has been developed by putting into effect some of the interests and needs indicated in the evaluation of a previous Seminar on Aging held here at the Continuing Education Center. That seminar was also sponsored by the Extension Division and dealt with perspectives of aging including psychological, physiological, and economic aspects of aging. Some of you participated in that seminar. We hope this seminar, "Issues of Concern in Gerontology", will be equally as informative if not more so. An attempt has been made to provide knowledge which will be useful to you as you work with older people and to help you help others have a better attitude and greater understanding of growing older, regardless of chronological age.

John Martin, the immediate past U.S. Commissioner of Administration on Aging said, "One third of a million professional and technical workers are employed in programs designed primarily or solely for older persons and fewer than 10 to 20 percent



of these people have had formal training for their work."

Acknowledgement of this or similar facts may be the basis for your participation in this seminar. Each of you have a purpose for being here. We sincerely hope that the seminar planned for these two days will fulfill your purpose. Pre-registration information indicates that you represent at least 17 different types of institutions, organizations, and agencies from across the state interested in older people, an audience which is increasing in numbers year by year. Many of you will be sharing ideas and experiences which are useful in making application of knowledge when you return to your responsibilities in your local community.

Each one of us is growing older. Our own understanding, knowledge, and attitude about aging influences how we communicate and work with the aging and others interested in working with older people. As I look at the content of the program, it seems there is opportunity to become better informed on several issues. Through participation we hope you will be better informed about some of the issues of gerontology as well as be able to help others become interested in and better informed about aging.

As we work with the aging in Virginia, let us remember that it takes both the young and the old and cooperation among various agencies, organizations, and institutions to make our state what we want it to be. When we, in this room, become old, whenever that is, I'm sure each one will want to be recognized as a resourceful, useful, and respected citizen. It is predicted that by the year 1990, there will be considerably more old people. At

that time older people will be in better health, have better finances, and be better educated than today. We have a great opportunity before us to create healthy attitudes and understanding of aging among all citizens of our state, young and old.

This seminar has been planned to provide an opportunity for each of us to deepen our knowledge and understanding of aging and to be better informed as we reach or teach older people. We are glad you are here. We hope you will be inspired by the presentations, workshops, and the fellowship.

GERONTOLOGY: AN ADMINISTRATOR'S VIEW

Dr. John D. Wilson  
Provost  
Virginia Polytechnic Institute and State University  
Blacksburg, Virginia

I am delighted to welcome you to the University and to Blacksburg, Miami of the Blue Ridge. The subject of this conference couldn't be more important or timely. The format of professionals working together, sharing experiences and knowledge is quite appropriate.

My credentials for addressing you are: I am 45, not quite eligible for membership in the society of Senior Citizens. Even though I have not studied in the fields of Gerontology, it does not halt a university administrator from talking.

It occurred to me that I might use these few minutes to talk to you informally about how a university administrator, an idiosyncratic administrator, thinks about an emerging area of vast importance and myriad implications like the subject of Gerontology. What is it a university like this one should be doing for the society it serves, the students it enrolls, and the faculty it appoints. This is probably the most important thing an administrator does. Demand for new programs is constantly growing. How do you decide what, among good things, to do? We have to start at the very beginning, the nature of the University, character of its charge, and it's social obligations. The University is a special kind of place, a social institution with special purposes, an explicit tradition, an agreed-upon mission and always finite resources.

This University takes its basic definition from its inviolate link with the Western World's philosophical commitment to the value of the rational life (the power of human reason and logic and speculative thought to effect productive and welcome change in human affairs). This common faith joins us with universities around the world: the old (Paris, Bologna, Oxford, Cambridge, Harvard) and the relatively new (Johns Hopkins, Sussex, Nuiilly). It stamps us with a very special character and mission. We share a commitment to the generation of knowledge-its discovery, refinement and dissemination. We are servants in what has come to be known as the 'Knowledge Industry' and we seek above all other things to discover the truth of things concerning our world, our societies, and our basic human nature. This is, by itself, a remarkable thing.

VPI & SU is also a Land-Grant University and is linked with another complementary tradition that grew from the fertile mind of Senator Justin Morrill of Vermont in the middle of the 19th Century. This brought into being a powerful array of American university centers such as Cornell, Wisconsin, Illinois, Georgia, Florida, and Penn State. These universities, and others, as you know, are not only devoted to the discovery of knowledge and its dissemination in its classrooms and research publications, but are also devoted to applying knowledge quickly and effectively to the solution of real, and practical problems, problems experienced by citizens now in the conduct of their personal and professional lives. This extra dimension adds intellectual resonance to our lives at VPI & SU. Indeed, it rationalizes our ex-

tension programs in all of their complexity, including this one. It continuously informs our decisions about our curriculum, the nature of our appointments, and the allocation of our resources. No university administrator can afford to forget for very long these twin foundations upon which all of our activity rests.

This special sense of purpose is expressed in both functional and organizational terms.

Functionally we think of VPI&SU as having three inter-related missions: instruction, research and extension. These missions are codified in our unusual budget arrangement which gives separate agency identity to each of the three functions or divisions (208,230,231). We are one of the few universities in America with this characteristic and the only one in the Commonwealth of Virginia. Believe me, it assures a daily, if not hourly, attention to our three functions.

Organizationally, we depend very heavily upon a different expression of our complexity, the disciplinary unit or department which, while cultivating a single basis or applied discipline, strives to give equal attention to all three of our basic functions. I will not entertain you with an elaborate definition of what we take a discipline to be. Let me simply say that there are both basic and applied disciplines in our university organization and that we think of a basic discipline as representing a discrete area of knowledge about the natural world and/or human nature, with a significant body of material (a 'tested' literature) and a particular methodology proven to be successful in refining or generating knowledge. An applied discipline (medicine as opposed to biology) is similar except that it exploits the new knowledge generated by the relevant basic disciplines in the interest of advancing a significant and complicated field of practice.

All of this is a little commonplace and I apologize for asking you to sit through it with me. I might also say that the definitions are anything but air-tight. The work of any one scholar is frequently hard to characterize as basic or applied, Gerry Gibbs, structure of minerals and Corning Glass. Still in spite of these shortcomings, the university administrator, when he is helping to

decide what it is we should do, inevitably confronts these definitions and he does so in this context:

- (1) We have an obligation to cultivate excellence in all of the basic disciplines we can afford. No other social institution is so charged.
- (2) We have a further obligation, growing in part out of our land-grant heritage, to cultivate those applied fields:  
(a) that represent areas of genuine concern to the society we serve; (b) that fall within our competence, supported by other work in place; and (c) are sufficiently significant and complicated to warrant the attention of a major research university.

We can't teach them all or do research in all. We must choose. Social need is the key factor.

The trouble with this explanation and this organization is twofold:

- (1) Social needs aren't fixed in concrete. They change as society moves forward and what was important yesterday may be far less so today. This means that the University must carefully examine its own resources and competencies as well as the social agenda before it makes a new commitment to a new and emerging applied field. The problems it will address can't be frivolous ones or superficial ones. They must be significant, worthy of our asking the larger society for the support required.
- (2) The second problem is this: the world's affairs, its problems and the phenomena they carry, aren't neatly organized along disciplinary lines. The boundary lines are constantly being crossed, sometimes permanently, in the sense of new hybrid "disciplines" like biochemistry or biophysics or mathematical physics. Consequently, we are continuously working on the border areas, even when nominally associated with a single discipline. Thus, the professor of literature is bound to deal with materials drawn from history, psychology, art, history, philosophy, anthropology and the like. He simply can't escape this kind of involvement. And so, too, the professor of economics is inevitably drawn toward political science, psychology, statistics, and sociology. We bring order and collaborative support to each other when we cluster ourselves in a given discipline. But to be true to the nature and complexity of knowledge, we simply have to have a high tolerance for disorder when the nature of our subject takes us beyond the cognitive borders of our chosen discipline.

We manage to do this with relative ease in most cases, even when we don't create a new hybrid discipline like biochemistry. Our program in energy research, in public administration, in the economics of public choice, indeed in area studies, like "international studies" at VPI & SU or in other places, with names like "Russian Studies" or "Latin American Studies" or "South Asian Studies" serve to make the point. But we have to be convinced it is worth doing in the first place. In the second place, we have to be clever enough to create a new organizational mode to give expression to our formal recognition of a new multi-disciplinary field.

This brings me to the subject of Gerontology. I apologize again for keeping you so long with these preliminaries but they constitute, in my judgment, the necessary antecedents to a decision about what the University can or should do about this emerging field. Whether we systematically think about this question in the terms I've just expressed or inadvertently do so is beside the point. If we don't think about them, or give attention to them, someone else will.

I was struck, when I began to think about this subject, with a metaphor drawn from the University's commitment to area studies. We easily come together (historians, economists, political scientists, anthropologists) when the object of our study is a foreign land or culture. We must explicate Russian culture and the Russian experience because it is an important place on the face of the earth. Well, there is another very important place on the earth we are all bound and determined to visit, indeed, to live in. I

refer, of course, to the Land of Aging and it is a remarkable fact of life that we know practically nothing about it. It is 'terra incognita' on most of our intellectual maps and yet we all, individually, drift toward it with scarcely a thought. Indeed, we push it from our minds, content to suppose, I guess, that the laws of nature will be suspended for us and that we will spend the last third of our lives in a known and happier place.

This is a perennial human habit and we are not to be blamed for sharing in it. We can no longer, as a university, allow this vital subject to be cultivated haphazardly, or leave you pioneering professionals to conduct the research and do the teaching while you have your professional responsibilities to discharge. It may have once contented man to forestall the journey to this unknown land by eating the organs of young animals or searching for a magic fountain of youth. But neither of these activities becomes a university with a responsibility to generate knowledge in service to the people who support it.

Gerontology is, of course, a new field, but an ancient subject. The problems of aging have been with us from the beginning of human history and that history is not a pretty story. Simone de Beauvoir calls our attention to a plaintive cry from ancient Egypt. In 2500 B.C. the poet Ptah-hotep has this to say about old age:

"How hard and painful are the last days of an aged man!  
He grows weaker every day; his eyes become dim, his ears  
deaf; his strength fades; his heart knows peace no longer;



his mouth falls silent and he speaks no word. The power of his mind lessens and today he cannot remember what yesterday was like. All his bones hurt, Those things which not long ago were done with pleasure are painful now and taste vanishes. Old age is the worst of misfortunes that can afflict a man."

This theme is sounded over and over again down through the centuries to our own time. You remember the Jacob Grimm story about the treatment of the old. It has to do with the household in which the grandfather, old and failing, is not allowed to eat at the family table. He is given a wooden trough and made to eat out of it in the corner of the room... until the day the man of the household sees his son carving on the cottage steps. 'What are you whittling?' he asks. And the little boy says that he is making a wooden trough for his father in anticipation of his old age. After which, you can be sure, grandfather was returned to his place at the table.

I cite these stories not only to remind us all that we are here concerned with the oldest of human problems but also to place in perspective our current concern with the treatment we give, or do not give, to our older citizens. Simone de Beauvoir calls our callousness "scandalous" and she is probably right. But if it is "scandalous" it is not because we have invented new forms of cruelty or neglect in the 20th Century, but because we haven't used our wealth and intelligence more quickly and certainly to eradicate the old forms. This is another way of saying that I do not believe earlier, simpler societies invariably revered the old and paid them honor and respect.

Some did, to be sure, but they were exceptional, as exceptional as those which systematically abandoned the old to die in the open while the younger members moved on to greener pastures. In truth, I believe the record to be a sorry one, in the main. I believe the time has come to reverse it once and for all.

We have the means and capacities to do so. In fact, we have the moral obligation to do so, for not only the problem assumed huge proportions in our time (some estimate that we will reach 20% of our population aged 65 or older by the end of this century) but we have been newly awakened to its character by the budding studies of geriatrics and gerontology. And they are such youthful studies. The story is told of the American, Dr. Nascher, who is reputed to be the father of geriatrics. Early in this century, when he was in medical training, he heard an old woman tell the senior professor in the clinic of her various complaints. The professor quietly explained that her disease was merely her great age. 'What can be done about it?' Nascher asked. 'Nothing' was the answer and Nascher was so struck by the emptiness of the reply that he devoted himself thereafter to the study of the pathology of old age. In 1912, he founded the Society of Geriatrics in New York.

Gerontology is, as you know, much younger still. It wasn't even talked about until the thirties and, in fact, I received in yesterday's mail, a notice from the Association for Gerontology in Higher Education and learned (I should have known) that the organization was established just three years ago. The third

annual meeting will be held in Tuscon in late February and I am certainly going to have this university represented at these meetings. I will probably ask Dr. Ritchey to go for me, though the call of the desert in frosty February will be hard to resist.

At VPI & SU we have given a great deal of thought about the next developmental stage in our work in gerontology. We have now on this campus a network of scholars who are concerned with one or another aspect of this subject. Biochemists, nutritionists, students of family development, psychologists and sociologists, adult education specialists, program leaders in recreation, housing and business administration. A small but significant core of our good people are giving increasing attention to the various problems of older people and of a society which is demographically changing with great rapidity.

The time has come to give organizational focus to these separate efforts, to give visible expression to our judgment of the importance of the problem and our commitment to the solution of some, at least, of its many facets. The first step will be to create a center or institute for the study of gerontology, thus bringing faculty from disparate departments together periodically to focus upon common problems and shared research efforts. I intend to make this recommendation to President Lavery before the February Board Meeting. From this incipient cluster, we will expect to see developed, not only joint research proposals, but a growing sense of what further basic and professional training we should undertake. The development of defined options, dealing

with the problems of aging, in already established degree programs would be a logical first step. Ultimately, I would expect to see emerge from this collaborative effort an evaluation of the wisdom of a new degree proposal of a multi-disciplinary kind, aimed at the broad training of men and women who can take their place next to yours.

In these days of seriously constrained budgets and resource reduction, we must be especially careful in the development of new programs. But in my view the study of gerontology has assumed a high priority on the social agenda. Its complexity is matched by its importance and it meets the tests a university must subject new proposals to, with obvious clarity. It only remains for us to define the exact organizational form it must take to insure maximum effectiveness and efficiency. It seems clear to me that VPI & SU cannot, by itself, take on the systematic study of all aspects of this fascinating subject. We can and we will do our part and we intend now to build upon what we are already doing in new and constructive ways.

CREATIVITY THROUGHOUT THE LIFE SPAN

Dr. Charles Taylor  
Professor, Division of Individual and Family Studies  
College of Human Development  
Pennsylvania State University  
University Park, Pennsylvania

Creativity is a word so overused today that it has lost much of its meaning. Hundreds of books and articles use the term, in as diverse fields as cookery, school teaching, money management or the like. In most cases what these authors are doing is using a word with a bit of a dash for something much more commonplace -- as a synonym for "good", or "thoughtful", or "diligent", or at least not hackneyed. I am going to use the term in the way most researchers in creativity use it, as a case of doing something new, or at least not common; or of doing something particularly revealing of the self. The first use is very popular, and you can defend it, but it doesn't fit many creative situations. Many composers, like Mozart, have produced dozens of examples of a single kind of composition. Of course they are all different, but the differences are often only variations by formula; they are not so much different, or new, as marked with the flavor of Mozart.

There is a body of research on creativity, or productivity, or achievement in older people. This literature does not do much more than to count productions: how many research articles, inventions, compositions, or home run records were made by persons of different ages. By far the most quoted is the

massive work of Harvey Lehman of the University of Ohio. For more than twenty years he went to data books and tabulated the ages at which people did all kinds of things or acted in certain offices, or produced things valued by society. The conclusion of all these tabulations, done with a diligence scarcely equalled in our time, was that the peak of productivity or good performance comes relatively early in life. It takes a while to reach stride, then a peak of performance is reached, and finally there is a tapering off in gradual or abrupt style. Every field of endeavor showed the same trends, though the peaks differed. Poets, for example did their most prolific work no later than in the twenties; philosophers are much later, in the fifties; and presidents and popes reign even later.

Another finding of Lehman's ought to be mentioned. He noted that, if the quality of productions were considered, works of the highest quality a person develops were the first to decrease, with works of lower quality continuing on for a longer period. This work of Lehman's went unchallenged for a long time, but now it seems less definitive. For one thing, persons of all life spans and from all eras were thrown into the same statistics. A man who lives to 35 can't be producing works at 65! And standards of admitting productions to public life have changed indeed. Some common social sciences have increased their numbers 40-fold while the population at large was doubling. His standards of quality were primitive and much too much related to changing standards of taste.

These findings on creativity are just another example of the tendency in gerontological research: to accept uncritically and to repeat without thought ideas which reflect upon old age as a not very rewarding state of being. It is true that these workers always point to a select few, an elite, who continues to astound the public. Rubinstein, in his late eighties, until he went blind, continued to be the most sought after pianist of his time. Verdi published his two most complex operas in his eighties. Senator Sam Erwin didn't seem senile at the Watergate hearings. Goethe completed the second half of Faust nearly fifty years after the first half and it is in most ways the better half. Titian continued to paint with unflagging zeal and great skill into his nineties. And Maggie Kuhn, in promoting the Gray Panthers, shows how to excite an audience and marshal a generation. These are often seen as just divine exceptions, late flowerings in a garden largely struck down by frost. But no one seriously considers that there may be a capacity for creativity in the average run of men and women.

This might be seen as an isolated instance of negative attitudes towards the aging among social scientists, except that it is all too similar to the better-known literature on intellectual functioning. The public at large believes, and older people believe with them, that the mental powers begin to fade early and that they continue to decline even more noticeably in the last third of life. "You can't teach an old dog new tricks" has passed from old saw to solid fact in the

minds of most people. But the work of the last ten years has almost universally put earlier work into question and a serious evaluation of these time-worn stereotypes is under way.

The fact that the even early work in the area, from the 1920's showed different trends were warranted. Jones and Conrad after World War I studied a population of children and adults in New England towns. They did indeed show a falling off with age in "general intelligence"; but what they showed more importantly was that in areas where a skill could be used daily, like vocabulary or use of information, or common sense decision-making, there was almost no decline or even some small gains with age while areas perhaps not ever learned well, such as mathematics or the using of analogies, fell rather badly. Recent work shows exactly the same trends more plainly. If the material to be tested lies within the experience of the person and has some applicability to everyday life, no serious losses occur with age. When the material is unfair, either in content or applicability, the older persons show a deficiency.

One more point fits the modern research. Are these declines reversible? Not until recently has the question been posed in research studies. History tells us that Queen Victoria crushed by the death of her beloved Prince Albert, retreated from life and was only a perfunctory figurehead, known in England as the gray ghost of Windsor. In her seventies, spurred on by a tough old Scottish retainer, she returned to public life, became a major force in the world politics and was learn-



ing Hindustani in her late seventies with great success. Victoria Regina was the old queen. The evidence becomes more clear that older people can learn anything they wish to learn, barring actual brain damage, even though it may take longer, or require more propping of sagging self-concepts or even different modes of instruction. Sometimes, practicing skills rather remote from intellectual ones may be beneficial. If a person is trained to respond quickly, nearly all tested performances are better.

And even in the case of the actual pervasive brain damage, there are some evidences that important intellectual skills are intact. A person whose memory for recent events is abysmally poor (and the present in many cases hasn't been worth remembering) there may be a rich and dependable reservoir of long-stored memories. I have always cherished a story told to me by a friend who is director of social services in one of the country's largest geriatric centers for aging, where a large scale research program utilizing intellectual testing was in progress. An older woman came to her and asked, "Who is the President?" Now not knowing that is a sign of profound mental deterioration, because that question is one of the easiest items given as a test of mental deterioration, and such information could lead to a judgement which would relegate such a person to a custodial environment. "It's President Truman," my friend answered. "Why? "Well," she replied, "they're going around asking questions like that and that's just the kind of question I can't

remember the answer to." So she wrote it on a piece of paper and stuck it in her pocket. I ask you, can you imagine a person more reactive to her environment, more planful, more in control of a world, even in the face of probable serious lack of good blood flow to the brain?

So I have given you two examples of what I see as serious problems arising from professionals -- not amateurs -- delimiting the worlds and the capacities of older people. I would like to spend a few minutes considering what can be considered as creativity in the lives of older people, the kinds you will see in senior centers or in nursing homes, in the sort of people with whom most of you work. Most of you have been brainwashed to think that creativity is the production of something rare and beautiful, prized by society. Note that many of the productions we now prize were scorned by the public and by the critics, castigated as ugly, seen as out-landish. At any rate these objects sprang from a being that was astir, from a mind that was in conversation with itself. Most of us lose this quality of self-revelation early in life -- in fact, some writers in creativity call all childhood productions creative. Older people, we now see, were pushed by life and common-sense into learning and doing what was practical and useful for survival. Anything else was trival and silly. They would place the need to be creative low on their priority lists.

In creation, there has been a notable tendency to look upon "crafts" as inferior to "art". Crafts are seen as occupa-

tional therapy (another way of saying that time is being utilized and it is therapeutic) and are seen by many as demeaning to the older person. A considerable number of recreational specialists take a very dim view of routine craft activities, largely because they are not "creative". Painting by numbers, or producing what some people call junk, is ipso facto inferior to painting any picture.

Most persons not familiar with art history believe that it is right and proper to attempt to urge older persons into "expressing themselves" in traditional art forms. You will remember that was one definition of creativity which I used at the beginning, the alternative to the idea that creativity is the production of something beautiful and prized. Crafts have a history every bit as long as the production of the arts. Indeed, as Maritain points out, oriental art is largely what we might call crafts. A potter may produce 20 bowls, all somewhat the same but all subtly different. More important, every one bears the stamp of the maker's personality, his particular style. William Morris, known today most for the Morris chair which was in our grandparents' sitting room, was the originator of the conception that there is no major difference between craft and art, that crafts can be as artistic as objects of art.

But it is important to note that even those we call artists have to go the same route, sometime in their lives, as the novice who first enters the world of aesthetic production. First,

there is an appreciation of what has been done in the area in which he is going to work. This idea of judging the work of others, learning by imitation, even copying never leaves the finished artist. Beethoven, on his deathbed, wanted more than anything to have at hand the collected works of Bach, so that he could study them and learn from them. The first step, then, is not the expression of the self but the appreciation of other's work. How often do we show relatively routine things to older people with an eye towards helping them to understand texture, shape, or the relationships of use to material?

The second step of creative development is to produce several things of a sort, somewhat equivalently. The layman may wonder why there are several versions of a single work of art as in Stuart's portrait of George Washington. Sometimes it is, of course, to sell several copies, but more often it is to see which of several only slightly varying versions turn out to be the most pleasing. Here is where routine production, even twenty woven pot-holders, serves an essential element. It is not frequently realized that a major part of the creative process is in evaluating products, not in producing them. Untrained older people are quite capable of thinking which of several things they have done meet some criteria of attractiveness to them or even some externally imposed criteria.

The last step is to plan for future effort. Here is where we as leaders must stand aside. We may be irritated when a person goes on making pot-holders for three years, but if we have

helped him to evaluate the potentialities of the simple weaving, he may break out into a new variant, or even a new art form, minor to us but creatively expanding to him or her. We forget that only a small number of persons trained in conventional art survive to produce for a life time. The world is full of "retired" artists.

Last and most important, we must accept as creative any activity which can be varied, can be captured, can be shared. Telling a story, or baking a cake, or showing a kindness, can be seen as creative every bit as much as painting a landscape. A great deal of work has been done with helping older people to write poetry or to do oral history. We must expand our horizons. We must listen to the sense of life, of inner growth that we often stifle. We must understand, stimulate, and prize the growth in perceptivity which can come to people as their world shrinks. I shall conclude with a quotation from the diary of Bernard Berenson, the greatest of modern art critics and collectors, written in his 93rd year, after he had seen and evaluated thousands of art works. "How I enjoy, as I look through the window and see the reflection in the mirror at the bottom of the bed: the wild dance of branches and twigs of the pine, the change of colors in the spotted sky, and the distant horizon of subtle delicacy. The sky itself seen over the green of pine and cypress is of an intense crystalline blue". That can be said by a skilled writer and a person who has at hand a wide palate of nuances. But is it any different, at all, from the brief statement of a person

you know who says, "Ain't it a lovely day?" Creativity is where you find it. And I challenge you to think in terms of making life intense and real for the people you know and love.

COUNSELING OLDER PEOPLE

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The coalescence of a number of significant social trends signal the strong need for development of counseling theory and strategies with older individuals. With the sharp drop in the United States birth rate, the proportion of older persons in the population is rising at significant increments. By the year 2000, 50 percent of the population will be 50 and older. There is a growing number of single persons, with increasing differences in the ratio of females to males aged 65 and over. These growing trends have spawned numerous federal, state and local programs in an effort to alleviate associated social problems. We have learned that the elderly have the same kinds of problems that beset other age groups. What is also apparent is that there is little theoretical work or applied strategies available for counseling older persons.

A new concept of "caring" for older persons is defined as, "acting in behalf of another person's growth". This means ordinarily, one does not do for older persons what they can do for themselves. A counseling approach is oriented toward doing for the older individual what he/she can not do for themselves. One underlying goal is to encourage and enable older individuals to assume responsibility for more of their own lives. This is not

easy, for several reasons. Society in general emphasizes the dependency of older persons. Too many nursing homes and individual staff members look upon and treat older individuals as children, often encouraging childlike behavior and denying simple respect. Methods of encouraging greater independence in older persons are: respecting older persons, participation in decision-making and planning which affects their lives, encouraging the assumption of responsibility for their own lives by refusing to do for them what they can do for themselves, giving attention when older persons are not demanding it, and "listening" to older persons.

Old people often engage in unhealthy behavior. A model for identifying levels of unproductive behavior was presented: attention getting, bossy, counterhurt, and withdrawal. Strategies appropriate for each level for use in counseling were presented.



EDUCATIONAL PROGRAMS WITH OLDER PEOPLE

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Educational Gerontology: Definition and Description

Dr. Stubblefield

Providing educational services for older adults has been the concern of various institutions engaged in adult education. The aged have been one population among the total population served under the umbrella term adult education. But now education for aging and the aged is emerging as a recognized field of study and social practice. The term educational gerontology is used to describe this field.

Definition

For our purposes here, David Peterson's definition of educational gerontology is used: "the study and practice of in-

structional endeavors for and about aged and aging individuals." Depending upon what authority you consult, educational gerontology is said to have three distinct but interrelated aspects. One aspect of educational gerontology is educational programs for older people. A second aspect is educational activities to develop in a specific or general public understanding of aging and the aged. A third aspect but with less universal acceptance is educational preparation for paraprofessionals or professionals to work with the aging and the aged.

#### Field of Study and Social Practice

The emergence of educational gerontology as a distinct field of study and social practice since the 1950's can be attributed to several developments. Among the most significant are (1) the recognition of the problems of growing old in the United States and (2) recognition that life is a succession of transitions and that older adulthood, like childhood, adolescence, and young adulthood, is a time for growth, development, and learning.

Educational gerontology is an interface of adult education and social gerontology. Adult education contributes methodology and procedures for programming comprehensive educational activities and designing specific learning activities adapted to the particular needs of the aging and the aged. Social gerontology contributes data about the phenomena of aging, its effects upon individuals within the larger social system, and upon the larger social system itself. In addition to these

two fields, education for the aging and the aged derives support from the growing field of the psychology of adulthood, particularly the research on memory and intelligence. This research provides evidence of the ability of older adults to learn and the conditions which promote learning. Adult educators are now beginning to translate these findings into instructional technologies.

#### Milestones and Problems

Over the past twenty-five years, the progress attained in educational gerontology is marked by several milestones. In 1955, the first book appeared that treated the educational needs of the aging, Education for Later Maturity, compiled by Wilma Donahue. Organized and prepared by the Committee on Education for Aging of the Adult Education Association of the U.S.A., the book included chapters on education for aging, aging in contemporary society, capacities of older adults, teaching and learning, educational programming, administration, and training for work with older people. In 1970, the first institutional use was made of the term educational gerontology when the University of Michigan established a graduate program with that name in the College of Education. The 1971 White House Conference on Aging did much to highlight education for aging and the aged as a distinct need. In 1976, a professional journal, Educational Gerontology, appeared.

These significant milestones should not blind anyone to the problems still to be surmounted. First, educational gerontology seldom receives a high priority in the adult education and gerontological establishments. Second, older people, of all the age segments of the population, are the most nonparticipant in educational activities. Third, the field of educational gerontology lacks a clearly stated philosophical assumption or dominant theme around which a systematic program of educational activities for aging and the aged are to be organized. In the years ahead, persons concerned about education for aging and the aged will need to direct their attention to these and other problems.

#### Current Issues in Educational Gerontology

Mr. Fields

In discussing the basic issues in educational gerontology, we are attempting to define ways in which this discipline might assist in fulfilling needs of older persons and in improving the quality of life in our society for all people, young as well as old. There are many current issues in educational gerontology. However, I will discuss only four issues today:

1. Why should there be higher education for older people and what are possible roles for institutions of higher learning in education for older persons?
2. How does education of the old differ from education of the young?
3. Why include study of aging in higher education?

4. Are there special issues around Black elderly which should be discussed in educational gerontology?

Why Higher Education For Older People And What Are The Possible Roles For Institutions Of Higher Education?

Experts in aging (Birren & Woodruff, 1973) have identified six major reasons for increased involvement of older persons in higher education programs. These reasons are the increase in life span, an increasing educational level among the aging population, the rapidity of social change, changes in career patterns, the expanding role of women, and changing attitudes toward education.

Some educators believe that education and training for older persons is not an essential requirement for the maintenance of society as it is for the young. Education of older persons has had low priority. There have been no national policies, no stated purpose, no adequate resources that would encourage education among the elderly.

A review of the literature reveals that past and present older adult educational projects are diverse and related to recreation more than education. They usually consist of informal non-credit, short term classes. Evaluation of success is based on how much the older person enjoyed the activity and how many of them attended.

As the make-up of our population shifts and older people are more numerous, perhaps 50 percent of the population will be 50 years and over by the year 2000. Institutions of higher education must move to welcome and adjust to older people as students or their halls will be half empty. Education may in the

future be a life-long experience instead of being reserved for youth.

The goals of higher education for older persons are diverse and could include:

- Preparation for retirement
- Retraining for second and third careers
- Stimulation of interest in community services
- Promotion of positive self concepts and elimination of ageism and negative stereotypes
- Encouraging creativity among older people who have leisure time.

Higher education for older adults could contribute measurably to more opportunities for older persons' participation in community affairs, and an overall improvement in their quality of life.

A positive trend towards more intellectual education at college levels may be noted in the widespread movement to grant free tuition to people 65 and over at community colleges and public universities in many states.

Educational institutions need to develop more flexibility in attempting non-traditional approaches to educational gerontology so as to relate more closely to current social needs and the necessity to recruit alternative student groups to offset declining enrollment. It is encouraging to note that community colleges, junior colleges, voluntary organizations, religious and community groups are becoming very active in establishing educational experiences for older persons.

#### Is the Process of Educating the Old Different From Educating the Young?

It has been traditionally accepted that older people have much more difficulty learning and are harder to teach than younger peo-

ple. "You can't teach an old dog new tricks" and "I'm too old to change" are common expressions which feed such stereotyped assumptions.

Psychologists, including Dr. Paul Baltes at Pennsylvania State University, have been conducting research demonstrating that age is not necessarily a barrier to learning and that life experience can be a valuable asset. Indications are that a person has reached maximum physical efficiency and ability to learn by the age of 25 when sensory physical reactions are at their peak. Considerable evidence indicates that our mental powers decline very slowly up through the seventh decade, and that certain powers, such as ability to synthesize and generalize from life experience may be retrained at high levels until relatively late in life. Decline in learning ability shows up in tests requiring speed of reaction or sensory acuity but available evidence reveals little decline in mental powers that do not depend on physical abilities. Certain mental differences among people in any one age, including the old, are much greater than differences between age groups. The older adult learner learns best when he wants to and when he is not under pressure such as memorization. According to some experts, effective methods of teaching where there is an exchange of emotion as well as knowledge between teacher and pupil is considered the most important element in older adult education. In many instances, older adult students need more reassurance and encouragement than younger students, especially when older people are mixed with young people in the same class or when older students are a small minority of the

student group.

We find in our experiences at the Institute of Gerontology that older students resent unstimulating and poorly prepared teachers. They are eager to learn and do not want to waste time. Knowles (1970, 1973) developed the term "andragogy" to describe the practice of educating adults. It may be that educators and researchers need to build onto the Knowles principles of andragogy additional precepts for educating older adults.

It is perhaps important to mention a possible limitation to the concept of learning throughout the life span. A psychologist in the early 1960's (Robert Kleemeier) reported identifying a definite decline in intellectual performance preceding death. This "terminal drop" theory has been corroborated by Siegler in related research. Those who plan educational programs for older persons should have some knowledge of this theory and methodology should be adjusted accordingly.

#### Why Should Institutions Of Higher Education Include The Study of Aging in the Curriculum?

Many of the reasons given above apply to this issue as well, namely:

- demographic changes
- societal and value changes
- need to raise community awareness and change attitudes of students of all ages.

What better way is there to initiate interest in the study of gerontology than by offering conferences and workshops such as



this one today at Virginia Polytechnic Institute and State University?

The body of knowledge about the aging processes is rapidly growing and is of interest to both young and old students. The study of human development is generally considered to be basic to education. Aging is a continuous process of structural and functional change from birth to death, and includes "development" before maturity and "aging" after maturity.

A noted gerontologist, Nathaniel Gallaway, has described research indicating that an individual ages more between conception and birth than between birth and the end of life. Callaway also believes that a child may be more capable of learning between 6 months and 6 years than during any other period of the life span.

Developing studies in aging necessitates continued research in many disciplines. Such research can have many practical applications. For example, there appeared recently in the Washington Post a report of a study conducted at the University of Maryland. The major finding was that most children view old people as ugly, wrinkled, and someone to be afraid of. Implications of this study could be applied to changes in media presentations of old people, early childhood education, parent and teacher training, as well as studies in aging.

Gathering and disseminating information about the process of aging and the current circumstances of the elderly in our society is a growing concern of a few gerontologists in the field.

Dr. Robert Butler, a noted gerontologist believes that ageism has created negative societal attitudes and stereotypes which are responsible for the alienation, isolation, poverty, and pathology that plague older Americans. Butler defines ageism as a systematic stereotyping and discrimination against people because they are old. Racism and sexism are similarly fostered. To change this situation public information about positive potential of the elderly is needed. Increased education on aging would be expected to lead to less discrimination against the elderly. A further immediate role for educational institutions is the preparation and upgrading of professional and paraprofessional personnel employed or seeking employment with agencies and institutions that serve older persons.

From 1966 to 1972 education for professionals in aging was largely supported by grants to universities from DHEW, Administration on Aging, under the Older Americans Act (1965). From 1972 to the present, community colleges, four year institutions, and consultant firms began to develop courses and instructional sequences in aging. Today, short-term training, paraprofessional and professional training are available mostly on a non-credit basis. Associate degree programs, baccalaureate degree programs, and graduate programs are becoming common in a number of disciplines and professional schools. Initially, practically all gerontological training conducted by universities was at the graduate level and was primarily focused on research in the biological and psychological sciences. Today gerontological studies are focusing primarily on the applied field

at the Master's and Bachelor's levels. An increasing number of universities and colleges are educating personnel to administer agencies and institutions (Peterson, 1976). As Federal and local services to older people continue to expand, job opportunities for graduates remain excellent.

Education for work roles in gerontology is diverse and is at an embryonic stage of development. Trainers and researchers being trained at the doctoral and postdoctoral levels require very different instructional experiences from paraprofessionals, yet both should be seen as preparing for work in aging. More competency based education projects are needed and adequate time should be allowed for testing and replication. Gerontologists have a lot to learn in this area. Adequately trained personnel and funded projects are needed to develop, test, and evaluate theorism and new approaches to services for the aging.

The need for trained workers knowledgeable about the aging processes and about older people is staggering. A manpower study done approximately eight years ago projected a need for over one million trained workers in gerontology by 1980. Currently, the Department of Health, Education and Welfare through the Administration on Aging is feebly addressing this need through its Title IV-A career training program and Title IV short term training program. Neither title has adequate funds to satisfy our nation's manpower training needs in gerontology.

What Are Some Issues and Problems of Black Elderly Relevant to Educational Gerontology?

There are approximately 1.8 to 2 million Blacks over 65 years of age in the United States, compared to approximately

twenty-one (21) million Whites over 65. Among Blacks over 65, three-fifths live in the south and five percent live in central cities. Over 50 percent of all elderly Blacks live in poverty, but in rural areas the percentage of poverty is elevated to 66 percent as compared to 25 and 31 percents respectively of Whites over 65. The income of Whites over 65 is approximately twice as much as Blacks over 65. Evidence seems to indicate that health problems among Blacks are more intense than among Whites, but utilization of medical resources is less among elderly Blacks. The mortality rate for Blacks - between ages 45 to 64 - is at least twice the mortality rate for Whites between 55 and 64. The inadequacy in housing can be documented by a Health, Education, and Welfare study of Blacks and Whites moving into public housing in a single year. Of elderly persons over 65 moving into public housing over a twelve month period, the study showed that 63 percent of the elderly Blacks were moved from sub-standard housing as compared to 31 percent of Whites who were relocated into public housing. The life expectancy for white females is greater than that for white males or black males or females. The average Black male does not live long enough to collect Social Security benefits. Let me note here that life expectancy for the rural elderly Indian is approximately 47.

It is a matter of record that Black older persons have been largely excluded from admission to most institutions for older persons, both public and private. The church sponsored institutions

for older persons have in the past and until this very day are the worst offenders in excluding Black older persons. Many public and private institutions for older persons in this country are "chambers of horror" to quote relatives and friends of residents, but the major problem that exists for older Blacks is: how can they get into these "chambers of horror?"

Dependent elderly poor of whom approximately 30 percent is black, have incomplete access to few alternatives to health care under the present payment systems.

There is a need to train more Black workers in direct service roles, undergraduate, graduate, and at the post graduate level who will be concerned about these problems of the Black elderly. The graduate training should also include all professional schools such as law, medicine and business. One of the major concerns among gerontologists is that medical schools do not have adequate training programs for doctors in geriatric medicine.

All Black elderly are not poor. All Black elderly are not uneducated, all Black elderly are not frail. All Black elderly are not in need of social services. However, we do know that the majority of Blacks over 65 are less well educated, have less adequate income, suffer more illnesses and earlier death, have poorer quality housing and less choice as to where they live and where they work, and in general have a less satisfying quality of life than Whites over 65 (Lindsay, 1971).

Educational gerontology needs to address itself to these special problems of the Black elderly along with other problems of

older persons in our society. This is a challenge that faces all of us working in education and human services. Our success in solving these issues may be a major factor in determining the quality of our lives when and if we grow old.

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An Overview of Educational Programs for Older Adults

Dr. Miles

A review of the literature of educational programs for older adults in a variety of settings reveals a wide range of goals. It appears, however, that many of the programs are designed to serve an ameliorative function, i.e., they focus on solving problems that are currently faced by other people, rather than a preventive function which would involve programs designed to curtail those very problems before they occur. Pre-retirement training programs would be a good example of the latter.

I plan to present an overview of goals that have been prevalent in programs for older persons, focusing primarily on those programs that have been designed to serve an ameliorative function. No special attempt will be made to identify specific programs. Emphasis will be on various goals that have been stressed across a number of programs for older adults.

Educational programs that are conducted for older persons are based on a variety of needs. A need is a requirement for survival, growth, health, social acceptance, etc. A need also connotes a "condition marked by the lack of something requisite." (Webster, 1965). If we are aware of the many problems that are faced by older persons in our society, I am sure you will agree that there are needs related to survival, growth, health, social acceptance, housing, and

many other areas. These kinds of concerns for the welfare of older persons have constituted the foci of many programs of an educational nature conducted in a variety of settings. Therefore, we are dealing with a range of needs, some requiring immediate attention, others perhaps less severe and may be postponed until the more urgent needs are met. This range of needs spans from survival, through maintenance, to growth and beyond.

It is important to note that education is not the only procedure that must be instituted to meet the needs of older persons. Because of the severity of the problems or needs, older persons need other important services that are offered by welfare agencies, federal, state, and local governments, community groups, etc.

Education alone is not enough. But when education is used, as a procedure for meeting the needs of older persons, it can have positive effects, as has been demonstrated in a number of programs across the country. Education could have a greater impact, but is hampered by these conditions: (1) society at large, and the potential participants themselves, do not recognize the right, legitimacy and appropriateness of the aged to engage in educational pursuits; (2) there is skepticism, by society and the potential participants themselves, about the importance of learning in the later years; (3) there is a lack of confidence in the ability of older persons to learn. These conditions have served to minimize



the total effect of education as a procedure for solving the many problems of older adults.

A useful way of categorizing the goals of programs for older persons has been developed by McClusky (1971). He divides the needs of older persons into four basic types: (1) Coping needs, (2) Expressive needs, (3) Contributive needs, (4) Influence needs. Within these four need types, according to McClusky, one would find the bulk of the programs that are conducted for older persons. It is his view that in order to respond to the challenge of the various educational needs of older persons, it is necessary for the field of adult education to provide more and better quality programs for older persons in each of the areas of need mentioned.

#### Coping Needs

Many programs have been designed to help older persons acquire the skills and information needed to help them solve problems which they face on a daily basis, problems that threaten their very existence.

The goal of a number of programs has been to increase the literacy rate among older persons, i.e., teach them the basic skill and competencies of reading, writing, and basic arithmetic. The evidence indicates that the level of formal schooling attained by older persons is far below the national average for all portions of the population. One-fifth of persons over sixty-five are regarded as functionally illiterate; only one-third of those over sixty-five have continued beyond

the eighth grade. In any random sample of the population, the oldest are the most poorly educated. One might expect, based on this knowledge, that older persons would be highly represented in educational activities. The evidence shows, on the contrary, that persons over fifty are under represented in adult educational activities, and that the degree of under representation increases with the advance in years (Hendrickson, 1974). It is essential, therefore, that programs should focus on providing competencies and skills in reading, writing, and computation since so many older persons fit into this category and since these competencies and skills are prerequisite for development in other areas.

Many programs have emphasized health related subjects, family life, consumer education, education for making legal decisions, education concerning adequate housing and residential facilities, economic self-sufficiency, and education for making the most rewarding use of leisure time. The list could go on and on. The point is that programming in the area of coping has been a major goal of educational activities for older persons.

#### Expressive Needs

Programs falling in this category that are offered for older persons have as their primary goal education for life enrichment, i.e., people engage in educational pursuits, not for some instrumental gains, but for the sake of the activity itself. Havighurst (1970: 17-18) makes the following distinction between instrumental and expressive education:

"Instrumental education means education for a goal which lies outside and beyond the act of education ... a kind of investment of time and energy in the expectation of future gain. Expressive education means education for a goal which lies within the act of learning, or is so closely related to it that the act of learning appears to be the goal."

In most people, according to Peterson, (n.d.) the expressive needs are never totally met due to preoccupation with the habitual maintenance routines and the specialization of modern life. This is especially true for older people. A large reservoir of unexpressed and under expressed talent exists among this age group that could be activated that would enrich their lives.

A number of programs have been developed to meet the expressive needs of older persons. The kinds of course offerings included in this category would be hobby and recreational activities -- perhaps the largest single subject area -- arts and crafts, esthetic appreciation, community and world affairs, religion and spiritual development, philosophy, literature, history and politics. Courses that might logically fit in the instrumental or coping category might also be classified as expressive, depending on the goals of the program. Educational programs in this category offer perhaps the greatest potential for growth and continued social engagement of older persons since they allow individuals to renew or continue their contact with the world of learning.

### Contributive Needs

Programs that fall in McClusky's third category -- contributive needs of older people -- constitute another important area of educational activities. Older persons have a need to give, to contribute something acceptable to others and to the community. They have a need to be useful and wanted; to serve in some way; to help others less fortunate than themselves; and to repay a past debt. The need to contribute can be translated into educational programs through in-service, leadership, and community awareness education. Educational programs that have been designed to provide insight into their role in the community, emphasize their skills, and to develop new competencies have allowed older persons to find a role meaningful both for themselves and their community.

Programs such as the Foster Grandparents, SCORE, Retired Senior Volunteer Program, VISTA and others have attempted to provide older persons with community service roles. These programs and others have focused on helping older persons to become successful volunteers since a majority of these persons has not had extensive previous experience and may enter volunteerism with extreme insecurity and uneasiness.

### Influence Needs

McClusky's fourth category of need--influence needs--represent the final broad area of educational programming. Older persons have often been victimized by the system because they have not been aware of means of exerting influence upon the polit-

ical structure to protect their interests. More and more, older persons are turning to political activity as a means of improving their position, but this effort has been hampered by the limited experience most older persons have in the process of government.

Educational activities have been designed to assist in the formation of older people's groups to facilitate the expression of their desires to elected officials who can provide services or stimulate programs that would be of direct benefit to them. There has been some effort in this area but not nearly enough. Leadership development training programs have focused on important subject areas such as the electoral process, the bureaucracy, the pressure-group system, etc. Even though there has been some effort in these areas, more programs are needed to help older persons bring about more effective political action on their behalf.

Programs for older persons should be based on a thorough assessment of needs. The extent to which needs have been adequately determined will, in large measures, determine the success of educational programs for older persons. Successful program development depends on whether planners of programs recognize the kinds of needs that are prevalent among older persons and can transform these needs into effective programs.

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The Older Adult Learner

Dr. Bolton

It is difficult to describe the older adult learners. Much has been written about their characteristics. Wide variations exist among adults as learners at each developmental stage of life. Some of these variations can be explained by differences in the amount of formal education, cultural and environmental influences and biological differences in aging among individuals. With the realization that many individual differences are present within the population of older adult learners, it is useful to educators to try and formulate a profile or list of common characteristics that describe significant numbers of this population. It is especially helpful to administrators and teachers interested in educational gerontology because many of the teaching and learning strategies appropriate for children and or young adults are inappropriate for older learners. Although there are numerous factors which characterize older learners such as over-cautiousness, declining physical powers, and loss of speed, this paper will be limited to addressing two of the most salient characteristics which can be affected by educational intervention. Strategies for coping with these factors when they are manifested as learning deficits due to aging are suggested.

Formal Education

One of the most significant characteristics that describe the majority of older people is that they have less formal edu-

cation and less recent education than their younger contemporaries. Riley and Foner, et. al. (1968) report that by today's standards many old people are functionally illiterate. In 1964, one-fifth of the people 64 and older had four years or less of schooling and only one-third had education beyond the eighth grade. (Current Population Reports, 1964) This amount of formal education, to a great degree, reflects the era in which they were educated as youngsters. Within the population of people 65 and up, the amount of educational attainment varies somewhat by sex, race, and urban-rural residence. It is higher for urban than rural residents, white than nonwhites, and females than males. (1960 Census of Population)

Each generation is more educated than generations preceding it. An individual's education determines to a great extent his income and his position in society. The older person with less education and less recent education operates at a pronounced disadvantage compared to his younger contemporaries. As technology increases, his knowledge base remains unchanged, his skills become outdated and he has fewer jobs available to him. Even with his overwhelming need for more and recent educational experiences, it is unlikely that he will participate in educational programs. According to Norton (1970), the less formal education the older person has the less likely he is to participate in educational programs.

Many of the attitudes held by older people toward education are based on their early childhood experiences. Still others are based on the commonly held belief that intelligence declines as a



person grows older. For these and other reasons the older person is fearful of formal educational experiences. This fear results in anxiety which acts as an inhibition to learning. He is afraid for fear he will fail or do poorly and his fear projects him from that possibility.

There are no guaranteed solutions for eliminating this anxiety associated with fear or failure in educational settings. There are strategies, however, which may be employed which will help to alleviate it. These strategies for the most part are concerned with psychological climate settings and are summarized below:

1. Establish an atmosphere of cooperativeness between the teacher and the students and among the students themselves.
2. Eliminate classroom pressure and competitiveness with younger learners. Train older learners with their own age groups.
3. Allow for self-pacing of learning. Give older learners plenty of time to master and to practice new concepts and new learning.
4. Provide feedback in the form of praise and recognition and eliminate criticism and reproof. Whenever possible use self-evaluation or peer evaluation of learning.
5. Use instructional strategies that focus on active participation and problem solving and reduce demands for rote memorization.
6. Whenever possible use methods of teaching that are familiar to the older learner and with which he has experienced success in previous learning.

#### Memory

It is difficult to talk about learning ability without some utilization of memory processes. While memory and learn-

ing are not synonymous, measures of learning frequently rely on some measure of the ability to recall information either for its own sake or in an application to a problem solving task. The relationship between memory and learning becomes obvious when we recognize that if a person does not learn well he has little to recall. Conversely, if his memory is poor there is no sign of his having learned very much. (Botwinick, 1967).

Memory deficits with increasing age have been well documented by researchers. (Gilbert, 1941) (Bromley, 1958) (Craik, 1968) Most studies of memory include some classification of the retrieval time with the most commonly used system dividing human memory processes into short term or immediate recall and long term or remote recall. It is difficult to summarize the main findings of the various studies into a set of conclusions which would be universally accepted by all researchers because of conflicting evidence and different methodologies employed. Given this limitation only those findings which are generally accepted are summarized below.

Short term memory is affected by many factors such as the initial level of learning, fatigue, cognitive strategies and various types of interference and it is generally agreed that it declines with age. Older people compared to younger people take longer to consolidate new information and to retrieve it from storage. This age deficit is par-

ticularly true with rote learning as the ability to memorize is affected by aging. Many researchers attribute this decline in short term memory to loss of speed due to advancing age rather than to deficits in memory processes. Another view is that the problem lies in acquiring new information rather than in remembering it.

Although age does appear to influence the ability to retrieve information from memory, there is considerable evidence that memory deficits do not occur at a given rate. Rather, there is wide variation among individuals at all ages. Bromley (1958) reported sex differences in the effects of age on memory. In Bromley's study, women proved superior to men on two types of recall tests--latent learning and rote learning. This finding, however, has not been substantiated in other studies.

Long term memory or the ability to recall remote learning does not show the deficits with age that short term memory does. In discussing long term memory it is important to differentiate between those memories that are practiced and those that are not. Those memories which are practiced showed little if any decline except in very advanced age. (van Zonneveld, 1958)

Intelligence, social class and occupational activity appear to influence memory. According to Botwinick (1973), bright people seem to suffer less memory deficit than their less bright contemporaries. Van Zonneveld found that higher social classes performed better than lower social classes and that those people actively involved in an occupation performed better than those who were not.

Like the anxiety created by lack of formal education, there are no guaranteed solutions an educator can employ to reduce the effects of memory deficits due to aging. There are some strategies however that have been found to be effective in aiding recall. Verbal and non-verbal cues are helpful in indicating the nature of what is to be recalled. The cue is most useful when it is associated with the sequence to be learned or a given type of learning. Upon retrieval, the cue is presented to the learner as a stimulus to recall the task or information desired. When using cues to aid learning and stimulate recall, it is especially important that they be carefully selected for relevance to the task. Irrelevant cues cause unnecessary errors and serve to frustrate the learner. The use of cues will be needed less frequently as the learner becomes more familiar with the material to be learned or the task to be performed and removed altogether when recall is satisfactory.

In retrieving information from memory old people are more affected by various kinds of interference than are younger people. In a learning situation efforts should be made to minimize conditions that create interference. Interference from concurrent events can be minimized by careful attention to the physical learning environment. It should be arranged for the comfort and relaxation of the learners and with a minimum of stimuli competing for their attention.

Another type of interference that affects older adults is the effects of learning a second task on the recall of the first task.

This type of interference can be reduced by differentiating between the two tasks so that each is distinct and unique in its own right. In this way it becomes easier for the learner to disassociate the tasks from each other. Using different teaching methods or the use of different types of media in presenting the information to be learned and recalled will help to reduce this type of interference.

Previous learning is another type of interference that frequently inhibits learning and recall of new information among older people. They have many knowledges and experiences that are useful in learning situations, but past learning is often more a hindrance than a help. This is especially true in instances where technological advancement have made some operations and procedures obsolete. Learning new skills takes on an added dimension for the older person--unlearning the old. In reducing interference from previous learning, it is essential to emphasize to the older learners the relevance of the new learning and to relate it whenever possible to that which is already known.

Educational gerontology is a field that is still in its infancy. There is much left to be done by psychologists and gerontologists in describing with greater precision decrements and increments which occur with aging that affect learning processes. Adult educators face an even greater challenge--developing and testing intervention techniques which minimize those deficits. While it may never be possible to equalize educational opportunities and learning abilities between youthful and elderly learners,

it is within our grasp to develop those technologies which help to utilize rather than waste the valuable resources of our older citizens for our benefit as well as for theirs.

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REACHING THE ELDERLY WHO ARE VISUALLY HANDICAPPED

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Blind and visually handicapped persons are as much individuals as any other segment of the population. The only common factor which they share is their visual limitation. Special programs to assist them in overcoming or minimizing these visual problems are directed toward building on individual strengths and reducing areas of weakness through counseling and instruction. Specialists not only provide direct services but also play a most important role in serving as advocates for the blind or visually handicapped person when other community services can provide valuable supplementation to the direct services and, in this way, offer greater life experience and satisfaction to the individual.

At least half of the blind individuals are 60 years of age and older. The vast majority have had normal or almost

normal vision most of their lives and may still retain a certain amount of usable vision. Thanks to advances in medical science and early detection which prevents much more total blindness than was the case 10, 20 or 30 years ago. Even so, persons who lose their sight, either completely or partially, have tremendous adjustments to make if they are to lead enjoyable and meaningful lives. The adjustments take the form of acceptance of the visual loss and retraining in the many skill areas which make up all of our daily living routines. Adjustments must also be made by family members, close friends and others in the community with whom visually handicapped persons come in contact.

I would like to give you some idea of the magnitude of the visual problem. We have identified about 8,000 people in the state of Virginia who are legally blind. It is estimated that there are at least 4,000 more who have not been identified. There are about 430,000 people in the United States who are legally blind, and approximately 15 million throughout the world. One million Americans are functionally blind and cannot read ordinary newsprint.

What do we mean when we speak of "legal" blindness? A person is said to be legally blind if his visual acuity is no greater than 20/200 in the better eye with corrective lenses, or if his field of vision subtends an angle no greater than 20 degrees in the better eye. The figure 20/200 means that the impaired eye sees at 20 feet what the normal eye would see at a distance of 200 feet.



It is interesting to note that only about 10 percent of the people who are considered legally blind are totally blind and have no light perception at all. The other 90 percent have widely varying degrees of useful vision. The task of the person who works with this 90 percent is to determine how much residual vision a person has and to help him make maximum use of his remaining sight no matter how slight it might be.

There are two broad general categories of blindness: congenital and adventitious. Congenital, of course, means that a person has been blind since birth. Adventitious blindness refers to that person who lost his sight after a period, usually of many years duration, of being able to see. Both categories produce severe emotional stress of somewhat different types. Almost always severe depression develops which can be dispelled only when the individual accepts his visual problems and makes the greatest possible adjustment to it. Most of our remarks today will apply principally to adventitious blindness.

Blindness and visual impairment are in themselves a severe handicap. But the handicap is made even greater by attitudes and fear: your attitude and my attitude, along with the person's feelings about himself. For the purpose of this workshop, let us concern ourselves about the attitudes of the visually handicapped persons' feeling about himself. The loss of sight will contribute greatly to an increase in fear. Fear is something with which we all live. Fear of falling is the greatest. Most of us will not walk on ice or snow because we may fall. We almost refuse to move around in strange dark places because we may

fall. This fear of falling is magnified with the person who cannot see. Therefore, the blind person remains in a stationary place until someone comes to help him move. In addition, to falling, the blind person is also afraid of walking into something, not knowing where things are, and not being sure of his own location within his environment. Imagine what may happen to someone who has lived 40 to 50 years seeing and then loses his sight.

Man is a sight-oriented animal. As strong as all our senses are, we tend to depend upon our sight. The greatest portion of everything we have learned was derived visually. Even when our other senses give us information, we still verify this by looking. Because of man's lack of trust in the sense of touch, hearing and smell, the loss of sight becomes an even greater handicap. So the newly blind person sits and waits. Waiting for someone else to do for him that which he is used to doing for himself. It is easy to understand how and why the person's opinion of himself begins to become very low. Because of fear, lack of trust in his remaining senses, and poor self-image, newly blind individuals develop what I refer to as an "I Can't" syndrome. "I can't because I can't see." "I can't shave myself". "I can't comb or roll my hair." "I can't eat with a fork." There are many "I can't's" and they vary with people and their own self-image. I am sure you are aware of the many things that can and must be done without the use of vision, even for those of us that can still see. Many women roll their hair while watching television. Very few men complete their shave without touching their faces to test closeness. So, even though

we use our other senses, we still attempt to verify everything by looking. Sensory training and retraining becomes a very important element in working with the blind.

In older adults, retraining of the senses can be very difficult. Man is a creature of habit, as well as being visually oriented. He is used to looking. He continues to try to look. The longer period of time he has used his sight, the harder it is not to be able to see. In the older population of America there are four conditions that are most prominent: diabetic retinopathy, cataracts, macular degeneration, and glaucoma. Each of these conditions causes a loss of sight. This does not mean the person has no sight at all. Not seeing as much today as I did yesterday can be as damaging to self-image as not seeing at all. Think of the child visiting her grandmother. The grandmother sees the child's pretty pink dress but cannot see her face. Think also of the frustration of seeing an outline of your children's bodies but not being able to see what they look like. Recently, I was told by one of our clients how difficult it was for him to communicate without seeing facial expressions. A co-worker expressed his frustration when he called his son to get his shoes out of the living room and the son still had them on. He could see the shoes but could not see the child. This is the kind of vision or lack of vision we are faced with more than the complete absence of sight.

The Virginia Commission for the Visually Handicapped has the responsibility of providing a rehabilitation service to persons in Virginia who have lost or are losing their sight. More and more we

are finding our clientele among the older population. What happens to them? What are we going to do with them? Can we provide a rehabilitation service to them in such a way that it may help them to function better in their own environment? We receive referrals from family members, doctors, friends, neighbors and other agencies. Many of our clients are already in nursing homes and are referred to us when the staff finds itself frustrated. We do not believe blindness is a condition that necessitates putting a person in a nursing home.

I would like to tell you now about an exciting three-year demonstration project which our Commission is conducting in Planning District 15, that is, the city of Richmond and seven nearby counties.

This program, called the Project on Aging, is designed to give older Virginians who have severe visual handicaps enough support to enable them to remain in their home surroundings and avoid the necessity of entering a nursing home or other institution. To do this successfully, it is necessary to develop new techniques of living and to arrange for special instruction that will enable those with severe visual loss to function in an efficient manner in a sighted world.

The Project seeks to accomplish this in two ways. First, it attempts to mobilize existing community resources and to tailor their delivery of services to the individual's particular needs. Second, it has a modest amount of funds allocated to it with which it can purchase needed direct services for clients. These services include help with cooking, cleaning, and laundry;

transportation; help with grocery shopping and other errands; recreation and social activities; adjustment counseling; and arrangements for group discussions of common problems.

This program was conceived as a pilot project. It is hoped that a service model can be developed which can be extended throughout the state of Virginia and to other parts of the country.

Earlier we talked about the visually handicapped person's fears. Now we need some of you to assist us in what we are about to do. May I ask four of you to volunteer? -- I would like also to have at least one draftee. Will you help me? This is where I always have fun. I have three blindfolds which I will ask two of the volunteers and my draftee to wear. I will move towards the center of the room and ask Alice to come to me.

"How do you feel walking to me?"

"I am not sure where you are or what is in front of me."

"Roosevelt, will you bring Alice the rest of the way?"

"Alice, is it any easier to have Roosevelt to help you?"

"Yes, much of the fear about my location was eliminated."

"I will take you back to the front of the room. Do you feel any better?"

"Having you walk in front of me removed the feeling of possibly walking into things."

A person can be moved from one place to another if someone is willing to push him around. The person who is blind will experience much more comfort if someone is willing to lead him around. Knowing the guide is in front, not walking into anything himself and being able to see the complete environment, the blind person is much more at ease. We have another Alice and now I am going to ask her to bring Wayne to me. "Wayne, will you try to go back to your place in the front of the room." "Alright Wayne." He stopped where he assumed he had been standing. This demonstrates the loss of space awareness. Visually we can know the size of the room. But without reference points from one given place to another, we easily lose an awareness of its exact size. Any independent movement requires reference points which will eliminate guessing where we are going. Alice and Wayne, you may remove your blindfolds.

Trinidad, my draftee, has been standing here and I am sure by now she is very concerned about what we are going to do with her. I am going to ask Mr. Moffett to take Trinidad to the back of the room.

"O.K., will you come with me.-- Oh, I forgot something, excuse me I will be right back."

"Trinidad, are you alright?"

"Yes!"

"You appeared to be looking for something when Mr. Moffett left you."

"Well, I did not know where. . ."

"Were you uncomfortable standing there alone?"

"At the beginning, yes."

"O.K., you may remove the blindfold."

Never leave a person standing alone. If it appears that you must leave him, put him in contact with something stationary for his own feeling of security. You saw how uneasy Trinidad was when Mr. Moffett left her and she had seen the room less than 17 minutes ago. One other thing to remember for people who cannot see, never touch them when you are not sure they are aware of your presence. Speak to the person before you attempt to touch him. Remember what happened to you when someone came up behind you and touched your shoulder. Blindness is a handicap but one that can be adjusted to if we are willing to help the visually handicapped person. These are just some of the simple everyday things to remember in your contact with the person who has lost or is losing his sight. They are especially true in older people.

With many handicapped, we are very much aware of certain aids that may help the person. With the deaf, there are hearing aids, amputees have prosthetic limbs, and the paraplegia have wheelchairs. There are many aids available to the blind, one of which is magnification.

We want to demonstrate our Low Vision Aids kit to you to show some of the appliances that have been developed to assist partially sighted people to read and move about.

Our teachers take this type of kit into the clients' homes to test their residual sight. I should emphasize at the outset that the teachers do not prescribe appliances based on these tests. Their job is to screen the visually handicapped person to determine if, in their opinion, the client might have enough sight to benefit from an examination by an ophthalmologist at one of the low vision clinics situated throughout the state. Such clinics are located in Richmond, Roanoke, Charlottesville, Bristol, and Norfolk. Another, located at George Washington University, serves the Northern Virginia area.

It should be noted that it requires special training to conduct an effective low vision examination, and that only a few ophthalmologists and optometrists are qualified to do this.

You will note from the contents of the low vision kit that it consists of varying types of devices, all of which contain magnification of one type or another.

You will also note that the strengths are measured in diopters. It takes approximately four diopters to make up a single power. Thus, a 12-power binocular would be about the same strength as the 48-diopter magnifier that you see in the kit. Bear in mind, however, that the binocular is used for distance vision and the small magnifier using the same strength is for extremely close work.

The teacher using this kit will usually start with the weakest appliances first, and then will move up the scale



until he reaches what seems to be the optimum strength for the client.

If the client seems to benefit at all, the teacher will refer him to a clinic together with any recommendations that the test seems to indicate.

One of the chief problems associated with low vision aids is that they are extremely difficult to use with any degree of facility. It takes a great deal of practice and perserverance before a visually handicapped individual becomes comfortable with them. It has, of course, been demonstrated that it can be done, but unfortunately probably over half of the aids prescribed eventually end up unused in the bureau drawer.

We would like to conclude our remarks on visual aids by describing one of the newest developments in the field which offers a great deal of hope for the future.

The Talking Calculator as developed by TSI has a vocabulary of 28 words which talks to the person operating the calculator. Mathematically the calculator completes all functions that a conventional calculator performs. The speech element makes it possible for the blind person to use a tool which is common in todays sighted world.

COMMUNICATING WITH THE ELDERLY DEAF

(The Art of Being Deaf and Old)

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and  
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I realize that you came here expecting to hear a treatise on communicating with the elderly deaf. Actually, we will go beyond that.

I am deafer than that famous "post" and have been mistaken for a post on more than one occasion since I was nine years old. Now that my golden hair is turning to silver, you can say that I am an old deaf post.

They say that age is a state of mind; you are only as old as you feel. In that respect, I am only 18 years old. Could we say that being deaf is also a state of mind? The answer is "NO!"

Deafness takes on a variety of forms from profound deafness to a mild loss. We are constantly being asked, "What is it like to be deaf?" "Can deaf people use the phone?" "How does a deaf man talk to his girlfriend in the dark?" The answer one gets would depend on the degree of loss. Personally, I never had a problem talking with my girl in the dark.

The National Institute of Health estimates that there are 13,000,000 deaf persons in the United States. It is estimated from Schein and Delk's 1972 publication, The Deaf Population in

the United States, that there are 300,000 persons in Virginia with some degree of hearing loss. Of these, 40,000 are judged to be deaf and 9,000 become deaf before the age of 19.

Now, just how does one communicate with a deaf person? First we have to back off and analyze the word "communication." Webster defines it, in part, as, "a giving, or giving and receiving, of information, signals or messages by talk, gestures, writing, etc." This is a good explanation, but the "et cetera" can stretch pretty far.

I have heard some folks define communication as "the food and drink of life." Is it not a tragedy that, at this banquet of communication, one must dine on crumbs!

Communication is limited by our senses. One can communicate as far as the ear can hear and the eye can see. At least I thought so until I met a deaf-blind man. His communication was an arm's length away. A deaf person's communication is an eye's view away.

Let me come back to this deaf-blind man. He had previously been deaf and had many deaf friends. But when he lost his vision, he found that his deaf friends began to avoid him because of the arm's length communication. He was a real philosopher and was not bitter about it. His realistic understanding helped me really focus on him when we talked. I had to shut out everyone else and limit myself to his arm's length world for our talk to have meaning for him.

Talking with him helped me to understand the problems hearing people experience when they try to talk with a totally deaf person. Sounds and voices must be tuned out and the focus given

to the deaf person. If a sound message interrupts the conversation, the source of sound should be tuned out insofar as possible, even if it's your mother-in-law.

Deaf persons with a good understanding of language will likely prefer to communicate by pad and pencil. If you speak slowly and form the message clearly on your lips, the deaf person will also be helped to understand. For the most part, however, lipreading is educated guesswork. Of the 42 English sounds only 14 are visible on the lips.

I will stop at this point and ask Joanne Ramsey to discuss with you some current research she has been doing for the Virginia Council for the Deaf and the Virginia Office on Aging. After that, we will show the film, "Listen", developed by Western Maryland College. We will be open for questions at any time.

Remarks by Mrs. Joanne Ramsey:

I have been working on a study for the past year that has been a joint project between the Virginia Council for the Deaf and the Virginia Office on Aging, to find out what are the special needs and problems of older deaf and hearing-impaired persons in Virginia and what resources are currently available to them.

We worked with two groups of older deaf persons. The first group are the prevocationally deaf--those people who lost their hearing very early in life, who attended special schools for the deaf and who use sign language. The second group are those persons who have been able to hear most of their lives but have had a severe hearing loss later in life, most often due to aging.

The problems of these two groups are very different.

The current estimate of elderly deaf persons (55 and over) in Virginia is approximately 15,000. Of these, about 1,500 are prevocationally deaf--either born deaf or lost their hearing before the age of 19. About 500 people of this group (30%) have been located and identified in Virginia. The remaining 13,500 lost their hearing late in life. It has been easier to locate the prevocationally deaf because of their early special schooling and their association in special clubs and organizations for the deaf. On the other hand, those who have been deafened late in life are more difficult to identify--not only because there are no special clubs or schools for them to get acquainted, but also because agencies who deal with this group cannot release names due to the law of confidentiality.

Deaf persons have an invisible handicap. One is not generally aware that a person is deaf or has any hearing problems unless verbal communication is attempted. Profoundly deaf persons cannot receive a vocal message through the telephone, radio, or television.

In the study we did, a random sample of about 200 older deaf and hearing-impaired persons were interviewed individually from all over the state to find out what they themselves felt were their needs and problems. The problems of the two groups were very different.

The main areas of concern identified by the prevocationally deaf were in five general areas. These areas are listed in order of importance to them:

1. finding out about and receiving social services
2. having interpreters for deaf patients in hospitals and deaf clients in service agencies
3. having retirement home facilities for elderly deaf
4. employment for older deaf persons, and
5. transportation.

Finding out about and receiving social services was the top area of importance as identified by the prevocationally deaf. The main problem is in communication. Although many services (Social Security, SSI, Medicaid, food stamps) are available to older deaf people, they face the task of finding out beforehand where to apply, what to bring, and when to come--without having the advantage of using the phone to get information. Once they get to the office to apply, usually the agency will not have or not provide an interpreter. It is unknown how many agencies even know where to get an interpreter if needed. Nor do many agencies have the teletypewriters for further contact so the deaf client will not have to make a special visit every time he has a question.

Agency personnel who deal with deaf persons could be encouraged to enroll in sign language classes or, at the very least know where to get an interpreter when needed, and use the interpreter. The Virginia Council for the Deaf has listings of certified skilled interpreters from all over the state. There are many other reasonably good interpreters all over the state not on the list. So there are plenty of interpreters.

Hospitals need to provide interpreters for deaf patients rated second. Many of the things just said about interpreters

apply here, also. Hospitals usually do not get interpreters for their deaf patients, and it is unknown if they even know where to get one if needed. Lack of communication here could mean the difference between life and death for a deaf patient. To ask for an interpreter, call the Virginia Council for the Deaf (toll free: 1-800-552-7917). Hospitals or nursing homes could also get a listing of interpreters in their area to keep on hand when needed.

Having retirement home facilities for the elderly deaf rated third. Elderly deaf persons who wish to go to a retirement home must live in the standard nursing home or a home for adults. There are no known homes in Virginia that have special accommodations for older deaf persons. Quite a few older deaf persons have been misplaced in mental hospitals because there was no place for them to be and no one to care for them. In fact, quite a few young deaf persons have been erroneously placed in mental hospitals. If placed in a standard nursing home for adults, many times they will be the only person there who is deaf. They will have virtually no communication with the staff or other residents, of whom probably none know any sign language. They spend their remaining years in isolation. Other features such as visual fire alarms would also be useful to those who lost their hearing later in life. Efforts are underway by some groups in Virginia to start such a home or convert an existing home into a facility for older deaf people, but nothing definite has happened as yet. There are two such homes in Ohio, as well as four or five more in other states.

Employment for older deaf persons was the fourth area of importance. The problems of obtaining employment when one is elderly are compounded when the older person is also deaf. The Virginia Employment Commission does have an Older Worker Specialist, but this person does not work with older deaf people. They are referred to the Handicapped Worker Specialist who works with all types of handicaps in all age groups and usually is not trained in sign language. Again, here the use of interpreters should be encouraged if the Handicapped Worker Specialist is not fluent in sign language.

Transportation was fifth area of importance. There seems to be a universal need among older persons for transportation, but it's doubly difficult for an older deaf person to find out about and obtain public transportation, since they cannot use the regular phone but must rely on TTY's, and hardly any transportation systems have TTY's to receive such calls. The Washington, D. C. bus system does have a TTY number, and Amtrak recently got a toll free TTY for calls from their deaf passengers. There are resources that remain untouched. School buses, on weekends, could be used to transport elderly deaf and hearing persons, but there are regulations which make it difficult for this resource to be put into use.

The main areas of concern of persons who lost their hearing late in life were twofold. First, they were concerned that their hearing was deteriorating, they were unable to distinguish sounds, and words sounded distorted. Furthermore, they did not know how or why the loss occurred. They were unaware of services available



in their area for hearing-impaired older persons. They were uncertain of who they should contact for help. In many cases, when hearing loss is detected early, it can be treated and kept from becoming worse, but often people will not go for treatment until their loss is so bad that nothing can be done. Older persons need to be informed about hearing loss so they will know how loss occurs, where to go for expert help, and thus know what to do if they suspect a loss. They should be informed of Speech and Hearing clinics and the services they offer. They should be alerted about the risk in buying hearing aids from dealers without first having a hearing test performed by a doctor, an audiologist, or at the Speech and Hearing clinic. These places can usually give more professional service and oftentimes are able to get hearing aids at discounts for their patients who can benefit from them. This type of information could be distributed through various senior citizen centers and other gathering spots.

The second main area of concern of this group was the high cost of hearing aids. Many older persons who have limited incomes cannot afford to even pay for a standard hearing examination--and certainly not for a \$400 or \$500 hearing aid. For this reason, many older persons who know they have hearing loss may not go for help because they cannot afford either the examination or the hearing aid. Neither Medicare nor Medicaid will pay for a hearing aid. Medicaid will only pay for a hearing test if, during the course of a routine medical examination, the doctor finds it necessary that the patient have the test.

Although Medicaid assists in the purchase of eyeglasses when prescribed by a doctor, there is no such help for buying hearing aids.

Some Speech and Hearing clinics charge patients according to their ability to pay. Some are able to provide hearing aids to low income persons at a minimal fee. There are also organizations such as the Quota Club or the Lions Club which will donate money to buy hearing aids for needy persons. The Virginia Lions Club operates a hearing aid bank of good used aids. Many older persons are unaware of this. Too many older persons have fallen prey to door-to-door hearing aid dealers who sell them aids that do not meet their needs, for which they pay a substantial amount of money, and which too often end up lying in a drawer because the hearing aid does not fit or work properly.

It is apparent that older persons need more information about hearing loss itself, as well as about resources available to them through audiologists, clinics, and assistance in securing and maintaining hearing aids.

#### Resources

The Virginia Council for the Deaf and the Virginia Office on Aging just recently compiled a listing of services currently available to older deaf and hearing-impaired people in Virginia. Along with standard services available to older persons (Social Security, Medicare, Senior Discount, etc.), we have a section on services aimed at deaf and hearing-impaired elderly. A few examples are cited.

#### Prevocationally Deaf

Sources of TTY's for deaf people. Call:

1. Virginia Council for the Deaf. Toll Free: 800-552-7917
2. Virginia Office on Aging. (804) 786-7894. (Also has four staff members who have become quite fluent in sign language)
3. Department of Vocational Rehabilitation
4. Police Departments in the following areas have emergency TTY numbers:
  - a. Richmond
  - b. Henrico
  - c. Lynchburg
  - d. Alexandria
  - e. Arlington
  - f. Prince William
  - g. Staunton
5. Contact Peninsula - a 24-hour crisis hotline in Tidewater has a TTY for deaf persons.
6. IRS recently put in a toll free number in Indiana for tax information and assistance for deaf taxpayers. Toll Free: 800-428-4732.
7. J. Sargeant Reynolds Community College Center for the Deaf.
8. Two Libraries in Northern Virginia with TTY's --Kings Park and Fairfax County. (You will find more services for prevocationally deaf people in that area. Gallaudet College is also there in D.C.)

Various other services are special church services, selected clubs and organizations, and TTY News Service in Northern Virginia and Richmond. Persons in these areas can request news and items of interest to the deaf and it will be relayed to their TTY's. Captioned recreational films, captioned television news (even though it comes on at 11:30 in most places), are included. If you want more information on specific services, you may contact the Virginia Council for the Deaf.

Special Resources for those Deafened Late in Life

Severely deafened persons in this category will also enjoy the captioned films and captioned television programs. Some other aids would be:

1. Amplifier for the phone increases the sound of the voice coming over the receiver. Amplifiers are adjustable for use by various people. One can obtain these from the telephone company for about a \$10 installation fee and 80¢ per month thereafter.
2. Visual door alarms indicate when a visitor comes to the door and presses the doorbell. A light inside the home will flash off and on. These can be attached to a lamp so that the lamp flashes off and on.
3. Speech and Lipreading classes are available from several Speech and Hearing clinics across the state, oftentimes on a sliding scale.
4. Financial assistance in purchasing hearing aids is available from certain Speech and Hearing clinics and from certain clubs.
5. Captioned news comes on in many towns on educational television, although in many places, it does not come on until 11:30 at night.
6. The phone TTY- could be used by a person deafened late in life, too, if they could not benefit from a telephone amplifier.

Now we will demonstrate some of the items which deaf persons have found useful in overcoming sound barriers. A telephone-TTY has been installed through the assistance of the Bell Telephone Pioneers. We will also demonstrate an acoustic sound signaler which is an electronic device designed to make a light flash when sound is detected.

Note: Mrs. Lorene Joslin, Staff Interpreter, Virginia Council for the Deaf served as interpreter during the presentation.

## ADEQUATE HOUSING FOR OLDER PEOPLE--WHAT IS IT?

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### Housing For Older People

Helen Wells

To determine what is adequate housing for older people necessitates looking at the subject of housing from several angles.

1. What is adequate housing?
2. What is unique about older people that makes adequate housing for them different from adequate housing for anyone else?
3. What are the housing alternatives for older people?
4. What can be done about housing for older people:
  - by each of us to assure ourselves, as nearly as we can, that we will have adequate housing as we grow older?
  - by the private sector in terms of providing adequate housing for older people?
  - by the public sector, government's role, in providing adequate housing for older people?

This will be the focus of our presentation today.

What is adequate housing?

As we focus on adequate housing, let us review what housing is. Housing is multi-faceted. In its' broadest, and perhaps most important sense, housing is the living, physical environment in which people grow and develop, the place in which people perform their day-to-day activities necessary to sustain life. It is the place where people eat, sleep, love, hate and live. Optimal housing provides a favorable environment for its inhabitants, which reflects their needs and values and enables them to live life at its fullest.

Besides this important facet of housing as environment, housing is shelter, product, design, business and economic goods. At this point time will not allow expansion of discussion of these concepts, other than a brief statement on what makes for adequacy or optimal conditions of each of the facets.

Housing as adequate shelter is comfortable, safe, and convenient.

Housing as a satisfactory product is durable, safe, easy to operate, and easy to care for.

Housing as good (or excellent) design is functional (that is it serves the people for which it was designed) and is aesthetically pleasing in terms of sight, sound, smell and feel.

Housing, as a sound business, is profitable for the producer and is dependable.

Housing, as an economic good, is valuable to government, the producer, and the consumer. Optimally, housing as an economic good

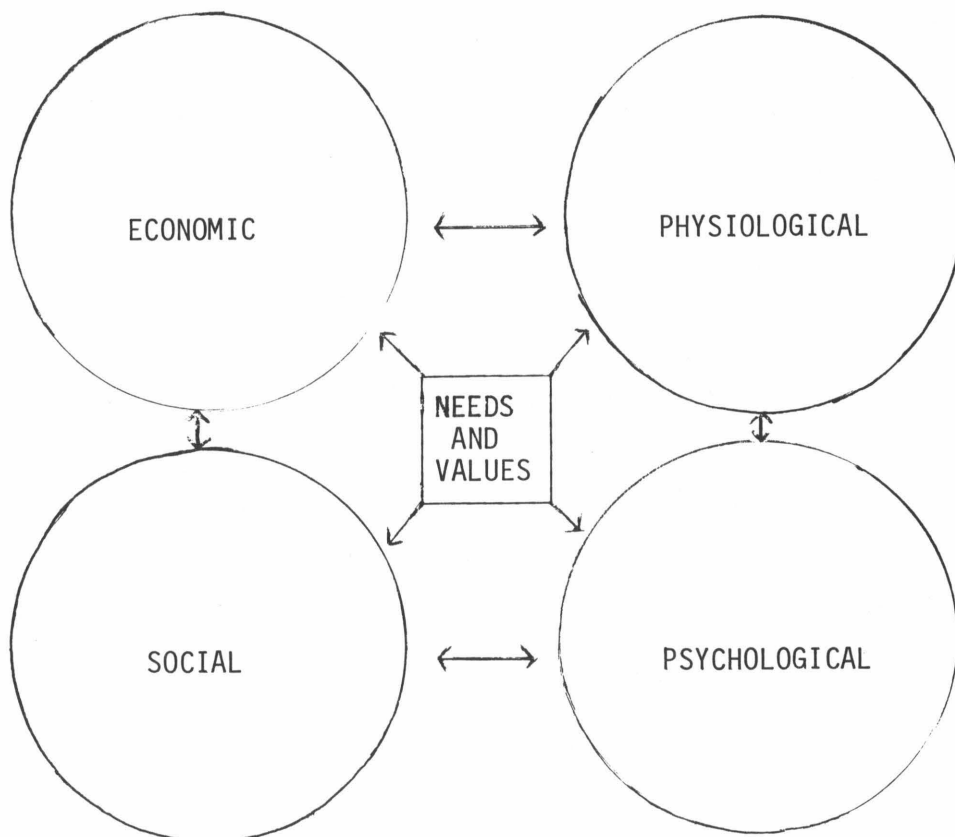
for the consumer, is economically feasible and is a sound investment.

Adequate housing, for anyone, requires great consideration including each of these facets.

What is unique about older people that makes adequate housing for them different from adequate housing for anyone else?

Perhaps the basic premise we need to accept for purposes of this discussion is the fact that conditions and people change over time. An important consideration is the fact that each of us age a little bit every day. And each day the living situation in which we find ourselves changes. Let us look at the basic model, agreed upon by those of us who worked on a session on Pre-Retirement Education, and in doing so, let us discuss the application of this model to housing for the elderly.

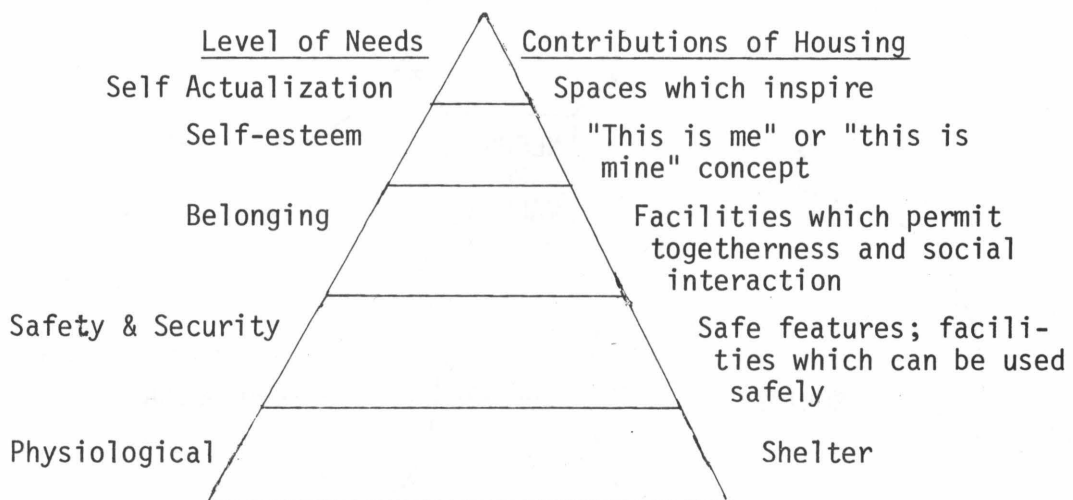
Self-System



Let us start with the center of the model, Needs and Values. In my earlier statement about housing as environment, I referred to the fact that needs and values of occupants must be reflected if the housing unit is to serve satisfactorily as a favorable environment.

Just as satisfaction with life is experienced to the extent that one's needs are met and one's values are fulfilled, so is one satisfied with housing to the extent that housing contributes toward needs and value fulfillment.

Needs. Using Maslow's theory of needs model, housing contributes to meeting one's needs as follows: physiological needs--providing shelter, protection from the elements, and privacy; safety and security needs--being able to use the facilities in the housing unit safely and to exclude from the housing unit hostile animals and unfriendly people; belonging needs -- providing facilities which permit togetherness and social interaction among the family members as facilities that foster a "this is me" or "this is mine" concept; and self-actualization needs -- spaces which inspire occupants. Housing for the aged to meet each of these levels of needs has special significance.





Values. Closely related to needs are values. The values one has are an outgrowth of, and interact with, one's needs. A broad meaning of values is that they are the underlying beliefs which one holds as important and which serve as the basis for the direction of one's thinking and actions.

The housing values which have been identified as being of great importance to people are equality (meeting the needs of each individual member of the family), physical health (ease of housework and maintenance, abundance of fresh air and sun light), and economy (sound investment, including initial cost, maintenance and operation expenses and resalability). These are particularly pertinent to older people.

Some other values that are of great importance to older people and can be fulfilled through housing are rootedness (sense of place), independence and individuality (decisions regarding one's own actions), beauty, privacy, and mental health.

To tackle the problem of providing adequate housing for older people, we need to focus on changes to expect in the physiological, psychological, social and economic realms. Some of these changes occur in people, (e.g. physical limitations, decreases mobility). Other changes occur to people (e.g. less money available when one retires). A careful analysis of changes an individual can expect will enable him to determine appropriate housing for his specific situation. See table 1.

Table 1  
Tentative Suggested Method For Analyzing  
Implications For Housing For The Elderly

Dimensions	Changes	Implication for Housing
<u>Physiological</u> <u>Changes in</u> <u>People</u>	Decreased mobility, physical limitations less acute hearing less tolerance of heat and cold less acute sight development of physical ailments	Emphasis on (1) safe facilities and features (2) comfort (3) ease of mobility in features (4) locations (5) available facili- ties, and services such as doctors, transportation, food service in- cluding groceries (6) attention to effect- ive communication methods (7) convenient setting for performance of day-to-day tasks
<u>Changes to</u> <u>People</u>	Increasing pollution (less tolerance of sounds and odors)	- Location of building in nonpolluted area - Nonpollution within building of sounds, etc.
	Increasing population (need for privacy)	- Physical space becomes more precious
<u>Psychological</u> (Mental and Emotional) <u>Changes in &amp;</u> <u>to people</u>	Diminishing self worth at retirement as non- productive member of society	Need for living envir- onment for continuing to develop what you want to become-(What you are has been in- fluenced by previous housing experience)
	Increasing alienation, impersonalization of society	Need for "belonging"

Table 1 (Continued)

<u>Dimensions</u>	<u>Changes</u>	<u>Implication for Housing</u>
	Less adaptability-- more resistance to change	Need for instruction with new housing features im- posed on occupant (e.g. dishwasher)
<u>Social</u>		
<u>Changes in and to people</u>	<ul style="list-style-type: none"> <li>. Separation from former colleagues (occupation)</li> <li>. All-day presence of retired spouses within the home</li> <li>. Loss of friends through death</li> <li>. Change in neighborhood</li> <li>. (Deterioration of housing, change to commercial zoning).</li> </ul>	<p>Social pattern change may necessitate attention to: different space requirements, pre-retirement planning, providing meaningful social interaction</p> <p>Decrease in value to housing or increase in property value for commercial purposes</p>
<u>Economic</u>		
<u>Changes to People</u>	<p>Less income with retirement, likely changes in laws, regulations, and/or practices regarding income taxes, sale of property, meal on wheels, etc. Changing economic conditions, Decreasing non human resources such as energy, Increased cost of utilities and services.</p>	<ul style="list-style-type: none"> <li>(1) With less income greater percentage goes for housing. For aged 35-50% of income may go for housing.</li> <li>(2) Need for education of people regarding property, etc.</li> <li>(3) With less income, occupants may not be able to afford upkeep in house they have lived in or afford different housing</li> </ul>
<u>Economic &amp; Social</u>		
	With less money - change in social events may be necessitated.	(1) More or less space is required, dependent on the person.
<u>Physiological &amp; Social</u>		
	With less energy, change in type of activities may be necessitated.	<ul style="list-style-type: none"> <li>(1) Space within housing unit</li> <li>(2) Location of housing unit</li> </ul>
<u>Physiological &amp; Psychological</u>		
	With less acute hearing and decreased mobility one may have more fear.	(1) Emphasis on safety features and facilities.

Table 1 (Continued)

Dimensions	Changes	Implication for Housing
Psychological, Economic, Social & physiological	Economic, social & physiological well being affect ones' psychological well being.	Optimal, adequate space for living is needed for mental health - - (1) facilities providing physical protection, (2) setting for social interaction, (3) having to retreat for renewal, (4) safe and convenient setting for performance of tasks.

Housing Alternatives for the Elderly

Joseph L. Wysocki

There are more than 22.4 million Americans or 10.5% of our population 65 years of age or over. By the year 2000, persons over 65 years of age will make up nearly one-fourth of the U.S. population. Traditionally, caring for and housing the elderly has been a family responsibility which was carried out through the extended family concept. The elderly spend from 80-90% of their day inside their homes.

Some important observations emerge from all of this. An increasing number of elderly people will need housing in the decades ahead. The waiting lists for elderly complexes are already long and will get longer. Since the elderly people

spend a large proportion of their day in their homes, their housing environment is important to them. Most elderly people can not escape from their homes. They need a satisfying and safe home environment. Also, just as there are a variety of accommodations for young and middle-aged individuals, the elderly also require alternatives to represent their broad range of interests, values, needs and lifestyles. Their housing selections will vary according to sex, health, marital status, economic status and household size. Their personalities, long established preferences and habits, and their psychological need for continuity in social relationships persist and should be respected in the alternatives available and designed for them.

Although we are speaking about housing alternatives for the elderly, it should be pointed out that the majority of the elderly do not live in housing specifically designed for them. Nearly 75% of older people live in their own independent household and will continue to live there so long as possible. Two-thirds of our older Americans are home owners and eight out of ten of these homes are mortgage free. Therefore, the choice for many of our older Americans is to stay where they are and continue living there as long as they can. Let's examine this alternative.

Alternative # 1. Remain in present home and continue living on your own.

ADVANTAGES -

- Don't need to move
- May own already
- Less social and psychological adjustment

ADVANTAGES (Continued)

- Know neighbors and friends
- Familiar with surroundings
- Furniture fits and can keep possessions.

DISADVANTAGES -

- May be too big to maintain
- May be too costly to maintain
- Not free of architectural barriers.

Alternative # 2. Move to another type independent housing such as mobile home, condominium, cooperative, or rental apartment.

Let's consider each of these.

Alternative 2a: Mobile home

ADVANTAGES -

- Purchase price is usually less expensive (per square foot) than other structural types
- Convenient to purchase since the price usually includes appliances and furnishings
- Initial investment (e.g. downpayment) is not prohibitive
- Financing of new units is easy to arrange
- Special services and facilities may be provided at little additional cost (if placed in a park)
- Income tax savings
- Form of forced savings since equity is built-up

DISADVANTAGES -

- Average resale value is likely to depreciate more than other structural types.
- Resale may be difficult to handle through conventional mortgage lenders.
- Initial purchase price usually does not include essential accessories (e.g. steps).
- Monthly costs may be expensive because of higher interest rates and insurance costs.
- In some areas, zoning prohibits setting the home on the buyer's land and well-planned and tenant-conscious mobile home parks may not be available. (Note: disadvantages of renting apply in this case)
- Unless properly anchored, wind poses a serious threat.
- It is costly to move the "mobile" home even though it is possible to do so.
- Time and energy required for maintenance and upkeep.

Alternative 2b: Condominium Ownership

DESCRIPTION -

Condominium ownership is created when a buyer receives legal title to certain property (exclusive ownership) as well as undivided share or interest (common ownership) in common areas and facilities of a building or project. Usually, this involves exclusive ownership of a dwelling unit and common ownership of such "common" facilities as the land, elevators, halls, lobbies, exterior walls, roofs, party walls (between units), and other items as defined in the master deed.

ADVANTAGES -

- One of the safest investments against inflation,
- A form of (forced) savings whereby equity is built-up may be used as security for a loan,
- Monthly costs are not related to a landlord's overhead and profit,
- Usually provides greater income tax savings than renting, More freedom to do what you want inside (and sometimes outside) than renting or cooperative ownership,
- Routine exterior and lot maintenance and upkeep is usually provided,
- Less likely to be forced to move than renting or cooperative ownership,
- May jointly establish rules affecting the use of common areas and facilities,
- Financial responsibility and risk is largely the individual's,
- Common special services and facilities may be available at a small additional cost.

DISADVANTAGES -

- Initial investment involves a degree of financial risk and limits investment flexibility.
- Initial costs may be prohibitively expensive.
- To a certain degree, the overall operation of a condominium project is dependent upon the ability of individual owners to make wise decisions collectively.
- The best interest of individual owners may not be served by the collective decisions to establish rules (e.g. exterior paint colors) or spend project funds.
- Selling may involve a considerable amount of time and expense.

DISADVANTAGES (Continued)

- Common special services and facilities add to the owner's costs even though they may not be used.
- May not share interests of other tenants - different lifestyles.

Alternative 2c: Cooperative Ownership

DESCRIPTION -

Cooperative ownership is created when an individual buys a share (stock) of a cooperative jointly owned by other tenant-stockholders. The individual, thereby, automatically gains the right to occupy a unit of the dwelling and assumes a proportion of management, mortgage, tax, maintenance, utility, and other expenses of the cooperative. Furthermore, as a tenant-stockholder, the individual has a voice in operation of the cooperative including the sale of other tenant-stockholder's shares and occupancy as well as the expenditures of the cooperative.

ADVANTAGES -

- One of the safest investments against inflation
- A form of (forced) savings whereby equity is built up by the cooperative and proportionately shared by the individual tenant-stockholder.
- Monthly costs are not related to a landlord's overhead and profit.
- Usually provides greater income tax savings than renting
- Maintenance and repair may be provided.
- Less likely to be forced to move than renting
- May jointly establish rules and select or evict tenant-stockholders
- Special services and facilities may be provided at little or no additional cost.

DISADVANTAGES -

- Initial investment involves a degree of financial risk and limits investment flexibility.
- Initial costs may be prohibitively expensive especially if the cooperative's mortgage has largely been paid.
- Most financial institutions will not accept an individual's equity in cooperative stock as security for a loan.



#### DISADVANTAGES (Continued)

- Most financial institutions will not accept an individual's equity in cooperative stock as security for a loan.
- To a large degree, the overall operation of a cooperative is dependent upon the ability of individual tenant-stockholders to make wise decisions collectively.
- The best interest of individual tenant-stockholders may not be served by the collective decisions to establish rules, spend project funds, or to evict a tenant-stockholder.
- A tenant-stockholder may be forced to assume a proportion of another cooperative member's pro rata share of expenses if the member defaults on his payment.
- Selling may be costly and more difficult than condominium or exclusive ownership.
- Special services and facilities add to the tenant-stockholder's costs even though they may not be used.

#### Alternative 2d: Rental apartment

##### ADVANTAGES -

- Small initial investment involves a minimum financial risk and does not limit investment flexibility.
- Initial investment is not prohibitive.
- Monthly costs are easier to predict since costly maintenance and repair costs are usually budgeted through the tenant's rent.
- Often less time and energy is required for routine maintenance and upkeep.
- Eliminates the trouble and expense of selling
- Financial responsibility is solely the individual's.
- Special services and facilities may be provided at little or no additional cost.

##### DISADVANTAGES -

- Equity is not built-up
- Usually provides less income tax savings than buying
- Part of rent costs is for the landlord's overhead (e.g. vacancy costs) and profit.
- The best interest of the tenant may not directly be served by the landlord's economic motive.
- Tenant activities and improvements may be restricted by the lease.
- The tenant may be evicted for numerous reasons or his lease not renewed.
- Special services and facilities add to rent costs even though they may not be used.

About 10% of the elderly live in households headed by someone under 60 years of age, most often relatives, probably children of the

elderly.

Alternative 3: Move in with relative

ADVANTAGES -

- Security
- Less expensive than maintaining own residence
- Less time required for maintenance since tasks are shared

DISADVANTAGES-

- Lack of privacy
- Difficult to be independent

So far, we have been discussing housing alternatives that are available to most segments of society, regardless of their age. Now, let's focus on those alternatives that are uniquely suitable for the elderly. About 15% of our older population live in some type of group housing ranging from completed independent elderly units to nursing homes. A consideration of each of these according to the degree of support and mix of population is warranted.

Alternative 4. Independent Elderly Housing

Independent Elderly Housing provides conventional housing facilities for self-sufficient residents. Though there would be no central dining room or other provision for special facilities, a community center as well as some minimal independent living supportive services would be provided. Similar to this concept are the retirement communities or villages located primarily in Florida and the Southwest.

Examples also include federally subsidized housing for the elderly such as public housing and 236 housing and state subsidized housing.

Alternative 5: Independent Elderly/Family Mixed Housing

Independent Elderly/Family Mixed Housing is designed to provide for independent oldsters who want the closeness of other family residences yet also choose to function separately. Anyone who desires a high level of age integration could comprise this alternative.

Alternative 6: Dependent Elderly Housing

Dependent Elderly Housing is for occupants who are more or less dependent upon congregate facilities. At a minimum, services would include common dining facilities, housekeeping aid, personal health services, and others as financing allows.

Alternative 7: Independent/Dependent Elderly Mixed Housing

Independent/Dependent Elderly Mixed Housing is a combined unit where one portion would house self-sufficiently. In this sense, the grouping would enhance well-being. By housing both the dependent and independent collectively, there is an increased possibility that those who are better motivated will inspire the less ambulatory to assume more responsibility for themselves. An example of this alternative is Friendship Manor in Roanoke.

In addition to these, other alternatives are also available including shared group living settings, foster homes, and single room occupancy hotels. Combined with homemaker services, meals on wheels, day care centers and other community programs, some of these alternatives become viable housing options for our senior citizens. Each community, in cooperation with governments, should strive to provide a variety of housing options for its older persons.

Unfortunately, all of these alternatives are not available to all of the elderly. One, they would not be suitable for all the elderly. Secondly, these alternatives are not available where many of the elderly desire to live. And it is difficult to move and uproot yourself after spending your life in a certain community. Thirdly, all of the elderly do not have the economic means to finance a move and be able to afford a housing alternative. Fourth, the elderly do not know that these alternatives exist and, in some cases, that they would be qualified to live in a certain type of complex.

I hope that in the near future, these alternatives will become viable choices for all our older Americans and are not merely words on a piece of paper.

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## LIFE FULFILLMENT THROUGH SECOND CAREERS

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Until fairly recently, popular thinking and indeed much of the academic literature, favored the single career work pattern. It was presumed that individuals would, or at least should, acquire a single set of skills and identify with them throughout the occupational life span. When work was a major means of self-identification and people lived in a society that was fairly static, this was reasonable thinking. Today, however, the single lifetime career patterns of thinking loses its soundness or force. Society is constantly in flux and the job or profession of most people has for some time been somewhat detached from the rest of their lives, except in an economic way.

Factors such as changing technology and changes in skill requirements which force a second career on an individual, can no longer be overlooked. Neither can increase longevity and the potential for extended working years. Sheppard (1971) noted that "Longevity . . . increases the probability that a number of intervening experiences--environmental and subjective--will affect the individual's occupational self identify and his continued interest in a given occupation." To paraphrase this statement, the longer a person assumes a specific occupational role, the more opportunities he will have for experiences which heighten his interest in his role, or conversely, heighten his dissatisfaction and make him desirous of change.

Haug and Sussman (1970) have categorized factors which may lead an individual to search for a second career as personal and occupational "push" and "pull" factors. In addition to employment which is eliminated by shifts in technology or corporate change, technical and physical structural determinants of an occupation can be "push factors." For example, commercial pilots cannot fly beyond a certain age; those engaged in professional sports reach a physical point beyond which they cannot participate. Pension and early retirement plans may also be "push" factors. Those in the military (with the exception perhaps of high ranking officers) generally consider, for example, that 20 years will end an initial career. Many Federal employees retire after 30 years of service, and in some states law-enforcement officers and other public servants can retire after 20 years of service.

If "push" factors are not determinants for encouraging or forcing second careers, "pull" factors may be. Increased pay, status, heightened security, challenge, or opportunity for fulfillment are examples. If the reasons a person searches for a second career are found among the "pull determinants," they are not always obvious. Case in point: statistics indicate that decisions to change careers are made most often during the middle years. What happens at this time to impel a person to switch occupational roles? Although job discrimination, a "push" factor, occurs frequently, "pull" factors may be the more significant determinants. Feelings of discrepancy between aspirations and achievements or feelings of dissatisfaction and personal ob-

solence are common during this part of the life span. Such feelings were once considered a white-collar and professional syndrome, but Sheppard's studies (1971) show that blue-collar workers also experience these feelings. In any event, there are indications that the "mid-life crisis" is becoming more and more prevalent, and, subsequently, more and more individuals are seeking second careers.

In addition to second careers which are forced upon individuals at various ages by occupational displacement, or being fired, those pursued after retirement from a first career, and those to which individuals switch voluntarily before retirement, there is another category which needs to be considered. By most social scientists, this category is considered a separate and extensive subject and is not dealt with in industrial gerontology. As a matter of fact, it is not usually considered a second career topic. The reference point is careers which are pursued by women who are widowed or divorced or have reached or passed the 40th birthday and find themselves in need or want of employment for various reasons. Cooperman (1971) believes that "In a very real sense, the woman who has been a homemaker all her adult life and who in later years seeks initial entry into the labor market is also embarking on a second career". These mature women, whether they're widowed, divorced, or married, have special problems in securing employment.

Second careers for older people run the gamut from part-time jobs to independent businesses to voluntarism to full-time employment to supplemental income ventures. The choice an in-

dividual makes among these alternatives will basically depend upon his economic and social needs, his personal desires, his capabilities, and perhaps his willingness to pursue further education. A closer look at some of the second career alternatives will promote an understanding of their possibilities and why some individuals opt for one and others opt for another.

#### Small Business as a Second Career

Since many individuals dream of building their own small businesses, this is perhaps the second-career alternative which should be considered first. A small business can offer an individual independence, an opportunity to be flexible and to use his own ideas, a salary plus a return on his investment, satisfaction, and pride in ownership.

"Wet blankets" will quickly point out that the statistics in regard to the success of small businesses are not encouraging. And it is true that about 80 percent of them fail. The Small Business Administration, however, believes that 90 percent of the failures are due to poor management. Many would-be entrepreneurs take the plunge without sufficient capital and sufficient forethought and planning. Such foolish action, coupled with continued poor business practices spells disaster. In spite of the failure stories, nevertheless, starting a small business can be a reality, and it can mean success for those who have confidence in their abilities, and are willing to work long, hard hours (at least in the beginning), and practice good management techniques.

The important thing to emphasize with the prospective small business owner is that he get all the information he can, study



every aspect of running a business, and then if the idea begins to look like a reality rather than fantasy, obtain the services of a lawyer and go ahead.

#### Voluntarism As a Second Career

Work in America (1972) defined work as "an activity that produces something of value for other people." Therefore, by definition, volunteering is work, although there is no or little monetary reward for it. It is a productive service or profession which is sought by many institutions and organized groups. Indeed, it is questionable whether numerous schools, hospitals, day care centers, libraries, centers for the handicapped, etc., could continue to operate as effective suppliers of public services if all volunteers decided to stay at home,

Voluntarism may be considered a viable second career option and many older Americans are availing themselves of opportunities to provide volunteer services. They are highly valued as volunteers because they bring with them a lifetime of experiences. Additionally, they bring with them a high degree of talent, dedication, and interest, and are anxious to accept roles which will give increased meaning to their lives, as well as provide value to society.

One of the advantages of volunteer work which is often overlooked is that it may be a stepping stone to a first-rate paying job--an opportunity for "retreading," for testing one's self--for seeing what other jobs are available. It also, in the words of Harriet Naylor (1971):

...makes a significant contribution to the volunteer's own psychological health and self-actualization. Volunteering offers many experiences necessary to democratic personality development. It is our conclusion that the individual volunteer needs volunteering just as much as the community needs him.

There are many older Americans who would like to become volunteers to improve their communities if they knew what to do and how.

#### Part-Time or Temporary Job As a Second Career

For many older Americans, full-time leisure is unwanted and undesirable; conversely, full-time employment is unwanted and undesirable. Money is frequently a problem, so they can't always sign quickly with volunteer agencies unless there is at least a small stipend. Consequently, a part-time or temporary job may be the most satisfactory solution for these individuals.

Part-time or temporary employment is indeed an effective way to utilize the talents and skills of senior citizens. Not only does it provide needed income; it keeps them in touch with other people and adds meaningful personal dimensions to their lives, as well. Data indicate that one out of every three persons who works and is 65 years or older, works part time.

Barriers which have kept retirees from using their skills in temporary, as well as part-time jobs, are slowly crumbling. Traditionally, employers have been concerned with the pension and insurance problems of putting older workers on the payroll, and let's face it, most still are. In some communities, however, nonprofit agencies--with an assist from the Federal government--are helping to at least slightly open doors that have been closed to retired individuals. More employment agencies have begun to recognize the pool of talent and the reliability offered by people who are in

"retirement," but don't want to be and can't afford to be.

### Second Careers at Home

Some of the most exciting second careers are initiated in the homes of senior citizens. These range from raising pups for love and money to hooking rugs for profit; from a business of baking for weddings to remodeling the spare bedroom for a gift shop; from teaching Chinese cooking lessons to designing and making Christmas treasures; from framing pictures to giving new life to furniture. Frequently, what has been practiced as a fun hobby for years is turned into an at-home career for profit.

Careers at home can be both profitable and exciting for older Americans. They allow for a lot of flexibility, and the individual is his own boss. They provide an opportunity for time to be used in interesting, challenging, and profitable activity. It's a kind of work that is not affected by automation and may bring the world to the door of those engaged in it. Additionally, the need is eliminated for transportation to a job, an extensive wardrobe, packed or restaurant lunches, and other expenses one incurs who works outside the home.

To be successful--that is, make a profit-- in a career at home, the individual must practice good business management techniques. He must know what materials and equipment to buy, how to price, how to keep records and he must have a functional understanding of taxes, Social Security, and legal requirements. He must produce a marketable product or service of good quality and locate profitable markets. Information in regard to these factors

is available in many current magazines and books, including SBA publications.

#### Full-Time Paid Employment As A Second Career

Lou Albee (1970) states that when an individual is in his forties, it is very difficult to find full-time employment; if the individual is in his fifties, it's tough; and if he's in his sixties, it seems almost impossible. In summary, the older you are, the more difficult it is to find people willing to hire you into a job which pays you a good salary and makes use of your skills and talents. And, this is because in spite of the nine-year-old law which forbids age discrimination, companies continue to try to maintain an image of youth.

Richard Bolles (1972) reminds us in his manual What Color Is Your Parachute? which, by the way, is becoming a classic for job-hunters and career changers, that every month, several thousand middle-aged men lose their jobs. One year later, 20% of them are still unemployed and 60% are underemployed (at lesser salary than before) or eking out a private income. Only 20% will be fully employed. He further states that the cause--in large measure--is failure to understand the job-hunting system in this country. If this assumption is true, and current literature indicates it is, then it follows that middle-aged and other individuals need help in fashioning techniques which will enable them to find employment.

Getting a job is a job in and of itself. It's tough, and fraught with problems, but the problems are not insurmountable if the individual goes about tackling them in the right way. The

biggest problem to be faced by the individual is his mental and emotional condition rather than his chronological age. Unemployment has a very damaging effect on both the individual and his family. It places a great strain on marriages and may even be a more serious crisis than the death of either the husband or wife, simply because it is not regarded as a crisis. Once the individual gets a perspective on this, he's in a position to deal more effectively and intelligently with it. The next step is to study and learn the art of job-hunting.

Where and how does an individual find a job? In recent years, the answer to this question has been the subject of some outstanding articles and books, such as the following:

Job Hunting After Forty, Lou Albee, 1970, Arco Publishing Co., Inc. New York. This book contains much sound, sensible advice for those on the journey between jobs. It stresses importance of mental outlook and faith that one is saleable.

What Color Is Your Parachute? Richard Bolles, Revised 1976, Ten Speed Press, Berkely, California. Peter Drucker refers to this book as "Excellent . . . a distinguished public service." It is a very practical approach to job hunting and contains very readable, step-by-step instructions.

The Back To Work Handbook (for Housewives), Barbara Prentice, 1971, Collier Books, N.Y. This book has been described as "an essential guide to part-time, full-time, and temporary jobs for the married woman ready to resume or begin a career." (This information, nonetheless, is equally applicable for the widowed or divorced woman). It presents a total view of the woman-power market today, with salary and reward vs. costs and shortcomings.

The Family Circle Book of Careers at Home, Mary Gibson, 1971, Cowles Book Company, Inc., Chicago, Illinois. A wealth of information is included on how to get started and organized, managing money, getting customers, selling, professional know-how,

and other key factors.

Starting and Managing A Small Business of Your Own, Wendell O. Metcalf, 1973, U.S. Small Business Administration, Washington, D. C. This is very helpful and popular book which has provided suggestions and guidelines for thousands of persons considering whether to go into business for themselves.

The key points in job hunting that are outlined by the books just cited follow:

1. The individual must find out what kind of activity really turns him on; that is, he must be very definite about what he wants to do.
2. He must decide what job market really needs him and begin learning everything possible about this field. If he isn't knowledgeable, he won't favorably impress prospective employers.
3. He must compile a list of employers that could make good use of his skills and talents, and by whom he would like to be employed.
4. He must package himself; that is, he must prepare a resume which is indeed a self-advertisement. It should omit any dates that date the individual.
5. He should apply for any job he really wants, even if he has only half the qualifications because astute employers are also on the watch for energy, enthusiasm, and talent.
6. He should personally contact the person who is in a position to hire, and ask for an opportunity to discuss the specific job field with one who is knowledgeable about it.
7. He must make the most of each interview he gets.
8. He will follow up by letter the interview--within a week--expressing appreciation for the privilege of discussing the job opportunity. This follow-up exercise can enhance a favorable impression and may even clinch the job for the individual.
9. The individual will go about job hunting as if it were his present job, and not expect miracles.

If the points just cited fail to sound like the traditional methods of job-hunting, it's because they aren't. The traditional

way includes studying the want ads, heading for employment agencies, filling out application forms in the offices of personnel directors, and waiting. And these haphazard methods do work very well in time of full employment (5% or less unemployed) and if the person is looking for "just a job." If the job, however, must make good use of the individual's skills and be satisfying, he must go about the search in a systematic way. The nine job hunting points outlined are more apt to obtain a satisfactory job for an individual than the traditional methods.

#### What You Can Do

As previously pointed out, life fulfillment through a second career can be a reality, and in your various positions of responsibility, you will have many opportunities to promote this reality. The following suggestions are offered for your consideration:

1. Try to understand what it's like to be middle-aged or beyond and unemployed. Forced unemployment is one of our nation's biggest problems and its traumatic for all its victims.
2. Become knowledgeable about employment programs that have been developed specifically to aid the older worker. Examples:
  - Forty Plus Club which now has offices in 13 cities and will help job-seekers who have reached a salary of \$15,000 or above.
  - Wider Opportunities for Women (WOW) which provides technical help to women's groups in other cities as well.
  - Local Senior Employment Programs which may operate as a component of the League of Older Americans, Inc., an Area Agency on Aging.
  - Foster Grandparent Program, Senior Companion Program, Senior Community Service Employment Programs (SCSEP).

3. Be instrumental in getting an office of the Forty Plus Club opened in Virginia.
4. Contact administrators or managers of places in your area where the capabilities of older people may be utilized effectively in part-time or temporary jobs.
5. Make your clients aware of job-hunting techniques. You don't have to be a career counselor to do this, but you do need to be sure that you are not myoptically restrict-  
ed to traditional job-hunting methods. You may even want to refer some of them to one or more of the books previously cited.
6. Learn how and where older people in your locale may volunteer their services. Don't overlook the Teacher Corps, Vista, and Peace Corps which pay a nominal amount for the service. And, don't overlook hospitals, schools, libraries, community centers, and any other groups or agencies that can make effective use of volunteer time.
7. Put those who want to go into business in touch with the Small Business Administration publications. When and if the business seems more a reality than fantasy, you may be able to secure the help of an SBA representative.
8. Put those who are engaged in supplemental income activities at home in touch with some individual or group that can help them to produce quality items and to find markets for their products or services. Help those who would like to venture into a supplemental income activity to choose one that correlates with their interests and talents.
9. Investigate the possibility of a job bank in your locality for Older Americans. This system will match skills of the individual with someone who has a need for the skill and is willing to pay for it.
10. Keep in touch with your legislators. Let them know your feelings about proposed legislation or legislation you would like to see proposed. The voice of the people is heard, especially when many voices speak to one need or issue.
11. Be knowledgeable about educational opportunities for older Americans in your area. Help your clientele to understand the different programs and how they may become linked to at least one which will make them more employable, either outside the home or in self-employment.
12. Set priorities in regard to helping your clientele start second careers. No one can do everything so identify your responsibilities and then decide which ones will help you to help the most people who are in need.



In summary, one of the major problems facing older Americans is the need for satisfactory second careers. In many cases, the employment need is an outgrowth of the need for income. In others, it may be a need for validation of worth, for physical and intellectual stimuli, for a feeling of accomplishment, or perhaps to fulfill even other needs.

Regardless of the reason behind the need for employment, a great deal of attitude changing among potential employers and employees must happen. Employers must be convinced that the over-40 worker is our greatest asset and take a new look at how his functional abilities may be utilized. The latter, in some occupations, will necessitate job redesign. Weed (1975) says:

As long as they are employed, men and women over 40 are our best producers. They are more reliable, they have less absenteeism, fewer accidents, and in most cases, are more conscientious and loyal. But once the over-40 worker loses his job, in the minds of hiring officials, he becomes less productive, more accident prone, less available for training, and less reliable.

Potential employers must be convinced that age doesn't have to count or that there is a market for their capabilities, experiences, and reliability. Potential employees must be convinced that they are salesmen with a product to sell--themselves. No salesman can ever sell a product he does not think is saleable. For this reason, the older person in need of employment must believe in himself. A change in attitude and a willingness to go about the search in a systematic way can mean that the individual finds a second career that will be economically, socially, and mentally satisfying.

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PRE-RETIREMENT EDUCATION

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Introduction to Pre-Retirement Education

Frank Kopriver, III

Pre-Retirement Education is the idea of providing formalized preparation for people who will be making the transition from a working to a non-working way of life. It is based upon the firm conviction that the retirement years hold potential

for self-realization. There is a rapidly increasing data base for studies of pre-retirement education ranging from the development of instruction models to the follow-up activities of participants. Whether older people can successfully adjust from a life of work to a life of leisure will depend upon our efforts today to mount an attack of idleness and its concomitant waste of human resources in the later years.

The focus of this workshop is directed at implementing pre-retirement education programs in local communities. If pre-retirement education programs were to select a theme, the words of Benjamin Franklin would be appropriate - "An Ounce of prevention is worth a pound of cure." Many of the problems we face today in helping older people are the result of poor planning and lack of information about the natural process of aging. We must make a commitment to eradicate ignorance. Pre-retirement education is a viable first step in the continuous process of life span education. It is imperative that older workers and their partners be given the opportunity to crystalize their concepts of retirement and achieve a realistic image of themselves and their roles as retired persons. We contend that pre-retirement education should not impart the doctrine of others' values, but rather to emphasize planning for change to meet the individual's situations which arise because of retirement. If older people are to realize the potential which they possess, the right of free choice must be an integral component of such programs.

Frances Carp, a noted gerontologist, has said, that pre-

retirement education programs should serve two basic needs: allow for human capacities to be retained and to promote satisfaction.

The agenda for this workshop will include a brief overview of the concept of pre-retirement education, outlining the rationale, history, and trends in pre-retirement education. A major portion of the workshop will be devoted to the components of a pre-retirement education program to acquaint you with types of information which may be presented in such programs. Virginia Tech Extension Specialists in Family Resources who have specific skills in each area will participate. Miss Kathleen Wampler will discuss the psychological aspects of retirement. Miss Gynelle Hogan will present the physiological aspects of retirement and Miss Hilda Dailey will discuss the economic realities inherent to retirement. The last phase of the workshop deals with implementing pre-retirement education programs in local communities. Miss Jo Anne Barton and I will conduct this section and explain the resource packets compiled to assist you in developing local programs. A question and answer period will be held as the concluding segment of the workshop. We feel that the information provided today can help you influence many older Virginians in planning for life-fulfilling and self-actualizing experiences in later years.

My interest in retirement was stimulated during adolescence when I observed many retirees of the U. S. Steel Corporation Plant in Pittsburgh, Pennsylvania wasting their potential by pursuing a

life of idleness. Retirees from that plant, as well as other industrial plants, seemed totally unprepared for this change. Retirement seemed to be a "shock" in their lives and they looked and felt as if they had nothing further to offer. This mismanagement of human resources should be averted. Throughout my work toward a terminal degree, my interest has been in pre-retirement education. My research concerns the attitudes of retired steel workers toward pre-retirement education. My interest is to prove that pre-retirement education is valuable to society and convince manufacturers to formulate pre-retirement education programs for their employees. My commitment to pre-retirement education, as a form of anticipating socialization, enables me to share several thoughts with you.

Retirement may be examined within the context of the social system in interaction with social institutions. To identify the ideology which results in the forced retirement for workers, it is necessary to focus on the interaction between the social system and social institutions. The retirement decision is influenced by several factors, many of which are beyond individual control. In the present social system, individuals make decisions within the range of institutionalized patterns of retirement and cope as best they can. Pre-retirement education suggests several economic, political, and socio-philosophical factors which shape the institution of retirement within the American social system. Several of these factors will be identified as reasons for retirement. If the social system has created retirement as a mechanism for its

own functioning, then pre-retirement education should also be developed to enable individuals to cope with this forced, transitional role adjustment in the life cycle. The Louis Harris study revealed that only 8% of the retirees were in a pre-retirement program. It may be well to note that within ten years there will be 30 million people of retirement age.

The economic necessities generated by the Depression of the 1930's created the Social Security System. The intent was to entice older workers out of the labor force by providing them with a source of income specifically contingent on their not working. It was assumed that removing older workers from the labor force would make more jobs available for younger, better trained workers struggling to support young families. The affect of the program has been to create a governmental barrier to work beyond age 65. Because the system is mandatory for all Americans and clearly established in legal precedents, few individuals rebel against it. Thus, the bureaucracy has stifled the initiative of older people to continue in productive work roles.

Economists have documented retirement rates to be responsive to fluctuation in the economy, rather than to basic changes in individual attitudes toward work and retirement. Jaffe presents a simple economic model that helps illustrate the importance of retirement as a mechanism to the supply and demand in the labor market. According to his model, the demand for labor (estimated in man hours) is a function of the size of the labor force, the labor productivity rate (averaging two or three percent per annum

for the last several decades) and the economy's rate of growth (averaging 4.4 percent per annum during the 1960's). If the economy should continue to grow at an annual rate of four percent, labor productivity remains at 2.5 percent, and individuals continue to average 1,560 hours of work, there would be a demand for 129 million workers. Older workers would then have jobs. In 1971, the demand for labor was insufficient to employ all those over 65 who desired to work. Future predictions indicate no foreseeable increase in the demand. In such a tightening economic situation, older workers are among the last hired and first fired to accommodate these economic conditions.

Another example of the macro-economic forces at work is the development of private pension schemes to help finance retirement. The initial push for private pension plans came from the self-interests of employers. They perceived that advances in modern technology rendered older workers obsolete at an accelerated pace and were concerned that Social Security income levels were too low to entice older workers out of the labor force at 65 or before. To hasten the departure of older workers, they instituted supplementary pension plans to accomplish what Social Security was designed to do. The age at which these benefits are available is consistently being lowered and promoted as "company consciousness" to the needs of its workers. In reality, it is merely an extra incentive for the older workers to retire.

It should be clear that the social system controls its members through economic mechanisms. Social Security is frequently debated,



but corporate pension plans and others serve the same purpose, to entice older workers into retirement.

If older workers appear unusually disadvantaged in the economic system, it is in part traceable to their weak organizational ties in the power and decision-making mechanisms in the social system. Unions have traditionally supported the desires of younger members who demand pay increases. Therefore, pension benefits and other items of concern to older members are not considered as high priority in negotiation. The only time older workers benefit in this struggle is when a down-turn in the economy creates an environment where the only item for unions to bargain for is increased pension benefits. Clearly older workers are forced to take a back seat in the process.

Senior citizen organizations are relatively new and are not very effective as lobbying agents in Washington. Although their membership is growing, such groups lack expertise when confronted with the other lobbying groups such as medicine, education, and labor. It is felt by many political analysts that these organizations are better equipped to deal with state legislatures and Federal agencies, rather than Congress. The potential political clout of the aged has not been effectively utilized. The efforts of older people to establish the institutionalization of retirement, to redistribute the social systems' goods and services in a more equitable manner, and the movement to add age to "thou shalt not discriminate on the basis of race, creed, religion, or sex" have been spectacularly unsuccessful.

Several political trends are worth noting:

A. Demographic factors — The size and proportion of the elderly population will continue to increase. The economics of inter-generational social contact will become a salient issue.

B. Participation versus Disengagement — The theories of aging conflict in their approach to political behavior. Disengagement studies show a low degree of participation among the elderly, but socio-economic level is a key determinant. Activity and Continuity theory studies reveal that participation is increasing in the elderly sector. If the elderly begin exercising their constitutional rights in unison, profound social changes in their favor may ensue.

C. Education — Future cohorts of elderly people will be much better educated than the ones at present. Studies reveal that the higher the level of education and the greater the participation in politics mean that heightened consciousness will bring age issues into the political forefront. The view that future elderly will be better equipped to participate in the political process will undoubtedly aid the cause for social readjustments in their favor.

D. Additional Forms of Political Activity — Studies of youth and political protest in the 1960's documented that new forms of action have been widespread and accepted as legitimate. As this younger cohort moves into the ranks of the elderly, non-conventional forms of political activity, such as sit-ins, civil

disobedience, and protest politics in general, may be exercised with frequency. If the elderly of the future do not feel that their desires are fulfilled, these forms of political activity may play an important role in guaranteeing their rights.

E. Age Consciousness — Future cohorts of elderly will be more aware of the economic and political issues than the ones present. If such issues become salient political points, the elderly may begin to share some of the characteristics of minority groups, one of which is heightened political consciousness and action.

Such dominant American values as science/technology, work/activity, youth/utility, and optimism do not agree well with attempts to legitimize the experiences of old age, retirement, and leisure. The inflexibility of the American educational, occupational and retirement-leisure institutions is an example. The individual's life cycle has relatively fixed periods of education, work and leisure (adolescence, adulthood, and old age). The person who varies from this pattern will face barriers of many kinds. The need for a new flexibility in our society is repeatedly stressed in the literature.

There are many economic, political, and socio-philosophical forces that interact to place older workers in a low status position in society. Several have been mentioned here. If society creates mechanisms such as institutionalized retirement, it should also permit other mechanisms to evolve. Pre-retirement education should be permitted to develop and hopefully eliminate much misunderstanding of the macro-social environment which exists today.

The role of pre-retirement education should be to enrich older people with satisfying and status-giving experiences.

The idea of providing older workers approaching retirement with formalized preparation is one that has developed since World War II and has paralleled the growth of pension plans. This development has been unsystematic, emanating largely from such interested universities as Chicago and Michigan in the United States and Liverpool in Great Britain. Most programs in the United States are a result of cooperation between universities and industry. The approaches utilized are either individual counseling or group counseling. Research has delineated the group discussion approach as the most effective method.

Very little is known about the origins of the individual counseling method. Early surveys indicate that well established programs were in operation prior to 1950. The origin of the group discussion method can be traced to the above mentioned universities. The University of Chicago initiated its first program in 1951 and drew heavily from the research findings of its social scientists who were engaged in the first studies of the problems of older people. Foremost among this group was Dr. Havighurst.

The University of Michigan conducted its first educational program for older people during the spring of 1948. Although it is not called pre-retirement education, it was concerned with the socio-psychological changes in aging and retirement. The first programs were based on the premise that as people grow older, certain crises or problems will create conflicts in their lives.

The resolution of these conflicts by planning for the future was the aim of the programs. Although very few in number, early pre-retirement education programs were recognized as having admirable qualities. The growth of such programs expanded into public school, adult education departments, libraries, churches, government unions, and increasing numbers of business firms.

Many surveys have been conducted to identify the number of businesses participating in pre-retirement education programs. The most comprehensive national study has been conducted on a periodic basis by the National Industrial Conference Board. In tracing the growth of programs, a survey of seventy of the largest corporations in the U. S. in 1951 indicated that thirty-seven percent (37%) had some type of counseling. In 1952, fifty-four percent (54%) of six hundred and fifty-seven companies had programs; in 1955, sixty-five percent (65%) of three hundred and twenty-seven companies had programs, in 1964 sixty-five percent (65%) of nine hundred and seventy companies had some type of program and in 1974, eighty-eight percent (88%) of eight hundred companies had pre-retirement education programs. These statistics were in response to the question, "Regardless of its degree of formality or informality, does your company have any kind of pre-retirement counseling?" No attempt was made to define what was meant by counseling. Closer examination of the statistics revealed that more than half of the 1974 sample (371) gave only purely financial information. Another 170 added

basic health. General counseling was added by 163 by 60 of these provided counseling only in written form. In the remaining 103 companies, only about one-third covered a significant proportion of anticipated problem areas. Moreover, the majority of companies that gave counseling conducted only between 1 and 4 conferences, most of which were done on an individual basis. It is obvious, therefore, that although 704 companies gave a positive response, only a very small number of them (approximately 35) were doing anything near an adequate job. However, the fact remains that pre-retirement education is a growing phenomena and time will permit the existing inequities of programs to be resolved through additional research and its implementation into field practice.

The results of pre-retirement education programs seem to indicate that it works for people in general. Special groups of older people need specialized approaches because of extremely divergent individual situations. In the final analysis, the potential for pre-retirement education programs to help older people cope with the pressing psychological system problem of finding a meaningful niche in a new period of life has begun to emerge.

Woodrow Hunter, a recognized authority in the field of pre-retirement education promotes the concept of programs being considered as a kind of special continuing education. He believes that the responsibility should be placed within the public education system. As the movement of pre-retirement education gathers momentum, the issue of whose responsibility

it is to conduct programs will need to be settled. Most researchers feel that is unnecessary at this stage of development to make any final conclusions. Rather than charge industry, labor or any other organization with the responsibility, it seems only logical to place the primary emphasis on local community involvement. All groups should come together by contributing to the total effort of supplying facilities, funds, leadership, providing information, given counsel, and developing opportunities for retirement living. Older people need to avail themselves of the opportunities created for them by the community. Under these circumstances it makes very little difference whether the program is offered by a university, an adult education department, a YMCA, an industry, or a labor union, as long as the various elements of a community work together to achieve the goals of the program.

Evaluation of pre-retirement education programs is a critical issue. Many kinds of research are urgently needed as a basis for future program development. The next several years will determine the seriousness of our efforts in order to bring about fundamental attitude change toward retirement. A review of recent dissertations reveals an increasing number devoted to various aspects of pre-retirement education. As research in this area becomes of more value, researchers and practitioners must strengthen their ties through mutual cooperation.

We will witness an increasing amount of innovative programs in the next several years. The purpose of this effort will be to

improve the effectiveness of programs through a variety of approaches. Experimentation by practitioners will be encouraged as the basis for further research. The utilization of retired persons to conduct and/or aid in programs will become an integral component of many programs.

Vice-President Mondale has been an advocate of pre-retirement education. It will be interesting to observe how he will influence Federal agencies in this regard.

Recent events indicate that pre-retirement education will be given a great deal of emphasis in the future. The extent of the interest will largely depend upon groups of people such as yourselves who could have a major impact on this new field. Community involvement appears to be at the van guard of the movement.

Some Psychological Aspects--  
A Part of Pre-Retirement Planning

Kathleen Wampler

At every stage of life there are certain tasks to be accomplished, things to learn, adjustments to be made, and problems to be solved. Evelyn Duvall sights two main tasks to be dealt with by older people: 1) finding life meaningful after retirement, 2) adjusting to decreasing physical health and strength. Other tasks relating to social, emotional, physical and economic adjustments are related to these tasks.

"Old" has a different meaning to almost everyone: to a child, 20 is old; to a teenager, 30 is "over the hill"; and to a 75 year old, someone older than himself is old.



When a person becomes 65 and/or retires, our society expects all sorts of things to happen: age descents; the curtain falls; the golden age proves to be a myth; the active contributor now becomes a passive receiver of whatever an ungrateful society leaves for him, a second class citizen. However, wrong these statements are, these attitudes color relationships with the elderly and build barriers to mutual respect and understanding. One's personality does not change merely because of age. Unless altered by some pathological change, he will be "the same" as always.

Thinking about retirement usually includes thinking about time to relax and enjoy life free from set routines, time schedules, and pressures of work. How can retired persons remain contributing members of society after the excitement of parties, travel, etc., wear off? They can get involved in part-time work, volunteer activities, senior citizens group, continued active membership in civic organizations, and educational endeavors.

Many people feel retirement should be a choice made by the individual rather than by society's rules. Plans for early retirement should include: areas concerning economics, hobbies, job-related interests to be carried over, educational programs on what pre-retirees want from life and how to achieve it, and maintaining social skills. Pre-retirement planning seems to be most effective for persons 50-65 years of age. Younger persons could benefit if they would participate.

Large numbers of retired persons will affect many major changes: national values, national self-concept, educational objectives, and concept of personal worth (much of which is based on production rather than consumption).

Woodrow Hunter from University of Michigan says, "The common objective for pre-retirement education is to help people approaching retirement to achieve a satisfactory transition from working to a non-working way of life." People tend to become victims of their own habits, life styles, thoughts and attitudes. Habits prevent people from realizing the need to adapt and conquer new problems.

Because of the many changes in one's life, "retirement shock" may be a problem. One's ego may be affected by: 1) loss of prestige or power, 2) loss of established routine, 3) loss of social contacts, 4) loss of personal self-esteem, and 5) loss of life purpose.

Changes in attitude take place toward self and one's own personal worth, toward one's role, toward society and the job organization, and toward participation in life in world around one.

Changes in routine occur. The retiree is out of the organization stream; physical environment is different; and social environment is different.

Responsibilities change. Time becomes a threat; one must rely on oneself to make new commitments; the individual needs activity, not just busywork; one needs to feel needed and essential.

Viewpoints change. The job previously was at center of organizing life; job advancement colored most of activities; one looks backward instead of forward for satisfactions and tends to turn inward rather than outward.

Psychological changes occur. There is increased consciousness of health problems; one is more aware of lowered energy level; one feels psychologically isolated; one tends to avoid threatening new experiences; one's life role is confused. Behavior is unpredictable; one becomes more defensive and critical; and one may substitute talk for action. Challenge gives meaning to life and for continued happy living after retirement. Continued flexibility is required. When one becomes rigid in ideas he resists change because he doesn't see the challenge of new ideas. Then one is doomed.

How can individuals face change? Foster flexibility. Develop a variety of outlets; develop hobbies; and become involved in activities while working.

Prepare for attitude changes towards self with new ways to contribute towards society by learning about it and becoming involved. Promote good health and be physically active. Be a follower when necessary. Read and become informed. Don't be afraid to be wrong.

Develop new goals and interests. Maintain curiosity about the world in more than one area and review abilities and limitations realistically.

Become interested in other people's problems. You'll have less time for your own.

Explore new activities without lifetime commitment but with some continued satisfaction, such as a variety of creative activities and studies, service activities, part-time work, continuing education, and creative leisure. Do some things alone and some with family and some with the community.

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#### Good Health in Retirement

Gaynelle Hogan

Happiness and health at 65? An expert in aging, Dr. Robert N. Butler, director of the National Institute of Aging says health and happiness is the "work of a lifetime". That is you have to prepare, through years of proper diet, exercise, learning self-care, and being intellectually and socially involved. You have to keep your head and personality alive. He emphasizes that you can't suddenly find out at 60 or 70 what some of the important elements of health care are.

It's what we do now to improve our health that can help us enjoy the remainder of our life with vim and vigor.

How does your body age? Most of us begin to age at about thirty. Some of us age so fast we're old at fifty. Others are youthfully vigorous at eighty or more; for them, aging has pro-

ceeded slowly. Doctors describe normal aging in terms of the average person. Most of us, for example, begin to need glasses in our forties, our taste buds start to lose their sensitivity in our fifties. The decline in our sense of smell starts in our sixties. Surprisingly, hearing is keenest at age ten, then may get duller gradually, but very slowly.

Gerontologists tell us that since we begin getting older at birth, there is no definite point in our life at which we become "old." It's not how "old" you are in years that determines our fitness. What is most important is the state of our heart, arteries, liver, lungs and other essential organs.

What are the major methods we can use to slow down our biological clock? Medical science recognizes that the main requirements for good health are fairly basic. Exercise to keep in shape, a balanced diet, adequate rest, stimulating activities and regular medical checkups all contribute to good health.

Proof of this thesis was established several years ago by Dr. Lester Breslow, Dean of the School of Public Health at UCLA. He conducted a 5½ year study of 7,000 adults. The results showed that life expectancy and better health are significantly related to a number of simple but basic health habits. These included:

1. Three meals a day at regular times instead of snacking
2. Breakfast every day

3. Moderate exercise (long walks, bike riding, swimming, gardening) 2 or 3 times a week
4. Seven or eight hours of sleep a night
5. No smoking
6. No alcohol or in moderation
7. Moderate weight.

Among the specific findings:

1. A 45-year old man who practices 0-3 of these habits has a life expectancy of 21.6 years; or he can expect to live to about 67. A man with 6-7 of these habits can look forward to 33.1 years, or to age 78. In the words of Dr. Breslow, "the magnitude of this difference of more than 11 years is better understood if we consider that the increase in the life expectancy of white men in the United States between 1900 and 1960 was only 3 years.

So, where should we start in our good health plan for retirement. First begin with a visit to your doctor and dentist. Regular and medical check-ups, even if you feel healthy, are among the best investments in good health any individual over age 50 can make.

At this stage of life it is particularly important to have a family doctor who knows you, so that in a crisis he can quickly advise you. When you visit him, don't hide symptoms which you think are trivial or embarrassing. Have him explain clearly the nature of your ailment, results of lab tests and how the therapy or the medicine is expected to work.

And remember that the earlier your doctor detects any disease or poor trend in your health, the better will be his chances

of correcting it so that you can enjoy yourself in years to come.

Avoid self medication. There is an old saying, "Anyone who doctors himself has a fool for a physician." With the scientific medical care that is available today, it is foolish to take the risks involved with self-medication. Dosing yourself with pills can be harmful and under some circumstances, fatal.

To feel lively - be lively. As the years go by we all tend to be less active physically, and some of us get virtually no exercise at all. One of the many unique features of the human body is that the more you use it, within reasonable limits, the better it is. We know it is unhealthy to "conserve" energy by avoiding physical activity, unless there are specific medical reasons for doing so.

Exercise makes you feel, look and think better. Not only do your lungs and blood vessels work better, but your digestive system is stimulated, bowel function is improved, and back weakness and pains are often prevented.

What kind of exercise is needed? Check with your physician before entering an exercise program. "It matters little what kind of exercise it is" advised the late Dr. Paul White, heart specialist, "provided it suits the strength and liking of the individual." To some people exercise means formal calisthenics. Exercise is essentially any physical activity or muscular movement, recreational or otherwise. Exercise is spading the garden or sweeping the sidewalk, bending, moving or stretching in cleaning the house and windows, or doing useful things about the yard and garage.

Whatever physical activity you choose, make it a regular habit. It is the cumulative effect of exercise that pays off. Avoid becoming a weekend athlete. Try to work in some exercise every day. If nothing else, walk briskly to and from work or around the block regularly.

Walking is the easiest way to keep your body in shape and your weight under control. Best of all, walking costs you nothing. You can walk any time, any where, alone or with companions.

What Should You Eat? Older persons need the same nutrients as other family members, that is nutrients supplied by the kinds and amounts of food in the Daily Food Guide.

As you approach retirement age, and later, you're in danger of putting on excess weight. Nutritionists explain the situation this way. There is a gradual reduction of basal metabolism with age. This means that fewer calories are needed for basic body processes, the reduction is as much as 10 to 15% from age 25. As you grow older, you're likely to engage in less physical activity. In other words, you need fewer calories to keep in good health at sixty-five than at forty-five. That is why, if you maintain the same diet throughout your life, you tend to put on weight.

Obesity is regarded by gerontologists at the Center for the Study of Aging and Human Development at Duke University Medical Center as one of the four major causes of "getting old before your time" or premature aging. (The other three causes are inactivity, smoking and lack of life-satisfaction).



During the past 15 years, there has been much controversy over the role of fats in cardiovascular diseases. Thousands of research studies later, it has been found that diet is but one of the many factors associated with the increased risk of coronary heart disease. Other factors include heredity, obesity, high blood pressure, high blood cholesterol and high blood lipids, cigarette smoking, lack of exercise, stress, and certain metabolic diseases such as diabetes.

Mark Twain once said, "No matter what a man's age, he can reduce it several years by putting a bright colored flower in his buttonhole." A bright, fresh outlook is essential for enjoying life at any age. As we grow older, a positive outlook helps keep the body in tune.

Doctors estimate that as much as 70% of their patients' ills are emotionally based or caused. Unfortunately, middle age can be a time of stress for both men and women. Along with life's normal wear and tear, we may be faced with the fact that we're approaching the end of our careers and the status our jobs provide.

Many physicians believe that these and other stresses can play a part in the onset of chronic diseases, particularly atherosclerosis, heart disease, hypertension and strokes. Researchers have found that the heart-attack prone individual is likely to have excessive drive. He also feels a compelling sense of urgency and can't adjust easily to changing circumstances.

If you are subject to unusual physical or emotional stress,

learn to recognize your limits and how to "pace yourself" to reduce these tensions. In his book, Keeping Young and Living Longer, Dr. Joseph P. Hrochover advises, "If you want to live a longer, happy and vigorous life, don't develop a life-style that's one pill-taking emergency after another. Rest when you need to; slow your pace when it gets frantic; budget fun into your day or week to allow you to work more effectively afterward. This is the best health insurance you can buy."

So how can we have happiness and health at 65? I think that Dr. Butler sums it as I said in the beginning, when he said, "It's the work of a lifetime. You have to prepare through years of proper diet, exercise, learning self-care, and being intellectually and socially involved."

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Factors to Consider in Financial Preplanning for Retirement  
Hilda Dailey

According to a French parable, a country gentleman directed his gardner to plant a seedling of a fruit tree he especially admired, and to get the job done that afternoon. The gardner knowing his employer was over eighty, pointed out that the tree would not reach bearing age for at least ten years.

"In that case," replied the employer "there is no time to waste. Plant it this morning."

Time is one of the most important elements of retirement. Time and money are closely tied together in the matter of financial planning. Let's look at time as the time to begin planning, the time element of compound interest and the time to be spent during retirement.

As in the parable the time to begin planning for retirement was this morning. Already, it is this afternoon. When retirement is many years away, plans will consist of living just below one's present income in order to have necessary income for later life. The earlier in life a person begins to prepare for retirement, the less financial resources he needs. A small amount of money saved over a long period of time amounts to a larger amount than a large amount saved later in life, when interest is accumulated over a shorter period of time. Compound interest is an amazing factor of growth of money.

As the time approaches for retirement, plans begin to

take on a more definite shape. But, at this point, let's pause to look at the word "time". TIME. What is it? Even Webster doesn't tell us what it is. He only uses synonyms: time, a moment, a day, the period during action.

Something happens during all of our time. We are doing something now. We will do something the next hour. We will eat, sleep, play, or work. Time is used for all of these.

Time in Retirement. Time must be used. Time requires decisions because it is imperative that we use it. We are forced to make decisions. If we don't plan to do something, we will do nothing. Planning to do something leads us to consider alternatives, and not often in our lives do we have more alternatives than at retirement. This bothers many people. If we look at the total amount of time it can be overwhelming. A man after retirement has about 15 years of life expectancy, a woman longer, Then retirement constitutes about 1/4 of one's adult life. But, this time is made up of days. In a period of 24 hours we usually sleep 8 hours, use 4 for meals and snacks, 2 for personal care, There are only 10 hours left that require choices.

Those 10 hours! They can be used to increase income, to watch birds, to volunteer services to others, to learn new knowledge, to pursue an interest in depth, and we have numerous other choices. The point of this whole narration is that "Retirement involves use of time that must be spent and the use of time requires making decisions." There is no way to avoid these decisions. We either decide to sit while time passes or we do some-

thing. Sitting is not commendable either for personal welfare or society. If time is used for something productive we must plan. The earlier you begin planning the more successful your retirement. Let's relate time and the financial aspect of retirement.

Time may be used to increase income in early years of retirement. Money is needed to finance the use of our time after retirement. Money is needed for shelter, food, clothing, medical care, and transportation. It is needed to pursue interests, to give volunteers service, or visit friends.

How do we plan financially for retirement? The objective of retirement planning can be stated quite broadly: to provide in one's later years for necessities, some luxuries, and security for a surviving spouse or other dependent. For a young person this is specific as he can get. For one who can see retirement approaching, the objective can be more fully described as: to live at a certain income level, in a certain place, in a certain type home, and with opportunities to carry on certain activities.

It is not an unreasonable goal to plan to continue to maintain a standard of living after retirement not too much reduced from that of one's economically best years, allowing for the inevitable changes age bring in taste and capabilities. Let me repeat, this is not an unreasonable goal but it does require pre-retirement planning. In the vast majority of cases it requires individual saving and investment to supplement Social Security benefits and private company pensions. The

earlier you begin savings and investments the more time there is for the yield to compound and the funds to accumulate.

### Estimating Net Worth

Your financial resources, assets and prospects, establish the base for your retirement plan. Identify the present value, the value at retirement, and the use of each asset as it fits into your plan. For example, will you plan to keep the asset or sell it? How much return can you expect? Assets may include: house, other real estate, cash value of life insurance, pension rights (cash value), savings bonds, stocks, bonds, balance receivable from loans, net cash value of business, automobiles, checking account, and/or savings accounts. What are the liabilities? List each and the amount. What will be the balance outstanding on each of these at retirement? What new debts will be assumed before retirement?

Other questions to ask: When will the last child leave the nest? Will there be need to help parents or other relatives in later years?

If there is a possibility of an inheritance, consider it as a resource to be invested or used, but not as a plug to stop a leak. Career outlook affects retirement plans. Changes, promotions, and pension plans are to be considered, also.

The wife's employment affects family expenditures and goals. The wife who uses her income for installment payments and everyday living expenses and then quits work puts the family's finances in jeopardy. The wife's disposable income, should there be

any possibility that she stop work, should be used to strengthen the family's financial position. Translated into specific expenses, these are down payments (not current payments) and savings for long term goals, cash for furniture, car, savings for retirement, and an occasional vacation. These same guidelines apply to husband's extra or unpredictable earnings.

#### Developing a Retirement Program

A savings and investment program is indispensable. The exact amount at retirement is difficult to ascertain for young people, but savings for family security is a necessity and is related to retirement. The savings program should be reviewed frequently in light of purpose and return of investment.

What about inflation? Inflation is certain, only the rate is uncertain. Inflation is only one reason why savings and investments should be evaluated periodically.

Full or part time employment after retirement is one alternative. Much can be said for employment after retirement. In addition to monetary rewards, a second career can offer new experiences, interests, and friends.

Another alternative we have is that of lifestyles. A life of strolling along beaches and playing checkers in the Florida sun is just the cup of tea for many. Others will choose to devote full time to a second career, while in between, many will serve as volunteers or pursue a craft or interest.

The location in which a person chooses to live will affect living costs and way of life. Should you stay where you are or move? Staying put allows you to anticipate living expenses fairly

accurate and to keep in touch with friends and familiar community activities. Moving may get you to a more favorable climate or cost less than present living arrangements. To move or not to move is an important and maybe a difficult decision. It may require a great deal of research and investigation.

The elements of retirement discussed to this point are more in the realm of choices to be considered.

The financial plan for retirement is directly related to, and is a base for one's choices. It is, however, a little different in that it can be segmented into parts: resources, or assets as discussed earlier, a tentative spending plan or budget, and a program to provide income to finance one's needs and wants.

Simply add up the resources available to get the amount of income that your resources will provide, estimate living expenses and compare the two.

How does one determine living expenses for retirement?

The amount a family spends for each item of living is personal. Each family should design its own budget.

To make a retirement budget, list the expenditures as they are now. The headings that you will probably use are: food, at home and meals eaten out; housing, rent or mortgage payments, taxes, insurance, repair and maintenance; household operations, fuel, electricity, gas, water, garbage and telephone; equipment, household and outdoor; transportation, monthly payments or depre-



ciation, repairs and maintenance, gasoline and oil, tires, licenses, insurance, tolls, parking, and public transportation; clothing and personal care; medical care, health insurance, out of pocket medicine and doctor bills, eye glasses, and hearing aids; recreation; miscellaneous, tobacco, stationery, postage, and expenditures for pets, life insurance premiums, and dues to societies; taxes, federal, state, and local; Social Security; savings. What do you spend on these now? Use a monthly or annual figure but keep a record to give true figures. When you have sufficient figures, determine how each will change after retirement.

Many of these expenditures will be eliminated while others will be reduced and some may increase. What is the total income needed to support your after retirement plan? How much income will be available from pensions, Social Security, return on investments? Is the income sufficient? Do you need to increase income? If income can't be increased, where can you adjust expenses?

Financial planning is basic to the success of 1/4 of your adult life. The time to begin planning is when you take your first job. The time to draw up your more detailed plan is several years before you set the alarm clock for your last day on that job.

Resource Persons Who Might Assist With  
Pre-Retirement Education Programs

Jo Ann Barton

Each community has a unique cluster of resources which can be utilized in planning, implementing, and evaluating pre-retirement education programs. Those listed by participants in the workshop follow. Some are available in most communities while others are more apt to be found in urban areas. There are probably other agencies, organizations, and individuals who were not identified by participants.

Pre-retirees and spouses. These persons should be able to identify concerns of pre-retirees and to identify persons to be invited to attend the sessions.

Recently retired persons. These individuals can identify problems which they encountered on retirement.

Churches may provide audience, meeting place, or expertise. A minister may teach sessions on adjusting to changes in family situations.

Business and industry personnel or industrial relations sections may sponsor groups and/or provide information regarding retirement benefits.

Cooperative Extension Service agents. The Extension Division of VPI&SU has 112 unit offices in Virginia. All have a home economist who is prepared to teach a variety of topics related to personal and family living. These agents also have access to faculty resources at Virginia Tech and Virginia State College.

Home economics teachers are found in most school systems in the state. Their training and experience enables them to teach a variety of topics related to family living and concerns throughout the life span.

A lawyer might talk about legal aspects of preparing for retirement: estate planning, wills, etc.

A realtor might discuss pros and cons of selling and/or buying property. Contractors or HUD representatives may be involved in discussion of housing alternatives and safety.

Gerontology planner in Planning District can help plan program and identify resources.

Social security representatives can explore topics related to social security benefits and Medicare.

Health professionals (physician, nurse, pharmacist) can talk about general health concerns: check-ups, self medication and fraud.

An Undertaker can discuss funeral planning.

Virginia Employment Commission can provide information related to second careers.

A Banker can talk about financial planning.

Educators can talk about continuing education opportunities available through area high schools and colleges.

Faculty members of area colleges and universities (both public and private) have expertise on a variety of topics appropriate for pre-retirement programs.

Representatives of groups such as Red Cross, RSVP, Title VII, can talk about service opportunities.

Public health nutritionist or hospital dietitian could talk about food fads and other concerns related to health.

Health/Physical education instructors can talk about activity for older persons and physical fitness.

AARP, Gray Panthers, and other organizations for retired persons may provide opportunities for leisure time or how they feel about successful aging.

Family services agencies can talk of services available to individuals and families.

Retirement home representatives. Pre-retirees may be interested in learning more about this housing alternative.

An IRS representative, tax accountant, or CPA may discuss tax problems of the retired.

Labor unions may be interested in sponsoring pre-retirement education programs for members.

The YMCA, the YWCA, and Recreation Departments may be interested in adding pre-retirement programs to their community offerings.

Representatives of mass media such as newspapers, radio and TV stations can help publicize series or get information to pre-retirees.

Civic and social clubs may be interested in pre-retirement information for members.

Some guidelines for developing programs on pre-retirement planning have been developed by Ethel L. Grubbs, one of our Extension Specialists. I share this information with you at this time.

#### GUIDELINES FOR DEVELOPING PROGRAMS ON PRE-RETIREMENT PLANNING

Planning for later years may be identified in many ways, such as pre-retirement education, pre-retirement planning, or planning for retirement. Regardless of the terminology used, some guidelines for developing programs on Pre-Retirement Planning follow:

1. Basic Purpose - The basic purpose of programs concerning pre-retirement planning is to change negative attitudes and to cause participants to become motivated to make intelligent and knowledgeable decisions.
2. Primary Responsibility - The primary responsibility for planning one's retirement rests with the individual. No one person or organization can tell an individual "how" to retire. Guidance and direction can be offered to help an individual plan for a significant change in his life style and to remain meaningful throughout life.
3. Understand the Pre-retiree - It is necessary to understand the knowledge, attitudes, values, and needs the pre-retiree has toward and about retirement in order to assure success in planning a good program.
4. Objectives - the objectives of a well-planned pre-retirement program provide the individual an opportunity to:
  - . Recognize areas in which his way of life changes
  - . Facilitate his or her legal and financial planning
  - . Facilitate his or her health and welfare planning
  - . Become involved in continuing education and meaningful activity.

5. Learning Situation - The learning situation should provide instructional information related to the objectives of the program.
6. Program Coordinator - A program coordinator is needed to plan the program and serve as a catalyst between resource persons and participants. The coordinator should utilize local expertise and conduct the program so there is meaning and understanding.
7. Schedule of Meetings - A two-hour session once a week for a period of several weeks depending on the program areas to be included, or a two-day program may be used when participants come from an area outside of the community. The local situation will influence the time and frequency of sessions.

Programs may be scheduled so that participants may attend on company time, shared time, or on their own time.
8. Size of Group - 15 to 30 persons adds to the effectiveness of the group in an informal environment.
9. Meeting Room - A well-lighted and well-ventilated room with informal seating arrangement in a space to accommodate the size of the group contributes to the learning situation.
10. Age Range - At present, research indicates that pre-retirement planning is effective for persons in the age range of 50 to 65. This does not mean that younger persons should not participate.
11. Voluntary Participation - Voluntary participation out-weighs mandatory participation. Spouses should participate.
12. Invitations - When a program is to be conducted on an in-plant basis, letters of invitation are usually sent to the employee's home announcing the program and explaining the arrangements. (Location, time, cost, invitation for spouse to attend and program highlights).
13. Motivate the Individual - It is unwise to try to cover all topics of concern in a program on pre-retirement planning. The intent of the program is to motivate the individual to start his planning and to provide him with various options and alternatives for making decisions.
14. Sequence of Programming - The sequence of programming may vary. A general overview, the areas of finances, health and welfare, and meaningful activities are usually among the areas included. Develop the program to meet the needs of the people concerned.

15. Flexibility - Make the pre-retirement program flexible.
16. Utilize People With Expertise - Utilize local people with expertise.
17. Use Questions and Discussion - Good discussion hinges on effective questioning. Utilize questions following each session to: arouse interest, promote understanding, develop new insights, strengthen or consolidate learning, stimulate logical and critical thinking, test the achievement of objectives, and develop ideals, attitudes, and appreciations.
18. Program Evaluation and Follow-Up - Program evaluation and follow-up is necessary to determine the effectiveness of the over-all program and techniques as well as to determine needs in future programs.

## PHYSICAL EDUCATION OF OLDER PEOPLE

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## INTRODUCTION

A key objective of physical education is to teach people to become physically active so that physical fitness can be maintained throughout life. Educators, by giving instruction during the developmental years of life, attempt to develop life-long fitness habits through programs of physical activity and health instruction. Unfortunately, comparative physical fitness data for Americans, Canadians and Swedes, indicate that Americans maintain much lower physical fitness levels (as measured by maximal oxygen consumption) and generally have not formed habits of regular vigorous physical activity. These trends extend throughout life as evidenced by the fact that average Canadian and Swedish men at age 60 have nearly the same functional capacity as the American counterparts of 30 years.

Clearly, there is good justification for active recreation and physical education beyond developmental years. If one considers the needs of people at different chronological stages of life, older Americans have the most critical need in this regard, since they are faced with more unstructured leisure time than any younger group. As the segment of our population over age 65 years rises to 30% by 1990, gerontologists and educational institutions must better prepare to meet the recreational needs of our older citizens.

In planning this workshop, we made the assumption that those in attendance are practicing gerontologists with limited professional training in developing physical fitness activity programs. We recognize that some of you have had considerable experience in recreation planning with the aged and are looking forward to the information and insights you can share with us this afternoon.

First, we will briefly describe some of the physiological and physical performance changes associated with the aging process to provide a perspective on man's capacity for physical activity in the sixth decade and beyond. Second, the concept of physical fitness will be defined and related to bodily function. An overview of typical recreation programs for the aged in Virginia and elsewhere will be given. Plans for developing physical fitness activities for the elderly will be presented which includes discussion of activity selection, exercise equipment and activity modifications for clients with common physical limitations.



Aging and the Potential for Physical Activity in the Elderly

Aging can be defined as a progressive decline in the capacity to respond to one's environment. It is accompanied by an increased incidence of disease and increased mortality. If physiological processes and performance determinants are plotted by decade of life, we would observe that the aging of functions begins at the chronological age of 25-30 years and gradually declines, thereafter. However, the rates of decline for various processes are differential. For example, performance dependent functions like the maximal oxygen consumption may decline by as much as 50% by age 65, while blood glucose regulation and nerve conduction may show little or no decrement by the same age. The rate of aging is also strikingly different between people. To illustrate, it is not unusual to observe some individuals at age 60 with physiological profiles typical of 40 year olds who have experienced a similar environmental history. Although little is understood concerning factors which control the aging process, a reasonable view is that diseases throughout life, a person's nutrition, exercise, various other health habits as well as certain environmental inputs interact with a genetic mechanism to generate a certain rate of aging for each person.

With regard to the capacity of 60-80 year old people for exercise, we need to consider the status of the neuromuscular, circulatory, pulmonary and metabolic functions. It has been ob-

served that the muscle mass of the body generally declines after age 45, as does muscular strength and work output. These strength decrements seem largely attributable to losses of contractile protein and a degeneration of muscle fibers. Motor nerves do not decrease and therefore do not seem responsible for strength reductions in the aged, but invasion of muscle by connective tissue occurs with aging and may further impair muscle performance. Although heart size does not decline with aging, a reduced capacity for endurance exercise occurs which is partly related to increased vascular resistance (loss of elasticity in arteries) which impairs blood flow to the working muscles. Maximal breathing capacity also diminishes with age, possibly restricting the rate at which oxygen can be taken up by the lung capillaries during heavy exercise.

So what can we expect of the older person relative to physical fitness development? Should we assume that their exercise capacity is generally quite limited and they cannot improve their capacity to the same extent as younger persons? The data in Table 1 show the effects of running or walking training on endurance fitness in two groups of elderly people. After 42 weeks of slow running exercise, an 8% improvement was observed, while 6 weeks of walking failed to induce any improvement. Other investigators have reported improvements of 10-15% in endurance levels of older persons, provided

TABLE 1  
Comparison of Maximal Oxygen Uptake with Endurance Training  
in Elderly Males

Investigator	Age (Yr)	N	Training (Weeks)	Days/Wk	Activity	Percent Increase in $\dot{V}O_2\text{max}$ (ml/kg.min)
de Vries	69	8	42	3	Run	8
Benestad	75	13	6	3	Walk	0

de Vries. J. Gerontology 25, 325-336, 1970.  
Benestad. Acta Med. Scand. 178, 321-327, 1965.

the exercise is moderately vigorous and maintained for 10-15 weeks. The rapid, impressive gains usually seen after intense training in younger persons will not occur in the majority of the elderly. In contrast, there are a few "senior citizen endurance athletes" who possess exceptional physical fitness credentials (e.g., maximal oxygen uptakes of 40-48 ml/kg-min) as can be seen in Table 2). In summary, although we are lacking convincing evidence that exercise can alter the aging process, we do know that it can increase vitality in the aged. We all recognize the need to "add life to years" even if we are yet unsure if "years can be added to life".

TABLE 2  
Comparison of Exercise Physiological Characteristics of Elderly  
Male Athletes, Sedentary Elderly Men and Sedentary Young Men

Investigator(s): SS Class	Age (Yr)	N	Maximum		HR (bt/min)
			VO <sub>2</sub> (ml/kg·min)	Ve (liters/min)	
(1): Athletes	60-69	11	48	122	164
Pollock: Athletes	70-79	3	40	98	166
Several: Sedentary	60-69	-	26	58	160
Wilmore: Sedentary	30	15	44	143	179

(1) Combined data of Grimby, Pollock and Curetan studies. Exer. and Sports Sci. Reviews 1, 172-174, 1973.

Pollock and coworkers. Proc. Sci. Congress Sports Med., München, 1974.

Wilmore and coworkers. Med. Sci. Sports 2, 7-14, 1970.

## FUNDAMENTALS OF PHYSICAL FITNESS

Physical fitness is often defined as the "ability to work with vigor and pleasure, without undue fatigue, with energy left for enjoying hobbies and recreational activities and for meeting unforeseen emergencies." Physical fitness can be determined by measurement of its various components such as strength flexibility and stamina or cardiovascular endurance. Often norms are set which attempt to classify individuals as to level of fitness. But if you subscribe to the above definition, you will agree that physical fitness is an individual thing. The requirements of a young man engaged in heavy construction work would be different from those of a 75 year old man in a nursing home. However, there are limits below which no one should fall if they are to maintain health and enjoyment of life.

Let us examine some of the components of physical fitness that are important with respect to good health, and that we are particularly concerned with in relation to the aged.

### MUSCULAR COMPONENTS

#### Strength

Strength is defined as the capacity of muscles to exert force against resistance.

Need. - Strength is needed to keep internal organs in place.

- It is needed to perform all daily tasks.
- It is needed to maintain posture and balance.
- It is needed to prevent aches and pains such as lower back pain.

- Facts.
- Muscles not used will atrophy and waste away.
  - With age muscles lose their tone size and strength.
  - Strength can be affected by many things such as the amount of fat in the muscle, fatigue, size and temperature of the muscle and emotion.

How To Improve Strength. "Isometric exercises" are ones in which a contraction of a muscle or group of muscles is held for a short time, such as 6 seconds. "Isometric" means "same length" and is static because the muscle remains the same length throughout the exercise. The muscular contraction is made against an immovable load. Isometric exercises can be done with no equipment and in any location. They are a good way to develop strength in a specific muscle but they do not contribute to improvement in other components of fitness. Severe isometrics increase blood pressure because the tensed arm or leg muscles cut down on the flow of blood. This increase in blood pressure could be dangerous to those with defects in heart and blood vessels. Unfortunately the popular press often urges the sedentary and aged to use this type of exercise because of its simplicity. This segment of the population is more likely to find it risky to use these exercises.

"Isotonic exercises" involve muscular contractions resulting from the exertion of force against a movable object. Motion is involved, muscle length changes, and the exercise is a dynamic one. Because movement is involved, isotonic exercises can contribute to other aspects of fitness. Weight lifting is an example of isotonic exercise. As with isometrics, weight lifting could be dangerous for those with hypertension. If weight lifting is improperly done, injury to joint and muscle may occur. Exercise with dumbbells would

be more suitable for the elderly than work with barbells. Isotonics with the resistance being body weight lifted, would be preferable.

"Isokinetic exercise" uses an isometric type contraction but with slow-moving contractions done throughout a full range of movement. The speed of movement is controlled. Some mechanical device is needed to perform isokinetic exercises. These devices are sometimes used by physical therapists in hospital rehabilitation work and they help improve other components of fitness besides strength.

### Muscular Endurance

Muscular endurance is the ability of the muscle to maintain repeated contractions over a period of time.

- Need.
- It is needed for activities that are carried out over a longer period of time, such as walking or climbing stairs.
  - It is important to have, as a "reserve" when unexpected activity is needed.

- Facts.
- It is governed by the central nervous system.
  - It is also dependent on the efficiency of the cardio-respiratory system to supply nutrients and remove waste.
  - Muscular endurance is a "local" endurance and does not cause breathlessness.

How To Improve Muscular Endurance. - Motivation is important.

- It is developed by progressively increasing the number of repetitions of an exercise using light or moderate resistance.

### Flexibility

Flexibility denotes elasticity or range of motion at a joint.



- Need.
- It is needed to maintain proper posture.
  - It is needed to perform many simple essential tasks such as tying shoe laces.
  - Lack of flexibility causes soreness if one is exposed even to mild physical exertion.
  - Inflexibility may limit work efficiency and predispose an individual to health problems such as low back pain.
  - Long elastic muscles that allow full joint movement are less likely to be injured.

- Facts.
- Flexibility is specific to each joint.
  - Lack of activity can contribute to lack of flexibility.
  - You become progressively less flexible with age partly due to structural changes in skeletal system.
  - Arthritic conditions of the aged contribute to inflexibility.

How To Improve Flexibility. The muscle should be relaxed while trying to stretch it.

- Gradually increase the amount of force when stretching a muscle.
- Static or passive stretching is best, especially for the elderly.
- Avoid bouncing or jerking in an attempt to stretch the muscle.
- Don't force body parts beyond their range of movement.

#### THE CARDIOVASCULAR COMPONENT

Sometimes referred to by other names such as stamina, cardio-respiratory efficiency or aerobic capacity, cardiovascular endurance is considered the most important aspect of physical fitness. This is the "ability of the heart and blood vessels to deliver food and oxygen to individual cells and transport waste products to the organs of elimination at a rate demanded by the degree of exertion."

This aspect of fitness is vital to life. Those with a high degree of cardio-vascular endurance appear to lead more healthy and lengthy lives.

To develop improved cardiovascular endurance requires rhythmic exercises that can be sustained over a period of at least 10 minutes, and preferably longer. Exercises such as jogging, cycling, swimming or briskly walking, if they will maintain your heart rate at a level approximately 75% of your maximum capacity, are the type that will improve cardiovascular endurance. One should participate in this type of exercise at least 3 times a week.

#### NEUROMUSCULAR COMPONENTS

There are a number of neuromuscular components that comprise total physical fitness (agility, posture, coordination, balance, etc.).

##### Balance

The component of balance is one in particular with which the elderly have difficulty. Balance is the "ability to maintain postural coordination and indulge in purposeful movement resisting the force of gravity." It can be either static as when a person is standing still, or dynamic as when moving under control.

- Need.
- To maintain proper posture.
  - To prevent injuries from falls.
  - To be independently mobile.

- Facts.
- Balance involves the eyes, the semicircular canals of the internal ear and proprioceptors which are receptors in the joints, skin, tendons and muscles.

- Strength is needed to maintain balance.
- The elderly have difficulty with position sense and hence balancing, because of losses in function of the above physiological factors.
- Balance depends on the proper positioning of the body's center of gravity over its base of support.

How To Improve Balance. - Develop strength in muscles.

- Learn the physical laws related to balance such as: lower the center of gravity or provide a wider base of support.
- Practice balancing exercises such as walking on a low balance beam.

### GENERAL PRINCIPLES

Now that the components of physical fitness have been discussed, we will turn to some general principles and rules to follow in any exercise program to develop fitness.

#### Physical Examination

A physician's examination is essential before any vigorous exercise program is attempted.

#### Warm-Ups

Warm up exercises to stretch and limber up muscles and to increase the action of the heart and lungs should precede more vigorous forms of activity.

#### Principle of Overload

In order to improve rather than just maintain a level of fitness, this principle must be followed. Overload can be achieved in a number of ways depending upon which component of fitness you are working.

1. Increase the amount of resistance (apply greater force, lift heavier loads).
2. Increase the rate of work (do same amount exercise in shorter period of time).
3. Increase the duration of work (lengthen the work period of time).
4. Decrease the duration of rest intervals (shorten the rest periods).

Each area of fitness will require a specific type or combination of overloads. The difference between a training athlete and an elderly person will be a matter of degree, with the elderly training at a slower rate, less intensity, for a shorter time, with more rest.

#### Principle of Progression

Excessive overload may cause soreness and injury. Progressive overload is a gradual systematic increase over a period of time.

#### Repetition and Regularity

Frequent short periods of activity are better than long prolonged ones. It is best built into a daily routine. Every other day or at least 3 times a week allows time for rest and recovery for those who are less fit. Everyone including the elderly should avoid the "weekend only" philosophy of physical activity.

#### Additional Guidelines

Activity should be fun and enjoyable, preferably with friends. It should be relaxing. Although the elderly probably should avoid competitive athletics, they could make adjustments in activities they have been accustomed to in the past. It is important that the

elderly avoid exercise under adverse conditions such as extremes in temperature, after a heavy meal, or when not feeling well. Activity shouldn't be pushed to the point of discomfort. An older person's reserves are not as great so they will require more frequent rest after exertion.

#### RECREATION FOR THE OLDER CITIZEN

My Get Up and Go, Has Got Up and Went  
(Author Unknown)

How do I know that my youth is all spent?  
Well, my "get up and go" has got up and went.  
But, in spite of it all, I am able to grin  
When I think of the places my "Get Up" has been.  
Old age is golden, so I've heard it said,  
But sometimes I wonder when I get out of bed,  
With my ears in a drawer, and my teeth in a cup,  
And my eyes on the table until I get up,  
E'er sleep dims my eyes, I say to myself,  
Is there anything else I can lay on the shelf?  
But, I'm happy to say as I think it all o'er  
My friends mean more to me than ever before.  
And, I really don't mind when I think, with a grin,  
Of all the grand places my "get up" has been.  
And since I have retired from Life's competition  
I busy myself with complete repetition.  
I get up each morning, dust off my wits,  
Pick up the paper and read the obits.  
If my name is still missing, I know I'm not dead,  
So, I eat a good breakfast and go back to bed.

Man has always been concerned with the prolongation of life and the alleviation of the ills of old age. This has been made clearly evident from the study of primitive cultures and folk-lore. The Romans believed that old age was itself a disease, and medical writers for many centuries thereafter recorded remedies for a great variety of senile complaints without having any understanding of the underlying causes. Only in the last century and a half with the

development of modern medicine, which is based on the correlation of clinical and postmortem observations, and is aided by methods of precise measurement, has it been possible to attempt the differentiation of the aging process, characteristic of all living matter, from the superimposed diseases occurring in the aged.

In the United States during the current century the percentage of the population of persons over the age of 65 has more than doubled since 1900. Currently, approximately 10 percent or over 20 million older Americans, represent a six-fold increase from the 3 million in 1900. By the year 2000 the number of individuals over the age of 65 could swell to nearly 30 million. A child born in 1900 could expect to live an average of about 48 years; a child born in 1969 could live an average of 22 years longer or to an average age of 70. Today, one of every ten Americans is over 65 years of age, and barring any unforeseen catastrophe, this number of older citizens will continue to grow. (Sunderland)

More than one million Americans retire each year, and most face serious adjustment problems. In addition to wrestling with problems caused by reduced incomes, they must find something to do with their time and new ways to channel their abilities. In the view of many sociologists, the expressive role - encompassing social, cultural, creative, religious, and recreational activities - is one of the retirement's most important roles.

A common misunderstanding is that the majority of the Americans over the age of 65 is incapacitated and/or institutionalized. This is false since we know that less than 1 million of the total older population are institutionalized, about five percent are home-

bound, and others are reasonably well, ambulatory, and willing to participate in community activities.

#### Leisure and Recreation Patterns

What are the current leisure and recreation patterns of the older citizens of America? The research in this area is not extensive, but there have been a few studies sponsored by academic institutions and private foundations. There are some specific data to indicate the types of activities older people participate in, however, most of this is geographical and may not be applicable to all regions of the country and to all older people. The data that have been collected seem to indicate that the recreational and leisure behavior is as diversified as their economic, physical and educational backgrounds will accommodate. It is also known that the areas in which the older person pursues his leisure time activities is limited to the immediate living environment, especially including the home.

#### Leisure Time Interests - Research

One would suspect that type of leisure activities would differ according to sex and empirical studies which have verified this difference. Of significance is the question whether differences in sex are rooted in biological differences or whether they stem from cultural expectations. For example, a study conducted in Omaha in 1967 (Kitchens) included asking aged respondents in what types of activity they would like to engage. Men listed such activities as a workshop for hobbies, horseshoes, croquet, fishing, model railroad, tours, slot machines, and foreign language instruction. Women, on

the other hand, indicated they would prefer dancing, movies, religious services, choral groups, physical therapy, and book reviews. In general, the survey found that men were more active than women, were away from the buildings in which they lived more frequently than women, and enjoyed outdoor activities more than women. Such, of course, was to be expected and highlights the cultural differences in our society. After all, our normative structure frowns on the male of the species knitting and sewing. Unfortunately, the study was designed to include only a homogeneous middle and upper class sample, all of whom were actively engaged in leisure time pursuits and fails to allow generalizations which include heterogeneous sub-cultures.

#### Louisiana Study

A study made in Louisiana in 1968 (Kitchens) points up the rural-urban differences in patterns of appropriate leisure behavior of aged persons. A sample of 180 persons 60 years of age and older was drawn from the city of New Orleans. These persons were asked about their participation in clubs or organizations specifically designed for the aged. Their responses were compared with those of a sample of equal size drawn from a parish in Louisiana which contained no town larger than 2,500 in population. The study found that while participation in religious organizations were about the same for urbanites as ruralites, not one person interviewed from the rural area reported membership in an organization for the aged. Approximately 40% of the urban respondents reported membership in such organizations as Sixty Plus Social Club, Baptist Golden Age Club, Senior Citizens, Retired Teachers' Association, and Eight Plus Sixty Club. It might be argued that



since no club for the aged existed in the rural area, aged persons would not, therefore, belong. Equally as cogent is the argument, however, that need, as culturally defined, is not felt for such organizations in rural areas and, for that reason, none exists.

#### L.S.U. Study

A most extensive survey was done in 1967 by C. B. Ellis of Louisiana State University. Lafayette Parish was chosen as the sample area and every person 65 and over in the Parish was interviewed in relation to his or her leisure time activities. In all, 4090 interviews were conducted. Ellis divided twenty-two recreational activities into four categories. They were:

1. Intellectual, which were primarily mental activities and included such things as reading books, reading magazines, attending concerts, plays and singing affairs, and attending educational classes.
2. Social, which highlights interaction with others and includes attending regular church services, participating in other organizations, visiting neighbors, and visiting relatives other than children.
3. Solitary activities, which include watching T.V., making things, playing some types of games, and gardening (flowers, etc.).
4. Activistic were those activities involving more physical exertion than others, e.g., going fishing or hunting, hobbies, traveling, gardening (both flowers and vegetables).

The findings of this study show significant differences in degree of participation and in type of activities preferred among those interviewed. Leisure time activities varied according to education, finances, race, and place of residence. Those who were more highly educated, white, more affluent, and urban participated in leisure activities significantly more than their counterparts. The more

educated preferred intellectual and solitary activities. The rural aged took part more frequently in social and solitary type while the urbanites turned to activities and intellectual leisure time pursuits.

Ellis summarizes his findings in the following manner: Intellectual leisure activities are associated with high education, white race, affluence, and urban residence.

Social leisure activities were related to rural residence and male sex.

Solitary leisure activities are correlated with high education, white race, affluence, and rural background.

Activistic leisure activities are associated with high education, white race, affluence, and urban residence.

#### Conclusions Based on Results of Studies

The elderly from the lower socio-economic classes it appears, are willing not to participate in recreational leisure time activities. Their cultural background has not prepared them for such activities and perhaps they are happy with the rocking chair. On the contrary, the elderly from the higher socio-economic classes show a propensity for varying types of activity depending upon their race and place of residence. Putting questions of mental and physical health aside for the moment, it may be that the latter group, due to positions which they occupied in the occupational and social worlds of their younger years, are better prepared to cope with leisure, to enjoy it, and find self expression in old age through it. The former group, on the other hand, may be prepared by their subcultural backgrounds to be more dependent in old age, to

disengage from middle age activities, and draw more and more into their own private worlds. Leisure time activity for them may not be a form of self expression and they may prefer activity which is no activity at all.

#### PLANNING PHYSICAL FITNESS ACTIVITIES FOR THE ELDERLY

In regard to program planning, we have given priority to a review of activities which all stimulate the cardio-respiratory endurance, only five fundamental principles are recommended. First, the activity should be submaximal in intensity and maintained for several minutes, it should involve the larger muscles of the body and it should induce a moderate rise in pulse and ventilation (breathing). If this first principle is met, the activity is said to be "aerobic," meaning it will stimulate oxygen transport by the circulation and in an increased use of oxygen for energy by muscles. Second, the energy requirement of the activity should be sufficient to contribute to body weight control. Even a slow 60 minute daily walk fulfills this requirement, since that activity alone can account for a one pound fat loss in a 150 lb person in just 2 weeks. Third, the activity should not involve high tension levels in muscles and breath-holding, as would occur in strength or static type exercises. Such exercises should be carefully avoided, since they impose sudden, severe loads on the heart and circulatory system. Fourth, the activity should be self-paced, requiring simple strategies and slow, ballistic limb movements. Attempting a game of conventional handball might generally elicit feelings of frustration due

to an inability of the elderly performer to rapidly process and respond to complex information. A final principle relates to the enjoyment inherent in participation. All activities should be pleasurable or we can expect that the participant will also become bored and his adherence will be poor.

Table 3 has been developed, to illustrate how representative fitness activities might be evaluated, in the manner just described. Certain individual activities like bowling and softball tend to have a low aerobic value, while others like swimming and walking-jogging are quite good in this regard. Among the pair of small group activities, various forms of social dance are excellent cardiovascular activities for the aged, while tennis, played by the conventional rules has limited value. Admittedly, tennis and golf can be highly enjoyable games. If tennis skills are sufficient so that a moderate exercise pace is maintained, the aerobic value of the game increases. Although a noted cardiologist, Dr. Herman Hellerstein has often stated that "playing golf is the best way to spoil a good walk". That game has good potential for cardiovascular fitness, if the golfer walks between his shots.

TABLE 3  
ASSESSMENT OF SOME RECREATIONAL PHYSICAL FITNESS  
ACTIVITIES FOR OLDER PERSONS

<u>Activity</u>	<u>Criteria</u>			
	<u>Aerobic</u>	<u>Energy Expended</u>	<u>Lo Tension Level</u>	<u>Self-Paced</u>
Badminton	+	+	+	0
Bicycling	++	++	+	+
Bowling	0	0	+	+
Folk Dancing	++	++	+	+
Golfing	+	+	+	+
Softball	0	0	0	0
Square Dancing	+	+	+	+
Swimming	++	+	+	+
Tennis	?	?	?	0

Legend: ++ = excellent; + = good; ? = highly variable; 0 = minimal value

### Exercise Equipment

Many commercial exercisers are available which are advertised to improve fitness, vitality, strength, and to enable the user to shed unsightly fat with a minimum investment of time and effort. These claims cannot be substantiated. Cardiovascular fitness benefits derived from exercise with or without special equipment is dependent upon the physiological principles discussed above. Treadmills, stationary bicycle ergometers and stepping benches are generally satisfactory for exercise training because they engage the large leg muscles of the body and stimulate aerobic processes. High tension, low velocity exercises with pulley devices generally do not have the same effect. Unfortunately, exercise equipment may be quite expensive, can often be subject to mechanical breakdown, and may not be properly designed for comfortable activity. Further, the adherence to exercise programs with such devices is usually poor. One very popular piece of equipment is the stationary bicycle. It may be quite comfortable for exercise training, if the frame is designed so the hips can be positioned on the seat directly above the foot pedals. Many stationary bikes are poorly designed, with the hips positioned well behind the pedals. Exercising on these bikes causes extreme thigh and knee discomfort. Often these bicycle ergometers do not have tension controls or odometers so the user can measure his performance and evaluate his fitness improvement after a period of training. A bicycle with these essential features is available for your inspection today at this workshop. I would like

to emphasize that special equipment is not necessary for developing cardiovascular fitness and that activities such as bench stepping or stair climbing are the physiological equivalent of jogging on a \$1500 motor driven treadmill.

#### Starting The Exercise Program

Before beginning an exercise program, an elderly person should evaluate his capacity for activity. This is most conveniently and safely measured by determining the distance that the individual can walk in 10 minutes on a level surface at a brisk pace, but without undue difficulty or discomfort. One way to assure that the person does not over-exert in this evaluation is to stipulate that he or she complete the walk at a pulse rate which does not exceed 100-120 bt/min. Research has suggested that this pulse rate is ample to induce exercise training effects in 60-70 year old participants (deVries, H. A. Geriatrics 26:102-111, 1971). The distance covered in this 10 minute walk can then provide a baseline for cardiovascular endurance. Next, appropriate fitness exercises should be selected and performed on a regular basis ( 3-4 days/week) for a minimum of 8-10 weeks. By this time, measurable improvements in cardiovascular endurance should be demonstrable through the "10 minute walk test." Perhaps the two most important points to stress in exercise self-evaluation and training are: (1) to maintain regularity and (2) to avoid over-exertion. Frequent monitoring of the immediate post-exercise pulse at the carotid artery, left chest wall or radial artery (count pulse with a watch second hand beginning immediately after exercise ceases and continuing for exactly 10 sec; multiply the

obtained value by 6 to obtain the pulse rate on beats/minute) will assure that over-exertion does not occur.

#### Program Possibilities for the Older Person

Given what we know about the leisure and recreation behavioral patterns of older people and the fact that their needs and interests are just as individualized as members of all age groups what should be done, and what is being done, in terms of recreation and leisure programming for the senior citizen, Dr. H. D. Sessoms succinctly sums up his thoughts on programming efforts and directions in a recent article. (Sessoms)

"In recent years, a good number of programs have been launched on the assumption that recreation agencies ought to provide recreation services for older people and do so through the structure of Golden Age Clubs, Senior Citizen programs and the like. These programs have been largely facility based and are an extension of the traditional community center recreation program offered children and youth. Is this the route we wish to pursue in the future or are there other alternatives to programming? Should more attention be given to adult education classes and pre-retirement efforts so the older person can enjoy his leisure where he wishes? What are we attempting to achieve through the recreation programs: meaningful experiences? social interaction? prolonged longevity? Then, too, how much attention should be given the special populations - the ill, the infirmed, the economically deprived? To be effective in providing recreation services for older people, we need to know on what basis we are providing these services and for whom they are intended."

Since the vast majority of the older citizens are well functioning, both mentally and physically, and since they are entitled as all of us are, to be treated as individuals with dignity and honor and not as groups of people who cannot manage their own affairs provides implications for recreation. Further, since we know that they have individualized, diversified needs and interests and



many are somewhat limited in their ability to travel great distances to become involved we have other implications for recreation for the older person. These facts seem to indicate that our focus should be on the delivery of a variety of services. We should not attempt to program for the older citizens but provide the opportunity for them to become involved in and to think about planning, organizing, and conducting their own programs of leisure interests.

#### Need for Stimulating Activities

The need for stimulating enjoyable activities is as essential for the aged as it is for the young. Frequently, the placement of older persons in nursing homes and other facilities of congregate living arrangements means a removal from the living activities which provided them the situation of companionship, creativity, or of being useful members in social groups. Congregate living arrangements do not change the basic needs of people for creative use of leisure time. Ways of meeting these needs change and opportunities must be provided to develop new instances or recall their stimulation, as well as expand the old instances. Proper activity programs participated in, by and suited to the capacity of, the individual are often crucial factors preventing and delaying mental and physical deterioration.

#### Basic Human Needs Do Not Change With Age

The aged person still needs recognition, response, social interrelationships, physical activity, security, new experiences, and change. Whatever the program, it must include change. Laboratory experiments have proven that man without change deteriorates,

loses perspective. If the elderly cannot change their setting, then they must have choices within that setting. Boredom for many aged is a disease. If there are few things to be tired from, then many things can be found of which to be tired.

Administrators of nursing homes and other facilities for the aged have realized that sedentary activities such as radio and television, while in themselves are valuable, do not meet the total recreational and social needs of the aged residents. Consequently, they are seeking new ideas and knowledge about programming, resources, ways of motivating their residents and professional assistance and guidance in these areas.

In too many instances programs conducted for the geriatric patients are still of the 1940's and 1950's vintage. The backbone of too many programs is the nightly or weekly bingo games. There appears to be an inability, or lack of motivation, to get the elderly actively involved in activities that will tax them both mentally and physically.

There are many exciting programs being conducted for, and with, the older person, both in convalescent facilities and in the community. A program area that is increasing in prominence and popularity is the one of physical exercise. A program of regular exercise is exceedingly important for the older person. It is just as important as it is for anyone. The exercise program can be developed to accomplish a variety of valuable benefits including: increasing blood flow, aid in the functioning of the heart, inhibit the development of arteriosclerosis, and the treat-

ment of occlusive arterial disease. Exercise is important in obtaining, and maintaining strength, flexibility and endurance.

It has been said that 'age is opportunity.' If age is opportunity, it is through recreation that an older citizen may satisfy his need to find absorbing interests, to belong, to serve, to enjoy fellowship, and to form new relationships. New skills and techniques can be learned and old skills refurbished, but the foundations must be laid ahead of time. Fruitful and satisfying years, as well as the capacity for continual growth and usefulness, and personal enjoyment, should be the sense of purpose.

We prepare our children to become adults: Isn't it just as important for the adult to prepare for later life, for retirement for the time in his life when another major lifestyle change takes place? Just as certain as the adult grows older he will have an ever increasingly abundant amount of leisure time at his disposal. Most often this increased leisure time is unwanted, forced upon us because of retirement, early retirement, illness or disability. Even though this may be enforced leisure time the person must still be prepared to cope with it. This preparation must come before the time is thrust upon us if we wish to make our 'inherited' leisure a blessing rather than a burden. A poem by C. C. Arnold expresses this need for preparation in the following way:

He is miserable and wretched,  
And ignorant too,  
Who has nothing to do,  
When he has nothing to do.

He is rich and happy,  
And fortunate too,  
Who has plenty to do,  
When he has nothing to do.

### CLINICAL PROBLEMS WHICH COMPLICATE PARTICIPATION

It has been said that physical education of the elderly is even more important than physical education for school children. They need regular exercise more than the youngsters. However, programs for the aged have been neglected because of fear on the part of instructors, lack of funds and facilities.

Physical therapy or corrective therapy is different than physical education, although physical education is therapeutic. Physical therapy is concerned with restoring a function while physical education is concerned with the learning of recreational skills and sports. The two should complement each other, not substitute. Physical education can be conducted anywhere, even in wards of hospitals, for those bedridden. Physical education can be modified for those with a variety of disabilities or handicaps.

Standard activities can be modified in numerous ways to accommodate those with problems. Ways to change an activity include:

1. Increase the number of players.
2. Slow the pace or music.
3. Shorten distances.
4. Change size of courts.
5. Use larger balls or equipment (may also need to be lighter or softer).
6. Modify the rules.
7. Shorten length of participating time.
8. Lower nets.
9. Construct special equipment.
10. There are many possibilities for homemade equipment to replace professional sports equipment.

The following are some specific health problems that may require special attention.

### Lung Diseases

- Contrary to past beliefs, doctors are finding that gradual reconditioning programs improve the maximum breathing capacity of many patients.
- Sometimes patients use oxygen in backpacks or on wheels, while they walk.
- Program should be supervised and gradual.
- Vigorous or prolonged activity is contraindicated.

### Diabetes

- Unless a very severe case, diabetics should be able to participate in physical education.
- Care should be taken to ensure that diet, insulin and exercise are regulated so that insulin shock does not occur from depletion of energy through unusually vigorous exercise.
- Attention to foot care is important as they are prone to problems in healing of sores on feet.
- Exercise will help control the tendency to obesity.

### Obesity

- Avoid activities where they have to take a pounding in the joints; eg., jogging.
- Activities where body weight has to be lifted are contraindicated.
- Passive exercise machines promoted to reduce weight are ineffective; eg., vibrators, rollers, massagers.

### Arthritis

- Flexibility exercises are important, do gently without forcing.
- Care must be taken not to aggravate the disease.

### Visual Problems

- Participate in activities by substituting hearing for vision; eg., clapping behind pins in bowling, aim for the sound.
- Balls can be purchased with bells in them or battery powered sound.
- If blind, you may manually manipulate them through an exercise until they get the feel of it.
- The blind can trace outline of body of the instructor to determine position his body should be in.
- Clothesline paths above head level with a loop attached to a ring so person may hold loop and be guided while running or walking.
- Different texture underfoot can provide boundaries.
- Assign a sighted "buddy."
- Brightly contrasting colors help partially sighted, white and yellow especially.
- Portable aluminum rails can be used for guidance in bowling.

### Hearing Problems

- If they involve dizziness, balancing activities are good.
- For dancing or rhythmical activities, the leader can clap hands when steps of pattern of movement change so person can use clap as a visual cue.

### Orthopedic Handicaps

- Most activities that can be done by those who can stand walk, can be done in wheelchairs if they have use of their arms; eg., wheelchair square dancing.
- Games can be adapted for amputees and devices made to attach to prostheses to aid in the activity.

### Osteoporosis

- Bones are more fragile.
- Even sneezing or opening a window can break bones of spine.

- Formation of bone is partly stimulated by stresses and strains of action and motion.
- Loss of bone exacerbated by decreased activity of aged.
- Avoid activities with potential for putting sudden stress on specific bones; eg., batting a ball, jumping.

### Bedridden

- Activity depends on why they are in bed.
- Numerous target games or ball activities can be used.
- Exercises can be done lying in bed.

### Emotional Illness

- Sometimes tossing a softball or balloon to a patient will elicit a response when nothing else will.
- Dancing is considered a good activity and is often used as therapy.
- Gradual inclusion in dual or small group activities help with social adjustment.
- Avoid highly competitive activities or ones so complicated that frustration may occur.
- Fitness programs are important as a psychological lift (30% of all suicides in U.S. are by people over 60).

### Cardiovascular Disorders

Cardiovascular problems are prevalent in elderly people. Exercise training can be harmful for those with certain types of disorders (e.g., aortic stenosis and certain heart valve conditions) or maybe potentially beneficial in other cases, if the intensity is properly controlled (in many coronary artery disease patients). Cardiac drugs also complicate the response of patients to exercise. Without exception, those with suspected cardiac problems should be examined by a physician before it is decided whether moderately

vigorous exercise is indicated. If indicated, each should undergo a physician supervised graded exercise test in which the electrocardiogram and blood pressure responses are measured. In this way, a safe exercise level for the patient can be determined. Since many elderly persons have cardiac disorders, this consideration seems quite important in recreational fitness programming.

#### EXERCISES OF DOUBTFUL VALUE

Some active exercises should be used with caution or not used at all by some individuals, especially the elderly, and some popular exercises do not have the benefits commonly ascribed to them.

##### Double Leg Lifts

Raising and lowering both legs simultaneously from the back-lying position is a potentially dangerous exercise for the person with weak abdominals. This exercise is often mistakenly prescribed for strengthening the abdominals, but it is in reality a hip flexor exercise. If the abdominals are not well developed, the pull of the hip flexor muscles on the pelvis and lumbar spine will cause the back to arch during the exercise. This may result in serious injury to the back. In addition, it will further stretch the already weakened abdominals and possibly cause an abdominal hernia.

##### Sit-Ups With Straight Legs

This exercise has the same effect as double leg-lifts in terms of the anatomical and mechanical stresses involved. It is primarily an exercise for the muscles which flex the hip joint. If weak abdom-



inals are present and the lower back is permitted to hyperextend, injury may result. Sit ups are best performed with the knees bent and the feet unstabilized.

#### Deep Knee Bends

Deep squatting exercises may be harmful to the knee joint, causing a stretching of the ligaments and an irritation of the synovial membrane. If one desires to strengthen the legs by knee bends, the half-squat (with a 90° angle of knee flexion) is a satisfactory substitute.

#### Standing Toe-Touches

This commonly used stretching exercise is somewhat controversial, but many authorities believe that repeated "bouncing" with the legs straight (in an attempt to touch the toes) is potentially harmful to the back and a possible source of injury to the muscles and ligaments which cross the back of the knee joint. Sitting toe-touches are probably safer.

#### Back-Bends

The acrobatic back-bend and other exercises such as the "swan" position and backward trunk circling which require arching the lower back are designed to increase the strength of the lumbar muscles or increase trunk flexibility. For the individual who has weak abdominals and/or "sway back", such exercises further aggravate these conditions.

### CONCLUSION

Most elderly people are healthy and will not require extensive

modification of their physical education program. However, for the safety and fun of the participants some simple guidelines should be reviewed.

1. Areas of the body weakened or damaged by injury or disease should be adequately protected.
2. Medical recommendations for limitations and restrictions in activity should be strictly observed.
3. Frequent rest periods should be enforced. A player who shows signs of fatigue or breathlessness should cease activity immediately.
4. Players should be discouraged from giving undue concern to the perfection of skills. Having fun is more important than good form.
5. Encouragement and praise should be offered generously. Confidence in themselves and pride in accomplishment are extremely important to the emotional stability of old people.
6. Some time should be devoted to introductions and socializing so that the participants may become acquainted.
7. Part of the play period may be spent in planning activities in which the group has an interest. Assuming responsibility in planning and organizing the games and activities helps to promote self-esteem.\*

\*Fait, Hollis F. Special Physical Education, 2nd ed. Philadelphia, Pa.; W. B. Saunders Co., 1972.

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CONSUMER ECONOMIC PROBLEMS AND OLDER PEOPLE

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Introduction and Background of the Project

Dr. Garman

Virginia Tech received a grant from the Office of Education entitled, "Paraprofessional Training: A Functional Training Approach to Consumer Education and Financial Counseling for the Aging and Aged in Various Environmental Settings." The co-directors include Ruth D. Harris, George A. Hughston, and myself. Mr. Fred E. Waddell is the Research Associate. In essence, what we are doing this year between August 1, 1976, and July 31, 1977, is to become heavily involved in the paraprofessional training of community persons to provide educational leadership in consumer education and financial counseling for older persons.

This project focuses upon the development of low-cost consumer education and financial counseling materials to be used by paraprofessionals in leading group educational discussions on topics of particular concern to people in the later stages of the

life cycle in various environmental settings.

Both consumer education and consumer information efforts too often overlook a very special population. Persons nearing retirement and those already retired are a substantial minority in numbers in the United States. Their immediate consumer problems and longer term financial necessities are particularly unique primarily because of their stage in the life cycle. The aging (ages 45 to 60 years) and aged (61 years and above) population is more susceptible to falling prey to certain frauds and deceptions. Their nutritional needs and difficulties in meeting them differ from the younger or middle age populations; their health care, housing and transportations expectations and needs often change quite rapidly; and too frequently the aging and aged have not carefully considered and acted upon financial planning decisions that need to be made in the area of estate planning.

Failure of our educational system to reach the aging in consumer education matters is all too apparent. Additionally, the consumer information systems (primarily television, radio, newspapers, and magazines) do not provide an effective medium to reach and teach these adults. Obtaining and retaining the attention of the aging and aged population through mass media approaches is difficult. Retaining that attention and personalizing the information for adult populations is needed as a first step in meaningful consumer education. It should be recognized that various environmental settings exist for educational group discussions by the aging and aged and are quite important in locations such as retirement homes, churches, and community centers.

A substantial body of well founded research has provided encouraging insight into the learning abilities of elderly people in varying types of education settings. The question is no longer can the aged learn, but how to reach the masses of elderly people who desire additional training in many areas. For years major authorities in Gerontology have echoed the need for training the elderly to deal with financial problems, yet little has been done by educators to assess, evaluate or meet this growing need.

The problems needing solution are twofold:

- (1) to properly assess and determine the unique consumer education and financial counseling needs of the aging and aged, and
- (2) to develop, validate, and field test an effective but low-cost program of materials to be used by paraprofessionals working with this special population regardless of their environmental setting.

The seven principal objectives of this project have been:

- (1) to conduct an assessment of the consumer education and financial counseling needs of the aging and aged.
- (2) to identify four to six areas of consumer education and two to three areas of financial counseling most needed by the elderly and adaptable for national populations,
- (3) to develop a model to train paraprofessionals to provide consumer education and financial counseling to aging and aged persons,
- (4) to develop prototype training materials and accompanying one-page training material user guide sheets for each of the several topics,
- (5) to develop one attention and orientation slide-tape presentation with subparts for each of the several topics.

- (6) to field test the prototype materials in three distinctly different environmental settings (retirement home, church, and community center), and
- (7) to evaluate and revise the paraprofessional training materials and one-page training material user guide sheets.

The results and benefits of this project would be:

- (1) identification of the most important consumer education and financial counseling needs of the aging and aged population,
- (2) the availability of effective paraprofessional training materials, one-page training material user guide sheets, and an attention and orientation slide tape presentation for consumer education and financial counseling for the aging and aged which are low in cost to produce and high in both portability and multiplier value throughout the country,
- (3) a limited number of paraprofessionals in existing community organizations will have been trained using the self-instructional materials, and
- (4) a limited number of aging and aged persons in different environmental settings will have received consumer education and financial counseling under the direction of paraprofessionals.

Finally, a key result would be that the materials could be used by existing community education leaders in addition to numerous non-traditional educators, including those in retirement homes, nursing homes, churches, recreation departments, community action programs, consumer action groups, labor groups, and businesses. Those paraprofessionals in non-traditional settings throughout the country will be able to use the training materials and conduct programs in consumer education and financial counseling with no additional immediate training on the part of the paraprofessional.

#### Trends and Numbers

Dr. Hughston

An overview of sociological characteristics of the elderly

population within the United States was presented by Dr. Hughton in order to establish background data supporting the project. Recent trends are toward a population composed of larger proportions of aged people. Data reveal a growing number of elderly while birth rates show considerable decline. Sex differences are also a major trend of present and future populations with elderly women living much longer than elderly men. For the married couple, widowhood is the expectation and no significant reversal of this trend was found. Family ties, however, appear to remain strong during the later years of life with institutionalization being an exception, rather than a rule.

One major problem the aged have in common is that of consumer difficulties. If emphasis is to be placed upon the prolongation of independence among the aged in America, support should be given to projects designed to provide education for the elderly consumer.

#### Design and the Modular Approach

Dr. Harris

The modules are designed to prepare paraprofessionals for the task of teaching or conducting sessions on six to eight topics of consumer education for elderly consumers. They are to be developed and pilot tested by July, 1977. Included in the media to be developed for use during the sessions will be a slide--cassette tape presentation on each topic. Each module will also contain the leader's manual or the training manual user guide. An overview of the topic and objectives for each lesson will also be presented in each module. Specifically the modules will in-

clude the following information:

- a. Objectives of the program
- b. Orientation to the discussion program
- c. Strategies and techniques to elicit cooperation and participation
- d. Slide-tape program
- e. Training material user guides
- f. Follow-up techniques for assuring participant action
- g. Resources for the program
- h. Evaluation techniques

The modules will be organized in the following sections:

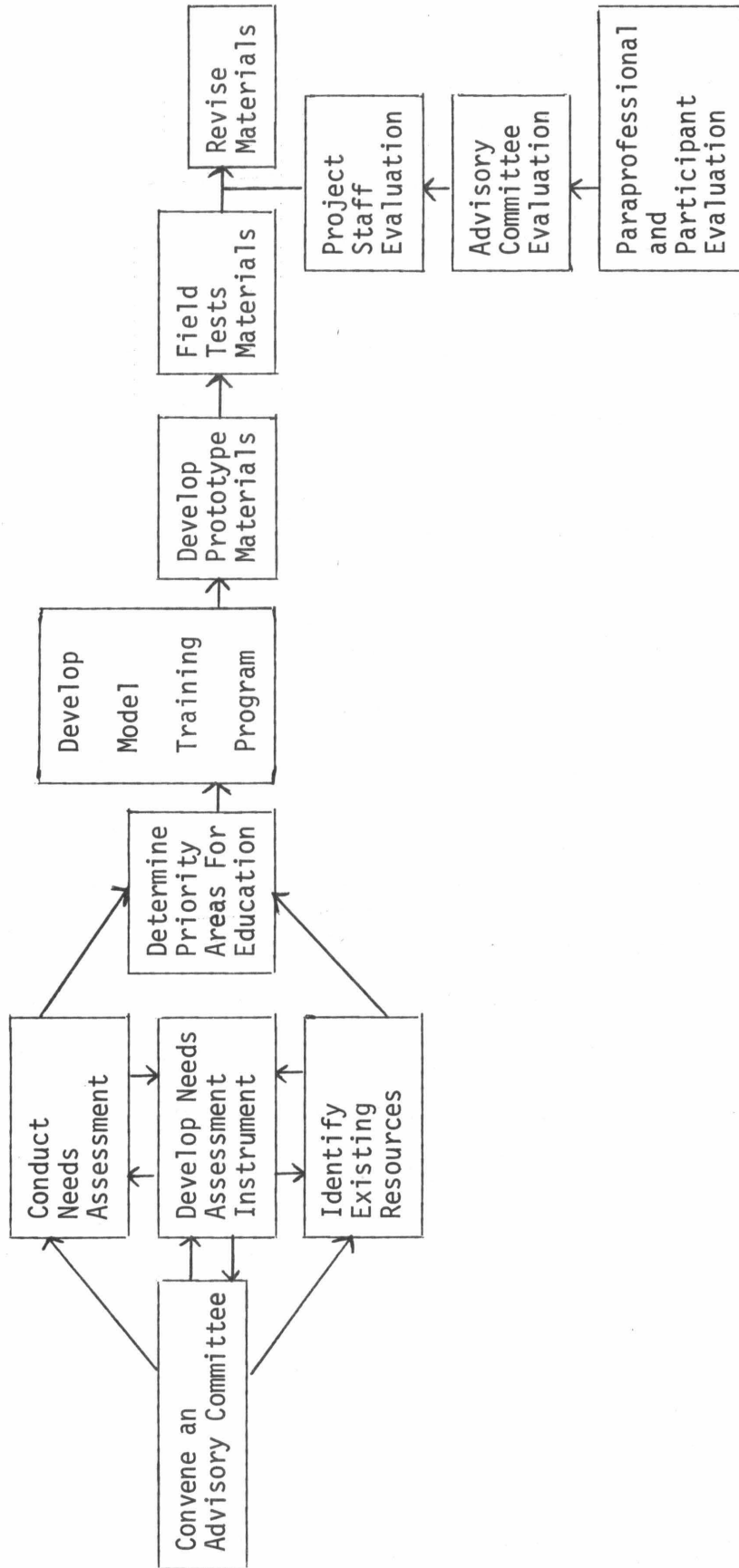
1. Overview
2. Objectives
3. Narrative content
4. Resources
5. Evaluation

It is expected that all information needed by the para-professional will be presented within the module including news articles, narrative presentation and background information.

Figure I presents the project development process.



Figure 1  
Project Development Process



Report on the Needs Assessment

Mr. Waddell

A brief unstructured brainstorming session to elicit what the participants felt were the major consumer and financial problems of older persons was conducted. After five minutes of brainstorming, the questionnaire that was used in the recently completed Needs Assessment phase of the Project was given to the group and they were asked to check four of the ten listed problem areas which they felt were the major consumer financial problems of older persons. After doing so, the group compared their ratings with those of both the "Key Informants" and those of older persons in the Blacksburg-Christiansburg area that were included in the actual Needs Assessment Survey.

Group discussion provided numerous observations concerning the interpretation and implications of the Needs Assessment on program development and implementation. Some of the participants asked to be included in the field testing of the consumer education materials which will be developed. A comparison of the top problems of older persons of the participants with those of the Key Informants and of older persons included in the Needs Assessment Survey are given in Table 1.

TABLE I

SUMMARY OF QUESTIONNAIRES PRIORITIZING TEN CONSUMER PROBLEMS INTO FOUR (4) CATEGORIES OF GREATEST IMPORTANCE:

PROBLEMS	Results Of Initial Questionnaire*				Key Informants Response to 2nd Questionnaire	Response to Questionnaire from Senior Citizens	Nominal Group Technique	Response to Questionnaire from "Seminar on Aging"
	I	II	III	IV				
Health Care and Costs	1	1	1	4	1	1	1	1
Stretching Income To cover Expenses	6	9	2	1	2	3	10	3
Housing	3	2	4	3	4	8	4	5
Frauds, Deceptions and Schemes	2	8	9	8	4	5		9
Repair Services on House, Appliances and Cars	3	5	3	2	9	4	7	6
Utilities	6	5	4	8	8	2	11	6
Costs and/or Lack of Transportation	8	2	7	6	3	6	8	2
Community Services and How to use them	10	4	6	7	7	8	2	9
Social Security and Supplemental Security Income	5	9	8	4	9	7	12	4
Financial Planning Before Retirement	8	5	9	8	4	10	3	8

\* I Consumer Protection Agencies  
 II Offices on Aging  
 III National Consumer Forum  
 IV Key Informants

LEGAL RIGHTS OF OLDER AMERICANS

Mr. David J. Burnette  
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One of the most exciting businesses in the world is the business of dealing with "dead men's money". Connected with this business are the persistent, quarrelsome, lovable people who think they ought to receive it. Sooner or later, this takes in all of us. Most of us are hopeful that we will come into possession of one or more of these fabulous inheritances from our wealthy relatives or friends.

In the event we do have an inheritance and the actual distribution is delayed, we become inquisitive, then concerned, and finally aggravated. For this reason we should become familiar and know something of the mechanics, the legal process that bridges the gap between the time of death and the distribution of property, be it real or personal.

Then, too, at some time some of us may be called upon to manage or administer someone's estate. We should at least have a minimum understanding of the qualifications and requirements of such a complex job.

Finally, we should examine our own house and ask ourselves a very personal question: can our home, farm, business or investments be transferred in an uncontroversial and, above all, the least expensive manner? Today in the United States, only three out of every seven Americans are expressing their inherent right of succession to their toil and wealth.

Group participation took place as the following items were discussed:

- What is a Will?
- Legal Terms used in a Will?
- Why should you make a Will?
- Who should have a Will?
- What is a valid Will?
- What happens if no Will is left?
- How to make a Will.
- Where should it be kept?
- Witness.
- Choosing a guardian.

The group was involved in the questionnaire which follows and discussion was conducted on each item.

SOME QUESTIONS ABOUT YOUR ESTATE PLAN

- |   | <u>Check</u> |
|---|--------------|
| 1. Do you have a will? Does your wife have a will?  | _____        |
| 2. Have you made income provisions for your wife and minor children in the event of your death? | _____        |
| 3. Can you estimate the present value of your estate?   | _____        |
| 4. Can you estimate your estate's death tax liability if you die today?                         | _____        |
| 5. Have you consulted an attorney about an estate plan?   | _____        |
| 6. Have you considered lifetime property transfers as a way of reducing your taxable estate?    | _____        |
| 7. Have you considered changing the structure of your business for estate planning purposes?    | _____        |
| 8. Do you have sufficient liquid assets in your estate to cover costs of estate settlement?     | _____        |
| 9. Is your family generally familiar with the steps in estate settlement?                       | _____        |

Check

10. Does your family know where your valuable papers are kept?

\_\_\_\_\_

In order to be informed about legal rights and concerns, there must be an understanding of terms used. These terms and their meaning follow:

#### GLOSSARY OF TERMS

Administrator - a person appointed by the proper court to settle an estate - collect assets of the estate, pay its debts and distribute the residue to those entitled.

Annuity - a fixed sum, granted or bequeathed, payable on a regular basis for specified period - such as the life of the annuitant.

Beneficiary - a person named in an insurance policy or a will to receive benefits or advantages.

Bond - required of an executor, guardian or trustee - that the individual shall well and faithfully perform all the duties of the appointment.

Conservator - person appointed as guardian, protector, or preserver to manage the property of a person incapable of managing his own affairs - either because of age or other.

Curtesy - the husband's lifetime interest in land which equals one-third of the value of all the deceased wife's real property.

Dower - the wife's lifetime interest in land which equals one-third of the value of all the deceased husband's real property.

Estate - all property, real and personal, tangible and intangible, in which a person has "rights", "title" or "interest".

Executor - the person named (nominated) in a will to carry out its terms. If a woman, the word "executrix" is used.

Guardian - a person lawfully given the power, and charged with the duty, of caring for another person and managing his property, who is considered incapable of administering his or her own affairs.

Heirs - those persons designated by law to succeed to the estate of a person dying without a will.

Holographic Will - a Will written by a person in his own handwriting.

Inheritor - an individual who receives property or who will receive property from another person or his estate through the probate process of law.

Intestate - a person who dies without a Last Will and Testament.

Joint Tenants - persons who own equal interest in the same property.

Probate --the judicial procedure to determine that a certain document claimed to be a Will is in fact valid and properly executed.

Testate (Testator) - a person who has made a Will or dies leaving a Will.

Trustee - the person who controls or manages a trust.

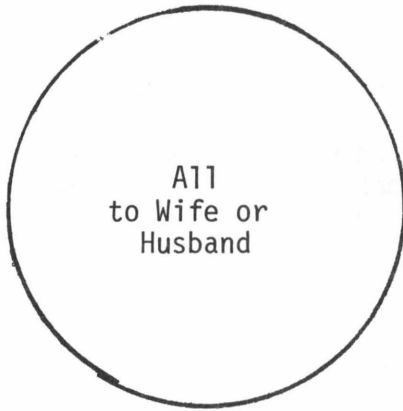
Will - a written instrument executed with the formalities of law, whereby a person takes a disposition of his or her property to take effect after his or her death.

Laws of  
Virginia

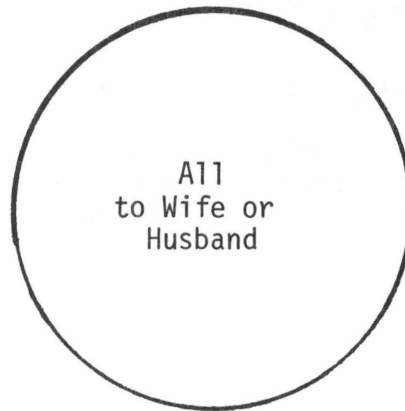
(As of January 1, 1968)  
Where No Will is Left  
Shown By  
Graphic Charts

Married Man or Woman with No Children or Other Dependents

Real Estate

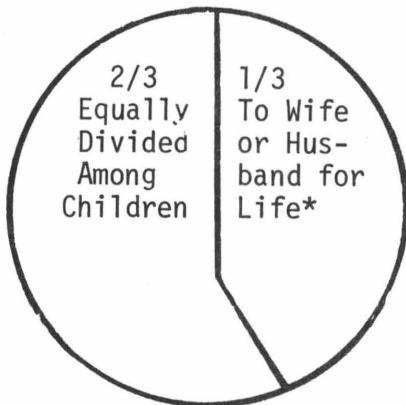


Other Property

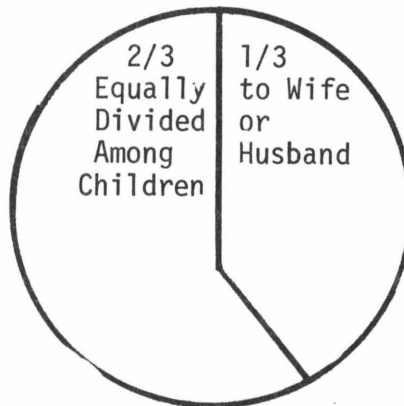


Married Man or Woman With Child or Children

Real Estate



Other Property



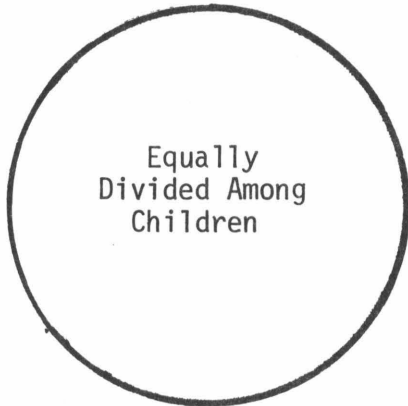
\*Unless his or her rights to such curtesy or dower shall have been lawfully barred or relinquished.

Upon the death of the surviving husband or wife, his or her share of the real estate is divided equally among children. Descendants of deceased children take their ancestor's share.

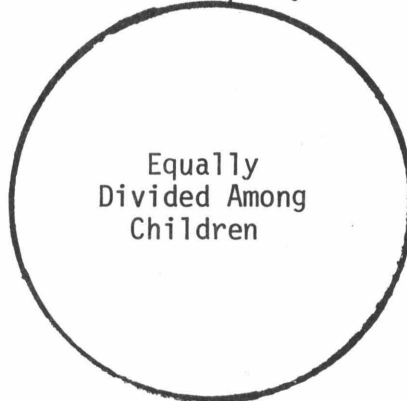


Widow or Widower with Child or Children

Real Estate



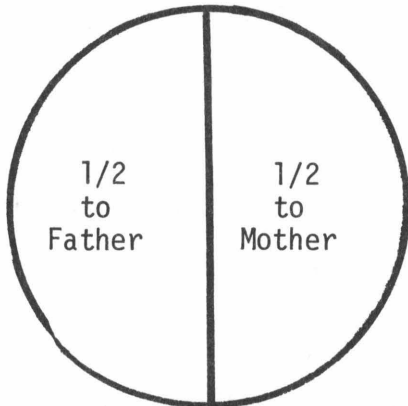
Other Property



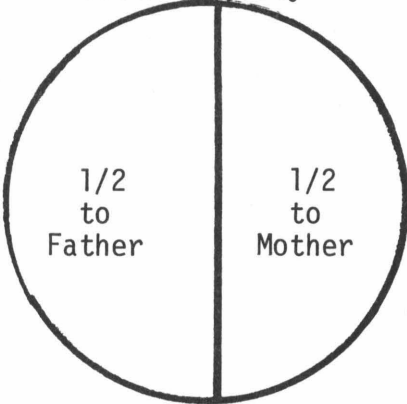
Descendents of Deceased Children  
take their ancestor's share.

Married Man or Woman or Widow or Widower with No Children or  
Other Descendents (Mother and Father or Either Surviving)

Real Estate



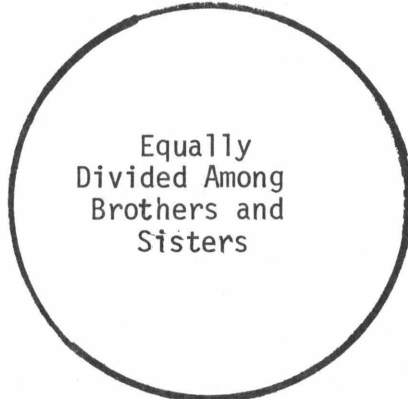
Other Property



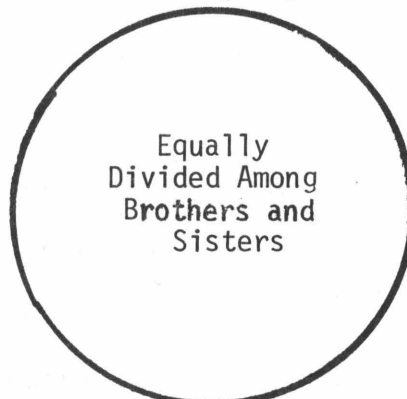
In case either Mother or Father alone survives, he or she takes  
all the estate.

Where Neither Mother nor Father Survives

Real Estate



Other Property



Descendants of a deceased brother or sister take his or her share.

## MAINTAINING INDEPENDENCE IN LATER YEARS

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### Work Simplification - Mrs. Lastovica

The acts of opening a can of soup or peeling a potato are routine tasks for many persons, but often present a challenge for persons in senior years on days when arthritis flares up or reduced energy limits homemaking activities. In spite of these limitations, however, to live independently is a goal of most senior citizens. Retraining in homemaking skills is one of the most important aspects in making it possible for the approximately five (5) million women limited by impaired vision, cardiovascular (heart) disease, paralysis, and arthritis to live independently. In addition, men with physical limitations who live alone or have wives or other relatives employed outside the home, may be retrained to take over household responsibilities.

Good organization is important for all homemakers, men or women. It is essential, however, for one who performs the same tasks despite decreased capacity to do work. The basic principles of work simplification (use of time and energy to accomplish tasks) are the key to good organization not only for senior home-

makers, but all homemakers.

Time and energy are closely related, yet they are vastly different. Everyone in the world has the same amount of time - 24 hrs./day, but no two people in the world have the same amount of energy.  $\text{Time} + \text{Energy} = \text{Money}$ . Each may be substituted for the other. If you have less time you can work harder and faster to get the job done or you can use convenience items. If you have less energy you can use more time to do the job or use more convenience items. If short on money, use time and energy. All of this requires management, using what you have to meet your needs, wants, or desires. When we have physical limitations it may be necessary to use less energy to accomplish tasks.

To make work easier look carefully at the job to be done, consider the way it is done now, and make changes to improve the way of doing the task for better use of time and energy.

Ask the following questions about the task:

- 1) Why is it **necessary**? For dishes the answer is obvious, but is it really necessary to vacuum the house everyday?
- 2) What purpose does it serve? Does performing the task add to the physical or emotional well-being of the family?
- 3) A. Where should it be done? Could a more convenient location be chosen? Example: Iron in the bedroom area where clothes will be placed. If building or remodeling have laundry area placed in bedroom-bathroom area for convenience.  
B. Where should items be stored? Store at point of first use with most used items nearby.
- 4) When should it be done? Consider dovetailing tasks, having two jobs going at the same time. Know the time of day you work best and do most important tasks then. Alternate light and heavy work from day to day and hour to hour.

- 5) Who should do it? Encourage family help and cooperation. Know which tasks you can do safely and which should be done by other persons. While no one wants to feel useless or totally dependent on another, it's good to have help.
- 6) How should it be done? Plan ahead. Make a schedule. It's okay to take short rest periods frequently - just don't let them turn into one long one!

The final step in making tasks easier to perform is to work out a new way to do the job.

- 1) Eliminate unnecessary details. (Drying dishes, ironing, sheets and towels, etc.)
- 2) Combine parts of the job. (Cook and serve in the same dish.)
- 3) Choose equipment for multiple use. Instead of becoming 'caught up' in gadgetry, make it a policy to adjust what is available to meet many needs.
- 4) Use the body efficiently. Sit to work when possible unless standing is part of therapy or the job is short-time. Slide items instead of lifting them. Let gravity and momentum work: Example: Use of laundry chute, or a pan below level of a cutting board. Use smooth flowing motions with both hands. Avoid holding items. Use suction cups, clamps, etc. to free both hands for work. Use other parts of the body when possible to free hands. Example: Push vacuum cleaner on casters with foot.
- 5) Use convenience items where practical to reduce energy used, such as cake mixes, frozen foods, or paper products.
- 6) Finish with different products. Try fresh fruit for dessert rather than a fruit pie or serve baked rather than mashed potatoes.

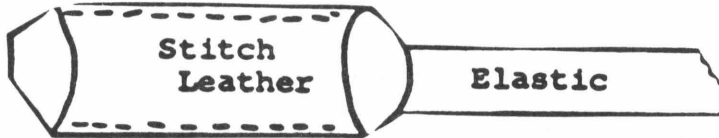
Tasks around the home may be made easier with the use of simple, "homemade" self-help devices made from scrap lumber, etc. Other items may be purchased inexpensively to reduce strain on the body and simplify storage. These may include:

- (1) Handbrush: With 2 suction cups screwed onto the base of brush, it can be secured to a table or kitchen sink, where it can be used to clean vegetables, help scour utensils, scrub hands and fingernails.

(2) Utensil Holders

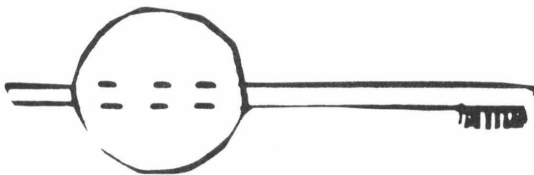
(a) Leather and Elastic

3" x 1-1/8" top piece of leather  
4" x 1-1/8" back piece of leather  
3/4" width, length to fit hand,  
sewn to ends of leather



Excellent for person who can't flex muscles in hand and fingers.

(b) To enlarge spoon, fork, or toothbrush -- excellent to use for person who has partial use of hand muscles.



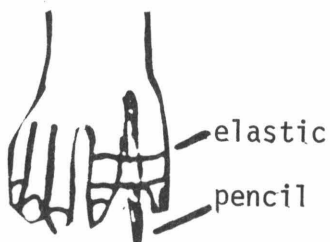
Push handle through middle of soft rubber ball after piercing ball with sharp object.

Fill bicycle grip with wet plaster of paris and push into grip and hold until plaster hardens a few minutes.

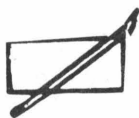


1" elastic band can be tied or taped to toothbrush handle for persons who are unable to close their hands. Band should be tight enough to hold brush snugly.

(3) Writing Aids: -- Gives support to fingers that are:



.. unable to flex fingers:  
-- use 1" piece of elastic measured to fit around the thumb and index finger. Staples or a few stiches, or both, divide the elastic with 3 slots for 2 fingers and writing implement.



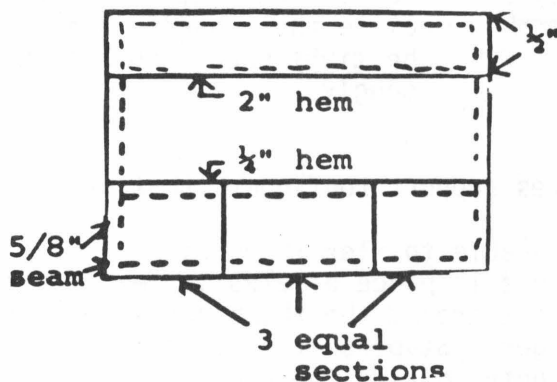
...ability to flex fingers a small amount  
-use a chip or block of wood to size of grasp for the individual. Usually a 2 x 3 - inch block is sufficient size. Drill hole at angle and insert pencil for writing.

(4) Hoop Apron

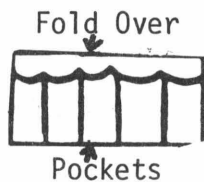
If tying apron strings presents a problem, substitute an easy to make hoop apron. The only materials needed are hoop and 1/2 yard of washable material.

- To make:
- (a) Cut a piece 6" deep and width of material to use for pockets.
  - (b) Set 1/4-inch hem at pocket top.
  - (c) With right side of apron and pocket piece together, make a 5/8-inch seam on bottom and sides. At same time, turn sides of apron under 5/8-inch and stitch.
  - (d) Divide pocket into 3 equal sections with two rows of stitching.
  - (e) Make 2-inch hem at top of apron.
  - (f) Place a row of stitching 1/2-inch from top and bottom of 2-inch hem.
  - (g) Insert hoop through center of top hem.

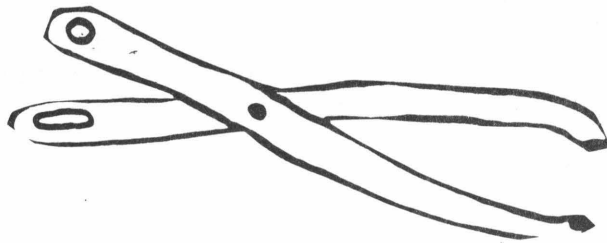
Now the apron can be put on with one hand.



- (5) Carry-All-Bag- design adaptable for wheelchair, walkers, bed, chairs, etc. It is adaptable to fold over arm of chair or wherever it is being used. Sections or pockets should be planned to hold articles such as pencils, keys, handkerchief, purse, memo pads, medicines, etc.



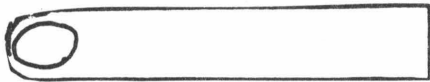
- (6) E-Z Reach Grabber- Handy to reach high shelves, corners, or far interiors of a cupboard.



Make 27" to 35" long. 1/4" plywood is used to cut out scissor effect. The ends of scissors have magnets which pick up pins, curlers, etc.

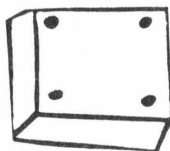
Yardstick - Cut a "V" notch in yardstick to assist in putting clothes hanger in closet. Extremely helpful for patient with limited reach.

- (7) Bedside Assist



Constructed from 3/4" plywood cut 6 1/2" wide and 32" high (or height suitable for patient). Cut hole 4 1/2" in diameter that is 1" from top of board. Board is then clamped to bed on patient's good side just above hip level. This device aids patient in turning in bed as well as from chair to bed in an independent manner.

- (8) Bread Holder

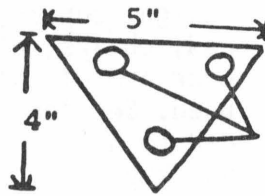
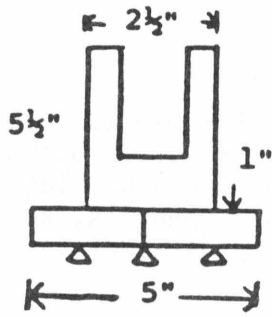


4" square board of 1" plywood. Cover top side with formica and nail 4 stainless steel nails in corners. Excellent to butter bread.

- (9) Handle Holder

Steadying a hot saucepan on the range while you stir the contents can present a problem.

Materials Needed: 2 pieces of 1/2" plywood: 4" x 5" and 2 1/2" x 5 1/2"  
3 screw-on suction cups  
Formica

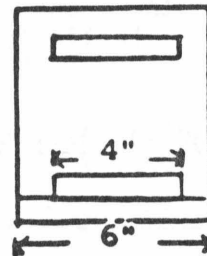
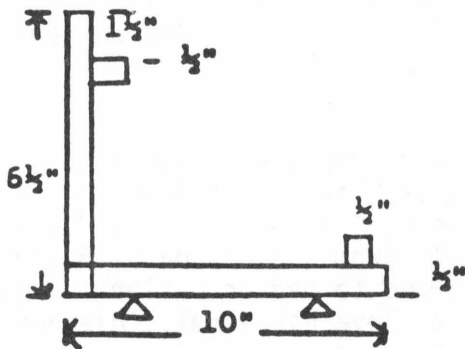


Suction cups

(10) Vegetable Grater Holder

Suction cups added to the bottom keeps it from slipping and sliding.

Materials Needed: 1/2 " plywood  
4 suction cups  
Glue  
Formica  
Grater

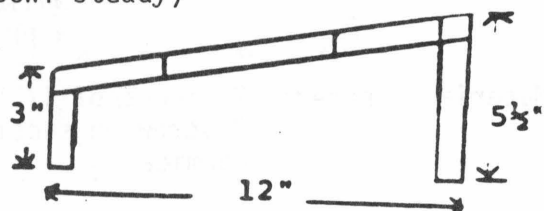
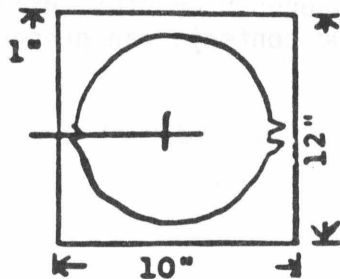


(11) Wooden Bowl Holder

This unit will hold level for mixing or stirring and also on its side for pouring or scraping. It can be permanently attached to kitchen work area if desired.

Materials Needed:

Several pieces of 1/2" board  
Thin strip of rubber for outside of cut-out  
(to keep bowl steady)



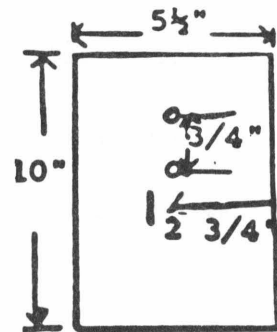
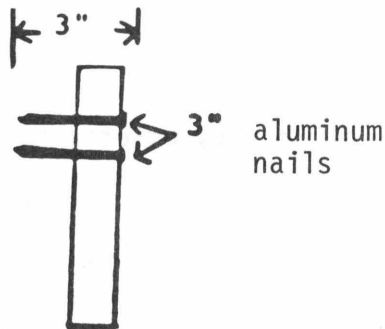


(12) Peeling and Cutting Board

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One of the most popular kitchen "gadgets" among hemiplegics and others limited to one hand. Using it to hold vegetables and fruits, you can peel, slice or cut them with minimum of effort. A formica topped base is recommended.

- Materials Needed: 3/4" plywood  
Formica  
Aluminum 3" spikes or nails  
4 suction cups



Additional items may be purchased from:

1. Catalog "Be OK Self-Help Aids"  
Fred Sammons, Incorporated  
Box 32  
Brookfield, Illinois 60531
2. Catalog "Self-Help Items for Independent Living"  
Fashion ABLE  
Rocky Hill, New Jersey 08553

Packet materials distributed at close of workshop included:

- 1) ABILITY -- not disability -- Description of excellent educational films available on loan through VPI&SU and Virginia State Extension Service.
- 2) Clothing in the Elderly Years - Publication 492, April, 1972 VPI&SU.
- 3) Clothes to Fit Your Needs (for the physically limited) -Publication 664, Reprint October, 1975, VPI&SU.
- 4) Convenience Clothing and Closures - Available from: Talon/Velcro Consumer Education, 41 East 51 Street, New York, New York 10022.

- 5) Family Development - New Age for Old Age - Publication 84, Reprint June, 1969, VPI&SU.
- 6) Physically Handicapped - Publication 653, April, 1975, VPI &SU. Gives instructions for making aids to self help in homemaking, grooming, and clothing.
- 7) Work Smarter - Not Harder - Number MSC-6, October, 1976, VPI&SU, A checklist to help evaluate how one's time and energy are used.
- 8) Bibliography of sources of information.

Work simplification involves using time and energy effectively to accomplish tasks and satisfy needs for healthier, happier living. For the physically limited work simplification may be to perform a task that results in the use of less time, energy, or both. Howard Rusk, in A Manual For Training The Disabled Homemaker (1961) states another definition of work simplification for the physically limited as "organized use of common sense to find easier ways of doing work in a down-to-earth manner of treating the subject, yet challenging enough to be interesting."

#### Aging and Clothing Magic

Dr. Kalka

Have you ever thought about the magic element of clothing? Our clothing can make us feel good, make us look good and can camouflage liabilities and disabilities. I really believe the adage "When you look good, you feel good." There's a good deal of research reported that confirms the positive and therapeutic value of clothing. As everyone knows, there is an important connection between looking one's best and feeling well. So let's dress for living--independent of others when possible.

"I want to do it myself." This is not only the plea of the young, but of most individuals. It is as basic a feeling of worth for the senior citizen as it is to a young child. Independence in the activities dealing with the common routines of daily living is highly desirable to all.

Since the topic of the hour is to deal with maintaining independence in later years, I am here to promote independence when it comes to securing, wearing, and caring for clothing.

Shopping for clothes is no small task, but architectural barriers that may hinder the shopping activities of the elderly are getting a good deal of attention these days and something is being done about their removal or correction. Barriers to shopping can be overcome by having clothes sent on approval by an interested salesperson in a local store, or by turning to mail order houses that pick up and deliver at the door. Some elderly persons must rely on friends or members of their families to do their shopping. While they are grateful for the help of others the elderly do like to personally choose their own styles and colors.

When medication costs leave little money for clothing, budget constraints are always a problem and must be dealt with when planning clothing expenditures. This is an ever present problem for many--especially those on fixed incomes. Cost-cutting measures are: shop for clothing during special sales, purchase multi-purpose garments, spend the most money on garments that will receive the hardest wear -- and maybe the longest wearing time. The type of care instruction should be noted.

With modern clothes washers, dryers, laundry additives and fabrics, laundry can be more fun than work if a few simple rules are followed. I am sure that many of the elderly can remember when refurbishing the family clothing was anything but fun. It is important to follow a few simple rules, like to read, understand and follow the care instructions found on the permanently attached care label.

We could talk more about the means and need for facilitating the quest for independence in shopping and caring for clothing, but I want to promote independence as it relates to dressing and undressing.

For all of us, clothing (our second skin) serves our personal, physical and social needs. The personal needs served are awareness, self expression, self confidence, and self enhancement. Social needs are met through acceptance, social participation and recognition. Clothing also serves the physical need for safety, comfort, and independence. Have you realized that the magic of clothing serves all of these needs?

Dr. Audrey Newton, a professor of Clothing and Textiles at the University of Nebraska, states that "Every consideration should be given to the concept of clothes that allow for more independent living for the handicapped or the aged individual."

She adds that, "Clothing plays a role in the psychological well-being of all ages of people. In the later years, it may become more important since there is a loss of other sources of ego support, e.g., the physical vigor and status. To design for the

older figure, it has been necessary to consider changes in physical characteristics that usually accompany aging. Changes in body proportion effect the way clothing fits, such as a decrease in stature due to change in the spine; increase in bulk, particularly in the hips, abdomen, thighs, and waistline--often to such an extent there is little or no waistline, rounded shoulders, sagging bustline, dowager's hump, or a pad of fat at the base of the back of the neck. All are physical changes one must be aware of whether designing for or selecting clothes for this group."

Clothing that allows the individual to be independent in the process of dressing and undressing, and that allows appropriate movement or hides disabilities, is needed by many of the elderly. Since needs vary from individual to individual, the problem is a complicated one.

Where does one shop for clothing designed to meet the special needs of the elderly? I must be frank and admit that there aren't too many sources, but there may be more than you realize. Today there are more sources than in the past.

The range of disabilities requiring special clothing is such that stock sizes are unlikely ever to become available for all needs. Three manufacturing firms that are attempting to meet special clothing needs are PTL Designs, Inc., Fashion-Able and Levi Strauss and Co. PTL manufactures clothing for men, women and children concentrating on custom production centering on meeting individual's needs. The Fashion-Able catalogue features basic garments and self-help items. Levi Strauss, as you would suspect, has created custom jeans

for men with special dressing needs. I have brochures of these and other companies--you may want to see what ready-to-wear types of clothing are available.

We are in a fortunate position because clothing today which emphasizes simplicity and freedom is held in high priority. The wrap-around skirt, wrap dresses, caftans, draw string pants and leisure suits are available in ready-to-wear at all price lines. If you have recently thumbed through a pattern book you know that patterns for these garments are available to homesewers. And need I mention the comfort of knit fabrics, a fabrication which has made clothing more comfortable for us all.

I don't have a fashion show planned for today, but I would like to tell you about some of the special clothing that is on display. These garments demonstrate that clothes can be a help, not a hinderance. (Show and discuss displayed garments).

In your packet of educational materials you will find three publications: "Clothing in the Elderly Years," "Clothing to Fit Your Needs" and "Convenience Clothing and Closures" which provide information and guidelines to make being dressed a more rewarding and comfortable experience for the elderly.

In summary the clothing needs of the elderly are clothes that should:

- (1) Be attractive and fashion right
- (2) Be comfortable
- (3) Be easy to put on and take off without causing pain or discomfort
- (4) Accomodate the use of assistive devices, such as braces, crutches, prosthesis

- (5) Sometimes serve to disguise a disability
- (6) Be functional, but not to the exclusion of attractiveness
- (7) Stand the stress and strain of wear
- (8) Be easy to clean and maintain an attractive appearance through wear and launderings.

I will be the first to admit that clothing to meet these special needs of the elderly and that encourage independence in dressing and undressing is not easy to come by. Some can be purchased ready-to-wear if current styles permit; some can be custom-made or ordered; some can be adapted --there is a way. The aged are people, our fellow human beings with needs like us all, plus some.

#### Selected References

Newton, Audrey, "Clothing: A Positive Part of the Rehabilitation Process." Journal of Rehabilitation, September-October, 1976, pp. 18-22.

Reich, Naomi. "Clothing for the Handicapped and Disabled." Rehabilitation Literature. October, 1976. 37: 291-294.

Schwab, Lois. "Fashion Can Be Functional". On Your Own, April, 1972, p. 1.

NUTRITION AND FOOD MANAGEMENT PROGRAMS

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Mr. Olsen

The process of purchasing whether in large or small quantities, has been summarized by this statement: Obtain the right product, at the right time, in the right amount and at the right price. In order to accomplish this, the person responsible for purchasing must have a thorough knowledge and understanding of all aspects of the purchasing system.

Some of the aspects or factors which influence the purchasing system are controllable by management. Others are influenced by forces in the environment that the food service manager has little control over.

Environmental Factors

Money supply and credit  
Seasonability of food  
Availability of food  
Customers' food habits  
Government regulations  
The market structure  
Aesthetic, cultural, psychological, and educational value of food  
Storage facilities available  
Nutritional needs of population

Controllable Factors

Skill and availability of personnel  
Cost of Labor  
Cost and type of equipment available  
Cost of energy to store and/or process food  
Inventory of supplies on hand  
Source of supply  
Type of service provided  
Standards of quality  
Menu planning  
Purchasing controls and procedures  
Location  
Nutrition  
Buying ethics



Controllable Factors (Continued)

Information aids  
Cash flow and credit availability

The items in the left hand column are factors which affect purchasing but are not always under the control of the person<sup>1</sup> responsible for it. Because they are not always controllable, the purchasing agent should make every attempt to gain as much knowledge about each in order to better meet the goal of the right product, at the right price, at the right time in the right amount. The same is true for those items in the right hand column. These items generally fall under the responsibility of the management of a food service with some being delegated to the purchasing agent.

One factor which frequently falls within the responsibilities of the purchasing agent or person in management with the purchasing responsibility, is choosing a source of supply. In order to effectively choose a source of supply the individual responsible for purchasing must have a comprehensive understanding of the market structure and how goods move through the various channels of distribution in that structure.

The Market Structure and Channels of Distribution

The market structure and the various distribution channels are complex subjects. Market structure as well as the distribution channels are determined by forces beyond the control of the food service manager or purchasing agent. Federal legislation and regu-

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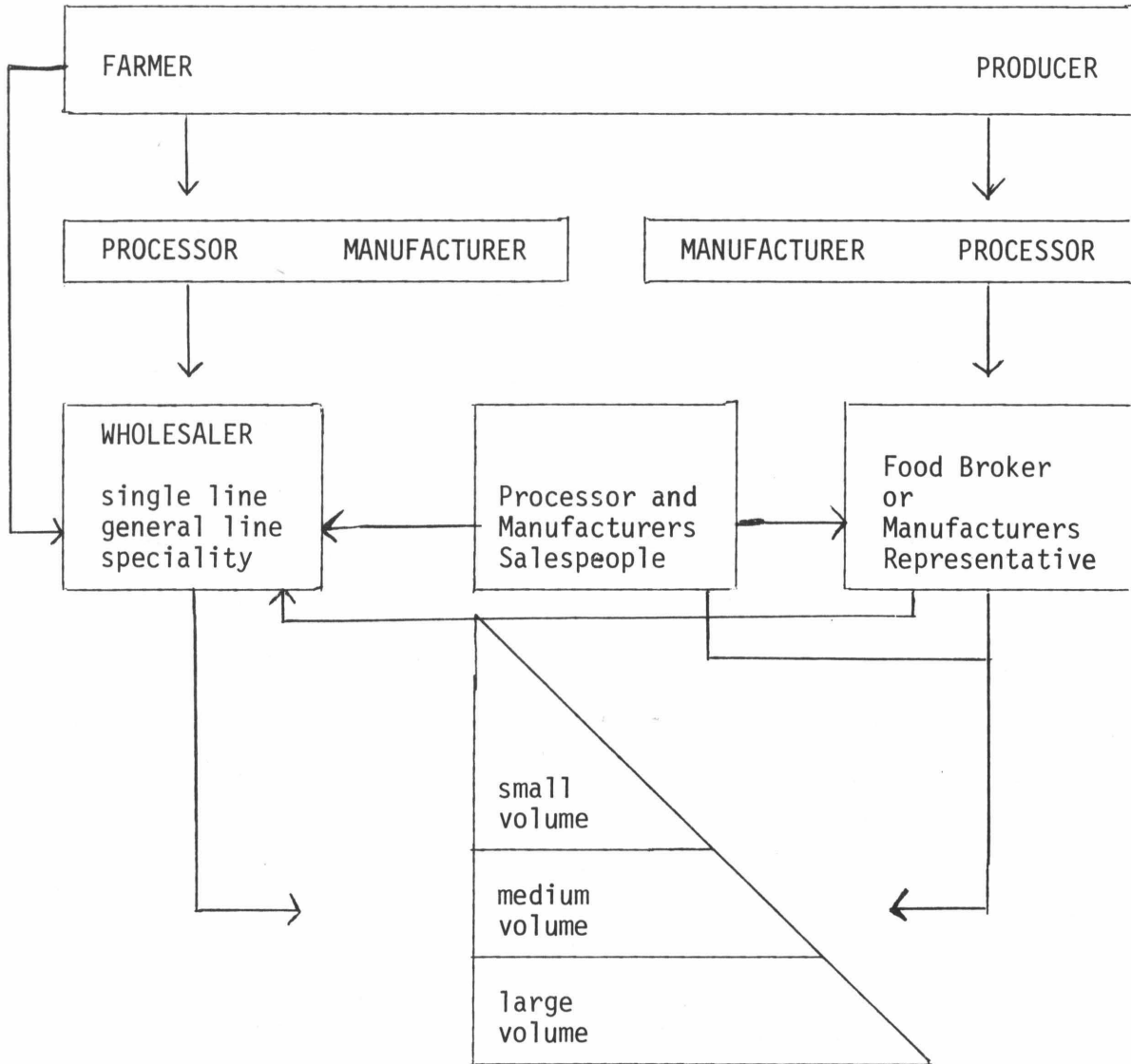
<sup>1</sup>The term purchasing agent will be used hereafter to identify the person responsible for purchasing in a food service. This refers to anyone who is employed exclusively for this purpose or performs this function as a part of their other general management responsibilities.

latory agencies control distribution and structure by imposing rules and guidelines on manufacturers and distributors. Such constraints are designed for example, to improve sanitation and wholesomeness in food transporting and processing and promote competition in the market place. Also affecting structure and distribution are the various economic laws such as those of supply and demand. These rules, laws and guidelines tend to make the market structure dynamic and interesting. For this reason the purchasing agent must continually make every attempt to increase his knowledge and understanding of these concepts.

Even though the market place is dynamic and changing, it is still possible to conceptualize market structure and the distribution network in order to gain an increased understanding of its workings. Figure 1 represents a model of the market and the links or distribution channels between the various sectors of it.

The first in the network is the producer of the raw materials. The farmer is the backbone of this segment. The product of this producer must eventually move through several stages before it reaches the end user, in this case the food service facility. There are many producers making up this segment which usually creates a great deal of competition among them. The producer is also subject to many uncertainties such as the weather, improved technology and new or changing government regulations. The role of this segment of the market structure is the foundation of the system. The affects of change, uncertainty or competition has a tremendous impact on what happens throughout the rest of the market structure.

Figure 1  
Model of the Market Structure and  
Distribution Network



The products produced by the farmer are usually sold to the manufacturer or processor at what the producer hopes is a profit. The factors which affect how much product is produced and sold and the amount of profit realized are many. Not only are the laws of supply and demand involved but the Federal Government has also instituted a complicated system of price supports and production quotas and subsidies. A detailed discussion of these factors is beyond the scope of this article. They are mentioned briefly because they do affect, on a continuing basis, how much the producer grows and what prices he will receive for his harvest which ultimately affects the end user and all segments of the market in between.

The processor or manufacturer alters the raw materials to make it suitable for the needs of the end user. There are considerably fewer processors than producers. For example, there are thousands of vegetable farmers but only a few major canners or processors. It is the role of the processor to take the raw material and change it into such market forms as frozen and canned or to slaughter the steer and produce the primal wholesale cuts such as the rib or sirloin.

The processor buys from many producers to meet the demand of its customers. Getting the product from the producer to the processor usually involves almost every form of transportation available. Time is critical because of the perishable nature of many of the products so the fastest most effective means must be selected to move the product through this channel. Figure 1 indicates

that in some cases the farmer may sell directly to the wholesaler. This type of transaction is usually local or regional in scope.

When the manufacturer or processor has changed the product into its most appropriate state and market form, it faces the challenge of moving it through channels which are available to the final segment of the market structure, the end user. In some cases an intermediate segment is used. This segment is often referred to as the middleman. In figure 1, the middleman is represented by the wholesaler, food broker or manufacturer's representatives.

The middleman performs a very important marketing function. This function is to assist the processor in selling and moving, through the channels, the tremendous volume of product processed. The processor who produces millions of pounds of product annually would find it difficult and expensive to sell its product to all the end users who may desire it without the assistance of this segment of the market structure. Without the middleman, it seems hard to imagine how all the green beans grown and processed in the northwestern United States could reach the small restaurant or nursing home kitchen in a small Southeastern United States community.

Wholesalers are usually of three types as indicated in Figure 1. The single line wholesaler is one who sells only a single line of products such as paper, meat, frozen foods or some other specific product. The speciality wholesaler is one who may carry one product under one label. The general line wholesaler is probably the most common form of middleman in the food service industry.

The general line wholesaler usually carries a full line of products often as many as 3,000. Food, paper, and cleaning supplies are examples of products carried by such a wholesaler. The list of products sold is often exhaustive. The advantage is that a purchasing agent or food service manager can obtain from one source all or many of its needs. As energy costs increase, many industry leaders feel that this will result in increased use of only one supplier such as the general line wholesaler,

The wholesaler will usually employ a sales staff to call on the end user. The role of the salesperson is usually to take orders from the end user along with promoting the sale of new items. In most instances the wholesaler salesperson is involved in "taking orders" and providing service to each customer such as handling returns, emergency orders, or in some cases even equipment repair.

The wholesaler, to remain competitive, has found it necessary to offer many services such as those mentioned above. In addition, as modern technology has developed the wholesaler has made available his computer or data processing unit to assist the food service manager in keeping track of costs, maintaining an adequate inventory of products and developing other helpful management information. The service provided by the wholesaler is one of the greatest advantages for choosing him as a source of supply.

The wholesaler purchases and takes title to all the goods he purchases. The goods are shipped from the processor to the wholesaler and stored in his warehouse. The wholesaler supplies his customers from the warehouse or, on occasion, arranges for

shipment directly from the processor. The wholesaler's main goal is to have on hand, for immediate shipment, those products needed by the end user. The end user, the restaurateur or dietitian, counts on being able to obtain the right product at the right time from the wholesaler. One of the wholesaler's greatest challenges is to maintain an adequate level of inventory for each of the many products sold so that no customer will be inconvenienced because the wholesaler does not have a product in stock.

To insure that the wholesaler always has an adequate supply of products he works closely with the salespeople employed by the processor or manufacturer. Many manufacturers and processors employ a sales force to assist them in moving the product to the end user. The role of this type of salesperson is usually to work with large wholesalers or very large volume end users. The expense of maintaining a large sales force, often national in scope, helps explain why they concentrate on large volume customers. With several hundred thousand end users in the total food service industry, it would be very expensive indeed for one processor to employ enough salespeople to adequately meet the needs of all of the end users.

The processors' sales force seeks to promote the sale and use of its products. Salespeople work with the wholesalers' salespeople by offering training in product use and promotions. Seminars and other forms of training are also used to accomplish this. The processor's salespeople also inspect the warehouse

and stock levels of the wholesaler to insure proper conditions and rapid turnover of products.

The sales force of the processor also attempts to sell directly to large volume users when conditions are appropriate. Chains and large multi-unit corporations are examples of organizations with medium to large volume purchases who warrant special sales efforts from the processors' sales force. These types of organizations usually have centralized purchasing with a purchasing staff.

The type of sales force employed by the processor can be described as "order getters" as opposed to "order takers" described in the discussion of the wholesalers sales force. With only one or few products to sell they can concentrate their efforts on informing the user on the important features, and quality standards of a particular product. It would be difficult for the wholesaler's salespeople to accomplish this when they sell as many as the 3,000 items mentioned earlier.

When the processors salespeople entice the user into purchasing a product, the wholesaler is often given the role of supplying the product. If the wholesaler does not carry the product, it is the hope of the processor that its sales force can encourage use of its product by many end users and thus create enough volume to make it financially sound for the wholesaler to be in to stock the product and provide the necessary service.



The food broker or manufacturer's representative is also used to move products through the channels from the processor to the end user. The food broker is a private businessman who helps move products through the channels in much the same way as the manufacturer's sales force. The major difference is that the broker may work for as many as 10 to 20 different processors. The broker will often fill the role of the processors' sales force in certain market areas.

The broker or representative usually works on a fee or commission basis. The fee is usually a percentage of the total dollar value of sales created by the broker. The broker does not take title to the goods. He only facilitates their movement from processor to user. The broker generally is very knowledgeable about each product, as is the processors' sales force, and works to maximize the sales for each product represented.

The broker also works closely with the wholesaler and end user in the same way the processor's salespeople work with them. Some brokers maintain a sales staff of their own to accomplish this. The size of the staff is of course dependent on the sales potential in the market area the broker works.

As can be seen in Figure 1, the end user is served by the various middlemen. The wholesaler usually works closely with all end users regardless of their sales volume. Brokers and the sales personnel employed by the processor generally work with only large volume customers or wholesalers.

The end user must fully understand the market structure and the segments which make it up. In addition, the knowledge of how each segment affects the movement of goods is necessary. With this knowledge, the purchasing agent can then make a more informed decision regarding which is the best source of supply in order to accomplish the goal of the right product at the right time in the right quantity, at the right price.

#### Finding A Source Of Supply

The problem of finding an appropriate source of supply is never ending. Table 1 indicates where and how to find sources of supply.

Table 1

#### Where and How to Find Sources of Supply

1. Classified Telephone Directories
2. Buyer's Guide
3. Trade Shows
4. Catalog or Advertising Literature
5. Trade Publications
6. Trade Groups and Associations

The use of the classified telephone directory offers nothing more than a starting point. Looking under such headings as grocer, wholesalers, frozen food, food products, etc. should yield a list of suppliers in the local area who service the food service industry. Once this list is obtained the rest is up to the purchasing agent to determine which supplier meets his needs.

Buyer's guides are frequently developed by local or state associations or trade publications. The guides are useful in locating suppliers that serve a specific geographical area. The guides also indicate the products commonly used in the industry and which suppliers carry the product. The guides are **very** useful in assisting the buyer in locating a supplier who carries a product in which he is particularly interested.

Trade shows offer the purchasing agent an excellent opportunity to find new sources of supply as well as new products. Such shows provide ample opportunity for gaining information about product and supplier and are one of the best ways of finding both.

Catalogs, advertising literature and trade publications offer opportunities for increased product exposure and ideas. They do provide useful information and assistance in locating new products or sources of supply. The reader is usually encouraged to circle a specific number on a reader service card if information is desired. The publication will then usually pass this request on to the manufacturer who in turn responds with information and advertising literature and the name of the nearest supplier. Advertising literature may or may not provide source information unless it is mailed or distributed by a specific supplier. The same is true of catalog information in that it provides information about one supplier only. However each is useful in helping to identify sources of supply.

Trade groups or associations are extremely valuable in finding sources of supply. Membership in such groups is usually made up of buyer and seller. Regular meetings and organization newsletters provide an excellent environment and opportunity to become acquainted with suppliers. This personal contact, usually in neutral territory, enhances communication and understanding. Also, a great deal can be learned about each supplier through interaction with other members who purchase from them.

Once sources of supply have been found, then the purchasing agent is usually faced with having to choose from several. This decision is just as important as finding these sources and requires careful thought and analysis.

### Choosing a Source of Supply

One of the major concerns of any one responsible for purchasing is choosing a source of supply. Many factors contribute to making this decision. Table 2 lists many of the factors involved.

Table 2

#### What To Consider In Choosing A Source Of Supply

1. Product line and quality standards
2. Service
3. Cost factors
  - A. Price
  - B. Transportation costs
  - C. Terms of payment and line of credit

- D. Length of time price will hold
  - E. Supplier storage cost
  - F. Salespersons' commission
4. Delivery schedules
  5. Location and nearness to market

Product line and quality standards are the most important concerns. The supplier should be capable of providing the quality of product desired in all cases and product categories. The supplier will generally carry an entire line of products which tend to be of the same quality. The important consideration is that the purchasing agent and management be satisfied that the product line is broad enough to meet their needs and quality standards.

Service is extremely important. Such concerns as agreement to pick up spoiled products, regular delivery schedules, emergency delivery, etc. must be considered. The purchasing agent should establish a list of service needs and compare this against the services provided by the various suppliers. The supplier meeting the most service needs of the organization along with quality needs should be selected.

Cost factors are always important. The price of the product is always a major concern once the quality standards have been established. If transportation costs are imposed they should be made known as well as minimum orders are required. Many suppliers will extend a line of credit to a food service.

The list of requirements for this method of repayment should be carefully considered.

Many purchasing agents obtain price quotes on products purchased but are surprised to find that the price has jumped between quote and delivery. The purchasing agent should carefully investigate the policy of the supplier regarding this issue.

Many suppliers will often store products for little or no cost for a client that wishes to take advantage of a large volume purchase but does not have sufficient storage space of his own. This may be an important feature to consider. The commission paid to salespeople is also an important cost factor. The purchasing agent should carefully inquire how each supplier handles this. Often-times the purchasing agent can benefit economically by bypassing the use of salespeople and place orders directly with the supplier thereby avoiding the commission. Many suppliers will be reluctant to divulge this commission policy but many will be willing to discuss different buying arrangements which may include buying directly. The advantages and disadvantages should be carefully studied.

The legal factors are many in any purchasing relationship. There is an abundance of local, state and federal laws which produce regulations that must be followed. The purchasing agent should be knowledgeable about them as well as the reputation of each supplier for upholding them. This is a very sensitive area and demands the highest levels of business ethics.

Knowledge of the market and its channels of distribution are essential to maximizing the purchasing dollar. With this knowledge the purchasing agent or food service manager can effectively find and choose a source of supply. The goal of obtaining the right product, at the right time, at the right price, and in the right quantity will be closer to being reached if this is accomplished by everyone responsible for purchasing.

Management of A Menu

Ms. McConnell

The advantages of providing meals to the elderly are certain. The meal offers more than food. It also provides a chance for socialization and friendship by drawing a group of people together. The meal event itself is as therapeutic for the mind as the nutrients consumed are for the body. Because of lack of resources such as equipment to prepare a meal, money to buy food, transportation to get to and from supermarkets and incentive to prepare for the elderly, the feeding programs are providing a necessary and important service.

The objective of the feeding programs is to provide acceptable and nutritious meals within the limits of time, equipment, personnel, and budget of management. Careful menu planning is essential with three major considerations: 1) the needs of the elderly consumer, 2) available equipment, labor, and time, 3) cost and budget constraints. Let's address ourselves to the consideration of the needs of the elderly and that part of the objective "acceptable, nutritious meals."

The aim of one meal is to provide at least 1/3 of the Recommended Daily Allowance for the older adult as established by the Food and Nutrition Board, Table 1. There are several ways to aid the menu planner in providing the essential nutrients. Two of these will be discussed.

The nutrient standard method of monitoring menus was an outgrowth of Title VII, The Older Americans Act which provided



Table 1

FOOD AND NUTRITION BOARD, NATIONAL ACADEMY OF SCIENCES-NATIONAL RESEARCH COUNCIL  
RECOMMENDED DAILY DIETARY ALLOWANCES,<sup>a</sup> Revised 1974

Designed for the maintenance of good nutrition of practically all healthy people in the U.S.A.

Age (years)	Weight (kg)	Weight (lbs)	Height (cm)	Height (in)	Energy (kcal) <sup>b</sup>	Protein (g)	Fat-Soluble Vitamins					Water-Soluble Vitamins										Minerals			
							Vita- min A Activity (RE) <sup>c</sup>	Vita- min D Activity <sup>e</sup> (IU)	Vita- min E Activity <sup>e</sup> (IU)	Ascor- bic Acid (mg)	Fola- cin <sup>f</sup> (μg)	Nia- cin <sup>g</sup> (mg)	Ribo- flavin (mg)	Thia- min (mg)	Vita- min B <sub>6</sub> (mg)	Vita- min B <sub>12</sub> (μg)	Cal- cium (mg)	Phos- phorus (mg)	Iodo- ine (μg)	Iron (mg)	Mag- nesium (mg)	Zinc (mg)			
																							Vita- min A Activity (RE) <sup>c</sup>	Vita- min D Activity <sup>e</sup> (IU)	Vita- min E Activity <sup>e</sup> (IU)
Infants	0.0-0.5	6	14	60	24	kg × 117	kg × 2.2	420 <sup>d</sup>	1,400	400	4	35	50	5	0.4	0.3	0.3	0.3	0.3	360	240	35	10	60	3
Children	0.5-1.0	9	20	71	28	kg × 108	kg × 2.0	400	2,000	400	5	35	50	8	0.6	0.5	0.4	0.3	0.3	540	400	45	15	70	5
	1-3	13	28	86	34	1,300	23	400	2,000	400	7	40	100	9	0.8	0.7	0.6	1.0	800	800	60	15	150	10	
	4-6	20	44	110	44	1,800	30	500	2,500	400	9	40	200	12	1.1	0.9	0.9	1.5	800	800	80	10	200	10	
Males	7-10	30	66	135	54	2,400	36	700	3,300	400	10	40	300	16	1.2	1.2	1.2	2.0	800	800	110	10	250	10	
	11-14	44	97	158	63	2,800	44	1,000	5,000	400	12	45	400	18	1.5	1.4	1.6	3.0	1,200	1,200	130	18	350	15	
	15-18	61	134	172	69	3,000	54	1,000	5,000	400	15	45	400	20	1.8	1.5	2.0	3.0	1,200	1,200	150	18	400	15	
Females	19-22	67	147	172	69	3,000	54	1,000	5,000	400	15	45	400	20	1.8	1.5	2.0	3.0	800	800	140	10	350	15	
	23-50	70	154	172	69	2,700	56	1,000	5,000	400	15	45	400	18	1.6	1.4	2.0	3.0	800	800	130	10	350	15	
	51+	70	154	172	69	2,400	56	1,000	5,000	400	15	45	400	16	1.5	1.2	2.0	3.0	800	800	110	10	350	15	
Pregnant	11-14	44	97	155	62	2,400	44	800	4,000	400	12	45	400	16	1.3	1.2	1.6	3.0	1,200	1,200	115	18	300	15	
	15-18	54	119	162	65	2,100	48	800	4,000	400	12	45	400	14	1.4	1.1	2.0	3.0	1,200	1,200	115	18	300	15	
	19-22	58	128	162	65	2,100	46	800	4,000	400	12	45	400	14	1.4	1.1	2.0	3.0	800	800	100	18	300	15	
Lactating	23-50	58	128	162	65	2,000	46	800	4,000	400	12	45	400	13	1.2	1.0	2.0	3.0	800	800	100	18	300	15	
	51+	58	128	162	65	1,800	46	800	4,000	400	12	45	400	12	1.1	1.0	2.0	3.0	800	800	80	10	300	15	
									600	400	15	60	800	+2	+0.3	+0.3	2.5	4.0	1,200	1,200	125	18+ <sup>a</sup>	450	20	
									800	400	15	80	600	+4	+0.5	+0.3	2.5	4.0	1,200	1,200	150	18	450	25	

<sup>a</sup> The allowances are intended to provide for individual variations among most normal persons as they live in the United States under usual environmental stresses. Diets should be based on a variety of common foods in order to provide other nutrients for which human requirements have been less well defined. See text for more detailed discussion of allowances and of nutrients not tabulated. See Table I (p. 6) for weights and heights by individual year of age.

<sup>b</sup> Kilojoules (kJ) = 4.2 × kcal.

<sup>c</sup> Retinol equivalents.

<sup>d</sup> Assumed to be all as retinol in milk during the first six months of life. All subsequent intakes are assumed to be half as retinol and half as β-carotene when calculated from international

units. As retinol equivalents, three fourths are as retinol and one fourth as β-carotene. <sup>e</sup> Total vitamin E activity, estimated to be 80 percent as α-tocopherol and 20 percent other tocopherols. See text for variation in allowances.

<sup>f</sup> The folic acid allowances refer to dietary sources as determined by *Lactobacillus casei* assay. Pure forms of folic acid may be effective in doses less than one fourth of the recommended dietary allowance.

<sup>g</sup> Although allowances are expressed as niacin, it is recognized that on the average 1 mg of niacin is derived from each 60 mg of dietary tryptophan.

<sup>h</sup> This increased requirement cannot be met by ordinary diets; therefore, the use of supplemental iron is recommended.

for the establishment of feeding programs for the elderly. The mechanics of the menu are simple but the initial establishment of the analyzed recipes is tedious and time consuming. It is usually left to a dietician, or a computer, however, most anyone having access to nutrient tables may do the job.

Recipes to be used in production are calculated for nutrient content of each serving. Nutrients for each ingredient and its amount may be found in Nutritive Value of American Foods, Handbook No. 456 by the U.S.D.A. By totaling amounts for each nutrient contributed by recipe ingredients and dividing by the number of portions the recipe yields, one determines the total nutrients in one serving of this recipe. The second step, in preparing the recipe, is to assign the total nutrient in one serving points based on the percentage of Recommended Daily Allowance it supplies. For example, one cheeseburger may be found to contain 137 mg. calcium. The Recommended Daily Allowance for calcium is 800 mg. This meal is to provide 1/3 of that or 267 mg. The cheeseburger supplies 137 mg. out of the 267 mg. or 52% of the 267 mg. It would receive 5 out of 10 points for calcium.

Once recipes have been analyzed and assigned points for nutrients, a recipe file may be established with which the menu planner may work. The menu planner totals all the calcium points from the menu items, as well as other nutrients. The ideal menu should have sums of 10 (or 100%) for all the nutrients. Substitutions of menu items may be required to reach this ideal.

As you have probably surmised, the nutrient standard method of monitoring is fairly accurate in planning nutritious meals, but it involves much input to get it going. Another method, the menu pattern method of controlling nutrients eliminates the chart seeking and calculating. Figure 1 is a menu pattern which will approximate 1/3 of the RDA nutrients if total serving sizes and proper alternatives are adhered to. However, it is not as accurate as the nutrient standard method.

Two amounts of meal components have been given - for a primary meal and a secondary meal. For feeding programs offering more than one meal per day, the secondary menu pattern may be used for lunch and the primary for dinner.

Meat portions are the edible portion of the meat only. This does not include bone or fat. Several alternatives may be combined to total 3 oz. Two or more servings of vegetables and fruits may include 1/2 cup of green beans plus 1/2 cup pineapple tidbits served in a cottage cheese salad. Potatoes are a vegetable. However, rice, noodles, macaroni, and spaghetti are not considered as vegetables but are bread alternates. Butter requirements may be used on the bread or as a seasoning. Milk may be offered as a beverage or incorporated in the meal as another form such as pudding, custard, gravy or white sauce. Milk also has alternates as indicated in Figure 1.

In planning the menu, certain steps should be followed to simplify the procedure. The menu should be planned at least two weeks ahead to assure proper delivery of ingredients, and substitutions.

Figure 1

Menu Pattern

Food Component	Amount		
	Primary Meal	Secondary Meal	
Meat or alternate	3	2	ounces cooked lean meat (E.P.)
Vegetables and fruits	1	1/2	2 or more servings to total cup
Bread or alternate	1	1	Slice
Butter or margarine	1	1	Teaspoon
Dessert	1/2	1/2	Cup
Milk	1/2	1/2	Pint

Alternates to Meal Components

Meat Alternates

1 oz. of cooked lean meat -  
 1 egg, 1 oz. hard cheese such as cheddar and swiss, 1/4 cup of cottage cheese, 1/2 cup cooked dry beans or peas, 2 Tbsp. peanut butter.

Vegetables and Fruits

The following are not considered in this category  
 Rice, spaghetti, macaroni, noodles  
 Fruit served as a dessert

Bread Alternates

1/2 to 3/4 cup of cooked rice, macaroni, spaghetti and noodles.

Milk Alternates

1 oz. cheddar cheese = 2/3 cup milk  
 1/2 cup cottage cheese = 1/3 cup milk  
 ice cream or ice milk

Consider the use of cycle menus, menus which repeat themselves after a designated period of time. A suggested satisfactory cycle length for elderly feeding programs is 6 weeks. It is long enough to keep the monotony minimal yet short enough to keep the monotony minimal yet short enough to feel the effects of the advantages. Once cycle menus are planned, the job is over except for revisions and corrections. Purchasing schedules and work schedules can be used over and over as the cycle rotates. This cuts back on management time involved in planning and provides time to deal with other important matters.

The next step in menu planning is to write down the menu. Select the main dish for each of the meals during the cycle. The rest of the meal is designed to compliment the main dish. Vegetables and fruits are selected to go with it. A Bread or alternate is needed. **Select desserts.** Determine ways to include milk. The final step is to select other foods as needed to balance the meal, add eye appeal, and create interest.

Within menu planning must come the preferences of the consumer. People eat food, not nutrients. Meals must be designed to be approved by the consumer. The elderly, like other age groups have preferences. These preferences may be determined by asking likes and dislikes as newcomers enter the program. An occasional questionnaire asking likes and dislikes on particular foods is suggested. Observing plate waste is also a measure of preference.

Physical problems among the elderly influence menu planning. Dentures or poor dentition may mean a limit to tough, hard to chew and difficult to bite foods. Loss of muscle control may require foods easy to scoop or pick up with fingers. High fiber foods such as fresh fruits and vegetables are encouraged for proper elimination among the elderly.

The meal should look attractive on the plate to stimulate the desire to eat. Variety in color, preparation methods, textures, flavors and temperatures within the meal make it interesting and attractive.

Management and cost consideration certainly influence menu planning and justice cannot be done to either in the limited remaining time. Briefly, a few points will be mentioned.

Plan meals that can be prepared by the available personnel in the available time. Take into account: 1) the need for last minute preparation, 2) the skills of the worker, and 3) the possibility of preparing parts of meals during slack periods of another day provided quality of the food will not deteriorate. Also, consider the available equipment. Do you have enough oven space, top of range equipment, and refrigerator space available to produce this meal?

Know which foods are in season to take advantage of low cost fresh fruits and vegetables. As quality of the food increases so does the price. The premium price paid for fancy whole canned tomatoes would be wasted if you put them into spaghetti sauce. Choose

the quality appropriate for the recipe. One last thought, anticipate the quantity of food needed and prepare only that amount to avoid left overs which often present recycling problems.

GERONTOLOGY IN VIRGINIA:  
OUR CHALLENGE

Edwin L. Wood  
Director, Virginia Office on Aging  
Richmond, Virginia

This evening marks both the conclusion of a major issues conference in Gerontology, as well as, hopefully, the beginning of new opportunities for concerned action for older persons across our Commonwealth. VPI & SU is certainly to be congratulated for, once again, introducing to all of us the chance to participate in something more than simple dialogue. The speakers, the conference leaders, and the participants here for the past two days have set forth some of the issues to which we need to address ourselves and thus have planted additional seeds of policy which we hope will mature into action on behalf of older people in Virginia.

Our challenge at this time is to combine both the wisdom of our older citizens and the expertise of our professionals in Gerontology and related fields in order to nurture the growth of a system of services that will assure an equitable distribution of resources, adequate modes of care and the service options that can be exercised in order to retain self-sufficiency in the later years.

It has been said that "The future is here and we are not ready for it." To some degree, this statement contains a great deal of truth. For many years there has been a growing awareness of the needs of older people and yet that awareness, in my opinion, has not yet reached its pinnacle when the issues can be



transformed into philosophies of service delivery and policy setting guides for us. Our broad goal, perhaps more than any other, should be to follow through to such a degree that the outcomes of conferences such as this one are not simply lost in the context of one more meeting held or one more report completed, but rather are enunciated for the public to hear and consider for themselves.

We have seen in the past several years, the development of a new network in the field of aging. A network that includes, at this time, not only an inner core of Federal, State and local agencies on aging, but also the previously existing service agencies that have for years considered the elderly in their charge. The inner core of the network has now been charged with massive planning, advocacy, coordination, and administrative responsibilities that are, unfortunately all too often, dependent upon the personalities of the individuals who are in positions of authority and their ability to transform plans into working programs rather than their organizational location in a service development structure which would assure priority considerations on behalf of the elderly. During the growth of this network and the subsequent expenditures of resources on behalf of older people, there has been a feeling by some of infringement; of protection for their own programs and services; of protection of their agencies' status in the community. Certainly it is not difficult to understand those feelings when one realizes that the resources available, whether they be from National, State or Local funds, are all too limited with regard to service expansion. We must put aside even the mildest forms of "Turf Protection" which ham-

per us and direct our attention to the more meaningful aspects of service provision.

The advocacy role that most of us in aging services enjoy must be tempered with facts, figures, projections, and negotiations that will ensure an equitable distribution of those limited resources. For too long we have talked about needs and problems without putting these concerns into proper perspective.

The goals that we have set in the past perhaps need to be revised and set again. Aging is an issue that will not go away, no matter how many conferences we have and no matter how many resources we channel into the stream of service. Our directions must be under constant scrutiny. Our actions must be continually monitored to see that the steps we take do, indeed, net for older people the results which we all desire.

As you are aware, the Virginia General Assembly is meeting at this time. There are issues being raised in that body that could have great impact on the lives of older people living in Virginia. There are concerns for property tax relief, for an adequate system of protective services that would allow society to assist older people and, at the same time, protect the individual's rights which we all enjoy. The income of our state retirees is now being questioned. The massive costs which the state must bear in order to see that an adequate income is available will be under scrutiny, I am sure, now and in the next several years.

Income is perhaps the most pressing issue of concern that older people face and it is our challenge to see that there is an adequate income in retirement, be it from Social Security,

from the Virginia Supplemental Retirement System, or from private pensions or investments, so that the dignity of our older citizens can be maintained throughout their life.

In that regard, we must pay close attention to the employment policies that are now in effect and the potential changes which may come from the age discrimination Employment Act. Unemployment among older workers has shown a continual rise in recent years with present statistics indicating only 16.8% of all persons 65 and over now in the labor force. If we are to assure adequate income in retirement, we no doubt will be redirecting our public and private attitudes about work.

It is interesting to note that a 1975 U.S. Department of Labor Report showed that over 92% of older workers were equal to or superior to other workers in their performance, attendance, safety records and attitudes. Clearly the older worker possesses the resources when given the opportunity to use them.

The health care available to older individuals is equally important as income. The public programs now operating all too often address themselves to health needs after they have reached a critical stage, thereby increasing the cost of care and reducing the options for receiving such care.

The Commission of Human Resource Priorities, appointed by Governor Godwin, has presented its report wherein is stressed the need for preventive health services, often applicable to the elderly.

A profile of the health status of older Virginians shows that:

- .Eighty six (86) out of a hundred (100) have chronic health conditions which require medical care,
- .Seventeen (17) out of every one hundred (100) older persons will be hospitalized each year,
- .Persons 65 or over are less likely to suffer an injury than younger people, but when an injury occurs, limitation of activity is likely to be more severe,
- .One out of every two persons 65 and over have no teeth,
- .There are 15,000 older deaf persons and nearly 7,000 legally blind older persons in Virginia,
- .4.6% of older Virginians reside in some type of long term care facility such as nursing homes, veterans hospitals or chronic disease hospitals, and
- .The total chance of institutionalization before death for those 60 years and over may be roughly estimated as one in four.

These facts present the types of information that must be contemplated and projected if we are to assure the access to preventive health services that will delay or prolong the chances for institutionalization.

But a quick word about cost of health care. Out of over \$285 million for aging services in this biennium budget, over 90% is spent on health care, (including mental health) and that represents an increase of 50% from the previous two years. Community services, on the other hand, representing the outlay of funds for in-home or community options, totals only 5.6% of the budget. We must recognize the trends in the aging process and at the same time, appreciate the desire of our older citizens to maintain themselves in a life of dignity.

There are other issues which are also critical including, transportation, legal services, leisure activities, and housing. These must be examined in great detail in order that our future

actions provide appropriate options.

Our public mood seems to be changing at this stage in the development of services to older persons. The public and private sectors are looking for new ways to assure that the elderly have a voice and for new methods to consider their needs. President Carter has indicated his desire to have a counselor on aging in the White House with direct access to the President.

The United States Senate, which years ago appointed a select committee on Aging, is now in the throes of a reorganization and the committee studying their committee system has recommended that the select committee on aging be abolished. Recent information, however, indicated that there were some forty (40) senators who were willing to co-sponsor a measure to see that the oversight and investigative work of the select committee was continued and that the forum for the presenting of issues, such as have been presented here this week, could still find an acceptable climate in Washington.

The House of Representatives has more recently, also appointed its own select committee on aging. Congressman William C. Wampler from the Ninth District, including Blacksburg, serves on the House Committee and I think that we have seen, through him, the vital stands that can be taken and the development of options that can be exercised through the work of committees of this type.

As you are also aware, there has been a study of the organization of Virginia's State Government and there have been recommendations made on new ways to organize human resource agencies

in order to facilitate service delivery and management. The right organization is important and that we cannot deny. Yet along with the right organization structure, must come the commitment to see that adequate attention is given not only to services, but also to the population served. Likewise, there must be an understanding of the relationships between state and local organization if we are to combine our talents to make the best use of resources available. The Commission of State Governmental Management has recommended, and Delegate Lemmon, from Marion, has introduced in the Assembly, a resolution to request the Governor ". . . to study and evaluate the Human Resources reorganization proposals of the Commission . . . as they might impact on local human service delivery, as well as the need for organization changes at the local level to enhance the delivery of human services." The Governor is requested to deliver his written report to the Legislature in November of this year.

The placement of aging activities in our state organizational structure is of vital concern to us and our challenge is to see that the community interest expressed by and for our older citizens is adequately translated into a structure that will allow constant review and consideration of their needs.

While I was in general agreement with the recommendations of the Commission on State Governmental Management to restructure human resources agencies by reducing their numbers from eleven (11) to four, I did suggest alternatives to them.

Specifically, I recommend that consideration be given to placement in the proposed department of Social and Employment Services, the daily administration of community Grant Funds which

the Office on Aging now receives along with the collateral responsibilities of monitoring and technical assistance. At the same time, I recommend that there be created an assistant secretary for aging in the Office of Human Resources which would retain the overall planning, policy analysis, budgetary and evaluation functions required for effective administration.

No matter what our State and Local organization form ultimately looks like, we must be prepared to give older persons the representation across the wide range of services, facilities and programs that affect them.

We are approaching a time when candidates for political office will be campaigning both in their own communities and statewide. Our challenge in taking advantage of this type of situation should be to see that the candidates are knowledgeable about the needs which older people have and to see that they have the options presented to them on structure, on resource allocation, on service delivery modes, in order that they can then prepare their own opinions and make public their stands on behalf of our elderly.

Our office has been charged with statewide planning, development and coordination of programs on behalf of older people. Within the context of our mandates, we are working today on a six-year plan for aging services in Virginia, that will present options as we see them in the form of recommendations for study, and recommendations for action. The Governor's Advisory Board on Aging is, this week, reviewing the draft of the long range plan for a second time, to determine if the feelings which we

have heard from older people in public hearings and in other situations are adequately reflected in the proposals contained therein. When the Board has finished its review, it is our proposal to make the plan available to the citizens of Virginia, the Executive Branch of State Government, and the Legislative Branch, in order that all our people and their representatives might have the opportunity to comment further on our future directions, and to examine the issues in detail that constitute those most pressing for the elderly.

What then, are the challenges we face? In my opinion, we are challenged with the following assignments:

- .to learn all we can about the conditions facing older people,
- .to develop better ways to involve older people in the determination of their own destinies,
- .to provide opportunities to achieve certain minimum levels of income and health care,
- .to acquaint decision-makers of all kinds (Legislators, professionals, local officials) with aging concerns,
- .to develop solutions to problems we have identified,
- .to aggressively advocate programs to meet the needs of individual older persons and of older people as a group,
- .to develop personal and organizational philosophies about aging and aging programs and to be prepared to act on philosophies. These may include issues such as:
  - Mandatory retirement
  - Alternatives to institutionalization
  - Income supplementation
  - Need for new delivery system,
- .to develop some long-range directions which we can all follow, regardless of our place in the service delivery system, and
- .to continually challenge each other in conferences like these and in other ways to define and meet the major issues facing older people today.



PROGRAM

Tuesday, January 25, 1977

- 10:00 a.m. Registration
- 11:30 a.m. Seminar Luncheon  
Presiding: Dr. S. J. Ritchey  
Invocation: Mrs. Mary Elyn Lauth  
Welcome: Dr. W. R. Van Dresser  
Introduction of Speaker: Dr. Ruth D. Harris  
"Gerontology: An Administrator's View" -  
Dr. John D. Wilson
- 1:45 p.m. General Session  
Presiding: Miss Ethel L. Grubbs  
"Creativity Throughout The Life Span" -  
Dr. Charles Taylor
- 2:45 p.m. Refreshment Break
- 3:00 p.m. Workshops - I (Concurrent)  
"Counseling Older People"  
Dr. George A. Hughston  
Dr. James F. Keller
- "Educational Programs With Older People"  
Dr. Harold Stubblefield  
Dr. Elizabeth Bolton  
Dr. Leroy Miles  
Mr. Clavin Fields
- "Reaching The Elderly Who Are Visually Handi-  
capped"  
Mr. Roy Ward  
Ms. Joyce Lippman  
Mr. Charles Moffett
- "Communicating With The Elderly Deaf"  
Mr. Fred P. Yates, Jr.  
Mrs. Jo Anne Ramsey  
Mrs. Lorene Joslin  
(Telephone Pioneers)
- "Adequate Housing For Older People - What Is It?"  
Dr. Helen Wells  
Dr. Joe Wysocki
- "Life Fulfillment Through Second Careers"  
Dr. Jane Janey
- 5:30 p.m. Social Hour

Wednesday, January 26, 1977

- 9:00 a.m. Workshops - I (Concurrent)  
(Same Workshops as January 25th)

11:30 a.m. Lunch

1:00 p.m. Workshops - II (Concurrent)  
"Pre-Retirement Education"  
Mr. Frank Kopriver  
Miss Jo Anne Barton  
Miss Hilda Dailey  
Miss Gaynelle Hogan  
Miss Kathleen Wampler

"Physical Education for Older People"  
Dr. William G. Herbert  
Dr. Elizabeth A. Ritchey  
Dr. Gene A. Hayes

"Consumer Economic Problems and Older Persons"  
Dr. E. Thomas Garman  
Dr. George Hughston  
Dr. Ruth D. Harris  
Mr. Frederick E. Waddell

"Legal Rights Of Older Americans"  
Mr. David J. Burnette

"Maintaining Independence In Later Years"  
Mrs. Ann M. Lastovica  
Dr. Beatrice Kalke

"Nutrition and Food Management Programs"  
Mr. Michael Olsen  
Mrs. Suzanne McConnell

3:00 p.m. Refreshment Break

3:30 p.m. Workshops - II (Concurrent)  
(Same as previous workshops 1-3 p.m.)

6:30 p.m. Seminar Banquet  
Presiding: Dr. Ruth D. Harris  
Invocation: Dr. Laura J. Harper  
Introduction of Speaker: Mr. Walter Saunders, Jr.  
"Gerontology in Virginia - Our Challenge" -  
Mr. Edwin L. Wood  
Presentation of CEU Certificates:  
Dr. W. L. Flowers  
Entertainment:  
"Reaching Older People Through Music and Fun" -  
The Nutcracker Sweets: Mrs. Dottie Talbott  
Ann Paskowski  
Melanie Chumbley  
Glenda Covey

9:15 p.m. Evaluation and Adjournment

PROGRAM PERSONALITIES

Miss Jo Anne Barton, Extension Specialist, Human Nutrition and Foods, VPI & SU

Dr. Elizabeth Bolton, Assistant Professor, Adult and Continuing Education, VPI & SU

Mr. David J. Burnette, Area Extension Agent, Farm Management, Emporia, Virginia

Miss Hilda Daily, Extension Specialist, Home Management, VPI & SU

Ms. Joyce Lippman, Ass't. Coordinator, Project on Aging, Virginia Commission for the Visually Handicapped, Richmond, Virginia

Mr. Clavin Fields, Director, Institute of Gerontology, Federal City College, Washington, D. C.

Dr. W. L. Flowers, Jr., Associate Dean, Extension Division, VPI & SU

Dr. E. Thomas Garman, Associate Professor, College of Home Economics, MHFD, VPI & SU

Miss Ethel L. Grubbs, Extension Specialist, Family Resources, VPI & SU

Dr. Laura J. Harper, Dean, College of Home Economics, VPI & SU

Dr. Ruth D. Harris, Director, Family Resources, Extension Division, VPI & SU

Dr. Gene A. Hayes, Associate Professor and Program Area Leader of the Professional Recreation Program, Division of Health, Physical Education, and Recreation, VPI & SU

Dr. William G. Herbert, Associate Professor, Health, Physical Education and Recreation, VPI & SU

Miss Gaynelle Hogan, Extension Specialist, Health, VPI & SU

Dr. George A. Hughston, Assistant Professor, College of Home Economics, Management, Housing and Family Development, VPI & SU

Dr. Jane Janey, Extension Specialist, Family Resources, VPI & SU

Mrs. Lorene Joslin, Staff Interpreter, Virginia Council for the Deaf, Richmond, Virginia

Dr. James F. Keller, Associate Professor, College of Home Economics, Management, Housing and Family Development, VPI & SU

Program Personalities (Continued)

Mr. Frank Kopriver, III, Graduate Assistant, University Intern, in Higher Education Administration, VPI & SU

Mrs. Ann M. Lastovica, Extension Specialist, Family Management, Virginia State College, Petersburg, Virginia

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