1974

A curriculum for administrators of residential care homes for the aging

Betty Ann Hickman
University of the Pacific

A CURRICULUM FOR ADMINISTRATORS OF RESIDENTIAL CARE HOMES FOR THE AGING

A Project

Presented to

a Committee of the Department of Sociology

The University of the Pacific

In Partial Fulfillment

of the Requirements for the Degree

Masters of Arts

---

by

Betty Ann Hickman

May, 1974

TABLE OF CONTENTS

SECTION PAGE

FOREWORD

> "A social revolution related to aging and to retirement patterns has begun in this nation. We are now paying great social, psychological and economic costs for our failure to deal with vital questions related to the role of the elderly in American society. We will pay even more unless the government organizes far more efficiently than it has this far in the field of aging."
>
> The Administration on Aging - Or Successor? A Report by an Advisory Council to the United States Senate Special Committee on Aging, October 1971 (92nd Congress 1st Session)

This nation is accustomed to thinking in terms of placing the aging in nursing homes when they become frail in body and weak in spirit. The nursing home industry has captured the eyes of the American public and the government's support of this industry has helped keep the aged away from society. Ralph Nader's Study Group Report on Nursing Homes, OLD AGE The Last Segregation, a Bantam Book published July 1971, verifies this fact.

This research team was completely unaware that some

of their proposals based on European programs are on-going programs in California. They described as rare in the United States programs concerned with special housing needs of the aging, i.e. good heating, bell alarms, convenient placement of bathtubs. These items and many more, such as nightlights in hallways, no slippery rugs, all stairways shall be kept free of obstruction, are a part of residential care home licensing regulations in California. His group discusses "boarding out schemes" in England whereby private households take in the elderly. California has had licensing regulations for the small boarding home since the 1940's. They state on pages 134 and 135 in reference to the United States:

> "The practical alternatives for an aged person in need of limited care are a paltry three: hospitalization, institutionalization in a nursing home or a life with a younger more capable relative....thousands of older people have serious health problems due to deficient diets. They do not need a nursing home - and the already crowded nursing homes do not need them - but for many the nursing home is the only alternative."

This is a very alarming statement to read when there are those of us who know about residential care home living

as an alternative. The federal government needs to take the responsibility to develop a total home care program which includes health care for the nation patterned after many existing operations in California - independent living, congregate living including personal care and nursing home - all on the same grounds with the same administrative staff. Ralph Nader's group, totally unaware of this type living in California, refers to similar care as, "the most exciting Danish experiment." (page 153) They also state that, "perhaps the most important contribution of Denmark to the care of the aged is also the simplest and could easily be attempted in the United States" (page 153) which is unannounced inspections of nursing homes. To my knowledge there have always been unannounced visits to California's residential care homes. What Nader's group is proposing as something new in care for the aging has been an on-going program in California since the 1940's for the boarding homes and 1950's for the large (over 15) residential care home. Why has California's program of residential care home living for the aging with its strong component of social-recreational programs received such little

or no recognition by people within and outside government? As early as August 23, 1946 there appeared in the California State Department of Social Welfare Boarding Home Manual (now obsolete) Section III-750 Standards for recreation, social and religious activities.

The intent of my project is to recognize the importance of the residential care home administrator by providing him or her with a training curriculum in order to have additional knowledge upon which to base program planning. Perhaps, someday, these administrators will be recognized for providing a unique type of care outside as well as inside California.

INTRODUCTION

When beginning the masters degree program, I was a specialist in the field of aging as a licensing representative for residential care homes in the State of California. This was for a period from December 1966 - September 1967 and November 1968 until March 1972. During the intervening years I was a pyschiatric social worker handling primarily an aging caseload. A reorganization of the State Department of Social Welfare took place in March of 1972. During the past four years I have been accumulating material in the field of aging with the thought of writing something meaningful for those who work with the aging and aged. My interest in doing research in this field developed because in the northern part of the State there were no training courses, institutes or seminars offered for licensing representatives to assist us in our job performance. My knowledge was obtained in three ways: word of mouth from a co-worker who had been in the State Department of Social Welfare as one of the first licensing representative for all facilities located

in central California...from Tulare County north to Mono and Siskiyou; experience in the field observing the aged and talking to knowledgeable administrators who had been pioneering in care programs for the aging.

Those licensing representatives located in the Los Angeles area had the opportunity of periodically attending an institute, lecture or seminar offered at universities such as University of Southern California or University of California Los Angeles where interest in the field of aging was developing. In fact, the University of Southern California was getting ready to build the Ethel Persy Andrus Gerontology Center which was completed in 1972.

When looking for a project topic, my intention was to secure as much information as possible in the area of social interaction of the aged, in particular how the environment of a residential care home increased social interaction. Through observing and applying the State of California licensing regulations I felt that residential care home living could contribute to the well-being of the elderly by providing opportunities for social interaction. Licensing regulations

state there shall be a social-recreational program.

In an attempt to secure material on social interaction I used as resources the University of Pacific Library, Stockton Public Library, California State Library, State Department of Social Welfare Library and I referred to Books in Print. Very little material was available. This was in 1969 and holds true today. The only book was Irving Rosow's "Social Integration of the Aged". I then contacted Mr. Lloyd Halvorson, Executive Director, California Homes for the Aging, Sacramento, to discuss persons he knew who were involved in the field of aging to interview. From his suggestions and persons of my knowledge, I was able to interview eleven persons and obtain a written report from the Chairman of the California Commission on Aging. These interviews, the written report, an annotated bibliography of 15 books, a research project I conducted at a residential care home, and extensive continual reviewing of literature totaled to voluminous material. After months of culling, the decision was made to develop a curriculum for administrators of residential care homes. Not only was this an immediately reachable goal but it can meet a current

need. In addition, it can easily be expanded at a later date to cover other job classifications in the field of aging, specifically, training for nursing home administrators or provide the basis for a liberal arts program in the process of aging.

Halfway through my research and report, an article written by the nationally syndicated columnist Sylvia Porter appeared in the October 8, 1973 Stockton Record addressing itself to the rising problem of caring for the aging.

Once again, I am reminded how easily brilliant personalities echo through their writings simplified data and answers to complex social problems. However, I do think that which is obviously of interest to the lay person, and is the subject of my paper, is of great importance.

I am suggesting my topic is the way of the future.

WHY A CURRICULUM?

A specific area in which national attention is being given is the broad concept of housing for the elderly and within this concept residential care homes for the aging is

an important part in this growing horizon. As a concomitant, there is a need for trained administrators and employees because one of the road blocks to effective work in aging has been the scarcity of personnel with an understanding of older people. Purely custodial care is no longer acceptable. There must be a program content that will encourage continuing participation in activities of normal living and services that will support maximum independence. An atmosphere must exist, at least in essence, similar to the environment the resident has left. This environment must be such as to prevent, as much as possible, physical and mental deterioration.

The administrator and staff are the key support for the residents, therefore, these persons, carrying the responsibility for caring for people, must be knowledgeable about the dynamics of aging as well as how to manage a business. When the aging decide to live in a residential care home, they literally put themselves in the hands of the administrator. How well they adjust depends a great deal upon the administrator. This is not to say that the individual has no responsibility for himself, but rather that because of his need to readjust, he will look to the administrator for continuous support,

encouragement, and as a bulwark of his own self confidence.

Administrators and employees of residential care homes should be required to meet educational qualifications just as persons filling similar positions in preschool programs (this term is interchangeable with day nurseries and child care centers) which are licensed by the State of California.

Care for the aged is as important as care for children but society has not reached the point of recognizing this fact. It should, shortly, for the reason that as the aged population increases so will the number of problems.

Four years ago requirements were written into the California Administrative Code, Title 22, Day Nursery Regulations, that administrators and employees of preschool programs shall meet certain educational requirements; for instance, the director must have twelve units of early childhood education and three units of administration.

These requirements were written into the regulations because some owners, directors and employees in private preschool day nurseries represented by the California Association for the Education of Young Children and the Private Day Nursery

Association and others interested in early childhood education, in conjunction with the State Department of Social Welfare, Day Care Section, saw the need for a formalized educational background. Before this could be required, it was necessary to lay groundwork within the college system to make certain that courses were available before legislation was enacted. I am familiar with the history of this legislation because as a licensing consultant in day nurseries (my job carried a dual responsibility, that of licensing preschool programs as well as residential care homes) I attended public hearings and worked with San Joaquin Delta College in establishing a program.

Until 1972 California had no requirements for administrators of nursing homes other than having a criminal investigation clearance. The impetus for licensure in California was spawned initially by Federal Regulations and basic Medicaid (called Medi-Cal in California) law which stated, all states must have nursing home administrator licensing laws by July 1, 1970. On September 15, 1970 Governor Ronald Reagan signed SB1058 The Nursing Home Administrators Licensing Act.

If California had failed to pass this legislation

there would have been a loss of potentially one-half billion dollars in Federal Medicaid funding.(1:7)

California's Licensing Act does more than comply with Federal requirements. It is the Nursing Home Administrators Professional Practices Act, a form of enabling legislation for:

1. Building a professional cadre of nursing home administrators.
2. Correcting irregularities in administrative practices in nursing homes in California.
3. Generally improving the image of the nursing home in the mind of the public and the patient alike.

In addition to the above there is a provision for continuing education. An administrator's license may not be renewed without continuing education.(1:11)

My intent in presenting information on licensing of nursing home administrators is to show national attention only recently has been given to upgrading care in nursing homes. This is a sad commentary on how we as a nation have

neglected to see that those persons in charge of rendering services to helpless persons were qualified to do so. Scandalous conditions have been reported nationally pertaining to poor conditions and services in nursing homes which precipitated the Ralph Nader Study Group Report on Nursing Homes as mentioned in my Foreword. With an emphasis on the administrator'a role conditions should improve.

It is only a matter of time before residential care home administrators and other persons giving care, for example to the mentally ill and mentally retarded will be required to have educational courses to meet the requirements such as contained in the California Administrative Code, Day Nursery Section or pass a test as is required for nursing home administrators. But, before legislation is enacted it will be necessary for educational resources to be available. The development of a curriculum is basic to upgrading care for the aging. An important part of curriculum development is to know as much as possible about the students. Administrators of residential care homes generally fall within the age grouping of 45 to 75. Their educational background can vary between

grammar school and college graduation. By knowing something about the students, the instructor has a yardstick upon which to build an instructional design in the hopes of motivating a change in behavior. I suggest a questionnaire be given during the first class meeting, the answers of which can be evaluated to see if changes might be needed in some of the course content in order to meet the needs of the participants.

The following pages are my attempt to present curriculum topics. In developing the instructional plan for the various subject areas, I used the systems concept of stating objectives, how to achieve the objectives and, then, evaluating whether or not these objectives have been achieved. References I used for this systems approach are Jerrold E. Kemp's book "Instructional Design, A Plan for Unit and Course Development" and Robert F. Mager's book "Preparing Instructional Objectives".

CURRICULUM UNIT I

HISTORY OF RESIDENTIAL CARE HOMES

CARING FOR THE ELDERLY IN CALIFORNIA

HISTORY OF RESIDENTIAL CARE HOMES CARING FOR THE ELDERLY IN CALIFORNIA

OBJECTIVES:

1. To become familiar with the history of care for the aging so they may recognize how their work fits into a total housing pattern.
2. To be able to distinguish between various levels of care so that each resident receives proper services.
3. To become aware of the Federal Government's role in determining services which will explain some of the complexities and confusion existing at state and local levels.
4. To know about the development of residential care homes in California and the people and organizations involved as a point of reference as to progress made through the years.

ACTIVITIES:

1. Write a report on how various levels of care

are determined and how you, as an administrator, preserve the maximum independence of the resident.

2. Discuss the importance of the affect environment can have upon behavior. Use the library as a resource and list books used as references.

3. Members of the class will be selected to plan an assimulated meeting with a top member of the State Department of Health to discuss new regulations or problems faced as an administrator of a residential care home. The remaining class members will be asked to comment on the discussion.

4. Research the availability of residential care homes in other states and write a brief report of findings.

5. Optional: Research the kind of day care centers in Hawaii and/or Great Britain or other geographical area and write a brief report on the findings.

GRADING:

1. Participation in group discussions.

2. Evaluation of written reports.

3. Attendance.

The following background is the foundation upon which residential care is built. The main purpose of this unit is to clarify the uniqueness of the residential care home program in California as opposed to nursing care.

Care for the elderly began in England early in the 17th Century with the passage of the Elizabethian Poor Law of 1601. This new system of public relief erected poor houses where society's cast-offs were to be put out of sight and thus out of mind. Poor houses served as asylums for all human wretchedness. Into them were placed the young, old, sick, blind, mentally ill, homeless, destitute --- because they were classified together as needy. The individuality of a person was lost in such careless packaging. Legislation continued to bind the elderly indiscriminately with the "needy" diminishing their own significance to a minute percentage of the total

problem. Admission requirements to the poor houses were graded. First class accommodations required the applicant to have (a) a good character, evidenced by absence of a police record; (b) residency in the area for 20 years; and (c) proof that no relief had been received previously for a given period of years.

The term work house began to disappear in favor of "public assistance institutions." Although legislated to be abolished in 1948, work houses remained the most important residential services for the aged within the control of local authorities in England. The most prominent work for the residential care of the aging was carried on by the Little Sisters of the Poor and other religious bodies that began their work in mid-nineteenth century. The National Assistance Bill of 1947 was meant to eliminate work houses. Welfare authorities were given the right to establish separate homes where the maximum capacity would be 25 to 30 persons. However, as frequently happens in governmental bodies, there was a change

in the political structure so that previously enacted legislation was either ignored or rescinded thus causing socially directed policies to be forgotten or resurrected at some later date.

The elderly continued to be pawns as they were classified "sick" causing them to be listed under "welfare applicants" or reclassified for transfer to hospitals.

From 1954 through 1962 it became recognized that homes should not be located in remote areas nor should wards with four to six beds be used. In 1962 the government recommended homes be reduced to a capacity of 35 residents with a concentration on single occupancy.(2:262-274)

According to Gold and Kaufman there is only fragmentary material about homes for the aged in the United States. Most homes were established after the turn of the century by religious denominations, fraternal organizations, various nationality groups or philanthropic groups of citizens.

HISTORY OF RESIDENTIAL CARE HOME FACILITIES IN CALIFORNIA

In the beginning they were called Board and Care Homes or Boarding Homes for the Aged. They were small ranging in size from 1 resident to 15. There were a few nonprofit institutions (church operated) which cared for more than 15 persons. The number of homes increased during World War II because as women became employed those who had older family members living with them placed the oldster in boarding homes. Many of these homes were managed by widows who needed extra income. It was also customary for county hospitals to have geriatric wings which gave only custodial care to the aging as well as for the elderly to be committed to state hospitals when they became partly senile.

One of the most unique features concerning the development of residential care homes for the aging in California was the differentiation between nursing home care and residential care. The history of residential care homes in California is

that of a philosophy and a very simple one but apparently completely misunderstood by federal government housing authorities, provider of services officials, as well as people within the state government of California.

The philosophy is to provide people with a home-like environment whereby they can receive personal care of such a nature as they would receive at home from relatives. The type of care might be help with a zipper, combing of hair because of arthritis, need to be reminded to take medication, failing eyesight, or difficulty in walking (the shuffler). Perhaps, a person is lonely and desires companionship or finds it difficult to shop at the market and prepare meals, therefore, he chooses residential care home living.

These persons are not ill and should not be placed in a medically oriented environment. To this day, there is confusion as to the differentiation between levels of care for the aging. Other states have nursing homes or convalescent

hospitals in which the aging are placed. It is my understanding the only state outside of California which has regulations for homes for the well ambulatory aged is in Arizona.

California's distinction of a residential care home program has led to confusion in federal government supported programs such as intermediate care. Intermediate care was introduced by California legislation as a result of federal government regulations in 1971. The problem was that intermediate care was already being provided in residential care homes in California, therefore, as of this date it has not been a successful program in the state. One of the reasons for this is that intermediate care is a lower classification than nursing home care, therefore receiving less funding through the Medi-Cal program. Businesses are unwilling to convert or build for this program at this time. Within the residential care home setting, it was not practical to initiate an intermediate care program because there would be a need to provide medically oriented

staff such as a registered nurse at an additional cost and if a certain number of beds were designated for intermediate care they could not revert back to residential care home beds.

Confusion existed in California government as to what department should handle the licensing of this newly introduced federal program. It was first thought that the State Department of Social Welfare would do the licensing. As late as May 24, 1971, in a publication called Aging in California, it states "the department" (meaning the State Department of Social Welfare) "also has jurisdiction in the licensing of the newly established classification of extended care facilities."(3:52) (Extended care facility meant intermediate care which is a type of extended care.)

The misunderstanding concerning California's type of residential care facilities and that of other states and the federal government revolves around the assumption that personal services and care can only be given in medically oriented

nursing care facilities.

As a provider of services to the elderly, the American Baptist Home of the West with headquarters in Oakland is one of the largest and oldest organizations nationally. Currently, they have eight facilities, seven of which have dual programs of residential care home and nursing care on the same grounds. Mr. Ralph Knight, Director of Home Services for the American Baptist Homes of the West and 1973 president of the California Association Homes for the Aged was interviewed because of his experience in providing care to the aging.

Mr. Knight recalled the time when people not needing extensive nursing care were placed in a special wing of a nursing home. These persons were more active and required less care than those in the skilled nursing portion of the facility. Because a shortage of space was developing for persons needing a high degree of nursing care, an evaluation of this special wing was made in 1966. These patients did not need the high

degree of nursing care provided; they only needed personal care in a residential care home setting, not a nursing home. Mr. Knight and others came to the conclusion the patients in the special wing would be better off with personal care (this term is used interchangeably with residential care) located outside of the nursing type facility. Mr. Knight commented that the evaluation showed people tended to become dependent upon every available service that was in the nursing home whether they needed it or not. Rather than becoming independent, they became more dependent. At this point it should be clarified that in California a residential care home which provides personal services must be licensed in accordance with legislation setting forth regulations under Title 22, California Administrative Code. The key as to whether or not a facility is to be licensed is the wording "personal care."

The American Baptist Homes wanted to keep their residential care home unit away from medical orientation which

meant there would be no wearing of nurses' caps or uniforms, or having a "sick" environment. Mr. Knight stated that some residents who moved from the nursing home into the residential care home improved physically and became active because of the psychological and sociological environment in the new facility which was not nursing home oriented, in spite of the fact that some physicians said some of these residents would never leave the nursing home. Furthermore, Mr. Knight observed that people became less resistive to being transferred temporarily to the nursing home when they had such things as a stroke, because they knew when they could return to a certain level of mobility and function, they could return to the residential care home. Many people regard a nursing home as a dead-end street but the American Baptist Homes have tried to make the nursing program as rehabilitative as possible.

Mr. Knight recalled that Harold Bottemiller, first Executive Director of American Baptist Homes of the West, and several other administrators providing services for the elderly together formed, in the early 1950's, the American Association Homes for the Aging which later became the California Association

Homes for the Aging. It was this group of men, one of whom was Ted Ashjian whose comments appear later in this paper, who were thinking of programs other than nursing home care. There was a willingness at that time to move ahead statewide and develop a creative approach to care for the aging whereas other states did not have this creative ability and, as previously stated, the British still had work houses. California had flexible regulations concerning the development of out-of-home care programs since it was not hung up with a lot of homes that were 100 or so years old such as found in the East and were traditionally nursing home facilities.

As for the immediate period, Mr. Knight expressed his concern about California organizing a new Department of Health which encompasses many of the services provided by the California State Department of Social Welfare. He is concerned that there will be an overwhelming medical component connected with all licensing activities. He further expressed his concern about what was happening to the philosophy of residential care homes by giving as an example the introduction of intermediate care into the state of California which encompasses that which has been termed and still is termed personal care within the residential

care home setting. Basically, intermediate care is a program that was meant to be socially oriented with assistance as needed. The point which distinguished it from personal care within the residential care home setting was that a registered nurse or licensed vocational nurse (in case a registered nurse was unavailable) should be the person in charge of the facility. As stated earlier intermediate care was originally to have been licensed by the State Department of Social Welfare but then the decision was made to have the Public Health Department license it. There was unanimity on the part of the providers of services that it should not be a nursing type program. The recommendation was made at a public hearing that intermediate care should be administered through the State Department of Social Welfare since it was a residential type of care. I attended the hearing and heard organizations such as California Association Homes for the Aged, California Association for Nursing Homes, Sanitariums Rest Homes and Homes for the Aged, California Association for Residential Care Homes, and individuals give reasons why the program should be within the Social Welfare Department rather than Public Health Department. Mr. Knight speculated

the reason for the program being administered by Public Health might be that California saw this as a chance to balance the Medi-Cal deficit since the cost for intermediate care is $10 per day vs. $14 for nursing home care.

According to Gladys Johns, a retired pioneer licensing supervisor in the Los Angeles office of the State Department of Social Welfare, in the late 1950's the Department of Public Health attempted to initiate legislation that would have placed licensing of residential care homes within that department. There was a great deal of concern on the part of licensees of the State Department of Social Welfare. They raised money to send delegations to Sacramento and to the legislature and at least on two occasions thwarted attempts to transfer licensing responsibilities from the State Department of Social Welfare to the State Department of Public Health.

In 1963 a position paper was written by the State Department of Social Welfare in an attempt to clarify California's program on residential care homes. (Appendix 1). The paper stated: "Because there seemed to be an assumption that personal services and care could only be nursing care in a medically

oriented facility, it has seemed important to us to describe the program of licensed nonmedical care of the aged in California. The major program goal is the prevention of mental and physical illness through preserving the maximum independence of residents and their capacity for self-care. To promote this preventive role, licensing requirements undertake to protect the freedom and independence of the aged resident and to protect and assure their dignity, respect, comfort, safety and social adjustment. This premise with the resultant specialized service emphasis and the facility designations, is not widely recognized and understood."

This position paper explains that California was one of the first states to require licensing of facilities for the aged. The licensing law was enacted in 1925 and vested responsibility in the State Department of Social Welfare and did not distinguish between nursing care and other services except in the case of mentally ill and incompetent who were covered by the Department of Mental Hygiene. Following twenty-two years of licensing facilities for undifferentiated care the Department of Social Welfare supported legislation in 1946 transferring responsibility for the licensing of medical treatment facilities including nursing and convalescent homes to the Department of Public Health.

Licensing of residential care homes has been transferred to a newly created Department of Health which came into existence July 1, 1973. The name State Department of Social Welfare is to become State Department of Benefit Payments in 1974. Residential care home operations and licensing will now fall within the Health Quality System. Whether or not the unique philosophy of residential care homes in California remains will depend upon how well the provider of services are able to maintain their current position. Another factor will be how the former council of State Department Social Welfare licensed homes for residential care will function. The members of this council were providers of services to the aging and a community representative who acted as an advisory group to the director of the State Department of Social Welfare. It was a nonpaid group.

The council dates back to 1954 when an ad hoc state-wide planning committee was established to assist in the drafting of new standards for aged institutions. From its inception the committee served in a capacity comparable to the function of the hospital advisory board which is a legislative

committee. The organization advised on such matters as services to aged persons requiring out-of-home care and also training courses for licensees (see Appendix 2).

One of the first large institutional type homes in California was the California Home for the Aged (formerly named Armenian Home for the Aged) in Fresno, currently licensed for 64 persons. Because Ted Ashjian spearheaded the movement for this home and was its first president in 1952 and was later appointed by Governor Edmund G. Brown to attend the first White House Conference on Aging in 1961, I felt his story, which is tape recorded, would be of value in the writing of this project. In addition he was one of three founders of the California Association Homes for the Aged. Mr. Ashjian started promoting a home during the early 1930's but because of the depression there was a lack of funds to begin construction. From time to time he tried to obtain funds for the project but failed. Then, in 1948 a wealthy vineyardist promised to contribute $50,000 provided the rest of the funds could be raised.

The design of this home was one of the most advanced in the state since only two residents lived in a room and had

their own bathroom facilities. Private rooms were available if a person had sufficient funds. In 1952 it was permissible by state licensing regulations to allow a ratio of six residents to one bathroom facility; also, more than two residents were allowed in a room, often as many as six bed wards. Based upon my previous account of the development of care homes in England whereby it wasn't until 1962 that there was a recommended change in the number of occupants per room and that in 1952 the State of California allowed six persons in a sleeping area, it is my belief that Mr. Ted Ashjian was one of the most farsighted and determined persons in the world in actually doing something about upgrading the care for the aging.

Mr. Ashjian's motivation in promoting this facility was the very poor conditions he saw in the Fresno area private homes for the aging and in the Fresno County Hospital. The private homes had four and five persons to a room whereas in the hospital the elderly were housed in dormitory style with up to 30 in a room. (It must be pointed out that the Fresno area was not unusual in these conditions.)

In addition, the Armenian population had a cultural

problem in language and food. After getting this home organized and operating, Mr. Ashjian organized the Central California Association of Homes for the Aging.

In 1961 he was appointed by Governor Edmund G. Brown to represent California in the first White House Conference on Aging held in Washington, D.C. It was here that he recognized the people present were representing individual homes of a religious, cultural or fraternal nature.

Following his attendance at this conference, he decided the individually operated nonprofit homes in California should join together as a supportive unit to represent their interests when state legislation was being formulated. He foresaw the day when taxation of the nonprofit residential care home would be considered by governmental bodies.

The organization he assisted in founding was called the American Association Home for the Aging which later became the California Association Home for the Aging since AAHA became the designated name for the national program of homes for the aging. Specifically, what happened was that the Ford Foundation gave seed money to the National Council on Aging, a nonprofit

organization, to develop a program for the elderly. The money was to go to an Episcopalian denomination in Philadelphia that had presented an acceptable project to the National Council on Aging but did not have an organizational structure to go with the project. California had an organizational structure with by-laws, constitution and name. There then ensued a merging of the Philadelphia group with the California group, thus the name of the overall association was American Association Home for the Aging. Subsequently, it became a simple matter for the California representatives to use the term CAHA. In addition to Mr. Ashjian there were Rev. Harold Bottemiller of the American Baptist Homes of the West, and Dr. Edward O. Rear representing Pacific Homes, Los Angeles, California.

The first secretary of CAHA was Gladys Johns who had retired in 1962 from her job as licensing supervisor in the State Department of Social Welfare, Los Angeles area. The offices of CAHA were located in Los Angeles. Later they were moved to Sacramento because of the necessity to be near state government since CAHA was partly a legislative advocate. Upon moving to Sacramento, Mr. Lloyd Halvorson became executive

director, a post which he held until 1972 when he moved to Washington, D.C. to be on the staff of the American Association Homes for the Aged.

DAY CARE

Because this section of my project is dealing with the development of care for the elderly I will review the new concept of day care centers. Sylvia Porter's column appearing in the Stockton Record dated October 8, 1973 mentioned day hospitals and treatment centers (4 out of 602 institutions in New York state) and an article appeared in the November 4, 1973 Stockton Record entitled "Day Care Center Gives Aged New Lease on Life."

Day care is a way of providing a social environment and a way to meet new friends for the aging. It provides a purpose in life. Coffee, snacks and lunches are served and various program activities are provided. Because social interaction occurs, the person has a different outlook on life when returning home just as the pre-schooler learns from his experiences at the day care center.

Day care centers can relieve the strain upon persons

caring for elderly relatives and can free those with whom the day care participant lives, to return to work. Again, a comparison is made with the child who is placed in day care in order for parents to work.

Stockton has a facility which was originally built for a day care center. It is Swain Lodge and licensed by me in October of 1972. According to the owners it has not been a successful venture because they have not advertised. The facility is owned by a physician which may account for a hesitancy to publicize the program.

It is my understanding that day care facilities are well known in Britain and Hawaii. Undoubtedly, the future will see day care established in California, and the rest of the nation, as a program for meeting not only the needs of the elderly but for the younger members of the family with whom they may or may not live.

CURRICULUM UNIT II

REGULATORY AGENCY - THE LICENSING PROCESS

REGULATORY AGENCY - THE LICENSING PROCESS

OBJECTIVES:

1. To understand the legal basis and protective nature of licensing regulations.
2. To introduce a social-recreational program within the residential care home.
3. To understand techniques in augmenting meal planning and the introduction of sociability at meal-time.
4. To surpass minimum state licensing regulations.

REFERENCE: California Administrative Code Title 22
Division 2 Chapter 5.

ACTIVITIES:

1. Discuss the pros and cons of the government as a regulatory agency (the reason for this assignment is to see how the participants react to controls. It is my experience that those persons who operate a quality program request regulations.)
2. List the interests and past and present activities of 5 residents.

3. Attend a senior citizen's meeting or program and write between 3 and 5 pages, double spaced, as to what kind of behavior patterns were observed in relation to the activity.

4. Observe residents socialbility at meal time.

5. Make a list of table manners of at least 5 residents.

6. Observe one resident's behavior at meal time for two weeks and write an evaluation.

7. Present a two-week menu plan based upon the results of a meeting held with a residents committee.

8. Write a brief report, 3 or 4 pages, double spaced, on the job of the administrator.

9. Evaluate and discuss the type of social-recreational program in their facility. This could be interpreted as a threatening question by the participants but if they don't have a program the purpose of this unit is to explore ways in which an activities program can be introduced.

GRADING:

1. Participation in group discussions.

2. Evaluation of written reports.

3. Six to eight page report on "How to Establish a Social-Recreational Program Within the Residential Care Home". (Preparation can be made during the total course time.)

4. Attendance.

REGULATORY AGENCY -
STATE DEPARTMENT OF SOCIAL WELFARE

NEED FOR LICENSING:

One of the most socially significant facts in the twentieth century is the increasing number of dependent persons requiring out-of-home care. In the nineteenth century the elderly remained in the family. This pattern is now gone in America. The underlying reason is the disappearance of the "extended family". Dissolution of cohesive family groupings, mobility, affluence (the ability to pay for services) are all factors which contribute to a growing need for out-of-home care.

The primary justification of licensing is for the protection of the users of the service. The court justifies this on the basis that users of the service are not in a position to know hazards which could be present. Regulation is a tool of democracy--a right to protect the masses.

Licensing protects individuals in respect to:

1. the character of the responsible person operating the facility;
2. the competence of the individual or organization to perform the proposed services;
3. the structure of the facility, that is, number of rooms, location, grounds, recreation rooms;
4. the material and equipment to be used;
5. the operational program of the facility.

The function of licensing is not to prohibit but is a means of continuing private enterprise. It permits the coexistence of private enterprise and public welfare.

A curriculum for administrators must of necessity include licensing regulations because any facility giving out-of-home care which includes personal services, shall be licensed by the State of California. This includes assessing the qualifications of the administrator or operator. (Throughout this paper, the term administrator and operator can be used interchangeably.) The administrator is not licensed as such but he is evaluated in the total spectrum of licensing as the

person who is actually in charge of the day-to-day operation. The type of program each facility will offer depends upon the goals that are set for the kind of care to be given and the age group to be covered. It stands to follow the more knowledgeable the administrator is concerning the elderly and the aging process, the better the program and facility.

LICENSING AND STATUTORY ASPECTS:

A great deal of common law has grown up around licensing such as the common law doctrine that a person shall not be deprived of making a living. The licensee acquires vested interests, both economic as a business and ego vested interest. Therefore, there must be a strong justification for revocation of a license. While the applicant has the burden in proving he can be licensed by meeting the regulations, after the license is granted, the burden of proof shifts to the licensing authority. The State does not take away that which enables a person to make a living without a preponderance of evidence.

SOCIOLOGICALLY ORIENTED PARTS OF LICENSING AND THE PROGRAM GOAL:

Licensing is sociologically oriented rather than psychologically oriented because the total environment (staff,

physical properties, food) affects the behavior and interaction of all residents. The following is an overview of some of the points which must be considered in the licensing process:

A. Applicant

1. The applicant is not in a dependency position.

2. The applicant feels he has the right to give care.

3. The applicant must meet regulations.

B. Preventative Service

1. People are protected by problem prevention rather than problem solving. The major program goal for licensing is the prevention of mental and physical illness through preserving the maximum independence of residents and their capacity for self care. To promote this preventative goal, licensing requirements undertake to protect the freedom and independence of the aged residents and to protect and assure their dignity, respect, comfort, safety and social adjustment.

2. People are protected from exploitation or

abuse by the operator or agency rather than from the family.

C. Those Concerned With Licensing Are:

1. The individual
2. The family
3. The operator and possibly a board of directors
4. The community.

The section which follows presents topics of regulations contained in the California Administrative Code Title 22 Division 2 Chapter 5. These regulations will not be quoted because any faculty or person can obtain this code from a library or purchase it from the General Services Department. The purpose of my project is to expand on the meaning, by interpreting, the regulation topics in a meaningful way for an administrators course. Included in this section are the two extremely important areas of social-recreational activities and nutrition because these are topics contained in regulations. However, each could be considered as a separate course because of the importance of the subject matter.

ADMISSION POLICIES AND PROCEDURES:

One of the most important areas the administrator should be knowledgeable about is who is placed in the home and who is doing the placing. Is it by the individual seeking out-of-home care? Is it by a placement agency or family with the individual's approval?

To remove a senior citizen from what may have been his home for most of his life is a delicate procedure. He is concerned about leaving his security, his community, his friends and family. He is anxious about his new place of residence and new people he must meet and establish a relationship. This transition produces fears that must be allayed. Often his feelings are the feelings of a child abandoned by his parents for the senior citizen may feel he has been sold out by his children and that they are getting rid of him. The feelings are real even though they may not be so in reality. Unless the separation process is handled skillfully as well as the placement process by a person possessing skills, knowledge and technique of procedure, the home will have a resident with a problem that may be expressed in "acting out" (belligerent) or by sitting and staring (withdrawing). If the senior citizen

has children, they may not be helpful since they often have feelings of guilt themselves in disposing of their parent in this manner.

The residential care home must have a good pyschological climate. In order to assure this the admission criteria shall exclude the following persons:

1. Have needs or interests in conflict with those of aged residents
2. Cannot benefit from the program
3. Require professional nursing care
4. Require close medical supervision
5. Have active tuberculosis or other communicable disease
6. Cannot leave a building without assistance (unless home has approval space for non-ambulatory).
7. Requires pyschiatric hospital treatment
8. Need restraint or constant supervision of behavior
9. Have epilepsy, not medically controlled
10. Require treatment for alcohol or drug addiction.

Admission procedures should include a personal interview followed by a health evaluation. A written report from a recent medical examination must be submitted by the prospective

resident. Before final acceptance of an applicant the home should secure information about his patterns of adjustment, likes and dislikes, interests, activities and family relationships. The administrator must determine if the new resident can live in a group and if he is able to pay the established fee and still have money for clothing and pocket money. The final admission decision should be one jointly made by the administrator and the applicant in conjunction with those persons and agencies that might be involved. There should be a 3-month trial period during which time either the home or the resident can initiate a change in their plan.

The administrator must keep adequate and current records on each resident. There must be identification and emergency information which includes name of physician to be called, physician's instructions, hospital plan, responsible person to be notified, religion and name and address of any religious advisor, and burial plans. Medical, social, personal and financial information should be kept in locked files. There shall be a preadmission financial agreement which should contain refund policies.

NUTRITION:

Currently, much emphasis is being placed upon the nutritional needs of the aging by the federal government. This recognition of a need, with appropriated funds to meet it, then passes to the state legislative bodies to be enacted upon. As an example, in 1968 the Administration on Aging acted, on a first priority basis, to make Title 4 (Research and Demonstration) funds available for projects related to nutrition and meal patterns. The Administration on Aging report stated that projects being supported, "attack such problems as lonliness, inability to market and prepare meals on the part of the home bound, lack a motivation for eating, and inadequate knowledge of food purchasing and preparation". More than $2 million was available for 29 nutrition grants nationally.(4:41) On March 7, 1972 Congress passed a Nutritions Program for the Elderly Act, which provides $250 million through 1974 to provide at least one hot meal per day to needy persons over age 60. This legislation is designed to promote the use of community center type facilities where hot meals can be served.(5:2)

It took from 1968 to 1973 for the State of California to implement this nutrition program of the Older American Act.

Assembly Bill 63 was passed in 1973 so that funds would be made available to local governments and voluntary organizations. This nutrition program will be carried out under the auspices of the California Commission on Aging.

Since at least 1956, nutritional needs of the aging have been recognized by the Department of Social Welfare as contained in that Department's regulations. (Appendix 4 shows a nutrition and food service form which was used by licensing representatives when engaged in a licensing study of a prospective applicant who operated a residential care home.)

The State of California published a booklet in 1971 Good Eating ...Meeting Nutritional Needs for Aged Persons in Residential Care Homes which was written for administrators of homes and licensing workers. Robert B. Carleson, Director, State Department of Social Welfare states in the preface, "Food is vital to life. Good food attractively served adds to the physical and emotional comfort of persons living in residential care homes. Knowledge about nutrition and well-planned menus are a vital part of preventive health care services for aged persons." This booklet was prepared by Margaret Finley, Home Economics Analyst with the State Department of Social Welfare.

Food is not only necessary for physical survival but it acts as a symbol for interpersonal relationships. Food can be used as a tool for socialization since the social life of the adult is built to a great extent around the pleasures of food and drink.

How the resident group is fed can be an important key to effectual dealing with administrative and adjustment problems. Whenever possible, meal planning should be done by a committee of residents (in small homes by the total group).

By having the residents assist in meal planning, the home demonstrates its interest in the resident's welfare. It also shows the residents that the home does not possess all of the knowledge they would like to have and that through the residents living experiences, the home can learn how best to help older people with meal preparation. (This also can be used as an administrative tool inasmuch as some parents complain about food so that their children will invite them to eat out, or the children will bring food in or make hostile demands on the administration and staff.)

One of the major philosophies underlining care for the aging is to respect their intelligence and life experiences.

By including them in making the democratic decisions governing their lives, they feel a sense of contribution, achievement and importance. Being a part of a menu planning committee or knowing that such a committee exists, can improve social interaction between the residents and administrator and staff. It can be very useful for a group of residents to think, discuss, plan, decide, evaluate and act together for the purpose of solving a common problem affecting their lives.

There must be a knowledgeable person present who can enable the residents to arrive at a nutritionally well-balanced meal. The important thing, though, is the participation of the residents in making selections. They may decide they would like beer or wine to be served with certain meals.

The question may be asked, how can one motivate the residents to want to serve on a committee. The capabilities of the administrator is the key to the motivation of the residents. Generally, it can be said residents are willing to "help the home." This is less threatening emotionally to them than having to admit they have complaints or dissatisfactions.

The administrator should be aware as to how much

sociability goes on in the dining room. Are the meals fun and interesting and relaxed or are they a chore and monotonous? It is a deadly psychological climate to enter a dining room at meal time and be met by silence except for the clicking of silverware on plates. Sometimes what appears to be a food problem might be a seating problem. The administrator should be sensitive enough to see that the same residents are not always sitting next to the unhappy and difficult residents. The finest, most nutritious and attractive food can be poorly received if served without warmth and friendliness in the dining room.

For larger homes a dietician could be employed; for the smaller homes, it might be possible for several of them to join together and hire the services of a dietician at little cost to each of the homes. No progressive home can feel that it is doing a professional job without the opportunity of consulting with a dietician.

We must not accept the tacit assumption that the elderly are incapable of participating in active programs. Their skills and knowledge must be utilized.

Part of the pleasure and satisfaction in administering a residential care home is to know that the food is pleasing to the residents and of such nutritional value that each person is as healthy and alert as good food will make him. A bright cheerful dining area can improve the appetite as well as the attitude of the resident. Poor diet can lead into premature senility. "Nutrition is so important that an aged person may no longer appear senile when he begins eating properly balanced meals."(6:10)

To determine whether the residents are pleased with the menus and whether they are nutritionally adequate, the following can be checked: is food left on the plates? If so, why? Are the residents fairly healthy, that is, few colds? Have the four food groups been included in each day's menus? (Meat, fruit, vegetables, milk, bread and cereal.) What comments are made about the food?

Three meals a day is the usual pattern in residential care homes although, some homes are trying a five meal a day plan. An evening snack should be available. Many residents sleep better after an evening snack. Smaller portions of food

served more often are better for the aging just as for small children. Color, texture and flavor must be taken into consideration, especially flavor, since taste buds change as one grows older.

Nutrition planning per se cannot be included in a project such as I am presenting. An instructor in Home Economics is needed for a complete presentation.

SOCIAL AND RECREATIONAL ACTIVITIES:

Although since 1956, the State of California has had a section (currently 32057) in the California Administrative Code which begins, "Facilities shall make provision for social-recreational and religious activities...", very little literature has been written or services available that the residential care home administrator can use for a guide for an activity program. Actually, the obsolete State Department of Social Welfare Boarding Home Manual of 1946 (Boarding Homes are for 15 and less) contained a section 111-750 on Recreation to the effect that the operator of a home should encourage and make possible social, recreational and religious activities appropriate to the individuals interest and physical condition.

The administrator must plan a program that will enrich the resident during the remaining years of his life spiritually, physically, and emotionally. If an active program is not provided the resident may spend the remaining years of his life with unhappiness, depression, remorse, lessening of spiritual growth and finally developing into a "sitter" period.

Recreation has to do with how leisure time is spent. A committee of the International Gerontological Society in 1958 decided its immediate objective should be the stimulation of scientific interest in the study of meaningful activity and the use of time among older persons. The reason for this was so society could have a better understanding of aging and be provided with an aid to more effective programs for elderly people. A series of research papers were gathered and published in a book entitled Aging and Leisure, a Research Perspective Into the Meaningful Use of Time. Most of the chapters in this book were directed at three questions: (1) What do older people do with nonwork time? (2) What is the significance of the activities in which they engage? (3) How best may problems in this area be conceptualized and studied? None of the

questions were answered in any final way. Rather, the material presented was to lay a pattern for future investigation.

All of the methods used by the authors were descriptive and observational. There was much conceptualization.

The above brief bibliographical sketch is given since it ties in with some comments Mr. Louis Kuplan made during an interview with him. Mr. Kuplan stated, "I'm a past president of the International Association of Gerontology; I founded the Western Gerontological Society but I've dropped out of all of them because they're not doing anything worth a damn except talk and read papers to each other. So this is our real problem. Research is fine but who is translating this into action?"

The above references on the book, Aging and Leisure and Mr. Kuplan's comments is made in order to show that residential care home administrators are actually pioneering a field when they try to present stimulating activity programs for their residents. But this can be done.

Webster's unabridged dictionary defines recreation as refreshment in body or mind...by some form of play, amusement, or relaxation. Planning for leisure time activities is something

in which residents can participate. Blocks of time could be set aside whereby a group of residents could plan programs for the total group. The older person should have a role to play in governing himself by helping to develop programs he wants.

There is little doubt the question will be asked, how do you motivate the elderly into wanting to participate in a recreation program as well as plan for one. Planned activity should involve the resident in terms of his interest and simply not be busy work to keep him from being troublesome. Activity for its own sake whether for an individual or a group tends to backfire and instead of helping to solve a problem, may magnify it. We must look beyond the need to provide activity as merely a time-passer for problem-situation solver, and look to its meeting, as much as possible, the individual's demands. This requires some knowledge and understanding of the individual as a person. The administrator should know a person's occupation, his hobbies, interest in sports, memberships in clubs, religious preference, intellectual or manual type activities and such other facts that would guide planning. In addition to the resident's own expression of his interests, relatives or friends may be able to offer some valuable information. The observation

and comments of staff members or other residents might be helpful. In the case of those individuals who may become discouraged, the administrator is in an excellent position to help them try new things and continue to support their efforts.

Jerry Cook and Rick Dahlgren, owners and operators of Education Recreation Associates in Fresno were interviewed in order to gather material for this section. As far as I am able to determine this is the only privately run business which will contract its services to residential care homes. Mr. Dahlgren received his Masters degree from San Jose State in recreation. He has been Assistant Director of Recreation in Cupertino and Director of Recreation for the city of Madera. He participated in the development of community activities for the elderly which included taking programs into convalescent hospitals in the Cupertino area. This was during 1965 through 1967. While in Madera he organized the Senior Citizens Club. He also participates, as much as his time will allow, in committee work for the California Commission on Aging. Mr. Cook graduated from the University of the Pacific in Economics and through exposure, is fast learning about recreation programs for the aging. He brings a business outlook to ERA.

The following information is how a professionally run business introduces a social-recreation program to a residential care home. Mr. Dahlgren stated they have a standard form that is taken to the home which is used for recording the comments of every person living in the facility. The first thing he does is to introduce himself to the residents and tell them there will be a recreation program and meeting on such and such day. He asks what kinds of things they like to do. Usually the answer is, "I don't like to do anything" or "I'm blind, and I can't do anything." He is prepared for these answers so it becomes necessary to lead the conversation and try to learn about the individual's interest by asking questions such as, "Do you like to listen to records?" "Do you like to play games, checkers, bingo?" After the interviewing is completed and the forms analyzed, the first day's program is planned around the activity the majority of residents choose which usually is bingo.

Mr. Cook was the one who had the idea of calling their recreation programs, "meetings." The reason for this was because people like to be a member or a part of something.

Almost without exception people have attended meetings during their lifetime. Many lives have been completely filled with meetings; then, when the residents go to a residential care home, there are no more meetings, no more feeling important by belonging to a group. If the program were called recreation there would be apprehension on the part of some residents to attend because of the possibility of feeling inferior in some activity. By being a member of a meeting the residents automatically feel involved. By calling it a meeting, the residents feel there is something for everyone.

The meetings begin with the flag salute because it was discovered the elderly like to relate to their country and seem to enjoy saluting the flag. From the flag salute, a creative activity exercise follows. This is very simple, such as, "Simon Says." As Mr. Dahlgren put it, "Simon says stand up, massage your head a little bit and we'll want to get thinking. Simon says take three deep breaths" (the observation was made that some people can't even take three deep breaths the first time). "Simon says wiggle your left leg, twist your body but if you can't do it don't do it. By personal observation, it is known which residents might be uneasy on their feet so they

are watched more carefully than the others."

After the brief exercise period, there follows current events time where from ten minutes to half an hour is spent talking about news items. Mr. Dahlgren commented he once threw out a question, "Does anybody know any current events?" He got the answer, "Pearl Harbor got bombed yesterday." He never knows what kind of answer may come up but it can lead to a short discussion touching the fringe of group therapy.

The next portion of the program includes arts, crafts and games. Many residents who have lived together for years do not know each others names. My experience in some residential care homes confirms this sad fact. An activity program can start social relationships. One easy way is to use the Simon Says game, "Simon says ask your neighbor what is your name?" In summing up ERA's program, Mr. Dahlgren and Mr. Cook stated, "The success will be determined by the ability of the leader. The leader must act like he's the most excited guy in the world. This is what makes the program successful."

No longer is it accepted that television and radio are sufficient social-recreation programs for the aging. There must be planned activities.

Exercise is fast becoming recognized as one of the most important components of a recreation, leisure type program for all ages. Many homes have vegetable gardens cared for by the residents. This provides a form of exercise.

There have been only a few studies concerned with the role of exercise in the aging process. Dr. Kenneth C. Lersten, Assistant Professor of Physical Education, University of Southern California, who is associated with Dr. Herbert de Vries in conducting long term research on exercise and aging at Leisure World, states in relation to exercise, "I am convinced of its values even if others may not be. Exercise in its many forms is essential to those who aspire to the active, healthy and even long life. I cannot support my statement with a body of systematic fact at this point but all that is needed is support, time and study, then the data will be convincing."(8:75)

At the beginning of this section a statement was made that recreation has to do with how leisure time is spent. The following is presented not as something to be included in a residential care home program, but as additional information for administrators to be aware of, and that is, how work is regarded in some segments of our aging population. In a paper

she forwarded to me, Mrs. A. M. G. Russell, Chairman of the California Commission on Aging stated that it is essential to first look at the present older group if we are to provide some new patterns in senior activities. (Mrs. Russell wrote her paper for a Life Space Conference of the Center for the Study of Democratic Institutions, Santa Barbara. No dates were given.)

Because of her position as Chairman, she has the opportunity to have an overview of senior citizen activities in California. She mentions there is a recent reemphasis on the work role. Programs are being introduced in community senior citizen centers which provide earning opportunities. Older persons are hired as staff in clerical, professional and aide jobs. Mrs. Russell stated, "A simple news release concerning the availability of 12 para-professional positions in conjunction with the work of the California Commission on Aging elicited 900 applications throughout the State." She further commented that an assumption has been made that the work ethic is a relic of the past and would be discarded by us, "the enlightened generation."

> "That this may not be so or that at least it will die a hard death is being pointed out by the thousands of older persons reentering the work force. This cannot be completely explained away by the need for income since programs not explicitly planned for those of poverty level are avidly sought. Many, obviously continue to feel that work is an important factor in maintaining or improving the quality of life in the later years and that it is, itself, a leisure activity."

Following this same thought, Rick Dahlgren in my interview with him, gave as an example a person who is forced to retire and subsequently finds employment which becomes recreation to him because it is a form of enjoying his time.

When discussing social-recreational activities we must not forget that as an individual progresses through the life cycle, his social world changes as he assumes different roles, group memberships and points of reference. This progressive differentiation of the social system over time, and the individual's adaptation to it, may be termed socialization and will determine the extent to which he will be able to participate in a program. If a person has never been socially involved in group activities before coming to live in a

residential care home, he should not be expected to join in group activities, but, there is always the possibility that with some encouragement from staff and/or residents, he might participate.

One of the main research projects currently being conducted in the field of exercise and aging is Dr. Herbert de Vries project at the Gerontology Center, University of Southern California. Dr. de Vries has been doing tests on a group of men between the ages of 52 and 88. His research suggests, along with that of clinical psychologists at the Veterans Administration hospital in Buffalo, New York that regular physical exercise may play an important role in improving mental performance. The Buffalo research demonstrates how oxygen wakes up senile brains. The de Vries study shows how exercise increases oxygen-transport capacity. These two experiments strongly suggest that a program of regular exercise which creates oxygen transport to the brain through natural processes can significantly improve mental performance.(9:63-66)

The administrator of the residential care home decides the type of program to be presented in the home remembering the differences between persons. There is no stereotyped aged

person. Cultural background and heredity make differences in the residents. Specifically, activities that can be considered are picnics, trips, theater parties, dances, lectures, art exhibits, craft classes, fishing, concerts, and very important is knowing what the local recreation department provides as well as community organizations. The level of response on the part of the resident determines the kind of activity.

CONTINUING HEALTH SUPERVISION-MEDICAL CARE:

Another important area in caring for residents is continuing health supervision. The administrator or person in charge should be able to identify any change in health or physical abilities. The staff must know when the residents need assistance in bathing, dressing, care of hair, shaving, and other personal items.

One of the differences between the residential care home and the nursing home revolves around assisting the resident with medication. Assistance is limited to medication prescribed for self administration. To be more definite, the type of medication that can be administered would be that which the resident would have his family give him or he would take himself if he were living in his own home. Medication given does not

require professional judgment or daily professional observation. Central storage of medication must be provided under the following conditions: if it requires refrigeration; if it could be hazardous to other residents; if it might be hazardous if kept by the resident. Centrally stored medicine must be accessible to health supervision staff only. It must carry the name of the person for whom prescribed as well as the physician's instructions. The home has to observe the prohibition against giving professional nursing service, including procedures requiring technical skill or professional judgment.

It may not be possible for some of the smaller homes to provide special diets but if they are required for low fat, cholesterol controlled and sodium controlled diets, recipe booklets may be obtained from local Heart Associations.

Each home must obtain information from each resident on whom to call in case of an emergency. This would include relatives and physician. In case the resident did not have a personal physician, then the home must make arrangements for emergency and medical care. During minor illnesses, bedside care, including tray service shall be provided as well as care with personal hygiene and help with uncomplicated medication

which may be prescribed by a physician.

The home must terminate care of residents who become psychotic or require restraint. This is absolutely necessary for the mental and emotional wellbeing of the total resident population. It is all too easy for the well ambulatory aged to think that they too might become psychotic and require restraints if such a person remained in their group.

PHYSICAL PLANT:

If a home for more than 16 residents is to be built, the plans shall be prepared by a licensed architect or registered civil engineer. They are responsible for meeting state and local fire and building codes. Things that are important in residential care homes are size of bedrooms, dining rooms and living room. Are there rooms which can be used for recreational purposes and are there places the resident can go to be alone providing he does not have a private bedroom. Where are the bathrooms located and how many people use them (licensing standards require a minimum of one toilet and basin for every four residents and one tub or shower for every ten...these are minimum standards.)

The location of the facility is important. It should not be in an extremely heavy traffic area, be around excessive noise, smoke or odors. It must be located in an area which is not remote since this could give the resident a feeling of being put away, out of sight. The location should be close enough to shopping centers and points of interest so the resident can either walk to the area or take a bus.

Grab bars must be placed in bathrooms and handrails used wherever long distances must be walked between the rooms. All surfaces in the home must be nonslippery.

ORGANIZATION AND ADMINISTRATION:

The type of material given for this section would depend upon the sophistication of those attending and the size of the facility. Those attending could range from the administrator-owner with one staff member to an administrator with fifty or more persons. The facility might be governed by a board of directors which takes a different kind of organization and administration than a partnership or single owner.

Briefly, some functions of the administrator are:

PLANNING - Working out in broad outline the things that need to be done and the methods of doing them.

ORGANIZING - Establishing, defining and coordinating work divisions.

STAFFING - Employing, training staff and maintaining favorable work conditions.

DIRECTING - Making decisions and embodying them in specific and general instructions.

COORDINATING - Interrelating the various parts of the program, for example, in preparing meals the interest and food habits of the residents must be taken into consideration. In addition the program should be coordinated with those programs in the community that are serving the aging population.

REPORTING - Keeping records on both residents and staff, i.e. medical records and fiscal planning.

FISCAL PLANNING - Budgeting, accounting and control - are adequate funds always available? Is a refund policy in writing? Is it explained before admission? Is

personal property of residents listed at admission? Do they handle their own funds, if not, is strict accountability recorded? Are separate bank accounts needed for the residents? What funding is available for burial?

The most appropriate way to close this section on regulatory agency is to reemphasize the statement previously quoted from the 1963 position paper written by members of the State Department of Social Welfare and appears in Appendix 1:

> "Licensing requirements undertake to protect the freedom and independence of the aged resident and to protect and assure their dignity, respect, comfort, safety and social adjustment."

CURRICULUM UNIT III

THE RESIDENTIAL CARE HOME

AND THE COMMUNITY

THE RESIDENTIAL CARE HOME AND THE COMMUNITY

This section is designed to present a picture of the residential care home as segregated living, which may be either profit or nonprofit, and the relationship of the home to the community. In addition, the Older American Act of 1965 is discussed since it demonstrates for the first time the visible recognition by the federal government of problems of an aging population and attempts to initiate programs to meet the needs on a local level.

One of the best ways to learn is through group participation. This section on community organization provides a way for the participant to reach out and learn how Stockton (or any other community) is organized to provide services for the aging and if an overall coordinating body exists to avoid duplication of services. At the same time there is an opportunity to explain residential care homes to various members in the community. As stated in the section on the History of Residential Care Facilities in California, this is a little known concept of care and the administrators' contacts are one way to educate the community.

It is my intent to motivate the participants into thinking about the national scope of the aging population; in other words, to increase their vision by broadening their base. In order to do this, the course objectives for the participants are to:

1. Identify local, state and national programs concerned with the aging population.
2. Discuss the implications of the Older Americans Act of 1965 with its subsequent amendment as to how it affects a national program for the aging.
3. Discuss how the state and local governments are implementing the Older Americans Act.
4. Select an area of interest concerning the aging... an agency, transportation, nutrition, housing, etc. ...and interview people on the specific subject in order to participate in an assimilated welfare council meeting to evaluate whether or not community resources exist to meet the needs of the aging. Course participants will choose how many and who should comprise the welfare council. The remainder of the class will be observers

asking questions.

5. Write between 4 to 6 pages, double spaced, an evaluation as to whether or not the local community is meeting the needs of the aging and what, if any, plans are proposed for the future to meet any defined needs.

GRADING:

1. Class discussions.
2. Participation in the assimilated welfare council meeting.
3. Written report.
4. Attendance.

The residential care home is a part of the total housing picture provided by the community. Placement agencies become aware of the facilities and form opinions about them based upon the social workers' evaluations. The residents express their feelings to social workers, family, friends, if they have them; relatives and friends of the residents form their opinion about the home. Somewhere, it has been said that a society is judged by the way it treats its elderly; therefore, these facilities operated through an administrator or owner are very important and will become increasingly so in the future as the

number of aged require personal care. Based on the status of research in applied social gerontology, "services tend to be organized around the convenience of the provider rather than the requirements of the consumer."(11:60) If this is true, it is the purpose of this project to negate this statement by pointing out the needs of the consumer and ways to meet them. The provider of services will not only be meeting the needs of the consumer but will be making his own life easier because of an improved understanding of how to deal with the problems of the aging.

Residential care home administrators have a vested interest in how the community treats its aging for it is these administrators who are pioneering the field to try to meet the need of caring for a certain segment of the community's elderly.

In order to solve community problems, it takes organizational activity on the part of specific individuals and groups in the community. Knowledgeable leadership is the most important element. Those involved in providing care for the aging are logical persons to assist in the development of community services for the aging based upon their observations of the needs of the residents. Administrators have the same

and similar problems with the residents so that a composite of problems facing the elderly might be compiled and shared with other community members and agencies.

If administrators are involved in assessing community needs and initiating ways to meet these needs, residents must be included who can express their opinions. Too often in the planning process we neglect to include those for whom the action is planned. We must capitalize on the vast resource of wasted knowledge of the elderly. These experiences of the elderly in interpersonal relationships that helped develop a value system need to be shared with succeeding generations.

SHOULD THERE BE SEGREGATED HOMES FOR THE AGED?

Two prevalent opinions exist today regarding whether or not the aging should live in retirement villages and homes or whether they should live in an age-integrated community. The ideal situation would be for the aging to be able to choose whichever setting is desired but unfortunately, this is not always possible since money is often a factor. Irving Rosow, in his assessment of the relationship between age density and friendship ties of older persons, found the elderly in age-concentrated environments to be more effectively integrated in

the social structure than those in settings with younger persons. The assumption that residential propinquity between the aged and younger families ensures inter-generational friendship interaction was not supported by his data.

In response to my question, "How do you feel about living in an age-segregated home", Ethel Sabin Smith, author of Dynamics of Aging who lives in a retirement home, had this to say, "I feel it is about time that old people are permitted to live in a home centered about themselves. In the past, there were those dreary makeshifts of taking care of grandmother and grandfather who were off in a corner, trying not to disturb the children, who were off in another room. I feel that older people have a great many interests, a great many projects that they need to carry on by themselves and for themselves. It is a great mistake to think that they cannot get started unless there is some younger person around to wind them up. Actually, older people have been so wound up by life itself that they are full of ideas and projects and opinions and would like time and a place to express themselves. I heartily agree with A. H. Maslow that self-realization is the highest goal to which we can aspire. Somehow, self-realization

comes with a group of your peers much more easily than it does with a group of people of assorted ages."

When asked to describe the people in her home, Dr. Smith replied that "every other person is a gardener and very enthusiastic about what is raised in her patio." In spite of physical difficulties such as arthritis, the women like to plant, prune and weed the garden themselves. She further stated that many of the residents weed the lawn because the gardener does not have time to do it. A considerable number of the members are grandmothers and have tremendous knitting projects for the young. Children and grandchildren frequently visit the home so that all of the residents are in touch with a younger generation. Conversely, the residents visit their children in their home.

What Dr. Smith is saying bears out the findings of Nancy N. Anderson, Ph.D., Director of the Health Systems Division, Institute for Interdisciplinary Studies at American Rehabilitation Foundation, Minneapolis. Dr. Anderson was asked: "Do you believe that institutional life can increase some peoples self-esteem by providing more opportunities for interaction?" Her reply was:

> "Definitely. Not only can congregate living arrangements provide more opportunity for social interaction, but they can also provide meaningful social roles and values... Values appropriate to older persons emerge in interaction and role playing among "age mates" people in the old age peer group. Emphasis on beauty and agility gives way to rewards for cheerfulness, understanding and health"(12:52)

Dr. Anderson's study investigated the effects of retirement home living on older persons. Her hypothesis was that the quality and quantity of social interaction - the types of daily dealings with others and the number of friendships - are more important to a person's self esteem than is institutionalism per se.(12:51) Interaction is her main theme whether it is in a retirement home or in the community.

Ted Ashjian, Founder of the Armenian Home in Fresno in 1952 stated, that he saw the need for a retirement home because as the younger generation grew up and got married, their homes became entirely different from those of their parents. Sooner or later the children and parents would fight, causing dissatisfaction on both sides. The Armenian Home has an active group of young Armenian women volunteers who try to meet the needs of the residents by arranging programs, transportation, parties.

Vern L. Bengtson, Assistant Professor of Sociology, University of Southern California, took exception to an article by Arnold Rose. Rose argued that a sense of group consciousness among aged individuals was evolving involving politcal action, a sense of group pride, and a desire to associate with aged peers to the exclusion of younger people.(13:25-29) Bengtson says Rose's statement applies to only an extremely limited number of older people. Bengtson believes the reference group for the elderly is the middle aged group.(14:10) My research supports Rose's argument (the comments of Ethel Sabin Smith and later in this paper, my report on voluntaryism and political action groups of the aging) except his reference to older persons excluding younger people. None of my research gives credence to this point.

The following material is by no means intended as a scientific report since I could not scientifically prove my hypothesis but it gives an indication of what a class project might be for a group of administrators in gathering information from a different setting than that represented in their own home.

In 1970 I conducted a research project at Plymouth

Square, a retirement home in Stockton. From a total of 64 persons living in the home, (nursing floor excluded) 30 residents or 47%, responded to a questionnaire covering 30 unnumbered items. The ages of the participants ranged from 64 to 92.

Preparatory steps had to be taken before the presentation of the questionnaire to the residents. The steps were as follows:

1. Interview with the administrator of Plymouth Square. Without his help and approval, it would have been impossible to conduct this survey.
2. He submitted my request with his endorsement to a resident committee of 10 persons who agreed to allow me to conduct the survey.
3. The administrator suggested I talk with one of the residents, a former Dean of the Graduate School, University of Pacific, in order to obtain his suggestions and support as to the best way to motivate the residents into wanting to be a part of this survey. The ex-dean is a member of the resident committee. He reviewed the questions and approved most of them. He felt the residents

would hesitate referring to an income category. My contact with him was a trial run of the test. His suggestions were:

a. Do not use the term aged or elderly when referring to the residents. Use the term retiree. Explain that the survey is for retirement planning. Do not use the term research because some people would think they were being used as guinea pigs.

b. We agreed the best time to submit the questionnaire was during the noon hour when possibly the greatest number of guests could be contacted.

Several important items emerged from the above experience:

1. The importance of the administrator.
2. The use of a residential committee to handle requests from outsiders, thus encouraging social interaction which can flow over into the total resident population.

3. Use of the term retiree rather than aged or elderly in establishing identity.

4. Non-use of the term research.

The material thus far presented indicates age segregated facilities are preferable to age integrated. It must be pointed out that in the 3 examples given the residents of each facility had a similar background. Ethel Sabin Smith lived in a retirement membership home. These women have a similar social and intellectual status and have the same fraternal indoctrination. The Armenian Home serves a cultural group that use a specific language, food and dance. By far the majority of residents currently at Plymouth Square are retired school teachers, therefore, the educational and financial background is higher than what can be expected in an average for persons living in residential care homes.

The conclusion of that project was: a segregated environment can contribute to the well-being of the elderly, providing there is some similarity of background, by offering opportunities for social interaction. My questionnaire covered such items as:

Income - 20 residents, 69%, had private funds.

Education - 16 residents, 53%, were college graduates or had some college; 14, 43%, were high school graduates or had some high school.

Social Climate - 25 residents, 96%, had more than 3 friends at Plymouth Square; no one felt they did not belong or felt uncomfortable with the people.

Health - No one marked they were in poor health.

It has not been my intention to present biased material in favor of age segregated housing; it happened that way but I am able to refer to an article which appeared in Time magazine which supports the concept of age integrated living arrangements. According to the article, since 1965 in Grenoble, France there has been an Office of Aged Persons. It was conceived by Dr. Robert Hugonot and Philosopher Mitchell Philibert and has attracted world wide attention from behavioral scientists and other interested persons in the emotional as well as the physical well-being of the aged. Hugonot does not agree with the age segregated retirement villages as found in the United States.

In Grenoble there is a program of "integrated lodging" under which one of ten apartments in new buildings is reserved for older people. Such buildings include attractive, low-cost dining rooms where the residents eat together around intimate small tables.

The project, it was thought, could be a useful model for the United States since France has long had a low birth rate and now has a higher percentage of people over 65 than the United States. But, with the recent drop in the United States birth rate, our population too is becoming older.

Hugonot and Philibert call their plan "Integration of the Third Age." The goal is to help society's retired citizens (called the Third Age) rejoin students and working people (those of the First and Second Ages). It also seeks to reclaim the elderly (the Fourth Age) who are dependent and handicapped, by making them independent again.(15.93)

Presently, I see only one part of this Grenoble project being developed in the United States and that part is central dining room eating. There are various federal funding programs for housing for the aging which have been established

by the National Housing Act. One of these housing programs provides that any facility using federal funds must provide one hot meal a day in a central dining room area. Another program, provides funding for satellite homes which are located in various areas of a community such as Oakland whereby residents in the community may eat in a central dining room area. Also being developed throughout the nation, including Stockton, is a meals-on-wheels program which provides meal service to those persons in independent housing arrangements. I cannot conceive adopting the kind of integrated housing existing in Grenoble because of the need for the aged to be able to associate with their peer groups and a one in ten living arrangement is not a sufficient number especially when we must take into account the background of each person. They may not be socially compatible. A physical concentration of persons with similar social characteristics serves to facilitate friendship interaction is documented in a study by Zena Blau.(16:429-439) In answering the question, should there be segregated homes for the aged, I submit, a segregated environment can contribute to the well-being of the elderly, providing there is some similarity of backgrounds, by offering opportunities for social interaction.

During my interview with Dr. Glen Burch, Director of the Extension School, University of California at Davis, he pointed out that what we do in our culture is to try to find an answer to a problem and many problems cannot be answered in an "either-or" situation. "What I would like to see and hope this country can do is make options possible for people in whatever physical, mental or economic situation they happen to be in." Dr. Burch further commented he was seeing that options were being closed to a large segment of the lower economic group whereas, the people in the upper economic group have wider options of where to live and what to do with themselves. Because of lack of money, it is impossible for the lower economic group to think of living in retirement villages such as Leisure World's in California or Sun City, Arizona.

PROFIT vs. NONPROFIT HOME:

There has been considerable discussion as to which kind of corporate financial structure presents the best kind of care, the nonprofit or the profit. According to Rick Dahlgren and Jerry Cook of Educational, Recreational Associates of Fresno (previously mentioned in the social-recreational section of the topic Regulatory Agency), the proprietary home

provides the better services. Their reasoning is that the proprietary homes have professional people such as Educational, Recreational Associates conduct recreational-social programs whereas the nonprofit homes rely on their voluntary womens' guild to provide these same activities. The volunteers are not professional and do not have the philosophy of a recreational program as a foundation upon which to build their activities. According to Ralph Knight, Director of the Home Department, American Baptist Homes of the West and 1973 President of California Association Home for the Aged, a nonprofit corporation, he feels the nonprofits are able to provide better services because of the size of their operation and because many are church oriented and, therefore, devoted to the service aspect. Louis Kuplan, past President of the International Gerontological Society and founder of what has become the California Commission on Aging, states there shouldn't be any difference between the nonprofit and the profit homes because they both have to meet the same licensing standards. Mr. Kuplan's comments are of course true. It is a matter of degree as to what kind of services the profits or the nonprofits are able to give.

GOVERNMENTAL RECOGNITION OF AN AGING POPULATION:

OLDER AMERICANS ACT, JULY 14, 1965

With the creation of the Older Americans Act, an Administration on Aging was organized in the department of Health, Education & Welfare. Three-fourths of the funds were designated to states for assistance in the development of community services.

It is important to briefly cover the evolution of the Older Americans Act since it represents the development of awareness on the part of our society in the United States for the arising need of the aging.

SOCIAL SECURITY ACT, 1935

In the 1930's it was realized that a greatly reduced death rate, following the discovery of antibotics, together with a natural population growth had caused the increase in the number of older persons. Spurred by the impact of the Townsend Movement, which began in California about 1932 in congress, the plight of the older person was brought to national attention with the result of the Social Security Act being passed in 1935.(17:48)

FIRST NATIONAL CONFERENCE ON AGING, 1950

In 1950 President Truman called the First National Conference on Aging. The conference recommended that our government agencies and volunteer organizations accept responsibilities in meeting the problems of old age.

In response to this recommendation, a committee on aging and geriatrics with a small staff was organized in what was called the Federal Security Agency. Following some other governmental moves, this original small staff was established in 1963 as the Office of Aging in the Department of Health, Education & Welfare.

In 1956 President Eisenhower established a federal council on aging to coordinate the activities of the various units of the federal government which had continued their interest and activities following the 1950 Conference on Aging. During the decade, several states organized officially designated committees or commissions on aging and the first conference of federal-state agencies took place in 1952.(17:49) As reported earlier in another section, Mr. Louis Kuplan organized the first big conference on aging in California in 1951. According to him some 2,500 people participated; this

set the wheels rolling in California for programs in the field of aging. Out of that conference came the first interdepartmental coordinating committee on aging which Mr. Kuplan directed. Following this, the California Commission on Aging was established with his help through the State legislature. Because of Mr. Kuplan's pioneering ground work the State of California had an organized body able to receive funding for community projects through the Older American Act in 1965.

WHITE HOUSE CONFERENCE ON AGING, 1961

The White House Conference on Aging was authorized by Congress in 1960. Nearly 3,300 persons attended with the result that the first major push for legislation along the lines of the Older American Act was made at the 1961 conference. (Mr. Ted Ashjian, referred to earlier as the founder of the Armenian Home in Fresno and a founder of the California Association Homes for Aged, was appointed by Governor Edmund Brown as a delegate to this meeting.) Senator Pat McNamara and Representative John E. Fogarty (subsequent sponsors of the Older American Act) proposed creation of an agency to coordinate programs for the aging. The Older American Act became a reality in 1965.(17:50)

The latest White House Conference on Aging was held in 1971. Following this, in early 1972, there is an indication that the problems of older Americans may have gained a higher priority on the federal agenda because Congress more than doubled the amount of federal funds available for programs for older Americans. Congress provided an amendment to the 1972 budget for the Department of Health, Education & Welfare which raised original appropriations from $42.45 million to $96.7 million, 127% increase. This shows a new awareness on the part of Congress for the problems facing older Americans.(5:2)

Title II of the Older Americans Act established an Administration on Aging within the Department of Health, Education & Welfare. Funds can be allocated by this department for community research projects such as was completed by the University of California Extension School at Davis. This project was termed the Chico Study and I discussed it with Dr. Glen Burch, Director, University Extension School, University of California, Davis. The project was designed to discover ways and means of assisting interested local community leaders in selected north central California communities in improving the options for living by the elderly in their respective

communities. Chico was chosen primarily because it had a college that could provide student aides and professional staff.

One of the points brought out in the summary of the study was that the oldsters interviewed did not appear to be "joiners". Only half of them participated in any kind of club, organization or informal social groups. This point was of particular interest to me since in my aforementioned research project conducted at Plymouth Square, Stockton in 1970, 53% of those questioned listed no involvement in any organization. The other 47% listed mainly social organizations and retired teachers. It should be pointed out there is a high predominance of teachers at Plymouth Square. I am inclined to believe that the majority of today's elders were not "joiners" primarily because they were too busy in a work oriented society and were not interested in causes or organizations unless they were specifically influenced by someone in that organization or were dedicated to that specific cause. It is my belief that within 20 to 30 years the elderly will be "joiners" because of the current direction to get people socially involved in their communities such as described in the Chico study.

The purpose of the Chico Study was to emphasize involvement of community members and leaders in the study process, thereby increasing local understanding and allowing for the possibility of subsequent study for action.

Recommendations resulting from the Chico Study are:

1. Need for pre-retirement counseling and courses.
2. Better low-cost housing, such as senior hotels, planned retirement community and noninstitutional boarding homes. Need for housing authority to make its services known.
3. Benches at bus stops, bus service on Sundays, chartered bus trips to nearby points of interest.
4. Central clearing house and educational information center to coordinate services available and refer older adults to appropriate agencies.
5. Extension of friendly visitors program.
6. Telephone reassurance service to discuss problems and talk to those who are isolated.

In addition to the information contained in the Chico Study, my purpose for including this is to show the importance of the Older American Act in financially helping to initiate

studies at a local level, and as a point of reference for the course participants to discuss the recommendations as they can apply to Stockton or any given community. The Older American Act had a bearing in the formation of the San Joaquin County Commission on Aging because it was that 1965 Act which precipitated the formation of the California Commission on Aging which serves as a stimulus for communities to develop action-oriented programs to meet the needs of the elderly.

One of the best ways to learn is through group participation. This section, community organization, provides an excellent means for the participant to reach out and learn how this community (Stockton or any community) is organized to provide services for the aging and if there is an overall coordinating body to eliminate duplication of efforts as well as have the opportunity to explain about residential care homes.

As stated in the History of Residential Care Facilities in California section of this paper, this is a little known concept of care and the administrator's contacts can be one way to educate the community.

My interview with Monsignor Timothy O'Brien, Director of Health and Welfare Services for the Archdiocese of San Francisco,

developed into a discussion of fragmentation in housing, including nursing homes, caused by various federal government funding programs, which does not apply to the development of a curriculum; but, during the interview, Miss Eleanor Guilford, Executive Director on Aging, Catholic Charities was present. The following are highlights from my discussion with her and are presented as an example of the beginning of a local community organization by a religious group, the experiences of which were later shared with other community agencies.

In 1958 the Catholic Charities of San Francisco saw the need to have a Catholic Committee for the Aging. From this committee grew the Marion Visitors, nowadays called Friendly Visitors. The first training for the Marion Friendly Visitors was conducted in 1962. Following this, the Marion Friendly Visitors helped start a group in cooperation with the Jewish Family Service and the San Francisco Department of Social Services. Out of this beginning there has developed the Agencies Coordinating Friendly Visitors and Volunteer Service for Older People. This coordinating group is comprised of the Catholic Committee on Aging; Council of Churches; State Department of Social Welfare; Community Services Section; Department of Social Services of

the City and County of San Francisco; Volunteer Bureau; Self-Help for the Elderly; Self-Help for the Aging; and San Francisco Senior Citizens. A by-product of this visiting service of volunteers is an assessment of the quality of care given by those facilities caring for the aging and aged. Miss Guilford particularly mentioned the poor conditions in the nursing homes.

As further evidence of what Miss Guilford indicated about poor conditions in nursing homes, I wish to refer to the Sacramento Union which ran a series of articles on poor conditions in nursing homes in February 1973.

> "Major reforms are needed soon to remedy a chronic condition of neglect and indifference which exists in many California nursing homes, including some of those which care for nearly 3,000 elderly in Sacramento County."(18:1)

This was about the same time that a series of State legislative committee public hearings were being conducted on the nursing homes.

As previously referred to in the Foreword to this project, it was the poor conditions in nursing homes which led Ralph Nader to investigage them. The State Department of Health is currently reorganizing in an attempt to eliminate poor conditions which exist. Unscheduled visits by licensed representatives are being

made at different hours in an attempt to evaluate services. Monsignor O'Brien stated that unscheduled visits were necessary in order to check on care given patients. Licensing representatives, through their department, have the authority to bring poor facilities before local district attorneys in order to close them. This holds true for residential care homes.

Administrators who are trained in operating facilities are in a position, through gentle pressure, to upgrade the operation of all residential care homes (with possibly a resulting spillover into the nursing home sector) by encouraging all administrators to enroll in a training course for administrators.

CURRICULUM UNIT IV

SOCIAL INPUT = PSYCHOLOGICAL OUTPUT

SOCIAL INPUT = PSYCHOLOGICAL OUTPUT

"All professional, technical and related personnel working with older people should have specific knowledge of the processes of aging and needs, characteristics and behavior of those in the later stages of life. Therefore, it is essential that knowledge of both the individual and societal aspects of aging be extended as rapidly as possible. Further, that appropriate elements of this knowledge must be built into the educational experience of every individual from early life onward."

Policy statement and recommendation from "The Nation and Its Older People, Report of the White House Conference on Aging", January 9-12, 1961

OBJECTIVES:

1. To be able to discuss the role of culture and its social implications in determining longevity.
2. To be able to assess the progressive differentiation of the social system over time and man's adaptation to it.
3. To be able to evaluate the concept of social system and its sub-systems of roles, status,

reference groups and norms from early childhood to old age.

4. To be able to discuss how culture affects the behavior of the aged.

ACTIVITIES:

1. Read The Dynamics of Aging and write a 3 page book review.
2. List examples of significant roles residents can play within the residential care home.
3. Observe at least 8 times in a pre-school education setting, children's behavior and what techniques are used by teachers to maintain control. In this same setting observe program activities used to motivate children into learning experiences. Write a report on these observations noting techniques used by the instructor which can be applied to program planning or aids in motivating the aging.

GRADING:

1. Evaluation of 3 written reports.
2. Class participation.
3. Attendance.

Throughout this section on social psychological aspects of aging, I will often refer to Ethel Sabin Smith's book The Dynamics of Aging, as well as upon an interview with her on May 27, 1973 at her residential care home. Her book written in 1956 was the most readable, common sense, stimulating book, out of 15 that I read, while doing research into literature in the field of social interaction of the aging. Two years following my reading of this book, I had the good fortune of meeting Mrs. Smith and subsequently, recorded an interview with her. She is a role model for the aging. I was delighted to learn that I was correct in my evaluation of her book because she told me it was translated into Swedish about 15 years ago and at that time was distributed to each Swede upon attaining the age of 65. In addition to this, portions of the book have been translated into Norwegian and currently, one of her former students is translating appropriate sections into Japanese because the Japanese are beginning to have a problem with their aging population, especially since the younger generation is going through a cultural change of becoming more independent from their family ties which in the past have been basic to Japanese family life.

The aging have the same basic needs as persons in any other age group. Emotionally, they need love, security, status, acceptance and new experiences to continue their psychological existence. Culture may have a bearing on the age of death.

Before discussing the actual subject matter, the terms aging and aged need to be defined. Based upon my general observations over the past 5 years of residents living in residential care homes and many senior citizen groups, as well as friends, has brought me to the conclusion that the aged group begins at approximately age 86 and shortly will be 90. This means those persons who are bordering on senility (sometimes lucid, other times forgetful and childish). Mrs. A.M.G. Russell, Chairman of the California Commission on Aging, in a paper entitled "Some New Patterns in Senior Activities" which she prepared for the Life Space Conference held at the Center for the Study of Democratic Institutions stated, "Today's older group divides itself into three different age and interest segments and expects opportunities and programs geared to the needs of each group." She did not define the age groupings. It seems to me age groups could fall within the following

patterns, at least it is a starting point for a structure:

65 - 75 (These persons are active and mentally alert)

76 - 85 (Signs of slowing in physical activities and mental alertness)

86 - (Continued decrease in physical activities, forgetfulness, shuffling walk and signs of senility. The aged)

I wish to emphasize these age groupings are based upon today's population for as stated above, it is my belief the aged grouping shortly (within 10 years) will start at age 90. An article appeared in the Stockton Record concerning a study completed by the Veterans Administration in Seattle, Washington which indicates that normal life expectancy in coming decades will be increased to 120 - 140 years if the retirement age is increased to 100.(19:1) Ethel Sabin Smith, in her book, refers to Dr. A. J. Carlson, University of Chicago, an imminent physiologist, "who granted that man had a potential to live to be 150 but believed that 100 was a reasonable figure for gerontology to shoot for on the grounds that a significant number of people (roughly 1 in 33,000 in the U.S.) actually live to be 100 and there is nothing intrinsic in the aging process to prevent others from doing so."(20:64) It is a

known fact that the heart is a muscle and should be able to beat until approximately age 120. These extended years will be accompanied by a high degree of competency which is understandable because our aging population in the future will be far better educated and have the advantage of retirement programs leading to more financial stability which will allow for more options for living than those persons who are in the aged population at this time. The Stockton Record article further states that Dr. Roy H. Hamlin, a research psychologist at Danville, Illinois Veteran's Hospital has found indications that people live for as long as they feel needed. According to him, "the utility ceiling set by a given culture determines the age of death."(19:1)

Margaret Clark and Barbara Anderson in their book Culture and Aging presented the theme that the major factors in longevity are cultural rather than biological. They referred to the fact that our culture provides almost no statuses to replace those lost or have become nonfunctional.(21) Social withdrawal occurs because of the lack of opportunities to participate in social life. They made the point in their book that "mental health in old age is positively correlated with continuous

and active social involvement in the post 60 years."

According to a 1970 presidential task force report on the mentally handicapped in the United States, "People over 65 make up almost 30% of the residents of public mental hospitals and they constitute almost 20% of all first admissions. However, much of the mental impairment in the over 65 population springs from the individual's responses to the normal physical changes of aging and perhaps more, to the reduction of opportunities for human contact. Boredom is frequently a contributory factor."(22:28)

Dr. James E. Birren, Executive Director of the Andrus Gerontology Center, University of Southern California, in a study comparing young adults with elderly persons reached the following conclusions:

1. "These data suggest that the average person... need not expect a typical deterioration of mental functioning in his later years. The expectation is....that given good health and freedom from cerebral vascular disease and senile dementia, individuals can expect mental competence to remain at a high level beyond the age of 80."

2. "Although there is a decline in speed of response, there is no gradual decline in general mental ability with aging."(23:31)

Again, referring to the work of Margaret Clark and Barbara Anderson, the major goal of their study was to explore patterns of reaction to stresses of old age. To follow through on the point of reaction to stresses, Appendix 3 shows a chart designed by Cletus Krag, M.D. of Stockton on "How the Emotional Stresses of Aging Can Result in Illness and Premature Death".

An indication of the importance of culture is shown in the January 1973 National Geographic in an article written by Alexander Leaf, M.D., Chief of Medical Services at Massachusetts General Hospital and a Professor at Harvard Medical School.(24:118) Dr. Leaf visited the best known regions where the centenarians live. These regions are the Andean Village of Vilcabamba in Ecuador, the land of Hunza in the Karakoram range in Pakistani controlled Kashmir and Abkhazia in the Georgian Soviet Socialist Republic in the southern Soviet Union.

He interviewed persons over 100 years of age; one person he judged to be between 131 and 141. These people live in an agrarian setting. Dr. Leaf was particularly interested

in the dietary habits in the three areas of study but he was unable to arrive at a conclusion, because the eating habits of one area contradicted those of another. He found that the elderly in the three areas shared a great deal of physical activity because of traditional farming and household practices. In addition, they climb many hills which contributes to cardio-vascular fitness. (Areas are all situated in mountainous terrains.)

> "A striking feature common to all three cultures is the high social status of the aged...there is also a sense of usefulness... Even those well over 100 for the most part continue to perform essential duties and contribute to the economy of the community... In addition the aged are esteemed for the wisdom that is thought to derive from long experience, and their word in the family is generally law." (24:113)

None of the communities have a forced retirement age and the elderly are not shelved as occurs in most of our industrialized societies. It is apparent that these cultures have high social expectations for their aging.

Broken down in terms of norms, roles, status and reference group, the cultures studied by Dr. Leaf have the following in common:

1. NORMS (defined as expected behavior) - interest in opposite sex, drinking wine, physical activity such as employment and walking.
2. ROLES (roles are related to norms and can be defined as a division of labor or specialized positions within social groups in the carrying out of tasks) - farmers, housekeepers and caring for children, privileged position within household - often an extensive household - contributing member to economy of the community.
3. STATUS (position in the social order) - high social status occupying central position within family group; esteemed for their wisdom (in Hunza, population 40,000, the state was governed by a council of "twenty wise old men.")
4. REFERENCE GROUP (collectivities, present or symbolic, which serves as standards for an individual's behavior and with which he identifies)

those 100 years of age and over who are recognized for their wisdom because of their age.

My review of this article is directed towards the social status afforded the aged and how this cultural aspect can lead to longevity.

CULTURAL REJECTION OF THE AGING AND THE AGED:

Western cultures, particularly the United States, seem to create out of the later stages of life a kind of anticlimatic superfluousness which may be thought of as the outliving of usefulness. This is partly an outgrowth of a culture's orientation to youthfulness. It is the immaturity of the young, aided and abetted by the permissiveness of their elders, that imposes upon the young a "here and now" philosophy of life which looks upon the later years at best as a time of antiquated old foggies with one foot in the grave. Mandatory retirement came about through the introduction of the Social Security Act in 1935. Society forces inactivity, isolation, and dependency upon many older people while failing to make appropriate preparations for the new and pressing needs brought by retirement. Usually, both the individual and his community (including his employer) are blameworthy for such lack of preparedness. Since people

have varying capacities at any fixed retirement age, it is unwise to forcibly retire them on the basis of age alone.

The best time to begin to prepare for retirement is during a child's earliest years, when personality is being formed, when healthy attitudes toward aging can be developed and when interests can be stimulated which can bring gratifications throughout life.

In order for the administrator of a residential care home to be able to grasp the behavior of the residents, he must be able to understand that aging is a process of living in time from conception until death. Living is a lifelong continuum of adaptation; therefore, he should consider problems of the aging population as problems in adaptation whereby the individual is constantly called upon to rally forth his personality strengths to meet the demands made upon him by the stresses of everyday life. Behavior at each stage of the life cycle is a function of continuing interaction between the individual and his social world.

PRE-SCHOOL CONCEPTS TRANSPOSED INTO THE BEHAVIOR OF THE AGING IN THE FUTURE:

The aging of tomorrow will be entirely different from

the aging and elderly of today primarily because of the emphasis on pre-school education programs which received their impetus in 1965 with the development of the federal government supported Head Start programs. These Head Start programs were formerly under the Office of Economic Opportunity but have been changed to operate as the Office of Child Development under the U.S. Department of Health, Education & Welfare which will give the program permanency. It is important to briefly present a picture of what is going on nationally in the day care field since it will apply to the aging of the future. In retrospect, if those aged of today could have had the benefit of the current programming for day care services, there is little question in my mind that they would be able to interact with each other and be far more responsive to their environment than they currently are. Day care programs are committed to promoting the intellectual, emotional, social and physical growth and development of each child in care. The children begin to explore the world about them through books, music, play, creative activities, visits into the community (or community representatives visiting them) and through experiments with nature and science. Their

physical needs are provided for by nutritious diets, rest periods, physical activities and health supervision. (This sentence could be transposed and used to describe care in a residential care home.) Some objectives of the day care program are:

1. Develop awareness of persons outside the family and the neighborhood.
2. Develop the ability to work and play with others.
3. Arouse interest in a wide variety of literature.
4. Stimulate the discovery of the environment outside the home and the neighborhood.
5. Develop realistic conceptions, as the result of their own experience about themselves, about people in the home, the neighborhood and the community; and, about the events that take place in each.

Day care programs use various activities to provide children with social experiences that will prepare them to enter into and enjoy social relationships, to accept social responsibilities, and to understand and respect social differences. Some of the activities are developing respect for the rights

of others and developing the desire to share and to take turns. In the paragraph that follows, the term resident is used in each place where the word children or child appears.

Day care programs engage in an almost endless variety of activities that are designed to help children (resident) develop images of themselves as competent, respected persons. Perhaps the three essential provisions that make the others possible are these:

1. The selection of staff members who evidence the ability to accept each child (resident) as a unique person.
2. The maintenance of ratio of adults to children (residents) that permits each child (resident) to have the amount and kind of assistance that he requires.
3. The continuous effort of all staff to develop each child's (resident) confidence in his ability to master the knowledge and skills he requires to function responsibly and happily in his world.

Ethel Sabin Smith in The Dynamics of Aging developed the theme that the individual must be certain of his own worth in old age. The need to preserve status in ones own eyes and in the eyes of others is a paramount necessity for human happiness. It is through the educational process that the worth of the individual can be developed. There must be education for retirement. It would be easy in the pre-school formative years to start training for longevity. Mrs. Smith proposes education could start with teachers assessing the potentials of each child through psychological and vocational testing. Teachers could then develop the strengths which the results of the test indicate, thereby, there could ensue lifelong training along lines of individual interests and capacities. Through education the inner resources of man could be developed. Today we have a generation of old people who have, by and large, few inner resources because they have not been educated to use their 20 extra years and without that education those years become a burden to the individual and society.(20:65-68)

Mrs. Smith observes that unsuccessful persons often adjust to old age and to retirement better than the successful. The reason for this is that there is no longer the need to

compete in society and risk failure. The unsuccessful need no longer exert himself and fail to measure up to the productivity or personality of others.(20:17) In other words, the social expectations for those who have been unsuccessful are less than those who have been successful.

She frequently refers to the works of A. H. Maslow who recognized the hierarchical organization of human needs. On the first level, the basic physiological requirements for continued existence must be met such as need for food, before needs on higher levels can emerge or function. On the second level, there is a need for safety from external dangers so that housing becomes a necessity. At the third level there is a need to be loved. The fourth level is the need of self-respect which blossoms from the experience of being loved and of loving in return. Self-respect includes both self-esteem and the esteem of others. The fifth need is for that of self-realization. She pointed out that a particular significance in Maslow's theory is that individuals whose basic needs have been satisfied in secure and affectionate homes in childhood are able in later life to endure deprivation of basic needs as long as the integrity of self is maintained. The degree to which the integrity

of self is preserved in the aging person determines the wholesomeness or unwholesomeness of his personality.(20:34-36)

During my interview with her, she stated that she believes that, "self-realization is the highest goal to which man can aspire and that his self-realization comes easier with the peer group than it does with a group of people in assorted ages."

Some doubt may exist as to the definition of self-esteem and self-realization. Self-esteem is the value that a person attaches to himself. Self-Realization is when that value can be shared with society.(20:40) Selfhood blossoms and grows in accordance with how man internalizes his external experiences. We internalize the world of nature, people and customs. We see what we want to see and eliminate that which is distasteful. Roles people play in life are important. Mrs. Smith observes the conflict in roles when one becomes old because, "from where we sit inside ourselves, we still seem young."(20:51) This is very easy to understand because we have a general and vague status change of becoming "old". In 1935 with the passage of the Social Security Act we became old at 65. The Social Security Act was the first definitive action taken

by society to place a chronological figure for old. Mrs. Smith states, "society shows us the chimney corner and brings us a footstool or a shawl."(20:51) Self-esteem rests on what one can do. "Lowering of self-esteem is commonly the cruelest blow which age brings. To accept the social verdict that one is no longer an asset but a liability to society goes far to make one a liability."(20:52) "The hierarchy of roles which one establishes for one's self through the years is not something to be knocked down like a child's tower of blocks and built anew in retirement."(20:128)

There is little question that the incidents of physical disability may increase with age but physicians commonly overlook the fact that physical disabilities are frequently the direct result of long continued emotional disturbance. The feeling of a meaningless role, that of being pushed aside can slow digestion, block elimination, and in short, make one genuinely ill.(20:53) In support of this comment, I again refer to Appendix 3, the diagram prepared by Dr. Cletus Krag on "How the Emotional Stresses of Aging Can Result in Illness and Premature Death".

Mrs. Smith projects the thought that some day

psychiatrists will eliminate the term senility which denotes a physical cause and substitute a more appropriate word to describe what occurs to men and women of advancing years who suffer a loss of self-esteem.(20:53)

A curriculum for administrators containing a section on social psychological implications of aging must cover the manifestations of behavior of the elderly just as in programs for early childhood education must include the kind of behavior to expect when certain circumstances exist.

Through her introspection Mrs. Smith states a self-concept which is defective can produce an aging person who uses authority ruthlessly or bitterly resents as snubs and insults arrangements others try to make for their comfort. Occasionally, the aged become vindictive in asserting their power over others. Unfortunately, during the aging process, many people never become emotionally mature nor educated in the proper use of power. Frequently, the aged love to dominate and are arbitrary and absolute in their value judgments. This love of control is not unusual since the experience gives the elderly a feeling of self-worth which they may have had during previous years. This need to dominate may express itself in a

personality that is a tyrant or querulent. As the elderly feel their power over things and ideas slipping because of lessening physical and mental vigor, they may become an arbitrary dictator who cannot endure contradiction. This perverted vision gives them a feeling of forceful power. If the aging person finds no one to browbeat into submission to her every whim, she may take her revenge out on the immediate circle of people by querulous complaints. A ficticious picture of being misunderstood and not appreciated is built up. By projecting thoughts of neglect and coldness on to those who surround her, the aged person manages to seem rightfully a force to herself, thus appearing as an insufferable person.(20:87-88)

Talkativeness has its beginning in childhood. This habit of using words as a defense against insecurity often becomes a constant response by maturity and a dominant trait by old age. Words are the symbol of man himself. The elderly who consistently talk and over use words become a bore and returns to where he was when he first started to talk. Mrs. Smith calls this the "age of eternal recurrence."(20:95-98) Children often talk because they feel neglected; not in spite of, but because of his talking, the elderly is still avoided and neglected.

Another type of speech disorder due to a diminution of the social self consists of talking to one's self. That which is natural for the child in the beginning ages of speech is not acceptable for the elderly who quite commonly say aloud whatever it is they may be thinking. The child quickly learns to inhibit this vocal activity as he learns the use of words as a means of communication. We are all prone to this form of behavior under certain circumstances but such momentary instances have no lasting significance but when the self is severly crippled in social relations for a long time, then talking to one's self is using words without communicative value and is a symptom of something lacking in an individual's relations with his fellow man.(20:103-104)

Because some of the behavior exhibited by the aging is also exhibited by the pre-schooler, it seems to me the teaching techniques used in early childhood education to change the behavior of the tattler, gossiping child, child who talks to himself, child who is loquacious, could be used under similar conditions for the aging.

What is more natural than escape into the past if one's environment provides no role to play and is unloving

and without status. Almost without exception the elderly had some status and were more successful in bygone years. The only retreat possible from the present is that afforded by the mind which can take flight into the past. Pathological signs of the latter are common to senility -- soiling, disheveled dress, sexual exhibitionism -- all signs of early phases of life.

The aged, as with younger groups, are sensitive to the rejection with which they may be met and they react in a hostile fashion with anger, irritability and querulousness. One of the important things to remember is that we age according to the behavior patterns which we have established throughout life. What happens is that those behavior patterns become exaggerated. There is much evidence that those who have adapted most successfully to their life situation during their early years adapt best to the stresses of the later years.

A large number of people subtly reject the aged. One reason for this attitude is that the aged are a reminder of death. What a person fears he prefers not to think about; hence, the rejection and denial of the reality of aging. Aging becomes symbolic of man's mortality and is warded off, denied and avoided.

When the aged discover they are isolated, they search for needed psychological reinforcements such as recognition, acceptance, affection and participation only to find that the surrounding environment has grown disinterested and preoccupied. Friends and loved ones have either died or moved away. The circle of social contacts has grown small and the opportunities for emotional and intellectual interchange have diminished. The reality of the situation is that loneliness and lonesomeness have become the lot of many older people.

PUTTING RESEARCH INTO ACTION:

Someone who is doing something about restoring the dignity and meaningful role to the aging is Louis Kuplan, a pioneer in the field of aging not only in California but nationally. In an interview with him I learned that in 1947 he became the Chief of the Old Age Security Office in California. He organized the first large conference on aging in California held in 1951. An outgrowth of that conference was the Inter-departmental Coordinating Committee on Aging which later became known as the California Commission on Aging. It was through his efforts that this Commission was established through the State legislature. In 1960 he left State employment and moved

into the area of private employment as a planner for retirement programs, consultant in aging, lecturer and teacher. He has given courses at the University of California, University of San Francisco and Community colleges. Currently, he has his own television show called "A Gift of Time" which is seen on Sunday mornings at 10:00 a.m. over Channel 4 from San Francisco. The television station estimates there are approximately 300,000 people that are regular viewers of the program. The purpose of the program is to build new images of the older person. According to the station survey, not only do the elderly look at the program but also younger people and professional men.

One of the interesting points that came out of my interview with Mr. Kuplan was his observation about the interest shown by young students for the field of aging. He commented that younger people are interested in the aging for numerous reasons - some as career purposes, some merely to be able to do their own planning or in relation to relatives. These comments are in agreement with those I received from Dr. Glen Burch, University of California at Davis who said that, "people would be surprised as to the interest shown by young people in the elderly. Unlike their parents, they realize they are going to

be old sometime and they want to see what their communities are doing for older people. They respect the elderly."

In his program, Mr. Kuplan interviews the elderly as to what they do, and important people in the field of aging such as John Martin, Commissioner on Aging for the United States government appointed by President Nixon.

It is increasingly important for the administrator to recognize the great value of residents retaining active ties with the community by means of hobbies, recreational activities, intellectual pursuits and if possible, part-time work which could be of a volunteer nature.

> "When older people are retired, they are usually not given any status by society. But the minute you set up a retirement village ... there is a new society. All kinds of organizations develop within it ... and people develop roles in the retirement community. So on a social-psychological basis, that kind of community is a useful one for some older people. (25:14)

It is the responsibility of the residential care home administrator to provide reinforcements for the residents through an accepting, cheerful environment and to remember:

"It is never too late to start to learn something and I think that you see that very sharply and clearly in a retirement home like this, because whether it is just a new way of doing something, a new recipe, a new stitch, a new game of cards, whatever it is, somebody wants to learn it, the latest thing."

Ethel Sabin Smith
May 27, 1973 interview
PEO Retirement Home, San Jose

CURRICULUM UNIT V

BIRTH OF A NEW POLITICAL STRUCTURE

VOLUNTARYISM AND POLITICAL INFLUENCE

OF THE AGING

BIRTH OF A NEW POLITICAL STRUCTURE
VOLUNTARYISM AND POLITICAL INFLUENCE
OF THE AGING

There are those who may argue as to why a section on voluntaryism and political structure is included in a curriculum for administrators of residential care homes. The main reason is: an administrator caring for the aging should be knowledgeable about how the aging can and are being involved in the social structure of society. Two definite areas are the voluntary and political systems. A secondary reason is to present an overview of what is currently happening and what to expect in the future with our aging population.

OBJECTIVES:

1. Discuss how a voluntary agency can influence the social role, health, occupational productivity or creativity of the aging.
2. Discuss the values which can be obtained by becoming a volunteer such as maintaining or developing self-esteem.
3. Assess and evaluate the implications for developing leadership roles amongst the aging

within the voluntary agency by using their past knowledge and experience. How can this contribute to overall community improvements?

4. Describe how the voluntary agency can assist the aging in maintaining community contacts.

5. Describe voluntaryism and its role in the community. (An offshoot of this is that agency personnel will become aware of the purpose and community role of the residential care home.)

6. Discuss the potential influence and power of an aging strata upon politics and reversing the attitude towards a youth-oriented society.

ACTIVITIES:

1. List all volunteer agencies in the community and choose which ones to survey to determine recruitment practices for older persons. No more than two class members will contact the agency executive director or board president. (Number of course enrollees will determine number of agencies to be contacted.)

2. Participate in a panel discussion of the

recruitment practices for older persons within voluntary agencies. Three to five class members can form the panel with the remainder of class members observing and commenting.

3. Survey as many as possible senior citizen organizations and retirement groups and obtain membership figures. These can be local, state or national bodies. Class will break down into interest groups choosing which body to contact. This will be a short written report.

4. Obtain any copy of the American Association of Retired Persons News Bulletin or National Retired Teachers News Bulletin or other publication representing older Americans and write a brief report on any legislative action or political items reviewed.

GRADING:

1. Class participation in panel discussion.
2. Class discussions.
3. Written Reports.
4. Attendance.

VOLUNTARYISM:

Voluntaryism = Political Influence = Democracy.

The course content in this section has a futuristic point of view. Because of my having over 14 years experience as a paid professional within voluntary organizations ... American Red Cross, Girl Scouts, Camp Fire Girls, Heart Association and 7 years as a volunteer (total 21 years in voluntary agencies), I have a deep conviction in the strength of the voluntary movement in America. Our aging population can contribute to the continuation of this movement by providing it with new vitality and strength although along different lines than we have known in the past, because, the form of voluntaryism has been changing during the last 8 years with the advent of the Peace Corps, Vista Volunteers and Foster Grandparent Program initiated by the federal government. These are not voluntary agencies in the true sense because pay is received for services rendered. The introduction of these federally funded and sponsored programs has lead the way for numerous other governmental bodies to start the recruitment of volunteers. Two such programs are the volunteer program initiated by the State of California Department of Mental Hygiene to train volunteers

to work with the mentally handicapped and locally, the volunteer services department established within the San Joaquin County Department of Public Assistance. In addition, numerous volunteer programs for the aging have been established through the California Commission on Aging with funds provided by the Older American Act of 1965.

In presenting this section on volunteering, it is recognized that the majority of residents in the small boarding home (15 persons and under) may not be mentally or physically able to participate in a volunteer program but it is not known to what extent they might be able to participate unless an attempt is made to find out.

THE PERFECT VOLUNTEER:

Those persons no longer actively engaged in working have the time to give to a volunteer activity of their choice. Availability of time is one of the qualifications that volunteer agencies look for when recruiting volunteer personnel. A statement often applied is that when you want a job done, recruit a busy person. The reason for this is that a busy person is an involved person and usually knows other persons and ways of getting a job done because of his experience and personal contacts,

but too frequently, this type person does not have time to fulfill the requirements of the volunteer position. Volunteer agencies have not as yet tapped the wealth of experience of our older citizens. Older Americans can be trained to do jobs. Stuffing envelopes is an unexciting example but provides an opportunity for sociability.

The volunteer agency can provide a meaningful role for the aging to replace the one that he formally had in the business world. A wealth of job opportunities and new experiences rests within the volunteer agency from those of the policy making board of director member to that of attending an annual meeting for the sociability it provides. The next step from attending the annual meeting is getting involved in the agency itself.

Too often we hear the excuse that "so-and-so" won't participate in an activity because "he never has in his whole life." In a research project named SERVE (Serve and Enrich Retirement by Volunteer Experience) this attitude was found to be incorrect. This project was funded by the Administration on Aging through the Older American Act.

On Staten Island, one of the five boroughs of New

York City, SERVE is proving that older volunteers with no previous experience in volunteer work can be involved in regular, lasting volunteer activity of value both to the community and to themselves through a group approach especially suited to the needs of older persons. It is the group approach to volunteer service that is the unique aspect of SERVE. Briefly, the details of the project are:

1. A survey was made of volunteer agencies to determine how many volunteers were needed and willing to use older persons.
2. The determination had to be made whether a substantial number of older persons could engage in volunteer service on a regular basis to their own satisfaction and that of agencies where they were placed, without disproportionate investment of time by paid staff. This latter point is of considerable importance because of on-going job assignments of staff.
3. Community awareness and understanding of the project was achieved through newspaper, radio, T.V. publicity, use of posters, car cards, and brochures.

4. SERVE's staff met with professional and civic leaders and participated in community affairs. Recruitment was done in neighborhoods where the elderly were known to live, existing older groups such as churches and civic associations, special interest or hobby groups, older tenants of low income housing projects.

5. Specific placement opportunities were developed and agencies prepared to use the volunteers constructively before they were recruited.

6. SERVE placed its major emphasis on opportunities for older persons in those agencies where a group of people could be placed in individual assignments on one selected day of the week.

7. SERVE planned weekly or monthly meetings to give the volunteers an opportunity to exchange experiences and to gain new insight into the purpose and meaning of their service and nature of the program in which they were working. As a by-product, volunteers carried back to the community an interpretation of the agency.

> Regular group meetings were important for older adults since they need a social component along with a service involvement to get the greatest benefit from their activity.

In a consumer survey, conducted by SERVE at the request of the Mayor of New York City, it was found volunteers working alone began to lose interest. Regular monthly group meetings, providing a form of exchanging suggestions and experiences, helped maintain interest.(26:1-5)

Particular mention is made of this consumer survey because there is the meeting component in it which reflects the philosophy of Jerry Cook and Rick Dahlgren and their program of activities in residential care homes which commences with a meeting because, "all their lives people have attended a meeting of some kind or another". (Refer to Regulatory Agency - Social-Recreation section.) The term meeting denotes some social activity. The guidelines used by project SERVE could be introduced for other volunteer programs.

As part of this course content, the class is asked to make a survey of volunteer agencies in the community specifically to determine if an emphasis is placed on the recruitment

of older people. If not, what does the executive director think about this kind of activity and would it be accepted by the board of directors?

Advantages of having participants contact volunteer agencies are threefold:

1. The participants would be able to stimulate an awareness on the part of the volunteer agencies of the vast available resources that could be provided by senior citizens.
2. The participants might possibly see areas in which residents of their homes could be placed or activities in the volunteer organization that could be brought into the home, for example, stuffing kits, making bandages, telephoning.
3. The administrator, in the course of conversation, could explain the purpose of a residential care home vs. that of a nursing home.

In this kind of contact that I am proposing there could develop an exchange of information about volunteer organizations and the purpose of residential care homes.

In response to a letter that I wrote to her, Mrs. A.M.G. Russell, Chairman, California Commission on Aging sent me a copy of a paper she prepared for the Life Space Conference of the Center for the Study of Democratic Institutions, Santa Barbara. Mrs. Russell's paper is entitled "Some New Patterns in Senior Activities". As Chairman of the California Commission on Aging, she is in a position to have an overview of all the volunteer programs carried on in California through the California Commission on Aging some of which utilize Older American Act funds. She made the point that older people are showing a diversity of interests today and that there are a few specific trends that indicate changes worthy of serious consideration if there is to be planning for retirement years at the end of a longer life and if the planning is to improve the quality of life.

One of the trends referred to is the changing image of what constitutes age groupings. In the 1940's people over 65 were considered by the public and professionals to fit into a pattern of similar interests. The seniors themselves agreed with this judgment and were willing to accept it. She observes that today's older group divides itself into three different

age and interest segments and expects opportunities and programs geared to the needs of each group. Mrs. Russell did not define the age group. Previously, I defined age groups as: the younger group 65 to 75, middle group 76 to 85 and the aged group 86 and up although it appears that the aged per se, meaning senility and failing health seems to be approaching 90 years. But, there cannot be a firm setting of age boundaries because some persons in their 90's are mentally alert. These are my observations based upon 6 years of licensing residential care homes.

Another trend is the increase in use of senior citizen centers. During the 1940's it would take a year or two before a center would have a membership of 100. According to Mrs. Russell, a membership of between 500 to 1,000 on opening day, which may reach 2,000 to 4,000 in a year, is not unusual today. The type of program has changed from one geared to the recreation and "the tea and cookie variety" to an emphasis on education. Centers schedule many adult education classes on the regular semester system. There may be classes in braille reading, creative writing, Spanish conversation, dressmaking, physical fitness, botony, understanding electronics, nutrition, lipreading,

contemporary literature, and current topics. Most clubs and centers are operated by volunteer councils, boards and committees which assumes the responsibility for the operation.

Mrs. Russell specifically mentioned a change that portends the future is the use of the older person as a volunteer. It was assumed that the senior citizen of the past had no interest in volunteering and it was thought to be difficult to persuade him that a need existed for older volunteers and that personal benefits are derived from giving service to others. Presently, more than 100 different kinds of volunteer activities are carried on by senior Californians and Mrs. Russell states the same kind of activity is duplicated in most other states.

If people understand that they can fulfill some of their needs by being a particular kind of volunteer, they will, so to speak, motivate themselves. What we can do is try to present them with the possible satisfactions they can obtain by volunteering for a specific job and then hope that these satisfactions will take precedence in their hierarchy of needs. People become motivated as they see themselves participating on a level that will be gratifying to them - and the sooner the possibility of such gratification the better. This is not

selfishness; it is a human characteristic. Service to others through participation in voluntary philanthropic organizations is an antidote for materialism and impersonality and a major outlet for the aspiration to do good in the world. This, combined with the sociability offered through group participation, should provide an image-building strength for an aging person as well as those who are younger.

At the beginning of this section, mention was made of the Peace Corps. There is no upper age limit to volunteers in the Peace Corps. In the American Association Retired Persons News Bulletin, there appeared a story with the subject "Wanted: Adventuresome Older Americans to help improve the quality of life in sixty nations." According to the article, more than 600 retirees responded to the Peace Corps' plea for volunteers.(27:4)

In closing this topic of volunteers, I am submitting what I feel is one of the best statements concerning the rights of volunteers that I have read. It is called Bill of Rights for the Volunteer and the only information I have on it is that it was duplicated by the California Commission on Aging, 1108 - 14th Street, Sacramento, on October 29, 1969.

The Bill of Rights:

1. The right to be treated as a co-worker
2. The right to a suitable assignment
3. The right to know as much about the organization as possible
4. The right to continuing education of the job
5. The right of training for the job
6. The right to sound guidance and direction
7. The right to a place to work
8. The right to promotion and a variety of experiences
9. The right to be heard
10. The right of recognition.

POLITICAL INFLUENCE:

Political influence of the aging is such a new subject that I have been unable to find literature directed to this topic. This is understandable because the total field of aging is a new phenomena. I have been familiar with the National Retired Teachers Association but when I realized the American Association Retired Persons was founded by the same individual and that the two organizations had the same executive director, I became impressed with the future possibilities for

political influence of these two groups joined at the top by one executive director.

Bernard Nash, Executive Director of these groups, in an article entitled "Let's Change The Nation's Attitude Toward Aging" stated, "We can begin right in our own communities by influencing programs designed for older people. And we need to contact the state units engaged in developing plans for aging to offer our assistance.".(28:2)

Mr. Nash's comment was referring to influencing the 1971 White House Conference on Aging which was attempting to develop a national policy on aging. He represented a membership of 3,195,071 at the end of September, 1971: NRTA 303,671 and AARP 2,891,400.(29:4) The statement is made in the July-August Bulletin, 1972 that the total membership is rapidly approaching 4,000,000.(30.6) The January, 1974 Bulletin stated the combined membership is 6,063,957 of which 393,342 are retired teachers.(31:1) Both of these associations were founded by Dr. Ethel Percy Andrus who was the first woman secondary school principal in California. She taught in the Los Angeles area. The Ethel Percy Andrus Gerontology Center at the University of Southern California has been named after her.

The political importance of this group was shown when President Richard M. Nixon addressed a joint meeting of NRTA-AARP in Chicago previous to the 1971 White House Conference on Aging. This address was the first time a United States President has spoken before an association meeting.(32.1) In December 1971, Senator Hubert Humphrey spoke before a joint conference in Beverly Hills, California during which time an evaluation was made of the '71 White House Conference on Aging.(33:1)

As an indication of direct political influence there is an NRTA-AARP legislative department in Washington, D.C. which testifies for legislation or supports legislation submitted to Congress influencing programs for the aging.

In addition to the above two organizations representing older Americans on the political scene, there is also the American Association Homes for the Aging which as a legislative committee particularly involved in the field of housing. Undoubtedly, there are additional active groups, such as those representing labor unions, but my time frame limits my ability to do sufficient research on this point.

NRTA-AARP representatives attended both Democratic and Republican 1972 National Conventions in Miami Beach and

presented a 51-page report to the platform committees of both parties concerning action that should be taken in areas that affected the retirees.(34:6) There are 20,000,000 people over the age of 65 in the United States. With a membership of 6,000,000, this means 30% of the aged belong to either NRTA or AARP. This is a membership that must be recognized. Lest it be said that NRTA-AARP do not direct their activities towards the poor, it must be pointed out that their legislative committee serves all Americans. As an example, as was reported in the June 1971 AARP Bulletin, the executive committee evaluated the National Health Care proposals that were to be submitted to Congress. One proposal was by the Nixon administration and the other by Senator Edward Kennedy. After reviewing the plan, The Association planned an active campaign to enlist congressional support for another type plan which included the comprehensive care benefits for the elderly contained in the Kennedy Bill and the delivery of a services system recommended in the Nixon proposal.(35:6)

The importance of the aging population was shown by the 1971 White House Conference on Aging. The first one was held in 1961. President Nixon appointed Dr. Arthur Flemming

as the Chairman of the '71 Conference. Dr. Flemming had been the Secretary of Health, Education & Welfare under President Eisenhower and organized the first White House Conference. In 1971 a permanent Cabinet-level committee under the Domestic Council, to coordinate existing federal programs for the elderly, was established. One of the purposes of this committee was to insure action on recommendations made at the 1971 White House Conference on Aging. Committee members included Secretaries of Housing and Urban Development, Labor, Transportation, Commerce, Agriculture and the Director of the Office of Management and Budget.(29:2) Admittedly, the appointment of the committee does not mean a great deal unless there is motivation on the part of the committee to hold meetings, but whether or not this Cabinet-level committee meets, at least lip service and recognition has been given to its need and therefore, a need recognized, although it may be ignored.

I have presented the above information on the NRTA and AARP because I believe it is important for us to be aware of the strength of those organizations which are concerning themselves about the field of aging.

Voluntaryism can be organized into a politically

influential body. Imagine the retiree involving himself in a large national voluntary agency and having experience in the planning and evaluation process thus becoming a member of the board of directors. Imagine a predominance of retirees on board of directors of all national voluntary agencies. This control by the over 65 age group could have a strong political influence because our voluntary agencies do influence our social and political systems. Within a short period of time it could be that our youth-oriented society could change and the focus of attention would move from this group towards building a more productive, satisfying role for the aging in our society which would help maintain the self-esteem all of us need in order to live a happy, healthful life.

CONCLUSION

Because limitations had to be placed upon how much I could cover in this presentation, I have omitted important areas, two of which are in finance and personnel practices and procedures. The latter is the most important from my viewpoint because they are forever bypassed with a slight cursory reference. The key to any operation is staff. Personnel procedures include recruitment, selection, placement and training of people. Problems dealing with staff that must be covered in a course of study are:

1. How to do anticipatory recruiting
2. How to recruit to meet current staffing needs
3. How to select staff
4. How to compensate staff
5. How to evaluate staff
6. How to descipline staff
7. How to deal with problems of staff turnover
8. How to establish personnel policies
9. How to deal with problems of employee morale and job satisfaction
10. How to develop staff, i.e. training & orientation.

The Bill of Rights for Volunteers previously referred to can also apply to paid staff.

The care of the elderly must become as important as the care of the pre-schooler. The administrator of a pre-school educational program must meet educational requirements as stated in the California Administrative Code Title 22 Division 2. These requirements are twelve units of program plus three units of administration. Educational qualifications for administrators of residential care homes should not be less than those required for administrators of a pre-school program.

The best way to describe the role of the administrator is to say it is changing. The following is an excellent description of the administrator's role:

> "The administrator's job has always been a difficult one but in the decade of the 1970's it will become even more difficult. One of the reasons for this prediction is the change in our value system which is now occurring. People who have studied this subject believe we are moving from an emphasis on one set of values toward an emphasis on another set of values:

From an Emphasis on:	Toward an Emphasis on:
Power	Influence
Group Isolation	Group Interface

Competition.....	Cooperation
Individual Decisions	Participative Decisions
Denial of Conflict/Differences....	Confrontation of Conflict/ Differences
Game Playing	Open-Authentic Relationships
Indifferent About Goals.....	Concerned About Goals
Uninvolvement With People.....	Involvement With People
Dependence on Career Planning..... & Growth Set by Others	Individual Initiative and Choice of Career Goals
Vertical Communication	Horizontal Communication
Man as Essentially Bad	Man as Essentially Good
Repression of Feeling	Expression of Feeling
Distrust of Others	Trust of Others
Avoidance of Risk	Willingness to Risk
Focus on Tradition	Focus on Change"(10:2)

While writing this project, I have been sitting in the unique position of watching the philosophy of residential care homes start to fade within the bureaucratic structure of state government. Areas of concern discussed by two of my interviewees - Gladys Johns and Ralph Knight - and the 1963 position paper written by members of the State Department of Social Welfare are coming true. The residential care home concept is barely visible whereas the troubled nursing home industry completely dominates the scene. Licensing activities have been removed from the State Department of Social Work and placed in a State Department of Health, along with Public

Health and Mental Hygiene licensing, established July 1973 by virtue of State legislation. Residential Care Home Regulations for the well aged now include the mentally handicapped - this mixes two levels of care.

My project is an attempt to keep alive and strengthen the concept developed in the past in California ... that of residential care home living for the aging.

FOOTNOTES

1. Crider, Hoyt, D.P.A., Western Care, The Journal of Convalescent and Residential Services, October 1970 Vol. XV, No. 8 published by The California Association of Nursing Homes, Sanitariums, Rest Homes and Homes for the Aged, Inc., 451 Parkfair Drive, Suite 2, Sacramento, California 95825.

2. Gold, Jacob G., LLB, Kaufman, Saul M., J.D., Development of Care of Elderly: Tracing the History of Institutional Facilities, The Gerontologist, Winter, Part 1, 1970.

3. Aging in California, a resource document prepared May 24, 1971 for use at the White House Conference on Aging by the Institute for Local Self Government, Spencer Williams, Project Director.

4. Developments in Aging 1968, Senate Report No. 91-119. A Report of the Special Committee on Aging, United States Senate, U.S. Government Printing Office, Washington: 1969.

5. Nash, Bernard E., Executive Director, National Retired Teachers Association - American Association Retired Persons, editorial: "Problems of the Elderly: Higher Federal Priority?" National Retired Teachers Association, News Bulletin April 1972.

6. Department of Social Welfare, State of California October 1971, Good Eating...Meeting Nutritional Needs for Aged Persons in Residential Care Homes.

7. Kleemier, Robert W., Editor Aging and Leisure, a Research Perspective Into the Meaningful Use of Time, New York Oxford University Press 1961.

8. Lersten, Kenneth, ED.D., "The Role of Exercise in the Adult Years", Recreation and Aging, Papers and Reports presented at Institutes for Professional Leadership in Recreation, California Commission on Aging 1968, College Bookstore, 3413 South Hoover Blvd., Los Angeles, California 90007.

9. Newsweek, April 16, 1973.

10. Glogow, Eli, Assistant Professor, University of Southern California, California Association Home for the Aging, Quarterly News, Winter 1973, Vol. 7, No. 4.

11. Research and Development Goals in Social Gerontology, A Report of a Special Committee of the Gerontological Society, Robert J. Havighurst, Chairman, The Gerontologist, Vol. 9, No. 4 (Winter 1969), St. Louis, Missouri.

12. Anderson, Nancy N., Ph.D., "Viewpoint", Geriatrics, March 1970.

13. Rose, Arnold, "A Current Theoretical Issue in Social Gerontology", Gerontologist, 1964, Vol. 4, St. Louis, Missouri.

14. Bengtson, Vern L., Ph.D., "A Conceptual Framework for the Analysis of the Behavior of Aging Individuals in Society", Delivery and Administration of Services for the Elderly, California Commission on Aging: University Press, 3717 South Grand Ave., Los Angeles, California, March 1970.

15. Time Newsmagazine, May 7, 1973, Time, Inc. 541 N. Fairbanks Court, Chicago, Illinois 60611.

16. Blau, Zena, "Structural Constraints on Friendships in Old Age", American Sociological Review, Number 26, June 1961.

17. Health Education and Welfare Indicators August 1965, United States Department of Health, Education and Welfare, Superintendent of Documents, U.S. Government Printing Office, Washington, D.C. 20402.

18. Sacramento Union, February 2, 1973.

19. Stockton Record, May 18, 1973.

20. Smith, Ethel Sabin, "The Dynamics of Aging", W.W. Norton & Company, Inc., New York 1956.

21. Clark, Margaret, Anderson, Barbara, "Culture and Aging, An Anthropological Study of Older Americans", Charles C. Thomas, Springfield, Illinois, Bonnerstone House, 1967.

22. "Action Against Mental Disability", The Report of the President's Task Force on the Mentally Handicapped September 1970, Mrs. Winthrop Rockefeller, Chairman.

23. Birren, James, "Does Your Mind Age?", Modern Maturity, October-November 1971, American Association of Retired Persons, 215 Long Beach Blvd., Long Beach, California 90801.

24. Leaf, Alexander, M.D., "Every Day is a Gift When You Are Over 100", National Geographic, January 1973, 17th & M Streets N.W., Washington, D.C. 20036.

25. Tibbitts, Clark, Modern Maturity, A Journal of the American Association of Retired Persons, October-November 1971.

26. Designs for Action for Older Americans, U.S. Department of Health Education & Welfare, Administration on Aging Publication Number 905, February 1969.

27. "Young at Heart? - The Peace Corps May Want You", American Association Retired Persons News Bulletin, Washington, D.C., December 1971.

28. Nash, Bernard E., National Retired Teachers Association News Bulletin, Vol. 2, Washington, D.C., February 1970.

29. American Association of Retired Persons News Bulletin, Washington, D.C., November 1971.

30. American Association of Retired Persons News Bulletin, Washington, D.C., July-August 1972.

31. American Association Retired Persons News Bulletin, Washington, D.C., January 1974.

32. American Association Retired Persons News Bulletin, Washington, D.C., July-August 1971.

33. American Association Retired Persons News Bulletin, Washington, D.C., January 1972.

34. National Retired Teachers Association News Bulletin, Washington, D.C., July-August 1972.

35. American Association Retired Persons News Bulletin, Washington, D.C., June 1971.

BIBLIOGRAPHY

BOOKS

Birren, J. E., ed., Handbook on Aging and the Individual, Chicago, University of Chicago Press, 1959.

Barron, Milton L., The Aging American: An Introduction to Social Gerontology and Geriatrics, The City College of New York, 1961, Thomas Crowell Company, New York.

Clark, Margaret and Barbara Gallatin Anderson, Culture and Aging: An Anthropological Study of Older Americans, Charles C. Thomas, Springfield, Illinois, Bannerstone House, 1967.

Cumming, Elaine and W. E. Henry, Growing Old, The Process of Disengagement, New York, Basic Books, 1961.

Drake, Joseph T., The Aged in American Society, The Ronald Press Company, New York, 1958.

Kaplan, Jerome, A Social Program for Older People, University of Minnesota Press, Minneapolis, 1953.

Kemp, Jerrold E., Instructional Design, A Plan for Unit and Course Development, Fearon Publishers, 1971, Lear Siegler, Inc., Education Division, 6 Davis Dr., Belmont, California 94002.

Kleemeier, R. W., ed., Aging and Leisure, New York, Oxford University Press, 1961.

Magers, Robert F., Preparing Instructional Objectives, Fearon Publishers, Inc., Palo Alto, California, 1962.

Rose, Arnold and Warren Peterson, editors, Older People and Their Social World, The Sub-Culture of the Aging, F. A. Davis Company, 1965.

Rosow, Irving, Social Integration of the Aged, The Free Press, 1967, London, Collier - Macmillan Limited.

Simon, Ann, The New Years: A New Middle Age, Alfred A. Knopf, New York, 1968.

Simpson, Ida Harper and John C. McKinney, Social Aspects of Aging, Duke University Press, Durham, North Carolina, 1966.

Smith, Ethel Sabin, The Dynamics of Aging, W. W. Norton & Company, Inc., New York, 1956.

Tibbetts, Clark, ed., Handbook of Social Gerontology, Societal Aspects of Aging, University of Chicago Press, 1960.

_____ and Wilma Donahue, editors, Aging in Today's Society, Prentice Hall, Inc., Englewood Cliffs, New Jersey, 1960.

Vedder, Clyde E., Gerontology, Charles C. Thomas, 1963, Bannerstone House, Springfield, Illinois.

Williams, Richard H., Clark Tibbetts and Wilma Donahue, editors, Process of Aging - Social & Psychological Perspectives, Volume I, Atherton Press, 1963.

Whitehead, Anthony, In The Service of Old Age The Welfare of Psychogeriatric Patients, Penguin Books, Inc., 7110 Ambassador Road, Baltimore, Maryland 21207, 1970.

REPORTS

Delivery and Administration of Services for the Elderly, University Press, 3717 So. Grand Ave., Los Angeles, California. A series of reports from an institute conducted by the University of Southern California, Gerontology Center and California Commission on Aging.

A Design for Action to Improve State & Local Programs for the Aging, Institute for Local Self Government, Hotel Claremont Building, Berkeley, California 94705.

Aging in California, A resource document prepared for use at the White House Conference on Aging, May 24, 1971 by the Institute for Local Self Government, Claremont Hotel Building, Berkeley, California 94705.

Designs for Action for Older Americans, A Project Report on Group Volunteer Service published by Administration on Aging, U.S. Department of Health, Education & Welfare, Washington, D. C. 20201.

Development in Aging, 1968, A Report of the Special Committee on Aging, United States Senate, 91st Congress, 1st Session Report No. 91-119, Government Printing Office, Washington, D. C., 1969.

Spear, Mel, The Guide for In-Service Training for Developing Services for Older Persons, A Report the APWA California Project, American Public Welfare Association, 1970.

The Nation and Its Older People, Report of White House Conference on Aging, January 9-12, 1961, U. S. Government Printing Office.

The Administration on Aging - Or a Successor, A Report to the Special Committee on Aging, United States Senate with a Recommendation for Stengthening Federal Government Organization as it Relates to Older Americans, October, 1971, 92nd Congress, 1st Session.

PERIODICALS

Anderson, Nancy, "Viewpoint, Friends, activity help aged keep their self-esteem", Geriatrics, March, 1970.

Binder, Gertrude and Class, Norris E., "The Nature of Welfare Licensing Laws", Social Case Work, May, 1958.

Bunzel, Joseph H., "Gerontophobia - Some Remarks on Social Policy for the Elderly", The Humanist, July-August, 1969.

Time, May 7, 1973, "Behavior The Third Age".

Crider, Hoyt, "Problems and Promises of Administrators Licensing", Western Care, October, 1970, Vol. XV No. 8, 451 Parkfair Drive, Sacramento, California 95825.

Diamond, Edwin, "Can Exercise Improve Your Brain Power?", Readers Digest, May, 1973.

Donahue, Wilma T., "Psychologic Aspects of Feeding the Aged", Journal American Dietetic Association, Vol. 27 No. 6, June, 1951.

Havighurst, Robert, Chairman, "Research & Development Goals in Social Gerontology," A Report of a Special Committee of the Gerontological Society, The Gerontologist, Vol. 9 No. 4 (Winter, 1969), Gerontological Society, 660 So. Euclid, St. Louis, Missouri 63110.

Leaf, Alexander, M.D., "Everyday is a Gift When You Are Over 100", National Geographic, January, 1973, National Geographic Society, 17th & M Streets, N.W., Washington, D.C., 20036.

U.S. Department of Health, Education & Welfare Indicators, "The Social Security Amendments of 1965, P.L. 89-97 and Older Americans Act, P.L. 89-73, August, 1965, Superintendent of Documents, Government Printing Office.

Weinberg, Jack, M.D., "Psychologic Implications of the Nutritional Needs of the Elderly", Journal of the American Dietetic Association, Vol. 60, April, 1972.

RESOURCE PERSONS AND
MEETINGS TAPE RECORDED

Preparation for White House Conference on Aging 1971 - Meeting May 1971, San Joaquin County Conference on Aging. State Meeting June 1971, Sacramento - Arthur Flemming, Presidential Appointee to coordinate conference; John Martin, Commissioner, Administration on Aging.

Ted Ashjian, (deceased 1972) - A founder of the California Association Homes for the Aged. A founder of the American Association Homes for the Aged. A founder of the California Home for the Aged, Fresno, California.

Glen Burch, Ph.D., Director, University Extension, University of California, Davis.

Jerry Cook and Richard Dahlgren - Owners of Education, Recreation Associates, Fresno, California. Served on various committees of California Commission on Aging.

Eleanor Guilford, Executive Director, Catholic Charities Committee on Aging, San Francisco, California.

Gladys Johns, Retired Supervisor of licensing residential care homes, State Department of Social Welfare, Los Angeles. Former member of State Department of Social Welfare Residential Care Home Council.

Ralph Knight, Past President California Association Homes for the Aged. Director, Home Department, American Baptist Homes of the West.

Louis Kuplan -

Consultant and lecturer, Retirement Planning on Problems of the Aging. Moderator "Gift of Time" television program, Channel 4, Sundays 10:00 a.m.-10:30 a.m.
Past President, International Gerontological Society.
Past President, Western Gerontological Society.
Former Chief, Old Age Assistance, State of California.
Initiated California Commission on Aging.

Monsignor Timothy O'Brien, Director Health Welfare Services, Archdiocese, San Francisco. Past President, California Hospital Association.

Ethel Sabin Smith, Author Dynamics of Aging, W.W. Norton & Company, Inc., New York 1956.

Barbara Stevenson - Owner Los Palmas Manor, Fresno, California, Proprietary Residential Care Home.
Former member of State Department of Social Welfare Residential Care Home Council.

Mrs. A.M.G. Russell, Chairman, California Commission On Aging, "Some New Patterns In Senior Activities", A paper prepared for the Life Space Conference of the Center for the Study of Democratic Institutions, Santa Barbara.

APPENDIX 1

COPY

State of California Department of Social Welfare

CARE OF THE AGED

AS LICENSED BY THE DEPARTMENT OF SOCIAL WELFARE

Aged persons who are not able to live independently, but require some degree of care in a protected living situation other than their own home, should not be in a nursing home unless their health condition is such as to require skilled nursing care. They should receive their care in a homelike situation which adequately supplements their failing capacities for self-care and which is not organized and directed to the care of the ill.

This is the premise which underlies and directs the licensing of facilities for the care of some 30,000 of California's aged. It is a premise which, with the resultant specialized service emphases and the distinctive facility designations, is not widely recognized and understood. It differs, very significantly, from the concepts which appear to prevail and to affect thinking and planning in some other areas of the country.

This difference has taken on special significance, recently, as we have had occasion to discuss, with representatives of the Community Facilities Administration, the significance and application of Section 202 of the Housing Act. Because there seemed to be an assumption that personal services and care could only be nursing care in a medically oriented facility, it has seemed to us important to describe the program of licensed nonmedical care of the aged in California. We have had other reasons, also, to believe that wider knowledge of the program may have value.

Types of Facilities in California

In California there are three state licensing agencies. The Department of Public Health licenses hospitals, nursing and convalescent homes, which are considered medical treatment

facilities. The State Department of Mental Hygiene licenses psychiatric treatment facilities which care for the senile aged. The licensing program administered by the California Department of Social Welfare encompasses residential services and the non-medical personal care which, in many states, is referred to as nursing care. These facilities are known as homes for the aged, boarding homes for the aged and institutions for the aged.

The history of licensing in California is significant in relation to this division of administrative responsibility. California was one of the first states to require the licensing of facilities for the aged. The licensing law enacted in 1925 vesting responsibility in the Department of Social Welfare did not distinguish between nursing care and other services. Establishments for the mentally ill and incompetent, however, were the responsibility of the Lunacy Commission until that commission was superseded by another agency and eventually by the Department of Mental Hygiene. After 22 years of licensing facilities for undifferentiated care, the Department of Social Welfare supported legislation transferring responsibility for the licensing of medical treatment facilities, including nursing and convalescent homes, to the Department of Public Health.

Since this separation, the Department of Social Welfare has emphasized the preventive and protective aspects of care of the aged. The homes licensed by this department are designed for persons needing a substitute home where services are available to support their maximum independence and to encourage their continuing participation in the activities of normal living. Those served include:

1. Socially isolated persons who need or prefer a living plan where friends and companionship are available.

2. Frail persons no longer able to carry housekeeping responsibility.
3. Persons who need or want some oversight or personal assistance of the kind normally provided by relatives to an aged member of the family.

Size of the Social Welfare Program

Homes for the aged licensed under this program are equipped to serve over 34,000 persons. These facilities include more than 3,200 family boarding homes for no more than 15 persons each and over 300 larger and/or institutional* type facilities with individual licensed capacities for up to 600 persons. Thirty-seven percent of the "institutions"* are sponsored by private nonprofit organizations and have 72 percent of the total capacity (approximately 13,000 individual accommodations).

The size of the program has shown a slow steady growth. During the last four years the number of facilities has increased by six and one-half percent. On the other hand, during the same period the number of accommodations in institutions increased by more than thirty-seven percent.

Licensing Requirements

The major program goal for both nonprofit sponsored and proprietary facilities is the prevention of mental and physical illness through preserving the maximum independence of residents and their capacity for self-care. To promote this preventive goal, licensing requirements undertake to protect the freedom and independence of the aged residents and to protect and assure their dignity, respect, comfort, safety and social adjustment.

*Regardless of size a facility is classified as an institution if it is operated by a board of directors, operated at more than one location or if the licensee also holds a license from another state agency.

Regulations cover all aspects of the management of the home in addition to the buildings and physical setting. To protect the dignity and privacy of residents, no more than two persons may occupy the same bedroom. Meals must be nutritious, well-balanced and attractively served in a central dining room. Opportunities for social and recreational activities in the home and the community are also required.

Personal care must be available for persons who need special services because of forgetfulness or physical limitations (e.g., blindness or tremor). These services may include:

1. Assistance with medication usually prescribed for self-administration. (May include routine injection of insulin to a stable diabetic.)
2. Assistance with personal hygiene and grooming as needed.
3. Bedside care during periods of temporary illness such as a cold.
4. Special diets of nontechnical nature which can be prepared by the regular kitchen staff. (Technical therapeutic diets such as a very restricted sodium diet are not permitted.)

Other areas subject to regulation by the Department of Social Welfare include organization and administrative responsibilities, financing, staffing, social and recreational programs, etc. Regulations cover the admission policies and procedures used by facilities as well as the services which are required, those permitted, and those which are prohibited. The admission or continued care of persons requiring skilled nursing care and related medical services is permitted only if the facility has an organized unit designated for such care and licensed by the Department of Public Health.

2/63 9

APPENDIX 2

COPY

State of California
Human Relations Agency

Department of Social Welfare

History of the Council of SDSW Licensed Homes for Residential Care

Background 1954 to 1957

In 1954 an Ad Hoc statewide planning committee was established to assist in the drafting of new standards for Aged Institutions. Membership on this committee was by invitation of the department. It consisted of representatives from state and local agencies including Welfare Councils and selected A.I. licensees; professional administrators of nonprofit homes and proprietors of commercial homes. The committee was dismissed following its final meeting in June 1955.

After the revised standards went into effect on January 15, 1956, there were complaints about the new requirements and about enforcement procedures, primarily from operators of commercial establishments, who believed they had not been appropriately represented on the Ad Hoc Committee on Standards. This discontent finally culminated in the filing of the petition by the Nursing Home Association in April 1957 requesting that SDSW establish an advisory board which would provide a channel for continuing communication between licensees and the policy-making arm of the department. The SDSW decided to establish a representative committee of nonprofit licensees and proprietary licensees with the number of members, roughly, proportionate to the number of homes licensed by each area office. It was also agreed that the department would provide a framework for the selection of members by their peers in each area.

Functions of the Committee in 1957

From its inception, the committee served in a capacity comparable to the function of the Hospital Advisory Board which is a legislative committee (Health and Safety Code, Section 1408).

The organization concerned itself with regulations and other subjects which affect the services to aged persons requiring out-of-home care, such as training courses for licensees, fire safety problems and unlicensed operations. Most of the agenda items were proposed by the department.

The Advisory Committee met on call of the department; it was presided over by a cochairman selected by the committee and a cochairman who was a department staff person. Committee members were elected annually during area meetings of licensees. In Los Angeles and San Francisco regular meetings were scheduled about every three months; there was a planned educational program. Meetings in the Sacramento area, although less frequent, also had a planned program.

Changes in Committee Structure

During the 1959 Session of the Legislature, a Senate Bill was introduced which would have made this organization a legislative advisory board similar to that provided for in the Hospital Act. It proposed the same composition as that of the existing voluntary committee and, in addition, provided for participation of representatives of boarding homes. Although the bill did not pass, consideration was given to representation from the homes licensed by accredited agencies. However, the problem of selecting participants from small homes has never been resolved.

In December 1959, the department decided to add at least two interested public representatives. Two community representatives were appointed by the Director of the department, one from the Catholic Charities of San Francisco and one from the Jewish Federation Council in Los Angeles. The community representative from Los Angeles was later replaced by the founder of the Allied Senior Citizens Clubs of California.

In the spring of 1963, the chairman elected by the Council became involved in publicity pertaining to the revocation of his license to operate a nursing home. In the course of this publicity, he made public statements indicating that he had been selected by the department to serve as a leader of the committee.

Following this incident, the committee was offered the alternative of either becoming wholly liaison in nature and abandoning the title which included the word "advisory" or of giving up the plan of democratic self-selection of members. It was pointed out that the department should select the members of an official advisory committee. When confronted with these alternatives, the group chose to retain the plan for self-selection of members and to adopt the name "Council of SDSW Licensed Homes for the Aging". The rules were amended to reflect the greater autonomy of the group in 1963.

Functioning 1963 to 1967

Under the revised structure, the Council continued to serve the original purpose of the Advisory Committee in providing a channel of communication between the policy-making arm of the department and persons governed by these policies. It affords the department a testing ground for policy with respect to its practicality and with respect to wording which will have a clear meaning for all licensees. The Council continued to be helpful in promoting program objectives and in encouraging the acceptance of standards by the total licensee group.

Meetings have been held at regular quarterly intervals. Department staff persons do not serve as cochairman, but Council meetings are held only with the presence of SDSW staff. Agenda items have been proposed by the group. The department continues to provide secretarial service, and area offices continue to "host"

the administrators' meetings at which elections of members are held. Although members must pay their own expenses for meetings, attendance has continued to be good and consistently well above the quorum of 11. Membership on the Council has been considered an honor by licensees.

Present

Following the appointment of John C. Montgomery as Director of the SDSW in January 1967, Council members have been officially appointed by him to serve on the Council, after being elected by their peers. This has brought new significance and stature to the Council

APPENDIX 3

COPY

HOW THE EMOTIONAL STRESSES OF AGING CAN RESULT IN ILLNESS AND PREMATURE DEATH*

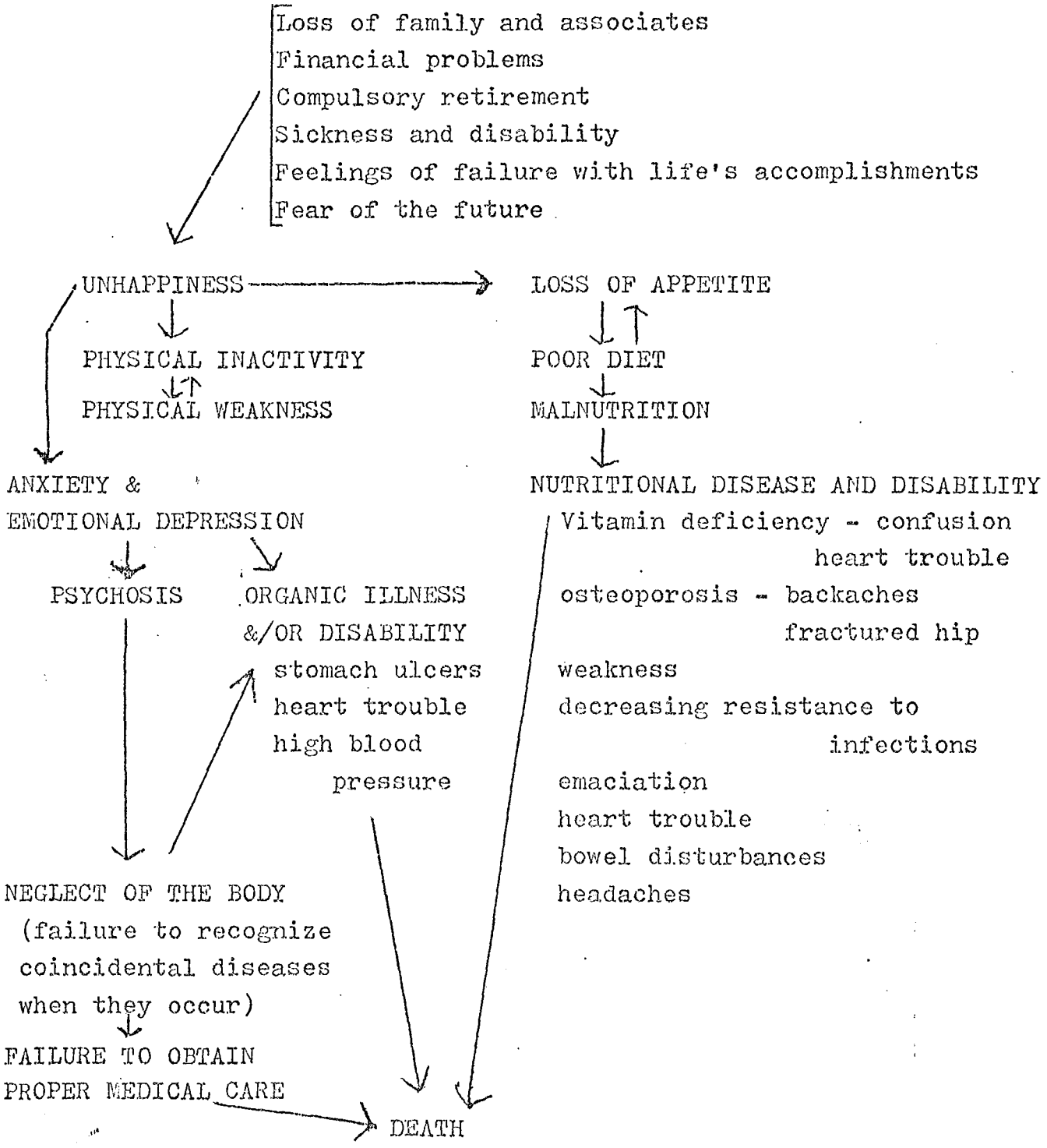

*Diagram prepared by Dr. Cletus Krag, for Care of the Aged Away From Home Institute for Operators -- Presented by the State Department of Social Welfare in Modesto, California, October 27-28.

APPENDIX 4

NUTRITION AND FOOD SERVICE

Enter "See Narrative" when space for comments not adequate.

Name of Institution — Case No.

	Check Yes	Check No	Comment
AI-180 MEETING DIETARY NEEDS			
1. Three meals served each day?			
2. All meals are:			
a. Nutritionally well-balanced?			
b. Properly cooked and served?			
3. Meals sufficient in quantity and variety to meet:			
a. The standards of the National Research Council?			
b. The dietary needs of residents?			
AI-181 TIMING OF MEALS			
1. Meals served morning, noon and evening?			
2. At least 10 hours between morning and evening meals?			
3. Evening meal includes at least one hot dish?			
4. If evening meal served before 5:30 p.m., evening snack also available?			
AI-183 FOOD SERVICE			
1. Meals served in dining room?			
2. Tray service for any residents with minor illness or in infirmary?			
*Used for other residents only when situation unusual?			
3. Home conforms with prohibition against cafeteria-type service?			
4. Suitable dishes and utensils used in dining room and for tray service?			
AI-185 FOOD PRESERVATION			
1. Proper methods followed in any canning, freezing or dehydrating?			
2. If gifts of preserved food accepted, home:			
a. Accepts only current year's pack and disposes of any unused food at end of year?			
b. Refuses non-acid vegetables and fruits not canned by pressure cooking?			